

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



please ask for Mel Peaston
direct line 01234 228200
date 6 October 2009

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Thursday, 15 October 2009 10.00 a.m.

Venue at

**Committee Room 2, Council Offices, High Street North,
DUNSTABLE, Bedfordshire LU6 1LF**

Edwina Grant
Interim 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***

Note: A seminar will follow the meeting of the Committee – please see item 20 below.

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 10 September 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 4 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 1972 prior to the exclusion of the press and public.

8. **Call-in**

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

9. **Requested Items**

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

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

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.

11. **Government Proposals for Review of Council Housing Finance**

The Committee will receive the Council's approach to reform which will provide more flexibility in finances and increase local responsibility and accountability for long term planning, asset management and for meeting the housing needs of local people.

12. **Private Sector Housing Renewal Strategy - Issues and Options Paper**

Central Bedfordshire Council has a requirement to have a strategy focusing on Private Sector Housing. The Committee will receive the Council's approach to providing a rationalised service within the legacy authorities' areas.

13. **Directorate Overview: Services to Carers**

The Committee will receive an outline presentation focusing on Central Bedfordshire Council's approach to providing services to carers.

14. **Central Bedfordshire Council and NHS Bedfordshire Joint Delivery and Spending Plan for Carers**

The Committee will receive a report reviewing the joint delivery and spending plan between Central Bedfordshire Council and NHS Bedfordshire to provide breaks and services to carers.

15. **Safeguarding Vulnerable Adults Annual Report 2008/09**

The Committee will receive the annual report of the Adult Safeguarding Board for Bedfordshire.

16. **Substantial Variations and Developments of Health Services**

The Committee will receive a report suggesting a framework for discussion with local NHS bodies and the Local Involvement Network (Bedfordshire LINK) to assist in reaching an agreed definition on what constitutes "substantial" in the local context and how such consultation should be carried out.

17. **Directorate Budget Management Report**

The Committee will receive the Directorate's budget management report providing information on the budget position as at 31 July 2009. (To follow)

18. **Defining Directorate Performance Indicators**

The Committee will receive an oral update defining the performance indicators reported at the September meeting of the Committee.

19. **Revised Work Programme**

The Committee will consider the revised programme of items for 2009/2010.

20. **Date of Next Meeting**

The next meeting of the Committee will be held on 5 November 2009 at Priory House, Shefford starting at 10.00am.

Note:

**MEMBERS' SEMINAR: A JOURNEY THROUGH CENTRAL
BEDFORDSHIRE COUNCIL'S ADULT SERVICES SYSTEM**

Members of the Committee are invited to attend a seminar to assist with their understanding of the care management and assessment process.

The seminar will follow immediately upon the conclusion of the Committee meeting and a light sandwich working lunch will be provided for Members.

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Committee Room 1, Council Offices, High Street North, Dunstable, Bedfordshire on Thursday, 10 September 2009

PRESENT

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

Cllrs Mrs J Freeman
Mrs R B Gammons
Mrs S Goodchild

Cllrs Ms A M W Graham
J Kane
P Rawcliffe

Apologies for Absence: Cllrs P Freeman

Substitutes: Cllrs P Hollick

Members in Attendance: Cllrs D Bowater
Mrs R J Drinkwater
Mrs C Hegley,
R A Baker

Officers in Attendance: Mrs J Ogley – Director of Social Care,
Health & Housing
Ms M Peaston – Senior Democratic Services
Officer
Miss C Powell – Overview and Scrutiny Officer
Mr E Thompson – Assistant Director, Adult
Social Care

Others in Attendance Mr A Morgan – Chief Executive, NHS
Bedfordshire
Mr B Smith – LINK

SCHH/09/27 Apologies for Absence

Apologies for absence were received from Councillor Paul Freeman. Councillor Hollick was present as his substitute.

SCHH/09/28 Minutes

The minutes of the meeting held on 13 August 2009 were approved as a correct record and signed by the Chairman.

SCHH/09/29 Declarations of Interest

There were no declarations of interest.

SCHH/09/30 Chairman's Announcements and Communications

The Chairman drew Members' attention to several forthcoming events which they might wish to attend.

The Chairman also indicated that she intended to vary the order of the agenda as follows: items 10, 11, 15, 13, 12, 14 although this might change in view of traffic problems which had prevented some officers and members being present at the beginning of the meeting.

SCHH/09/31 Petitions

There were no petitions.

SCHH/09/32 Public Questions, Statements and Deputations

There were no questions, statements or deputations from members of the public.

SCHH/09/33 Disclosure of Exempt Information

No matters containing exempt information were anticipated at the meeting.

SCHH/09/34 Call-In

There had been no matters of call-in.

SCHH/09/35 Requested Items

No items had been specifically requested by Members.

SCHH/09/36 Bedfordshire Local Involvement Network (LINK) Update

Bob Smith, Interim Vice-Chairman and Finance Officer of Bedfordshire LINK had prepared a report providing an update from Bedfordshire LINK, highlighting local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.

Members were also advised that the Working Groups were scheduled to meet in September and had identified the "red" items which were currently a matter of priority for each Working Group.

RESOLVED to note the contents of the report.

SCHH/09/37 Update on the Recovery and Improvement of Adult Social Care Services

The Director of Social Care Health and Housing presented a report which had been submitted to the Executive on 18 August 2009 on the recovery and improvement of adult social care services.

The Committee recalled that it had previously been advised that performance in this area was well below the national average and that the service was therefore in crisis. The Council as a whole was responding to this through several measures. The Portfolio Holder and the Director for Social Care Health and Housing were setting up the governance arrangements to bring about the necessary improvements. A Recovery Programme Board had been put in place and had had its first meeting, chaired by the Chief Executive. A Member Reference Group would be meeting monthly, with its first meeting being held early in October. The Director for Social Care Health and Housing would be meeting on a six-weekly basis with the Regulator. It was noted that there were significant budget pressures and the Assistant Portfolio holder was playing a special role in working on the related budget.

It was noted that there were eleven key areas for improvement, safeguarding being one of them. In response to a question it was noted that the Recovery phase was expected to last a year with the programme taking a marked effect over a 3-year period.

RESOLVED:-

1. to note the contents of the report to the Executive;
2. to note the recommendations to the Executive;
3. to note the implications of the position regarding social care for the Council as a whole.

SCHH/09/38 Quarter 1 Budget and Performance Information

The Committee received a report highlighting the Quarter 1 performance for the Directorate. It was noted that there was no previous quarterly information as yet against which to compare. The Director explained that these were the key performance indicators including some national and Local Area Agreement indicators but many more were monitored within the Directorate. It was also noted that the current performance indicators in relation to social care were not very meaningful and that new national indicators for this area would be introduced in 2011.

It was noted that there were a variety of means of collecting data for measuring including the SWIFT system, which in a modified form was able to provide some performance information in relating to safeguarding.

Further to a question, it was noted that when performance reports were brought to the Committee, any more up to date information would be reported orally at the meeting.

The Committee welcomed the Director's suggestion that a presentation be given at the next meeting on the Local Area Agreement performance indicators and what they measured.

RESOLVED:-

1. That the report be noted;
2. that a presentation on the Local Area Agreement indicators be given at the next meeting to enable further understanding to be developed regarding what is counted and how it is measured.

SCHH/09/39 **Key Pressures Affecting NHS Bedfordshire**

Andrew Morgan, Chief Executive of NHS Bedfordshire, gave a brief presentation regarding the key pressures affecting NHS Bedfordshire. The slides are attached at **Appendix A**.

The Committee noted that Quality, Innovation, Productivity, Prevention (QIPP) provided the current focus for NHS Bedfordshire in view of the need to respond to the economic climate. Members were aware that there was uncertainty as to whether the existing financial commitment of the Government to health would remain in place following an general election which must be held before May 2010.

In response to a question on financial responsibilities regarding end of life care, the Chief Executive of Bedfordshire PCT commented that people must not be left in a state of uncertainty and advised that work was currently being undertaken to address the issues. He indicated that he would be working personally with the Directors of Health at Central Bedfordshire Council and Bedford Borough Council on them.

The Chief Executive of Bedfordshire PCT confirmed that practice-based commissioning gave opportunity for manoeuvring budgets to respond to local need.

The Committee noted that in response to the community nursing challenges in the south Bedfordshire area, primary healthcare team meetings had resumed and better management had been put in place, including the appointment of a new Chief Operating Officer who would take up his post next week.

Proposals for Leighton Buzzard Community Hospital were currently being developed in response to local pressure but the Chief Executive of Bedfordshire PCT commented that it must be service driven, properly planned and on an appropriate site. He also pointed out that funding spent on this would not be available for spending on other provision.

A question was put as to how practice based admissions were monitored. In response the Chief Executive of Bedfordshire PCT confirmed that the 5-year commissioning span avoided maverick admission activity as local and national policy had to be adhered to.

The Committee noted the presentation and thanked the Chief Executive of Bedfordshire PCT.

SCHH/09/40 **Consultation Feedback - Homelessness Event**

The Committee deferred consideration of this item to the next meeting.

SCHH/09/41 **Directorate Overview: Safeguarding Vulnerable Adults**

The Assistant Director, Social Care gave a presentation entitled *Safeguarding Adults – Everyone’s Business*. The slides are attached at **Appendix B**.

Comments were made regarding the need for carers, who included daughters and sons and other family members, to receive sufficient support particularly when undergoing stressful periods of looking after another adult whilst leading busy lives themselves. It was noted that the social care intervention aimed to support the whole family, not only the vulnerable adult, and that safeguarding vulnerable people was everyone’s business not only that of professionals.

It was noted that there had been serious incidences of abuse of vulnerable adults in the past in part of the region but that the problems had been addressed and resolved. Robust risk enablement policies were in place which provided for safeguarding measures to be put in place when they were called for.

Members were concerned that the personalisation agenda should not put vulnerable people at risk of financial abuse and that the cost implications of personalisation could be significant. It was noted that ways must be found of achieving more for less cost. Adequate training was vital and must remain a requirement of service providers.

RESOLVED that the presentation be noted.

SCHH/09/42 **Revised Work Programme**

The Committee received a report setting out the current work programme. Under item Quarter 1 Budget and Performance Information (minute 38 above refers) the Committee had already indicated that it wished to receive a presentation at its next meeting regarding performance indicators.

In response to a question it was noted that David Levitt, Bedfordshire PCT had been invited to attend the next meeting when the item Substantial Variations and Developments of Health Services would be considered.

It was noted that issues in relation to carers had been raised during discussion earlier on at this meeting and that this was an area which might be suitable for further work. The Director indicated that she would discuss this with the Portfolio Holder with a view to work being carried out in this area in due course.

The Director also raised the issue of the Transformation agenda and indicated that it would be valuable for a Task Group to undertake some work in this area.

A discussion ensued regarding the Committee's opportunities for responding to the Green Paper *Shaping the Future of Care Together*. It was noted that the Green Paper would be considered at the Committee's next meeting in October, and would be on the Executive's agenda at its November meeting. Two workshops were planned in relation to the Green Paper on 14 and 16 October and members of the Committee indicated that they were planning to attend one of these. Members asked for an opportunity to process the outcomes soon afterwards to fit in with the Executive's deadlines. Arrangements would be made in due course either for a special Committee meeting or some other approach to enable this.

In response to a suggestion that the Government consultation on local authority financial matters, including in relation to housing, be added to the Work Programme the Director indicated that she would be discussing with the Portfolio Holder how this would be addressed.

RESOLVED:-

1. to approve the Work Programme subject to the addition of an item at the next meeting to receive a presentation regarding performance indicators;
2. to add to the Work Programme an indication that a Task Group on Transformation would be undertaken in due course.

SCHH/09/43 Executive's Forward Plan of Key Decisions

The Committee received and considered the Executive's Forward Plan of Key Decisions for the period starting 1 October 2009.

In response to a question the Director of Social Care Health and Housing assured Members that the standing item in relation to Property Acquisitions and Disposals Monitoring would not involve action which the appropriate Directors and Assistant Directors were not conversant with.

A suggestion was made that item 10 on the Forward Plan, Local Transport Plan, should be the subject of debate at Overview and Scrutiny Management Panel to determine an inclusive approach from the various Overview and Scrutiny Committees.

RESOLVED to note the Executive's Forward Plan of Key Decisions for the period starting 1 October 2009.

SCHH/09/44 Date of Next Meeting

The Committee noted that the next meeting would be held on 15 October 2009 (revised from the previously scheduled date of 8 October) at the Council Offices, High Street North, Dunstable starting at 10.00am.

Note: A seminar on Adult Care Services would follow directly afterwards and a working lunch would be arranged for Committee members.

Date

Chairman

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.45 p.m.)

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Key pressures affecting NHS Bedfordshire 10 September 2009

Andrew Morgan
Chief Executive
NHS Bedfordshire

Background

- Formed in October 2006
- Local leader of the NHS
 - Understand needs
 - Plan health and health services
 - Fund health services
 - Assurance of outcomes and quality
- Budget of £575m
- Population of circa 420,000
- Commissioner and provider

Current Agenda

- Delivering 'A Healthier Bedfordshire'
- Delivering the Operational Plan
- Quality, Innovation, Productivity, Prevention (QIPP)
- World Class Commissioning
- Ceasing to be a provider
- Practice Based Commissioning
- Partnership agenda
- Demand Management
- Swine Flu

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Safeguarding Adults 'Everyone's Business'

Ed Thompson
Asst Director – Adult Social Care

"I want people to be as outraged by the abuse of an older person as they are by the abuse of a child. Sadly we are nowhere near that as a society but that culture has to change"

(Ivan Lewis MP Care Services Minister - 2007)



Background

‘No Secrets’ (DOH – 2000)

Gov. guidelines on multi-agency working with Local Authority as lead agency

‘Safeguarding Adults’ (ADASS -2005)

From ‘vulnerable adults’ & ‘adult protection’ to Safeguarding Adults

Review/consultation period

New legislation/responsibilities?

What is Safeguarding?



Central
Bedfordshire

Abuse is

' A violation of an individuals human and civil rights by any other person or persons'

DH 2000 'No Secrets'

Safeguarding is:

"all work which enables an adult who is or may be eligible for community care services to retain independence, well being and choice **and** to access their human right to live a life that is free from abuse and neglect"

What is Safeguarding? 2

The current definition for a vulnerable adult is:

“ A vulnerable adult is defined as a person aged 18 or over who is or who may be in need of community care services by reason of mental or other disability, age or illness; and who is or who may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation”

- Strong links to Dignity in Care
- Some groups of adults experience a higher incidence of abuse

Main forms of abuse



- Physical
- Emotional/Psychological
- Neglect/Deprivation
- Sexual Abuse
- Financial Abuse
- Discrimination
- Institutional Abuse

Where might abuse happen?

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

- Residential or nursing homes
- Sheltered housing
- People's own home
- Hospitals
- Workplaces
- Day centres
- Public places

What is the Incidence?



Central
Bedfordshire

National Study focused on older people published in
2007

- 4% (342,000) reported neglect or abuse
Perpetrator was known to the person

If applied to Central Bedfordshire

- 4% = 1456 older people
Other groups of people??

Strategic Direction

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

Central
Bedfordshire

- Joint Safeguarding Adults Partnership Board
- Performance Improvement Plan
- Recruit to Safeguarding Manager Post
- Robust collection of data to aid intelligence
- Individual budgets – increased risk
- Joined up work with partners
- Increase training across partnership
- Improve general awareness - publicity

Key Messages



Safeguarding is 'Everyone's Business'

Everyone needs to be aware of:

- Operating zero tolerance of abuse
- Understanding what is abuse
- Different types of abuse
- Recognising signs and symptoms of abuse
- Know how to report suspected abuse
- Sharing intelligence about possible adults at risk
- Prevention through promoting good practice

*We want people to be as outraged by the
abuse of any vulnerable person in our
society as they are by the abuse of a child.*

What is the role for Elected Members?



- Safeguarding Champion
- All to be champions
- Promote corporately
- Role as community leaders
- Community engagement
- Scrutiny and governance



Safeguarding Adults 'Everyone's Business'

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 15 October 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

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. 19 members of the LINK have now been Enhanced CRB checked and will participate in Enter & View Training with Milton Keynes' LINK on 16th October in MK and the other session at Cardington on 23rd October.
2. On 9th September a meeting took place between Bedfordshire LINK Board and the Host organisation to help ensure better working relationships. There continues to be a dialogue with the two Unitary Authorities over the timing of the split into two LINKs. It is intended to have a LINK Extraordinary Board Meeting to discuss this split

3. The Interim Chair of the LINK resigned during September. Elections to the Board and Officer appointments are due to take place in January 2010.
4. The Acute Services Working Group is to undertake an Enter & View visit to the Luton & Dunstable Hospital Catering department following concerns about out-of-date food being served. A member of this Working Group will visit Ipswich Hospital together with a Suffolk LINK member to see the new disposable ward curtains. There is evidence that this change helps reduce infection rates.
5. A visit to the Weller Wing by the Mental Health and Learning Disabilities Working Group (MHLG) on 11th September and reported improvements to Keats' Ward (Acute Assessment Unit). A second visit is planned to view other wards. Bedfordshire and Luton Partnership Trust (BLPT) staff will attend the next MHLG Working Group meeting to respond to questions concerning patients with disabilities and mental health conditions.

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

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15th October 2009

Subject: Government's Proposals for Reform of Council Housing Finance

Report of: Director of Social Care, Health & Housing

Summary: In July 2009 the Government issued a Consultation Paper on the long awaited reform of council housing finance. This is about reform of the ring-fenced Housing Revenue Account system and the subsidy regime that is widely seen as an unfair, anomalous and inefficient system. The main consultation paper is referenced as a Briefing Paper and a link to the Communities and Local Government (CLG) website is provided.

In response to lobbying the Government has indicated a willingness to reform the system of council housing finance and are consulting on freedoms and flexibilities from the current HRA accounting rules. Two main options for change are set out in the consultation, both involving local housing authorities taking on part of the national housing debt.

Contact Officer: Tony Keaveney, Assistant Director, Housing

Public/Exempt: Public

Wards Affected: Those in which council houses are situated, entirely in the former South Bedfordshire District Council area.

Function of: Council

RECOMMENDATION:

- 1. That the Social Care Health and Housing Overview & Scrutiny Committee note the contents of this report for information and consider all matters arising from the presentation to the meeting.**
- 2. That the Social Care Health and Housing Overview & Scrutiny Committee provides advice to the Housing Portfolio Holder, to enable Councillor Drinkwater to produce a response to the Government's consultation by 27th October 2009**

Reason for Recommendation: So that Members of Social Care Health and Housing Overview & Scrutiny Committee are provided with opportunity to contribute towards the Housing Portfolio Holder's response to the government's consultation on the reform of council housing finance.

Introduction

1. The current Housing Revenue Account (HRA) financial regime has existed for many years and includes a series of accounting rules and conventions that all landlord housing authorities have to follow to show the income and expenditure plans for managing and maintaining homes in council ownership.
2. At Appendix A is a document (Local Government Association Local Housing, Local Solutions), which sets out the arguments around the HRA subsidy which Central Bedfordshire Council pay to Government for redistribution to other local housing authorities. In 2009/10, Central Bedfordshire Council will pay £8.7 million to the Government as negative HRA subsidy and over a ten year period will pay £103 million.
3. Councils have lobbied for a change to this system, and argued that if councils retained all the rent income due that we could put this to good use locally in accelerating the rate of modernisation of council homes; improve housing services and subsidise the cost of building new affordable homes. However, it is not certain that all councils will welcome the proposed reform.

Consultation Paper

4. The consultation paper is concerned with a review of council housing finance and aims to find a long term, sustainable solution to improve or replace the current HRA subsidy policy. The Government have signalled an intention to dismantle the current HRA subsidy system and replace it with a devolved system of self-financing for all local authorities. This will depend on a one-off allocation of housing debt, after which councils will be able to keep all their rental income. An alternative would be to retain, but improve the current system.
5. The consultation period finishes on 27th October 2009. A series of 17 consultation questions are set out in the Consultation document, which is referenced as a Briefing paper, there being a link to the CLG website. The questions will be summarised in a presentation to the Committee. The Portfolio Holder for Housing will respond to the consultation, drawing upon comments made by the Committee.
6. The review has been progressed because the Government claims to have established a new era in the provision of social housing. The Housing and Regeneration Act 2008 has led to the creation of two new agencies to invest in housing and regulate to protect the interests of tenants. The Government is increasingly looking to local authorities to play a bigger role in the housing arena, both at a strategic level and as a direct provider of housing services and new social housing.
7. The review was proposed in the housing green paper in July 2007 and has been organised into four workstreams:
 - Costs and standards for social housing;
 - Rents and service charges;

- Rules governing a local authority's Housing Revenue Account and capital;
 - Mechanisms for delivering funding.
8. There are a number of externally commissioned research reports which have been published alongside the consultation paper. These research reports contain important supporting and contextual information and include the following:
- An evaluation of management and maintenance costs in local authority housing;
 - A review of the major repairs allowance;
 - An analysis of rents;
 - Options for dealing with housing loan debt in the local authority sector;
 - Tenant attitudes to council housing finance and rents policy;
 - Summary of the findings from tenant engagement work.
9. The consultation paper explains the current Housing finance system. The requirement to hold a HRA dates back to the 1935 Housing Act and is a record of revenue expenditure and income relating to the authority's own housing stock. The HRA was ring-fenced in 1989 to create a more coherent landlord account. This ensures that rents cannot be subsidised by increases in the council tax and that rents cannot be increased in order to keep council tax levels down.
10. The HRA subsidy system is the system through which the Government determines the amounts local authorities need to spend on their council housing and whether subsidy is required to support this. Of the 205 local authorities in the HRA subsidy system 153 are in surplus and made a contribution (negative subsidy) and 52 in deficit and therefore receive subsidy from the system (Positive subsidy). As stated in paragraph 2, Central Bedfordshire is in negative subsidy and will pay £8.7 million to the Government in 2008/09.
11. The logic behind this system is that councils with different housing stock can deliver similar standards and charge similar rents with a mechanism that redistributes resources. However, subsidy is not influenced by the relative efficiency of different landlords and makes assumptions on spending requirements which are not always accurate.
12. The review identified the following problems with the existing system:-
- The fairness of the system depends on the accuracy of the assumptions it makes about spending needs and it is difficult to manage this information nationally.

- Over time the balance of deficit and surplus authorities has changed. The system is now roughly in balance yet three quarters of councils pay notional surpluses into the system and a quarter receive subsidy.
 - The requirement to contribute rental income to Government is unpopular, especially as the national system is moving into surplus.
 - The annual nature of the system and volatility militates against long term planning.
 - The complexity of the system means less transparency and lots of subtle adjustments.
 - Local responsibility and accountability is weak because of the central control.
13. Management and maintenance allowances have been found to be out of date and in need of overhaul. The research accompanying the consultation suggests that a 5% increase is required for those core housing management activities.
14. The Major Repairs Allowance has similarly been found to be some 24% below needs and excludes a number of elements. The Building Research establishment estimated that MRA should be increased to £825 per unit over 30 years.

Options for Reform

15. The consultation paper identifies two broad models for financing council housing in the future. These are described as an improvement to the national system, and a devolved system (self-financing). Both options share a number of characteristics:-
- Costs, standards and rents would be based on the same principles;
 - Local authorities would be required to draw up 30 year business plans based upon updated stock condition surveys following completion of their Decent Homes programme;
 - All housing capital receipts would be retained locally and would be accounted for alongside housing revenues;
 - Any option taken forward will be fully compliant with the Government's new burdens procedure.

16. The first of the options proposes longer term financial determinations of say three to five years. This would provide more certainty in financial planning and safeguards in terms of unexpected pressures or financial circumstances. The paper indicates that it is unaffordable to write off housing debt and proposes a system of allocating housing debit in relation to the value of each authorities housing stock. As an alternative it is suggested that housing debt could be held by Government and authorities charged for their allocated amount of the national housing debt.
17. The self-financing (second) option is where local authorities keep the income raised from rents and use this to run their stock. It is understood that this necessitates the one off reallocation of debt on the basis of each authority's ability to service it using updated management and maintenance allowances. Debt levels would be based upon tenanted market value of the stock.
18. The consultation attempts to address the issue of increasing pressures to undertake disabled adaptations in social housing by allowing local authorities to retain capital receipts. It is suggested that 25% of receipts go to the General Fund for adaptations in the private sector (including Housing Associations) and 75% of receipts pay for council home adaptations. It is therefore possible that Central Bedfordshire Council could use some of our Right to Buy receipts to meet the increasing demand for disabled adaptations.

Responding to the Consultation

19. The Government is looking to local authorities to agree collectively to take on debt. This means that council who are currently debt free or have lower than average debt, will receive a one-off lump sum of debt – in effect a new mortgage on their housing stock. So, whilst 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. However, this does depend on how the Debt Settlement is made to work in practice.
20. Put crudely and in simplistic terms, if the Debt Settlement were less than the amount to be paid to Government in negative subsidy over a thirty year period, then the offer from Government would appear attractive. Over a ten year period £103 million will be paid in negative subsidy. The issue in the Consultation paper is the lack of detail as to exactly how the Debt settlement will be made to work, or more precisely how the debt will be distributed between local authorities which still hold stock.
21. Members' attention is drawn to the Local Government Association (LGA) papers at Appendix A, which makes the case for self-determination. Central Bedfordshire Council will need to determine, in time, how better or worse off we will be through taking on a one-off debt charge.

22. The Government certainly makes much of the importance of the reform and there is no denying that it represents what the Government calls a radical dismantling of the infamous HRA subsidy system and its replacement with what the Government calls a 'devolved system of responsibility and funding'. The Government links this reform with its parallel proposals for 'local democratic renewal'.
23. Members who have become familiar with the system will know that '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.
24. If the opportunity for reform is to be seized, the council may have to exercise a degree of pragmatism that is possibly without precedent, in deciding whether they will be worse or better off under a new "self financing" regime. Also, there will need to be a robust consideration of Risk, in terms of interest rate fluctuations; Rent Policy and the possibility of any significant changes in Government Policy, where it is proposed that a right is reserved by government to revisit the Debt Settlement if necessary.
25. However, it is right to welcome the principle of reform, even if there is concern and perhaps scepticism about the practical results. Until the detail of the Debt Settlement is known, it is unrealistic for the Council to give support and the Portfolio Holder response to CLG should make this point clear. It does, however, look as if the Government is intent on the self-financing option.
26. Provided – and it is a big proviso – that individual authorities who are currently paying into the system (in negative subsidy) or who are receiving subsidy from the system (in positive subsidy) 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.
27. There will, however, be some authorities – as the consultation paper recognises – who will find this reallocation of debt difficult to accept. The consultation paper refers to this being 'contentious' for debt free and low debt authorities and the argument – though powerful – that those councils are already supporting debt in other authorities (through negative subsidy) will be less than compelling.
28. 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.
29. It is difficult to comment fully without knowing the level of debt the Central Bedfordshire Council is likely to incur under these proposals. The council would need the expertise of an external consultant to estimate the range of debt likely to be transferred and this could influence our stance aside from the matters of principle mentioned above.

30. A number of local authorities have expressed severe disappointment over the detail contained in the proposals. Most welcome the local control proposed, but many appear likely to reject the notion of taking on new debt when this is regarded as historic and notional, not real debt. This can hardly be described as radical reform of an inequitable housing finance system! However, the opportunity that is afforded may require local authorities to be pragmatic on the basis that a solution is better than no solution at all, at a time of economic uncertainty and constraint in public finance.
31. Waverley Borough Council who have been active campaigners for a change to the HRA subsidy system produced the six arguments set out below. The points they make have much merit having regard to Central Bedfordshire Council's own position:-
- Proposals are unfair to tenants – why should we expect poor tenants in one area to pay for debt incurred decades again in another part of the country?
 - Approach continues to treat council housing as a national system – directly contradicting the commitment to giving council's local freedom to manage and invest in their own housing stock.
 - A substantial of this debt should already have been paid off – had councils been allowed to retain 100% of the receipts from Right to Buy sales.
 - Debt write-off is practical and affordable – it is already Government practice to write-off housing debt to improve the delivery of housing (stock transfer).
 - Cancelling debt would have no impact on the national debt – as it is an intra-government debt.
 - Cancelling housing debt would deliver huge economic benefits – the Local Government Association estimates this to be £72 billion over 10 years. This economic boost would benefit the exchequer through a massive increase in tax revenues and reduction in benefit payments easily out-weighting any cost to the general taxpayer.
32. The Central Bedfordshire Council's response to the consultation should strongly propose that the Government should increase management and maintenance and major repairs allowances now to reflect the need to spend on local authority housing. This would result in a reduction in the amount of negative subsidy which the Council pays to the Government.

Conclusion

33. Overall, there is disappointment with the lack of commitment to genuinely reform the HRA system to create real freedoms and flexibilities for local housing authorities to manage their housing budgets locally and align them with local priorities. The proposals are largely about authorities taking on debt. The decisive question for all councils will be 'how much debt?' is each council's share of the national HRA Debt; is it affordable whilst maintaining the stock in good condition, in perpetuity; and at what risk?
34. The opportunity for reform is one to be seized if the question of Debt Settlement between all remaining councils with Housing Stock can be resolved. It is therefore right that the Portfolio Holder's response is welcoming of reform, if cautious as regards "How?" As a minimum, the Debt Settlement would need to be Fair and seen to be Fair by all councils with stock. The reality is that a great deal is still to be worked out in terms of Detail relating to any proposed Debt Settlement between local authorities.
35. In the coming months, Central Bedfordshire Council will determine its strategic direction for Housing, in terms of Landlord services and the broader range of strategic Housing services relating to Supporting People, Private Sector Housing, Homelessness and Housing Options. In particular, it is necessary to involve tenants and leaseholders to determine the strategic direction for Landlord Services. The opportunity for reform is to be welcomed but actually it is too early to say with confidence which direction the Council should take.

CORPORATE IMPLICATIONS

Council Priorities:

The report relates directly to the Council's priority to Managing Growth Effectively, in terms of balancing regeneration and renewal, with growth.

Financial:

The financial implications are difficult to determine at this stage but, as indicated in the report, a robust consideration of Risk is essential once the detail of any proposed Debt Settlement is made known.

Legal:

There are no direct legal implications arising from this report.

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:

There are no issues to consider in this report.

Sustainability:

There are no direct implications arising from this report.

Appendices:

Appendix A - LGA Report: Local Housing – Local Solutions the case for self-determination.

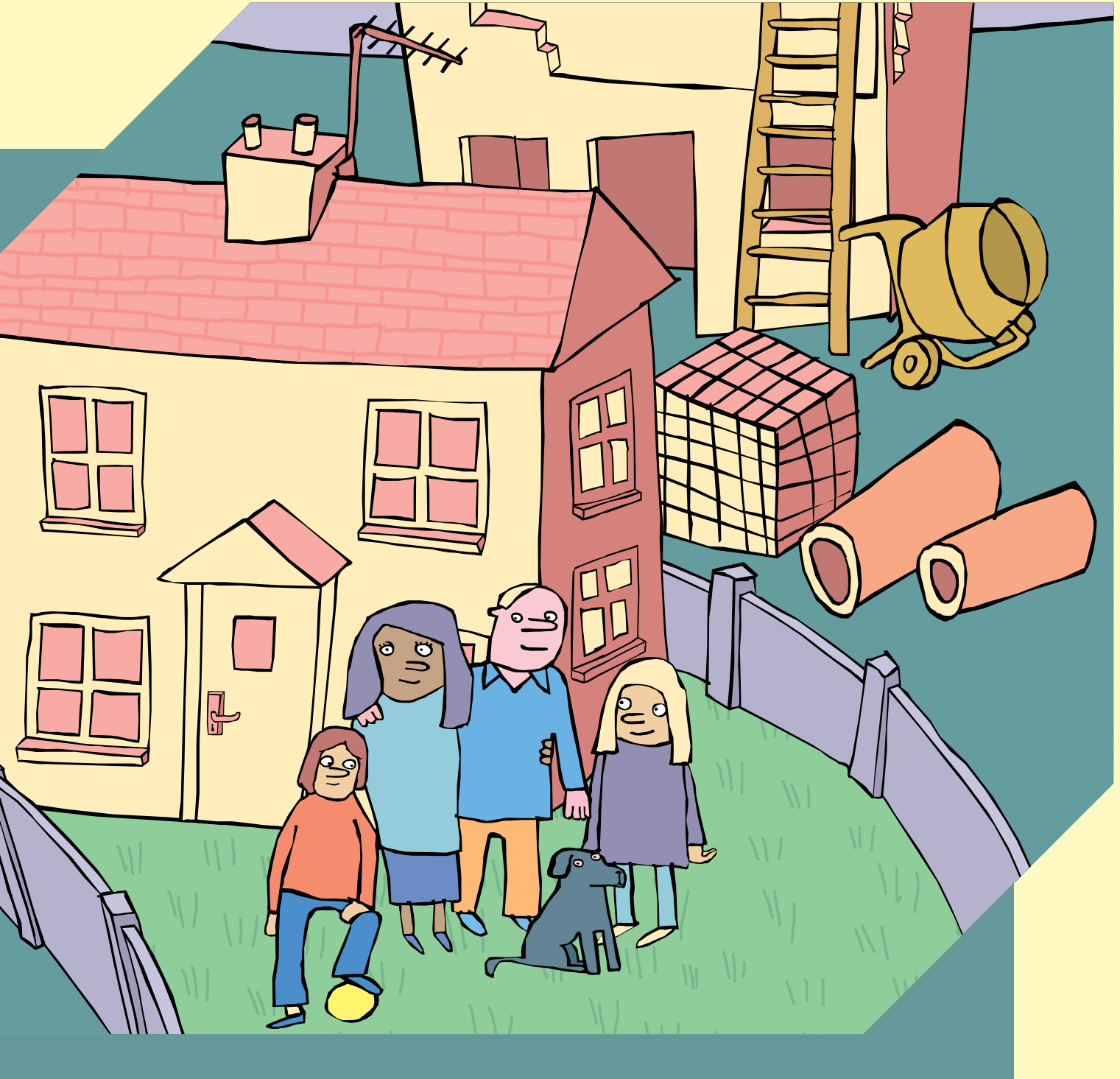
Background/Briefing Papers (open to public inspection):

Reform of Council Housing Finance, CLG, July 2009

Please contact Tony Keaveney directly if you require a copy of the Consultation document on the Reform of Council Housing Finance, or please view the document on the CLG (Communities and Local Government) website:

<http://www.communities.gov.uk/publications/housing/councilhousingconsultation>

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putting people first

local housing – local solutions

the case for self-determination

executive summary

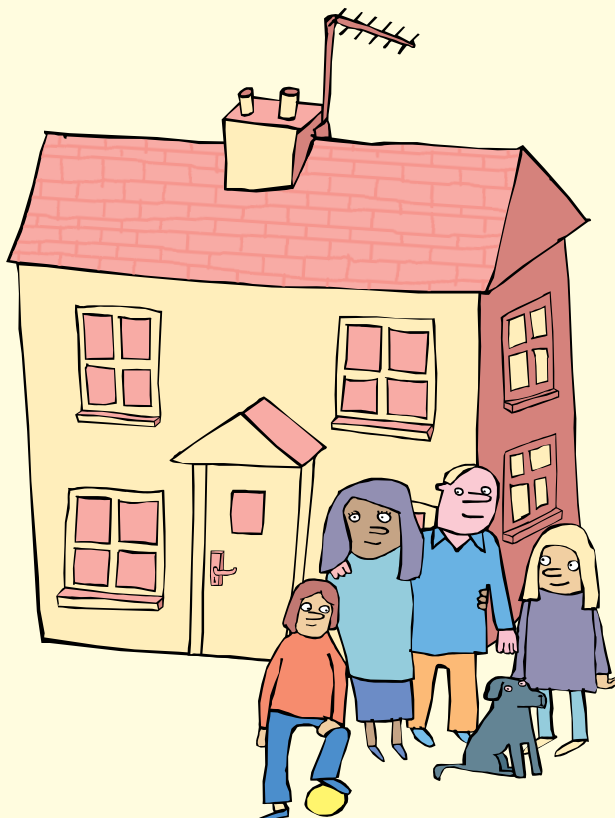
The Local Government Association (LGA) and its partners are united in calling for the Housing Revenue Account subsidy system to be scrapped and replaced with a fairer, more efficient localised system.

We are sure the government and politicians of all parties share a commitment to good housing conditions and the building of more desperately needed new homes. One thing stands in the way of these good intentions: an unjust, perverse, illogical and bureaucratic finance system.

This document sets out why change is desperately needed and strongly justified, and how it can bring about much needed additional investment in existing and new housing.

Its key propositions are:

- receipts and rents should be retained locally to be spent locally;
- council housing needs to be properly funded and placed on a sound financial footing to ensure long-term investment;
- councils should have financial self determination and be able to invest in their housing and contribute to the local economy;
- councils should be free from the constraints of historic 'notional debt', and there should be ongoing central investment for the small number of councils unable to achieve 100 per cent self-financing;
- councils should be able to borrow money to invest in their new homes in the same way and with similar conditions as their Registered Social Landlord (RSL) partners.



introduction

The LGA publication *My rent went to Whitehall* (July 2008) argued that reform of housing finance is essential to ensure that councils can deliver better services, better quality and additional housing for our residents. It set out the principles which the LGA and its partners proposed for the housing finance system to work effectively, namely that any change to the system should:

- enable councils to find the best ways of meeting local housing needs;
- provide fair rents for tenants;
- maintain a clear link between rents paid and services provided;
- be a clear, transparent system that tenants, members and officers can understand;
- ring-fence housing money both locally and nationally – tenants rents should not subsidise the Treasury;
- ensure that housing money is to be spent locally on housing and housing-related issues;
- allow councils to be certain of their financial position in the medium to long-term, and the short termism of the current system;
- ensure a link between local decisions and housing – through the local area agreement (LAA)/comprehensive area agreement (CAA) etc;
- acknowledge housing's role as a community asset in funding provision;
- mean that resource allocations decisions are locally and not nationally based;

- allow surpluses from the system to be spent on housing.

This report sets out practical proposals for reform of council housing finance. Our research shows that adoption of these proposals would allow:

- 80,000-90,000 additional affordable homes to be built by councils over the next five years. Thereby reducing poverty, ill health and improving our existing homes;
- over a ten-year period, by enabling councils to use the additional revenue stream from rental incomes would allow an extra 139,000 social houses to be provided. If councils were also released from the historic debt and allowed to borrow against their assets this figure could increase to 309,000. Providing an enormous boost, not only to the housing sector, but also to the wider economy.

This document has been developed under the oversight of a campaign group of elected local politicians, and on the basis of the professional expertise of a group of local government housing and finance professionals. The LGA is extremely grateful for their help and support.

Changing the way council housing is financed is central to the LGA housing campaign *places you want to live* which argues for unlocking councils' ability to provide more and better housing for local people.

It is not only councils that see the need for change. There is an emerging political consensus that the current subsidy system needs to be altered. Government and opposition ministers have said that they are prepared to consider any proposals that will allow for an increase in the provision of more housing.

“If local authorities can convince us that they can deliver quickly, and cost effectively, more of the housing that Britain needs . . . then we will be prepared to give them our full backing and put aside anything that stands in their way.”

Gordon Brown, 29 January 2009

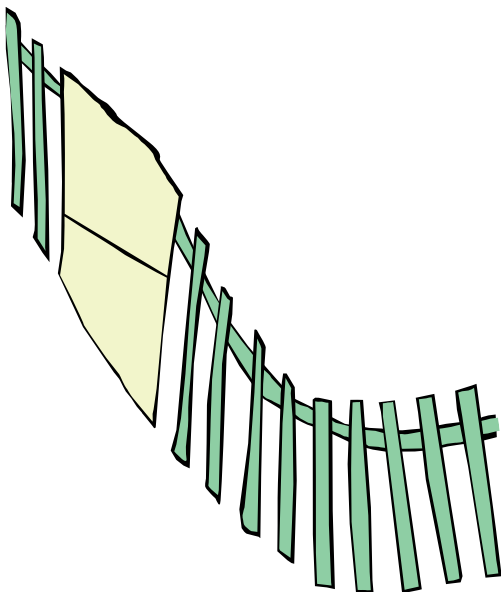
Stewart Jackson MP, Shadow Minister for Communities and Local Government,

“There is not a level playing field. The perversity and unfairness of the HRA is evident...”

Sarah Teather MP, Liberal Democrat Shadow Housing Minister,

“The clear conclusion is that we need to reform the Housing Revenue Account (HRA)...they will have to give councils the right to keep their right-to-buy receipts and rent in full, and we will need a system in which any required subsidy is provided centrally through general taxation. Only then will we have a system in which the finances are stable enough for councils to plan.”

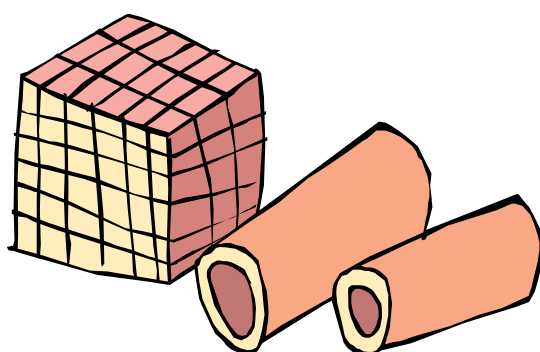
We believe that financial self determination for councils provides the answer that national politicians of all parties are looking for.



local authorities and housing

Housing is a key priority for councils. However, the current financial system makes providing ample, affordable, quality housing needlessly difficult.

There are many people who would like to rent from us, but the shortage of supply means that they are unable to. LGA research has noted that there are currently nearly two million people on councils' housing waiting lists, with this number expected to increase to five million by 2011, putting additional pressure on council housing. This at a time when the development industry is struggling and the number of houses being built is decreasing. The construction industry shrank by 53.7 per cent¹ last year.

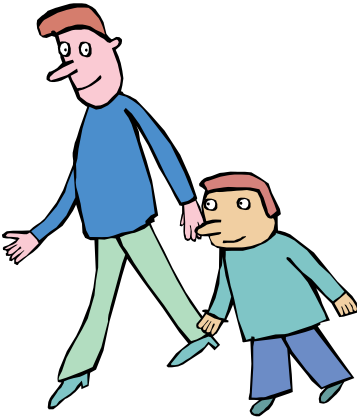
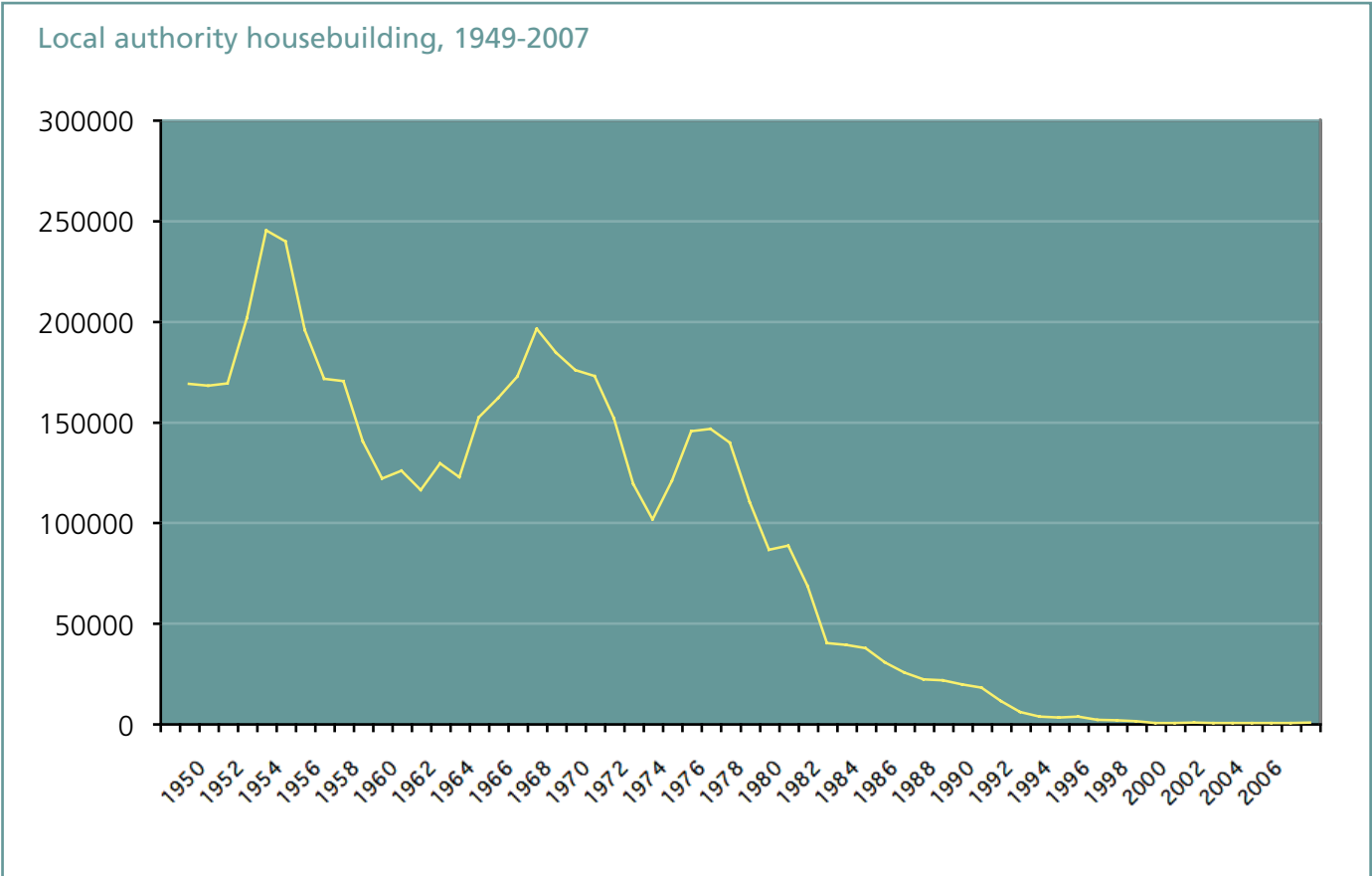


¹ Nomis data

In the 1960s councils built tens of thousands of homes every year. However, as table 1 demonstrates, by 2007 they built fewer than 400 new houses, a tiny fraction of what is needed. Some councils are building new homes and many more would like to. However, the Housing Revenue Account (HRA) subsidy system remains the single largest barrier. In practice, when a council builds a new house, the assumed rental income for that property generally exceeds the assumed need to spend, and the difference is deemed to be a surplus – so government reduces an authority's subsidy. This means that councils lose revenue each year for each new house they build.

Recent government legislation has sought to ensure that councils have the freedom to exercise their responsibilities and build sustainable communities. Allowing councils to retain 100 per cent of their rental income would be the most effective way of achieving this in the council housing sector. The recent Communities and Local Government Department consultation on *Changes to revenue and capital rules for new council housing Capital and Revenue* has considered the options for excluding new council house building for the HRA subsidy system and allow councils to keep 100 per cent of rents and sales income. The government's proposals to exclude new council homes from the subsidy system will help a little, but will not provide the financial certainty and flexibility councils need to make a step-change in delivery of new council housing. We believe that **councils should be able to retain the income from all of their housing, not just recent new build.**

Table 1



the HRA subsidy system

The current housing finance system is confusing but basically works like this:

- every council that owns and manages council homes is required to maintain a separate account of council housing income and expenditure (a HRA);
- the 'Housing Revenue Account Subsidy System' (HRASS) was designed in the 1980s to provide grant support for council housing. It is based on a 'notional' HRA containing calculations for management, maintenance, debt servicing costs and rents, none of which bear any relationship to actual income and expenditure for council housing in the real world. Indeed the calculations include four different 'rent' figures, all of them quite different to the actual rents paid by tenants. The calculations are set out in a Statutory Instrument and approved annually by parliament;
- if the 'notional' HRA shows a deficit then government pays that amount of 'positive' subsidy as grant to the housing authority. If, on the other hand, the notional account shows a credit then the housing authority must pay that amount as 'negative' subsidy to government;
- when the HRASS started, no council had to pay money to government. Now, out of 206 housing authorities, 156 pay 'negative' subsidy to the Treasury. In 2008/9 the Treasury took £194 million from council tenants. This is expected to increase to £214 million¹ in the current financial year. This situation is set to get worse. Even the councils that currently receive subsidy are receiving less each year and will in the next few years move into a negative subsidy situation until eventually all councils will be paying into the system;
- of the fifty councils currently receiving 'positive' subsidy nearly all of this money (98 per cent) is used to service the interest payments on historic debt.

¹ Estimate prior to new rents setting formula in 2009

the problem with the current system

The housing finance system is unjust and inequitable with central government seeing their investment in local authority stock as debt, whilst funding of RSLs is viewed as investment.

This is fundamentally unfair and disadvantages councils and their tenants. There is no justification for this distinction and the LGA believes councils should be treated with parity with their RSL partners.

1989 Local Government and Housing Act which set up the HRA said that: **“The housing subsidy system should be fair, transparent and simple to understand and administer.”** The current system is none of these things.

The housing subsidy system should be:	Instead it is:
Fair	Deeply unfair: how much subsidy you receive or pay to the government depends on the CLG’s formula for assessing your ‘need’
Transparent	Confusing: the formula for deciding money is complicated and is frequently changed by the CLG
Simple to understand and administer	A bureaucratic nightmare: requires councils to manage a complex process that they administer but do not control

The system as it stands is ineffective and inefficient. It is complex with a series of grants for refurbishment and major maintenance work which councils have to apply for and administer. The resource allocation within the system can change at very short notice, making it difficult for councils to plan effectively and the system does not reward positive management practice or allow innovative approaches to stock investment. The allocation formula creates perverse incentives, for example, if a council pays off its housing debt, reduces the level of crime on its housing estates or reduces the vandalism of its stock, it is liable to lose subsidy.

The system itself is under strain, whatever a councils' subsidy position, whether positive or negative, all councils suffer from the ineffective system that we have. Councils from all both ends of the subsidy spectrum have indicated that their HRAs are becoming increasingly unviable to manage under the present system and that it urgently needs to change. The government in the HRA review has noted that the current system is underfunded. It is estimated that management and maintenance allowances are underfunded nationally by approximately 10 per cent¹, whilst Major Repairs Allowance which was set up to maintain the stock is underfunded by more than 40 per cent², meaning that the asset base is being eroded.

The current housing finance system runs counter to the ethos of community empowerment. The local government white paper places councils at the centre of local decisions, with the new LAAs giving them the power to co-ordinate the work of partner agencies to ensure consistent services for the public. Yet local authority housing finance as a major area of policy is centralised and is inconsistent with the new policy agenda. Local authority housing finance policy should be consistent with the ethos of councils' place shaping and community leadership roles.

The LGA and its partners believe that for all these reasons the housing finance system needs to change as a matter of urgency.



1 Report to HRA review by Hall, Partridge, Wilcox et al (2009)

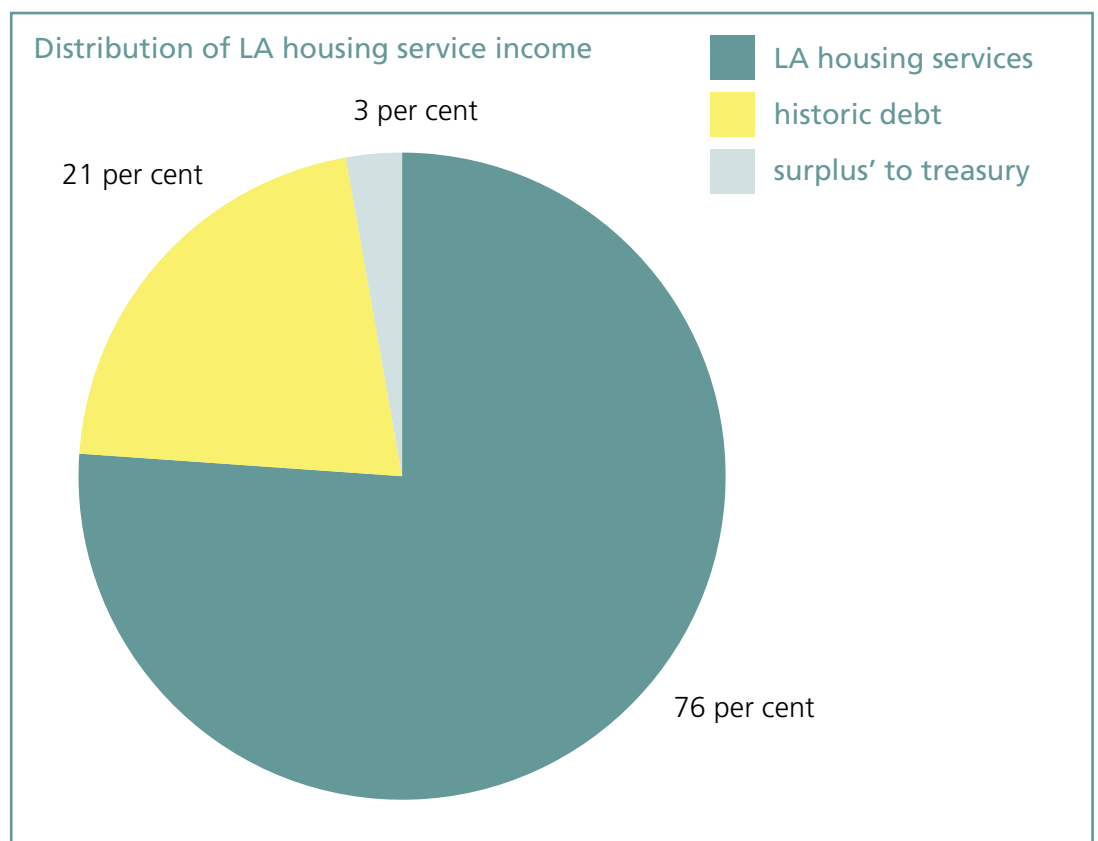
2 Report to HRA review by Hall, Partridge, Wilcox et al (2009)

the solution - financial independence for council housing

The LGA with its partners have been developing a new system for housing finance. Our work and research has led us to conclude that to meet the fundamental principles we have set out, councils need independence and the ability to raise finance from the private sector.

We believe that there should be a transparency in the rental system, with council tenants being able to understand how their rent is spent. To deliver this to our tenants we need a level playing field with other social housing providers.

Currently RSL tenants know that all of their rent is used by their landlord to manage their current housing and provide new housing. Council tenants can not be clear about how much of their rent will be spent on housing in their area, as depending on the councils subsidy position a proportion of their rent goes directly to the Treasury to be used for national priorities. As the chart below demonstrates on average councils can only allocate 76 per cent of their income to managing and maintaining their stock. 24 per cent has to be spent of servicing debt or paying government surpluses. We believe that council tenants like their RSL neighbours should be able to know that their organisation is spending their money on the housing service.



the benefits of financial independence for councils

Allowing councils to retain 100 per cent of their rental income and capital receipts would lead to clear benefits for tenants, councils, the government and the wider community.

for tenants...

- creating a clear link between rents paid and services received
- supporting tenant choice and control by giving council tenants a real say over how their rents are used
- improving the quality of council houses by allowing council landlords to spend all of their rental income on local housing needs

for councils ...

- providing certainty about future funding and allowing them to plan their housing investment over the life cycle of the properties they maintain
- encouraging efficient housing management and enabling them to manage assets more effectively
- allowing greater flexibility in their role as place-shapers

for the government...

- reducing risks for national finances by eliminating the uncertainty of the national surplus/deficit emerging from the subsidy calculations
- removing the complex, inefficient and unpopular subsidy system

for the wider community...

- allowing councils to improve the quality of people's homes and environment, thereby improving their health, education and life chances

Councils financial situations vary depending on their area, stock condition, authority type and debt history. It is our contention that a localised financial system will work for councils, as it allows for a developed business plan that provides a viable settlement based around current and future stock survey spending needs and would provide the headroom needed to fund this. It would ensure that councils are able to predict future resources, promote a proper asset management strategy and encourage 'a spend to save' model, with councils being able to plan their borrowing to make savings down the line.

The following cases highlight how a localised system would work in different councils.

Barking and Dagenham

This council in a deprived area of East London, manages 20,000 homes and is a negative subsidy authority.

Barking's Local Housing Company is starting on site in July for its first mixed tenure scheme which will create 470 new homes (two thirds of which will be affordable) and an enterprise centre. Beyond this, the company has a planned programme which could yield an additional 1,000 affordable homes in the next three years. However, if the housing finance system were to be localised Barking would be able to access additional revenue and could significantly increase this.

The council has sufficient land on cleared council owned sites (primarily infill sites) to make and immediate start, building up to 150 new Council homes in the next financial year (2009/10).

Simply based on the increased revenue stream, and without any additional borrowing, this would enable increased house-building in Barking over the next five years of over 500 new homes.

Sheffield City Council

This Northern Metropolitan council has a 3 star ALMO which manages the council's 42,000 properties and is currently in positive subsidy to £6.6 million. Projections done by the council show that post the 2012 allocation there is a big capital investment gap emerging and that there is no viable solution for non-traditional properties after this 'Decent Home' investment round.

The post 2012 revenue position for Sheffield looks unsustainable. Financial independence would allow Sheffield to address this issue. It would also enable them to develop a sustainable 30 year 'Decent Homes Plus' plan, improve service outcomes, provide better value for money and capture efficiency gains.

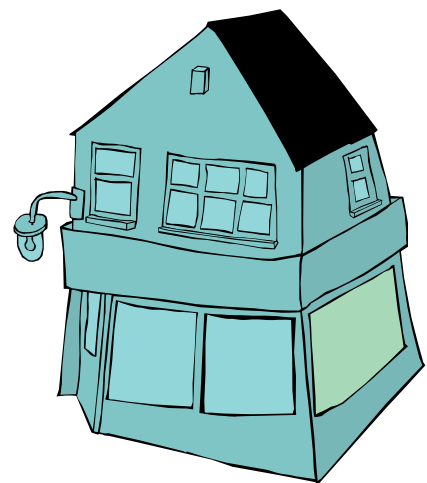
Waverley

This Surrey district council manages 5,000 homes and loses nearly £11 million a year (47p in every £1 of rental income) from the housing finance system.

Under a localised financial system the council would make a priority of investing an additional £5 million a year in repairs and renovations to bring all of its homes up to the government's Decent Homes Standard – which the current system prevents them from doing. This would also create a local economic benefit.

In addition Waverley is keen to meet local housing need through investment in new homes. They own a site, at East Street, Farnham, with planning permission for 235 new homes. In addition a Homes and Communities Agency site at Milford Hospital has capacity for 60 homes. There is capacity for an additional 100 homes on small sites 'locked in' to council (HRA) owned land. Waverley has established a local housing delivery company and would be ready to start work in the next financial year.

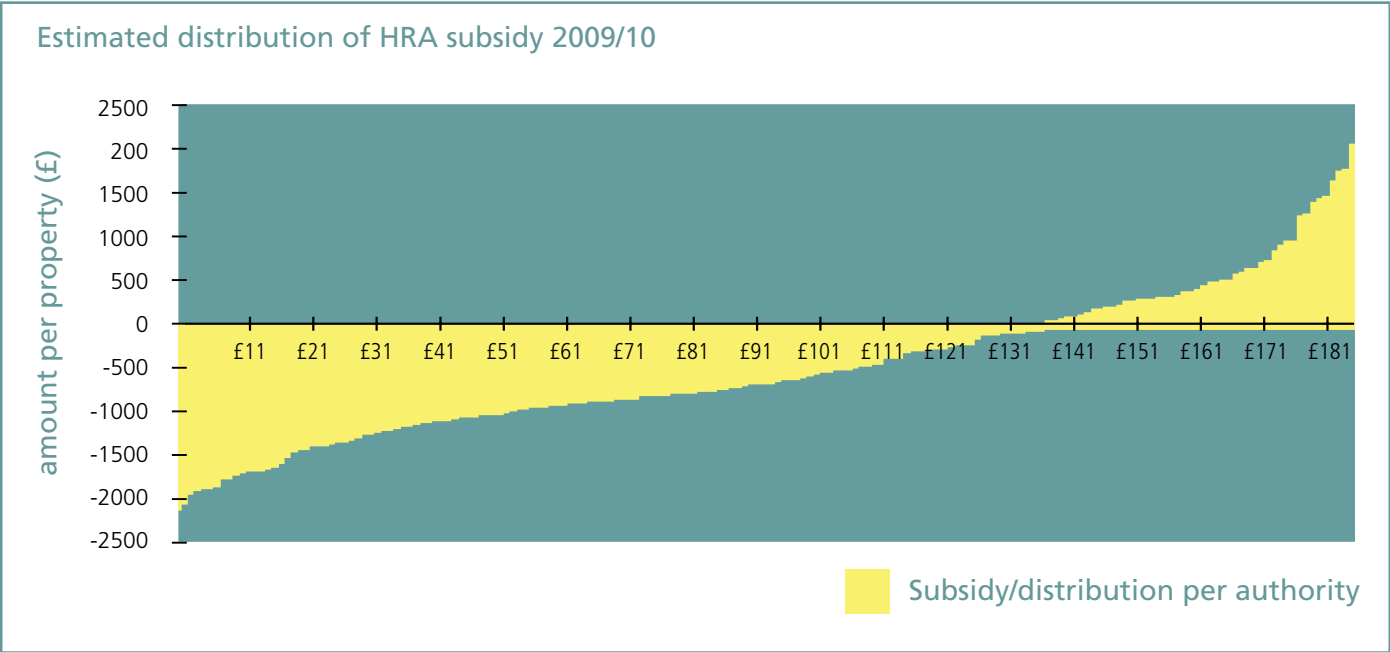
The council would therefore use revenue funding to build 50 new homes per year for the next five years, making a total of 250 new homes.



debt

There is currently an estimated debt of £15.5 billion¹ associated with the HRA subsidy system. This debt is a 'notional' debt and is based on a 'notional' Housing Revenue Account containing calculations for management, maintenance, debt servicing costs and rents; none of which bear any relationship to actual income and expenditure for council housing in the real world.

Indeed the calculations include four different 'rent' figures, all of them quite different to the actual rents paid by tenants. Many authorities that are under their own estimation debt-free, have because of the vagaries of the HRA had debt loaded on them from the government.



¹ CLG

The LGA and its partners believe that this is fundamentally wrong. Why should the financial calculations which determine council rents and expenditure bear no relation to the real financial situation in their council?

Since the introduction of the Right to Buy in 1980, approximately 1.8 million council properties have been sold. Councils are only able to keep 25 per cent of the sale receipt, 75 per cent goes to Treasury for general spending. Prior to 2004 councils could use sales receipts to pay off debt. Since 2004, the revenue from council house sales in England has been £6.2 billion¹ of which councils have only been able to retain £1.5 billion. If councils had been able to retain the additional £4.7 billion and use it to reduce their debt they could have reduced this to less than £9.3 billion.

Councils are currently spending more than £1.3 billion yearly servicing their historic debt. Councils have therefore repaid a large proportion of this 'historic' debt and will within eight years have spent more money servicing that debt than the debt itself.

As noted above we estimate that cancellation of councils 'debt' will allow them to provide 80,000-90,000 new affordable homes, which will in the next five years deliver approximately £35 billion additional investment to the English economy (an over 50 per cent return). 28,000 of these new homes could be released over the next year alone if councils had control over housing finance. Over a 10-year period, we believe that enabling councils to use the additional revenue

stream from rental incomes would allow them to build an extra 139,000 social houses. This would provide an enormous boost, not only to the housing sector, but also to the wider economy, providing a minimum investment in the English economy of £50 billion. Cancelling councils historic debt and allowing them to borrow against their assets could increase build to 309,000 an investment of at least £72.5 billion. The additional housing and investment would have a lasting effect, reducing the call on the housing waiting list, improving housing standards and providing secure accommodation for families and residents.

The government has invested £1.3 trillion on funding the ailing economy. The cancellation of councils debt represents only 1.19 per cent of that sum. Debt cancellation would allow for local investment which would easily outweigh any short-term impacts on national finances. There are clear precedents for cancelling housing debt, most notably through the accepted practice of overhanging debt payments following stock transfers.



¹ CLG Statistics Table 648

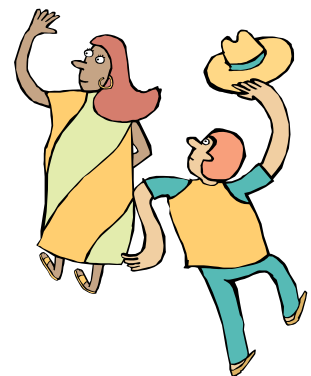
benefits of debt cancellation – economic stimulus

In addition to the direct investment into the economy, debt cancellation would help to reduce housing benefit bills and the public cost of homelessness.

Increasing the supply of council housing would reduce the current distortion in the social housing market that is forcing hundreds of thousands of people to live in more expensive private rented accommodation, when they could be eligible for council housing – council housing waiting lists currently stand at nearly 2 million people. Increasing the stock of council houses would shift the balance of low-income tenants towards lower-rent council housing, reducing the housing benefits payable to them without impacting negatively on their spending power. It would also allow councils to house homeless families more quickly, reducing the need to provide expensive temporary accommodation for extended periods.

Reduced pressure on central government finances

There is a clear and recognised funding gap in council housing nationally. This is currently met through significant national funding programmes, such as the Decent Homes Standard. Allowing councils to retain 100 per cent of their rental income and canceling historic housing debt would reduce councils' reliance on national funding initiatives. Meaning that this funding could be concentrated on those authorities, who because of their difficult financial circumstances will need additional help to manage their stock effectively.

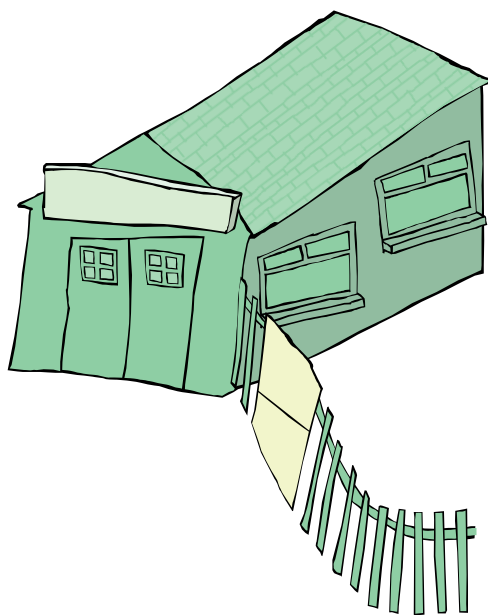


rents

We propose that under the self-financing model rents should be set locally to reflect the local market and to reflect the issues facing landlords and their tenants. The current rent-setting regime is extremely centralised with government imposing guideline rents on councils.

The process is inefficient and does not allow for proper forward planning, as councils do not know until December or January what their financial position will be in the financial year beginning April, which can disrupt services when not enough money is available in the provision for the following year.

We recognise that government will need to be confident that councils are setting sensible rents to allow for proper business planning and to ensure the quality of the services for tenants. The government has set up and invested in the new regulatory body for tenants, the Tenants Services Authority (TSA) whose role is to ensure tenants interests are protected. The LGA and its partners believe that rent regulation should form part of the role of the TSA and would propose that the TSA should be called in to intervene where there is a perceived problem with a council's rent setting policy. The TSA has the power to regulate and the Communities and Local Government (CLG) has the power to direct the TSA on policy. The LGA and its partners believe that this framework provides adequate protection and is comparable with the rent regulation of the RSL sector.



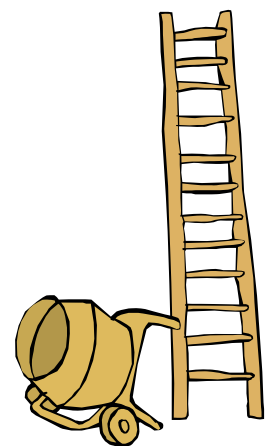
practicalities

We urge the government to ensure that transition arrangements to the new system are as simple and swift as possible, particularly given the current pressures on social housing waiting lists.

The existing system is complex and time-consuming; adding additional layers of bureaucracy would not be helpful. It could also increase the financial risk to the government if negative subsidy councils left the system early on, increasing the pressure on positive subsidy councils who remain in the system for a long time.

In our estimation once the issue of debt is sorted out, over 90 per cent of councils would be able to self-finance. Research shows that those authorities who can manage self-financing are able to fund 100 per cent of their current and post Decent Homes work. Councils should not be penalised if their local market and overall debt position makes it unviable for them to move to self-financing. For those in this position we would expect central government support to remain in place. These councils and their tenants should continue to be supported to ensure that they are able to maintain and improve standards. All councils should still be able to apply for Homes and Communities Agency grants and we would expect councils to have the same rights as other social housing partners to apply for capital improvement funding.

There is a need to ensure that authorities are not unfairly penalised when moving to a new system and that positive subsidy authorities are protected through transitional arrangements, to ensure that they are not left with unfeasible and unmanageable financial situations. The majority of councils would be able to move to self-financing swiftly and without any significant financial risk. For some, however, the removal of positive subsidy payments could create financial problems because of an historic housing debt servicing requirement, which will need to be addressed.



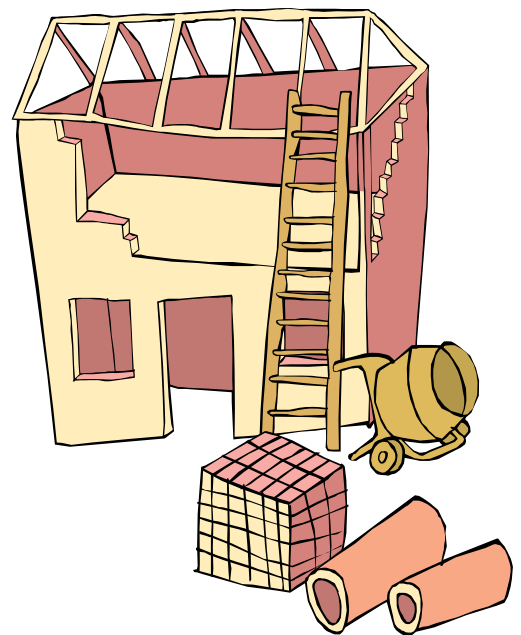
conclusion

The LGA believes that local financial determination will deliver on the fundamental principles that we set out in our publication *My rent went to Whitehall*. We believe that financial independence is the only way to provide a long-term sustainable future for council housing. Self financing will enable councils to provide good quality accommodation and build new stock, which will help to elevate locally the economic downturn and contribute to delivering on the government's three million new homes target.

We are asking the government to take three decisive steps for a fair and sustainable council housing finance system:

- abolition of the broken HRA subsidy system;
- financial independence for council landlords;
- cancellation of the historic housing debt.

Changing the current system of social housing finance can improve people's lives and prospects by enabling more homes to be built and improved with more efficient use of public resources. There is a consensus in favour of change. This document sets out how it can be done. We urge the government to act.





Local Government Association

The Local Government Association is the national voice for more than 400 local authorities in England and Wales. The LGA group comprises the LGA and five partner organisations which work together to support, promote and improve local government.



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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15th October 2009

Subject: Private Sector Housing Renewal Policy – Issues and Options Paper

Report of: Director of Social Care, Health and Housing

Summary: The report provides Members with the opportunity to view and question the issues and options surrounding the development of the Council's Private Sector renewal Strategy.

The report also requests the committee review the specific recommendations contained within the Issues and Options paper in order that development of the policy can progress.

Contact Officer: Nick Costin, Head of Private Sector Housing Services

Public/Exempt: Public

Wards Affected: All

Function of: Council

RECOMMENDATION:

- 1. That the Social Care Health and Housing Overview & Scrutiny Committee note the contents of this report and review the contents of the attached Issues and Options paper**
- 2. That the Committee reviews the specific recommendations contained within the last three pages of the attached Issues and Options paper, and provides direction to shape the development of the Renewal Policy and its policy options.**
- 3. That the first draft of the Renewal Policy will be brought back to this Committee before being presented to Executive (Feb 09)**

Reason for Recommendation: Central Bedfordshire Council is required to have a policy for provision of grants and loans in place by end of March 2010 by the latest. The Issues and Options paper attached to this report is the beginning of the development of that policy and start of the associated consultation process.

Introduction

1. The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 requires local authorities to develop a policy for providing households with financial assistance to improve their homes. The order removed previous prescriptive legislation and provided authorities with more freedom to develop financial products and innovative forms of assistance.
2. The creation of Central Bedfordshire Council means that this Council must now develop such a policy. The policy is required by Government to be adopted by the Council's Executive by the end of March 2010.
3. The adoption of a new policy will bring a consistent approach across the area, and will help meet Council and Directorate priorities. Currently, legacy policies are continuing, meaning that different forms of assistance are available in what was Mid Beds and South Beds areas.
4. Appendix A attached is the first draft Issues and Options paper concerning development of the new policy, it is not first draft of the policy itself. The paper provides the main issues to consider during development of the policy, and includes initial recommended options, which are related to the issues facing the Council.
5. Members are requested to review this paper, in particular the specific recommendations and proposed forms of assistance in the paper.

Consultation of proposed Policy

6. Following the outcome of this committee, a draft policy document will be drawn up for consultation with relevant stakeholders. Consultation will have to explain the context with which the policy exists, particularly budgetary constraints.

Conclusion

16. There are no specific conclusions to make from this report. The Private Sector Renewal Policy must be adopted by the Council's Executive before the end of March 2010. Whilst the policy options are open for discussion and review, it must be remembered that the policy should reflect local, regional and national priorities, and will be openly promoted to residents and owners of homes in Central Bedfordshire.

CORPORATE IMPLICATIONS

Council Priorities:

This policy will most closely align with the Council's Priority; *Supporting and Caring for an aging population*, but could also contribute towards *Creating safer communities*.

Financial:

The type of assistance to be made available within the Renewal Policy will both influence and be influenced by the Capital Programme. The policy should contain a clause to ensure that the provision of discretionary grants and loans will be subject to the Council having sufficient resources. It should be noted however, that if the policy meets regional priorities, funding could be provided to the Council for such assistance to be made available. £160,000 was received for 2009/10.

Capital Programme budget information is contained within the Issues and Options paper attached.

Legal:

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 requires local authorities to develop a policy for providing households with financial assistance to improve their homes.

Risk Management:

The greatest risks are associated with the Council not adopting a Renewal Policy by the end of March 2010 as Government and legal requirements will not be met, leaving the Council open to a variety of challenges.

It is suggested that the Renewal Policy, once adopted, have a life span of 2 years. This will enabled the Council to review the policy in light of better information and intelligence on the private sector housing stock.

Staffing (including Trades Unions):

There are no direct staffing implications from this report. The recommendations within the Issues and Option paper have regard to the current number and expertise of staff within the Private Sector Housing Service.

Equalities/Human Rights:

The Renewal Policy should be subject to an equalities impact assessment to help ensure that the adopted policy does not adversely prejudice any particular groups.

Community Development/Safety:

No direct implications from this report. The recommendation for assistance to help bring empty properties back into use will have a positive impact on communities where empty homes can blight the area.

Sustainability:

The recommended types of assistance contained within the issues and options paper will often improve the sustainability of the existing housing stock. Improvements and repairs undertaken will often prolong the life of the home, reducing the need for households to have to move home, or for the property to have to be replaced.

Appendices:

Appendix A – Issues and Options paper - Private Sector Housing Renewal Policy

Background Papers (open to public inspection):

Mid Beds District Council and South Beds District Council Renewal Policies.

Location of papers: District Offices, Dunstable



Private Sector Housing Renewal Policy

Issues and Options (first draft, 26th August 09)

Produced to enable Overview and Scrutiny Committee to consider in developing a Private Sector Housing Renewal Policy for Central Bedfordshire Council

This paper is the first draft of the issues and options to be considered in a proposed Central Bedfordshire Council Private Sector Housing Renewal Policy. The policy is required by Government to be adopted by the Council's Executive by the end of March 2010.

Private Sector Housing Renewal Strategy – Legal Context

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 requires local authorities to develop a policy for providing households with financial assistance to improve their homes. The order removed previous prescriptive legislation and provided authorities with more freedom to develop financial products and innovative forms of assistance.

Guidance advises that the policy should have regard to local housing conditions, local and national priorities, extent of deprivation, the availability of capital and other resources, and other relevant matters. The policy has to be formally adopted by the local authority (at Executive) and has to contain advice on appeals procedures where individuals feel that the policy is not being followed. However, there are no appeals against the content of the policy itself once adopted; it is for each authority to undertake a consultation process to its own satisfaction.

There is no definitive lifespan of the adopted policy, it is prudent to consider the planned capital investment priorities and programmes for the council. It is also prudent to consider any "likely" changes to legislation, which may impact upon a local authority's policy. For example, changes in mandatory Disabled Facilities Grants limits, which if increased will impact on local authorities own resources unless additional government funding is provided.

Although the legislation refers to "policy", some local authorities have widened the document to incorporate more than just "financial assistance" aspects. It is preferable to show its contribution to other corporate priorities, in particular the contribution towards health and well being for residents, contribution towards reducing poverty, and contribution towards climate change agenda. Consequently, some documents are called "strategies" to encompass these issues, but as this document will focus upon the local authority's policy for assistance, it is recommended that it be termed "policy" at this stage.

Harmonisation

Currently Central Bedfordshire Council is providing assistance based upon legacy council renewal strategies/policies. Whilst there are several similarities in both priorities and types of assistance provided there are some significant differences in assistance available to residents in the North (former Mid Beds) area and the South Area. The new policy will bring a consistent approach across Central Bedfordshire and will look to draw upon the successes of legacy policies in order to take good work forward.

National priorities - pre 2007

Government's policy to provide everyone with the opportunity of a decent home they can afford was set out in the document "Sustainable Communities: Homes for All" and was part of a five year plan culminating in 2010. While this document was published in

2005 the key target for local authorities in relation to private sector housing dated back to the 2002 Government Spending Review.

Before this review the focus of policy on decent homes was on the social sector, but the 2002 Government Spending Review expanded the decent homes target to the private sector, with the aim of increasing the proportion of private housing in decent condition occupied by vulnerable households. The vulnerable groups are those in receipt of at least one of the principal means tested or disability related benefits. The Government's Decent Home Target Implementation Plan¹ set out a trajectory for delivery that includes targets for specific years up to 2020, expressed as the proportion of vulnerable households in the private sector living in decent homes. The relevant target percentages are 65% by 2006, 70% by 2010 and 75% by 2020. These targets were generally known as PSA7 as they were the seventh target of the Department of Communities and Local Government (CLG) Public Service Agreement which set out targets for CLG.

The replacement of the Fitness Standard by the Housing Health and Safety Rating System (HHSRS) in 2006 as the means of assessing minimum standards of housing was expected to impact on the number of number of non decent homes.

Nationally, in 2006, around a million dwellings failed the fitness standard whereas closer to 4 million were expected to contain a Category 1 Hazard under HHSRS (which triggers a failure of the Decent Homes Standard). This is mainly because of the hazard from excessive cold which affects a greater proportion of homes than any other hazard and contributes towards over 20,000 excess winter deaths per annum².

At the local level authorities were expected to identify the level of non decent homes occupied by vulnerable households within their areas and, within the level of resources available, to produce a robust and consistent policy response to the problem. The response was expected to be sufficient to ensure at the national level targets for the private sector are being achieved. The response should also have regard to priorities set out in the Regional Housing Strategy and the local authority Housing Strategy. The targets at local level were very simply:

1. to show a year-on-year increase in the proportion of vulnerable households living in decent homes and
2. as a minimum to reach the target figure of 70% by 2010.

The Comprehensive Spending Review and the new Single Set of National Indicators – post Oct 2007

The Local Government White Paper Strong and Prosperous Communities published in October 2006, committed to introducing a set of streamlined indicators that would reflect national priority outcomes for local authorities working alone or in partnership.

A single set of 198 national indicators was announced as part of the Comprehensive Spending Review in October 2007. The CLG have stated that the national indicators

¹ available at <http://www.communities.gov.uk/publications/housing/decenthomes>

² Excess winter deaths in England for 2001/2002 were 25,790. The lowest figure since 2001 was for 2003/4 at 21,930 and the highest was in 2004/5 at 29,740. The most recent figures for 2005/6 are 24,200. The often quoted 40,000 per annum figure was exceeded in 1996/7 (44,850), 1988/9 (44,010) and 1999/2000 (45,650). *Excess winter deaths* by age group, Government Office Region and country of usual residence, England and Wales, 1991/1992-2004/2005 and 2005/2006***
<http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=7089&More=Y>

- Will be the only measures on which central Government will performance manage outcomes delivered by local government working alone or in partnership
- Replace all other existing sets of indicators including Best Value Performance Indicators and Performance Assessment Framework indicators
- Will be reported by all areas from April 2008.
- In each area, targets against the set of national indicators will negotiated through new Local Area Agreements (LAAs). Each Agreement will include up to 35 targets from among the national indicators.

Only one of these indicators relates directly to the physical characteristics of private sector housing. National Indicator 187 Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating, is proposed to be a cross tenure measure of the percentage of households on means tested benefits with a SAP rating of less than 30. The data is collected by means of a survey.

Each national indicator relates to Departmental Strategic Objectives or Public Service Agreements set out in the Comprehensive Spending Review. The CLG are quite emphatic that the national indicators “will...be the only measures against which Government can agree targets with a local authority or partnership, through Local Area Agreements (LAAs), and the only trigger for performance management by Central Government”. This however is qualified by “**other than concerns highlighted by the inspectorates in the Comprehensive Area Assessment or other inspection activity.**”

The Comprehensive Area Assessments will be undertaken by the Audit Commission. The new CAA framework will be in place by April 2009. The Commission have published the key lines of enquiry (KLOE) to be followed by their assessment teams.

KLOE 9 covers the private sector and asks “How good is the council’s understanding of private sector stock condition and housing needs and does it have an accurate baseline of the critical information to the sector?” The KLOE also sets out what an organisation delivering an excellent service will have in place.

The following table summarises Housing Stock criteria and their relationship to private sector housing national reporting requirements;

Housing Stock condition indicator	Information required by or of value to	Comments
Dwellings which would fail the Decent Homes Standard	Audit Commission	Not specifically mentioned in KLOE9 but part of PSA7 indicator which was required by CLG until April 2008
Category 1 Rating System Hazard	Audit Commission	Specifically mentioned in KLOE9. Minimum standard for housing enforcement purposes. Required for Government HSSA returns, including likely cost of remedying all Cat 1 hazards
Vulnerable households in decent homes	CLG Audit Commission	PSA7 Indicator required by CLG until April 2008 Specifically mentioned in KLOE9

Vulnerable households in non decent homes	Audit Commission	Alternative method of expressing PSA7 indicator that gives a better indication of overall scale of problem.
Dwellings with a SAP less than 35	Audit Commission	KLOE9 includes energy efficiency levels and information to identify energy efficiency action zones. Required for Government HSSA returns and helps towards NI 187
Fuel poverty	Audit Commission DEFRA	KLOE9 includes information to identify energy efficiency action zones. National Indicator 187 Tackling fuel poverty is defined differently to this measure of fuel poverty but is a useful surrogate until a new model is developed.
No of long term empty homes in private sector	CLG	Required for Government HSSA returns

Local context – including information and evidence

Central Bedfordshire Council has a population of approximately 255,000 living in approximately 106,000 households.

Information and evidence on stock condition and its effects on residents is primarily based upon Building Research Establishment (BRE) Housing Stock Projections (HSP) carried out for the legacy councils in 2008, which applies nationally collected House Condition data from 2005 and 2006 to local demographic (census) information. The HSP reports provide indicators for wards.

The HSP gives “indicative” levels of housing conditions and are obviously based upon legacy council areas. The issue of stock condition information will have to be addressed for Central Bedfordshire Council in order to meet Housing Act 2004 and regional requirements for the Council in terms of stock condition information.

The current absence of good quality stock condition information is a good reason for this policy to have a shorter rather than longer lifetime, perhaps 2 years, so that it can be revised when stock condition information is of better quality. The options for gathering such information will be examined in a further Options report.

Headline Stock Condition indicators

The following table gives a summary of the 2008 HSP report headline indicators, with comparison to national (England) indicators and a previous HSP report completed in 2007, where relevant:

Criteria/indicator	South Beds	Mid Beds	England	Comment
% Non Decent Homes	31%	33%	38%	Central Bedfordshire better than national average
% of vulnerable households living in Decent Homes (former PSA7 target which was 70% by 2010)	68%	60%	59%	South Beds would have probably met old 2010 target.

No of vulnerable households in non decent homes	2180	2446		Although South Beds proportionally better, similar No's of vulnerable households in both areas
% & No homes with inadequate thermal comfort	16% 6061	16% 6501	18%	Central Bedfordshire better than national average and has fallen since 2007 report, but still significant No's
% & No of homes with Category 1 hazards	20% 7752	23% 9400	24%	Central Bedfordshire better than national average, but still significant No's
% & No of households in fuel poverty	7% 2555	6% 2361		There is significant variation between wards in the district, with higher proportions in some rural wards. There is correlation between inadequate thermal comfort and fuel poverty.
% & No of homes with SAP energy rating less than 35% (relevant to HSSA indicator and NI187 Fuel Poverty)	9% 3408	13% 5315		This has improved from 13% (South Beds) and 15% (Mid Beds) from 2005 report, but still significant No's

Although there are indications of improvements in some aspects of house condition criteria between the 2007 and 2008 reports, there are still significant improvements to make in housing conditions. Whilst the Council will not have the resources to address all these improvements, the above information will help to determine priorities and where to target.

Contribution towards social care and health of residents in Central Bedfordshire

The Housing Health and Safety Rating System (HHSRS) is the statutory way of determining the “severity” or risk of hazards in the home. The methodology is closely aligned to Government information and statistics relating to injury, ill health and accidents caused in and around the home. The intention of introducing HHSRS in 2006 was ultimately to make the home a safer place and consequently reduce the burden of admissions to hospitals and other Health Services, a true “prevention” strategic tool. HHSRS covers 29 specific hazards. A hazard assessed with a score of more than 1000, is classed as Category 1, giving the Council a statutory duty to address.

The contribution towards Health outcomes of basing the Renewal Strategy in the context of HHSRS would include the following examples:

- prevention of ill health caused by living in damp conditions,
- prevention of cold related illnesses,
- prevention of accidents caused by trips, falls, etc,
- prevention of food and water bourn diseases caused by poor sanitation,

- prevention of electric shocks,
- prevention of incidences of poisoning, through gases (inc carbon monoxide), lead, asbestos, radiation, etc,
- prevention of burns, scalds, and effects of fire.

However, remedying a Hazard, or reducing it to below Category 1, may sometimes give a short term solution only. For example, mending a hole in a roof, which is old and dilapidated, may solve an immediate damp problem in the bedroom below but another hole or defect is likely to occur in the near future. A roof in this condition will also fail the Repair criteria of the Decent Homes Standard. In this example, it is more cost effective to go beyond just remedying the (damp) hazard and undertaking more significant works to the roof.

Contribution towards Vision and Priorities of Central Bedfordshire Council

This policy must have regard to the council's vision, *to improve the quality of life of all in Central Bedfordshire, and enhance the unique character of our communities and our customers*. Assistance provided under this strategy should always aim to improve the quality of life of eligible clients within their home environment.

This policy will most closely align with the Council's Priority; *Supporting and Caring for an aging population*, but could also contribute towards *Creating safer communities*.

Legacy Council policies

South and Mid Beds District Councils had broadly similar aims in terms of what type of housing condition problems would be prioritised and who would be eligible for Council assistance. However, the approach by the two authorities was different.

South Beds DC's policy contained approx 12 distinct types of assistance that could be offered to address specific problems. These policy tools ranged from Emergency assistance (of up to £500) for the most vulnerable in urgent need, to Decent Homes Loan assistance of up to £15,000.

Mid Beds DC had an approach where by one type of discretionary grant was made available to fit a number of different scenarios. In addition, Mid Beds used a Matrix scoring system to determine who could be eligible for assistance. The higher the score (based on clients circumstances and condition of home) the higher the perceived need. Depending upon priorities or resources available at a particular time, the scoring threshold for eligibility could be altered up or down. This type of flexibility is useful in being able to adapt to resource pressures but may also give inconsistency in service accessibility.

Successful elements of the legacy Council Policies

South Beds DC's policy, adopted in 2005, introduced some types of assistance that were relatively innovative within the context of most local authorities' grants policies.

The Renovation Loan Assistance provided for more major works (usually on top of a grant) helped ensure that households in very poor condition homes would be able to renovate their home, rather than have to move. Also the conditions attached would

ensure that the Council would eventually receive the assistance back when the property was sold in the future.

The Affordable Warmth grant was successful and had many benefits. It provided “top ups” to vulnerable households who had to make a contribution to Government Warm Front grants, thus enabling works to be undertaken to take that household out of fuel poverty. The grant was also available to households, not in receipt of benefits but assessed as being in fuel poverty (through an energy assessment of their home and financial assessment of their income). Consequently, people not eligible for Warm Front (but still in fuel poverty) could be eligible for Affordable Warmth grants. In the first two years of this grant, South Beds DC’s funding was matched by more than 50% external funding.

Emergency Repair Assistance was a small grant available (up to £500) to help the most vulnerable households (normally aged over 65) remedy urgent situations, such as a boiler breakdown in mid winter, or where an attempted burglary has resulted in a house being made insecure. This type of assistance could be approved very quickly if the applicant appeared to be eligible and the situation urgent. Application forms could be completed after the event. The grant may have helped provide a temporary repair, which could be remedied properly through provision of other assistance in due course.

Empty Homes grants for landlords/owners were available for situations where the owners were willing to provide the Council with nomination rights for a specified number of years. Consequently, although not large in number, these grants had the dual benefit bringing an empty home back into use (and being made decent) and the housing of a suitable tenant from the Council’s housing waiting list.

The South Beds policy introduced longer (sometimes lifetime) repayment conditions attached to grant/loan assistance. This resulted in repayment of money in certain cases when clients moved or sold their home. In 2007/08 South Beds recovered £27,000 from six cases, and in 2008/09 £12,400 was recovered from 2 cases.

The main benefits of the Mid Beds approach (of having one type of grant to cover a range of scenarios) is that the whole process was simple to understand for both clients and officers in terms of what was available and the conditions attached to such assistance. This undoubtedly helped Mid Beds DC achieve good results. 57 Home Improvement Grants were completed in 2008/09, with a spend of £276K. 44 homes had category 1 hazards remedied.

Less Successful elements of the legacy Council Policies

South Beds introduced a Home Loan Support grant, which was assistance (up to £2,000) to cover the costs associated with a client obtaining a commercial loan or equity release product for the purposes of remedying defects to their home (where they couldn’t obtain grant assistance). Since 2005 only one such case was successfully approved. This case provided good value for money for the council in that assistance of £1,200 enabled works to the value of approx £7,000 to be undertaken. However, the clients required significant “handholding” throughout the process. The financial product was provided via the Home Improvement Trust, a “not for profit” Government backed organisation set up to provide “trustworthy” sources of finance to clients aged over 60 or disabled.

South Beds also provided loan assistance and there were successful cases but they were generally where loan assistance was alongside grant assistance and clients generally viewed the funding as “Council assistance”. Consultation with Head of Service in Luton Council indicated that many clients are still wary of taking on “loans”, particularly in the current climate. A “grant culture” has grown over several decades of such assistance and will take time to breakdown. In addition, some ethnic cultures do not view loans favourably, so the Council will have to ensure that this policy does not discriminate, even inadvertently.

Disabled Facilities

In both local authorities, the provision of assistance for disabled adaptations was under the provisions of the legislation governing mandatory Disabled Facilities grants (DFG). The legacy authorities themselves did not offer additional types of discretionary assistance due to the mandatory provision, but there was assistance available in different forms from Bedfordshire County Council within Social Care service.

The provision of assistance to Central Bedfordshire Council's own tenants with disabilities is not through the mandatory DFG process but through the Council's own Housing Revenue Aids and Adaptations budget. The benefit to tenants is that they don't have to go through the mandatory application process associated with DFG's, including the financial test of resources. The downside is the pressure on the Housing Revenue budget, which in turn could lead to longer waiting times for Council tenants in comparison to owner occupiers going through the DFG process. Aragon tenants in the former Mid Beds area requiring adaptations are served through the DFG route in most cases.

Obviously the creation of Central Bedfordshire Council brings all service provision, including funding of adaptations, within one local authority and mainly within one Directorate. There is work to be undertaken to examine the whole (start to finish) process in terms of provision of adaptations for all residents with disabilities, which is relevant, but outside the scope of this report.

Capital resources

2009/10 – Budget resources

At the time of preparing this draft report, the issue of approving “slippage” from legacy authorities has yet to be confirmed, but if approved the following budgets are applicable for this year:

Discretionary grant budget - £462,000 plus Regional Housing grant of £162,164.

In addition to the above, a further £100,000 may be available for Fuel Poverty related work from EERA as part of a sub regional bid. Central Bedfordshire Council is currently waiting to hear the outcome of a request to make changes to the original bid application.

Further external funding for energy conservation and fuel poverty measures should also be considered in light of this strategy. Legacy councils have made good use of Government Warm Front funding for residents in the area, and have heavily promoted the availability of Carbon Emissions Reduction Target (CERT) funding for energy conservation measure.

The Central Bedfordshire Council spend to end of August is approx £117,000, which is primarily due to a “slow down” of activity by both legacy councils in the period leading up to the creation of Central Bedfordshire Council.

Mandatory Disabled facilities grant budget - £1,760,000. This includes Government grant but excludes the sum that will taken off for salaries (thought to be approx £80 - £100K).

Current spend is in excess of £750,000 and likely year spend is £2.2million as there is a huge outstanding demand for aids and adaptations.

2010/11 budgets

Discretionary grant budget – the proposed capital programme is £320,000. However, this does not include any potential Regional Housing grant or EERA fuel poverty funding (which itself could be a further £100K).

Mandatory disabled facilities grant budget – the proposed capital programme is £1,680,000, but this is on the assumption of approx £550K Government grant being obtained.

For 2010/11, it is again likely that there will be a huge demand for disabled facilities grants in Central Bedfordshire. Consequently there may be a view to reduce the discretionary grant budget (if Regional funding is obtained) to increase the DFG budget.

The success of this policy will partly be influenced by the capital resources available. So, although this policy, once approved, should influence capital budget planning, it would be prudent for the policy to state that the availability of assistance (grants/loans) available from Central Bedfordshire Council will always be dependant upon resources being available.

Recommended Options for Central Bedfordshire Council Renewal Policy

1. Having regard to the issues outlined above, in particular issues around condition of the stock, and likely availability of external funding to boost Central Bedfordshire Council resources **it is recommended that the Council does provide discretionary assistance to meet priorities outlined below** (the “do nothing” is not recommended as a realistic option).
2. It is recommended that the priorities Central Bedfordshire Council should address are as follows:
 - reducing cases of fuel poverty,
 - reduction of category 1 hazards, (with associated health related benefits)
 - safety and security older persons and other vulnerable groups, living in their home,
 - the improvement in the thermal efficiency of the housing stock,
 - reduction of empty homes,
 - reducing the number of non decent homes, primarily with loan assistance that can be recycled
 - the maximising of opportunities for external funding of all types for the benefit of meeting the above priorities,
3. Having regard to successful elements of legacy Council policies and cost effectiveness, it is recommended that generally smaller types of assistance (up to £2,500) have no repayment conditions, intermediate levels of assistance (between £2,500 and £8,000) have grant condition periods of 5 years, and larger levels of assistance have repayment conditions of 30 years (virtually lifetime for many cases). The grant repayment conditions would be at zero % interest rate.
4. It is recommended that any form of assistance provided above the value of £2,500 be called “assistance” or “loan assistance” as a way of breaking down the “grant culture” that has built up over several decades. However, this recommendation is subject to an equalities impact assessment, and requires clear communication of the conditions to clients who could be eligible for assistance in the intermediate range, so as not to discourage eligible clients from applying for assistance that could benefit their health or safety.
5. Although Home Loan Support and Relocation grants were not successful in South Bedfordshire, it is recommended that they be retained as potential alternatives to help clients not eligible for other forms of assistance and to meet national and Council priorities outlined above.

A summary of the specific forms of assistance recommended is in the table on the next page. The table does not include all aspects of recommended assistance; the aim here is to just outline the recommended options.

Name and type of assistance	Aim of assistance	Eligibility & conditions
<p>Safety, security and emergency repair grant. A grant of up to £500 for emergency works, which can be administered quickly to remedy urgent situation</p>	<p>a limited safety net for those people most in need with the most immediate problems and clearly deserving circumstances</p>	<p>Anyone over age 60 in receipt of an income related benefit, (including Pensioner Credit) or disabled people in receipt of Disability Living Allowance or Attendance Allowance, who are also in receipt of Income related benefits. No repayment conditions.</p>
<p>Home Improvement Assistance/Loan Assistance. Assistance of up to £8,000 (with 5 year condition, where assistance exceeds £2,500) plus loan assistance for between £8,000 and £15,000 (or £20,000 in exceptional circumstances where approved by AD)</p>	<p>Assistance to remedy Cat 1 hazards, non decent homes (disrepair, inadequate facilities etc)</p>	<p>Any home owner can apply, provided they have owned and been resident in the property for three years prior to an application and intend to reside in the property for at least five years.</p> <p>Landlords are not eligible.</p> <p>This assistance is subject to a test of financial resources, and 5 or 30 year repayment conditions depending upon amount.</p>
<p>Affordable Warmth assistance. This is a grant of up to £2,500 that is intended to remedy fuel poverty. This grant can be in addition to external funding obtained for the same purpose</p>	<p>To remedy fuel poverty and/or poor thermally efficient homes.</p>	<p>Any home owner requiring energy efficiency/fuel poverty remediation works, and who cannot obtain such assistance in part or total from other sources.</p> <p>Eligibility will not be constrained to those in receipt of means tested benefits but will include those where fuel poverty can be assessed as likely/a risk (through determination of fuel costs, thermal efficiency, and income). No repayment conditions.</p>
<p>Empty Homes loan assistance. Loan assistance of up to £15,000 for owners of long term empty homes that require works to be made habitable.</p>	<p>To renovate and bring long term empty homes back into use in line with proposed empty homes strategy.</p>	<p>Any owner of long term empty homes who undertake to bring the property back into use once renovated. Non means tested but 5 or 30 year repayment condition applies. Nominations agreement not recommended at this point due to implementation of Choice Based Lettings, which does not currently include scope for private rented accommodation. However, could be tied into proposed Lets Rent scheme. Option to withhold 25% of assistance amount until property is actually occupied (as incentive for owner to let and not leave empty)</p>

<p>Home Loan Support grant. A grant of up to £2,500 to assist with clients obtain private funding for eligible works,</p> <p>Eligible works will be those necessary to achieve the Decency standard, or to carry out essential work which otherwise cannot be funded through Home Improvement Assistance, or (in exceptional cases) works to adapt a property for the needs of a disabled person where DFG is not available.</p>	<p>To provide assistance to clients to obtain private funding (loan or equity release), through a reputable source, to remedy a cat 1 Hazard, or make home decent.</p>	<p>Applicants must be:-</p> <ul style="list-style-type: none"> • over 60 or • in receipt of Disabled Living Allowance or <p>in receipt of Attendance Allowance;</p> <p>The property must be considered sustainable by the Council, and, in the opinion of an independent financial advisor, the applicant must have sufficient resources or property equity to support the raising of necessary finance for the eligible work.</p>
<p>Relocation grant. A grant of up to £3,000 for costs of relocating to more suitable property</p>	<p>To alleviate overcrowding where the problem cannot be alleviated by the applicant remaining at the dwelling.</p> <p>To respond to under occupation and increase the supply of larger properties.</p> <p>Where remaining in the property is not feasible due to the cost or complexity of the works required.</p> <p>Where the dwelling does not meet the needs of a disabled occupant, and/or where adaptation will not meet that need.</p>	<p>To assist the applicant meet the costs associated with purchase, sale and relocation, the following eligibility conditions should apply: –</p> <p>The property is overcrowded and the applicant does not have the financial resources to carry out the necessary alterations, or extension to alleviate the overcrowding. (or)</p> <p>The house cannot be adapted to accommodate the needs of a disabled person. Where an adaptation of the property has proved not reasonably practical, and where suitable alternative accommodation has been identified (which in itself may require adaptation); (or)</p> <p>The house requires essential work such that it cannot be reasonably financed by the current owners even with the help of Home Improvement Loan assistance. (or)</p> <p>The house is under occupied; and the applicant is vulnerable.</p>
<p>Disabled Facilities Grant (mandatory). Grants of up to £30,000. Mandatory Disabled Facilities Grants will be assessed and paid under the provisions of Chapter 1 of the Housing Grants Construction and Regeneration Act 1996 as amended.</p>	<p>A DFG is provided to adapt the home of a disabled person to meet their needs.</p> <p>The need for an adaptation is determined by an Occupational Therapist (OT) from Council's Social Care Service. The grant will incorporate recommendations made by the OT, providing the works are reasonable and practicable.</p>	<p>The Council will assess applicant's income and determine an amount (if any) that an applicant must pay towards the work. This test is prescribed in detail by legislation. The grant covers any reasonable costs in excess of the owner's assessed contribution, subject to a limit of £30,000.</p> <p>Mandatory Grant repayment conditions apply</p>

Disabled Facilities Grant – discretionary/top up	This is to be reviewed by Social Care Health and Housing Directorate as part of complete review of approach to provision of aids and adaptations for people with disabilities	
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Related issues to be addressed for Central Bedfordshire Council during 2009/10

- Approach to meeting requirements for understanding Private Sector Housing Stock Condition
- Potential provision of a Home Improvement Agency for Central Bedfordshire

Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15th October 2009

Subject: Central Bedfordshire Council and NHS Bedfordshire Joint Delivery and Spending Plan for Carers

Report of: Director of Social Care, Health & Housing

Contact Officer: James Robinson-Morley, Lead Commissioner (Carers & Service User Engagement)

Public/Exempt: Public

Wards Affected: All

Function of: Council

RECOMMENDATION(S):

- 1. that the Social Care Health and Housing Overview & Scrutiny Committee is requested to consider the report and:**
 - (a) note the contents of the report**
 - (b) Approves the actions and budget as detailed in Appendix B of this report, i.e. 'Central Bedfordshire Council and NHS Bedfordshire Action Plan for Implementing the National Carers Strategy'**
 - (c) Notes that there is £350,000 funding within NHS Bedfordshire that people caring for someone within Central Bedfordshire can access by referral to Carers in Bedfordshire. NHS Bedfordshire is accountable to the Strategic Health Authority for how this money is spent**

Reason for Recommendation(s): Central Bedfordshire Council is required to confirm to the Department of Health that

- Central Bedfordshire Council and NHS Bedfordshire are aware of the new carers funding within Primary Care Trusts*
- This money has been identified to support carers by NHS Bedfordshire*
- A joint delivery and spending plan between Central Bedfordshire Council and NHS Bedfordshire has been signed off for 2009-10*

To enable Central Bedfordshire Council and NHS Bedfordshire to comply with the Department of Health requirement to publish the joint plan

The National Strategy for Carers (June 2008)

1. The National Strategy includes a commitment from the Department of Health that £150 million will be available through Primary Care Trusts to support the provision of additional breaks for carers
 - a) £50 million in 2009-10
 - b) £100 million in 2010-11
2. The funding is non-ring fenced.
3. The NHS Operating Framework states the following requirements in Chapter 2
 - a) Primary Care Trusts should work with their local authority partners to publish joint plans on how their combined funding will support breaks for carers, including short breaks, in a personalised way
 - b) The plans will be part of the Joint Strategic Needs Assessment
 - c) These plans will be published following a local consultation with relevant parties, including the third sector and carers themselves
4. The National Strategy also makes available a Carers Grant paid to Local Authorities as part of the Area Based Grant
 - a) The national value of the Carers Grant is £240 million in 2009-10
5. The Association of Directors of Adult Social Services is undertaking a programme of work to ensure the high priority of the carers agenda and transparency of funding at a local level. Measures include the requirement for Local Authorities and Primary Care Trusts to develop and publish joint plans.

Improving the Quality of Life of all carers in Central Bedfordshire

6. NHS Bedfordshire received £350,000 from the Strategic Health Authority to support carers across Bedfordshire in 2009-10.
7. Central Bedfordshire Council received a Carers Grant of £837,00 in 2009-10 as part of the Area Based Grant of which 20% (£167,000 goes to Children's Services)
8. The Strategic Health Authority required NHS Bedfordshire to produce a plan and regular reports in order to receive the £350,000
9. NHS Bedfordshire produced a draft plan, following consultation via the Bedfordshire Carers Exchange (a network of local Third Sector Carers Organisations) in February 2009
10. Central Bedfordshire Council held a workshop on 13th July 2009 with carers, NHS Bedfordshire, Bedford Borough Council and Third Sector partners to
 - a) Receive a review of services for, and needs of, carers in Bedfordshire by Carers UK

- b) Seek feedback from Third Sector partners and carers on the draft NHS Bedfordshire plan
 - c) Enable carers and Third Sector Partners to identify the key priorities for Central Bedfordshire carers
11. The feedback from the 13th July has been drawn together into the joint Central Bedfordshire Council and NHS Bedfordshire Action Plan for Implementing the National Carers Strategy and can be found in Appendix B.
12. More detailed targets and costings for the plan at Appendix B will be further developed and then monitored by the Healthy Communities and Older Peoples Partnership Board. The Social Care, Health and Housing Directorate has identified support to carers as a key priority and, in addition to the Local Strategic Partnership providing oversight of the joint working, will continue to report to Executive and the Overview and Scrutiny Committee.
13. NHS Bedfordshire is using the carers funding available to them to deliver a 1 year pilot through Carers in Bedfordshire (Central Bedfordshire's Princess Royal Trust Carers Centre with bases in Bedford, Biggleswade and satellite sessions in Ampthill, Shefford, Leighton Buzzard, Houghton Regis and Dunstable). The pilot includes
- a) A £100,000 budget for more flexible breaks for carers offering services at an earlier stage to carers who may not be eligible for a service through the Local Authority's Fair Access to Care criteria
 - b) Targeted support to identify carers from Black and Minority Ethnic communities
 - c) Increased support for Young Carers
 - d) More funding and capacity to enable carers to effectively manage their own health, well-being, work and learning
14. While the Strategic Health Authority require NHS Bedfordshire to report directly to them on delivery and spend of their £350,000, NHS Bedfordshire is committed to the partnership working framework provided through the Healthy Communities and Older Peoples Partnership Board to develop and oversee improvement of the joint approach to carers.
15. No specific amount of the £350,000 NHS funding has been allocated directly to residents in Central Bedfordshire and Bedford Borough. However, through well developed proposals by Central Bedfordshire Council and robust representation of local needs, the Council intends to maximise the proportion available to carers within Central Bedfordshire
16. The 1 year pilot enables NHS Bedfordshire to learn from the new experience of directly supporting carers and developing responses to the Putting People First – Transformation through Personalisation agenda. This will enable Central Bedfordshire Council and NHS Bedfordshire to explore more formal options for partnership working in 2010-11

Conclusion and Next Steps

17. Carers within Central Bedfordshire told us that they want more choice in the range of services available to them.

Increasing the range and flexibility of carers' breaks and support is also part of the recovery and improvement journey for Adult Social Care and will contribute to the transformation journey for Central Bedfordshire Council's customers.

18. The NHS funding will allow carers who do not care for someone meeting Central Bedfordshire's Fair Access to Care Criteria to access breaks and support at an earlier stage. This may prevent their health and well-being deteriorating to the point where they need support from Central Bedfordshire Council's Carers Grant
19. The joint Central Bedfordshire Council and NHS Bedfordshire plan is an opportunity to strengthen partnership working and to improve the quality of life of more carers within Central Bedfordshire
20. The next step is for the Executive to approve the joint plan and for Central Bedfordshire Council and NHS Bedfordshire to publish the plan found at Appendix B

CORPORATE IMPLICATIONS

Council Priorities:

Supporting and caring for an ageing population

Promoting healthier lifestyles

Increasing support for Carers (Social Care, Health & Housing Directorate Plan)

Financial:

The carer's grant is a revenue grant and is funded from Area Based Grant (ABG). The total grant awarded for this is £837k of which 20% of this is allocated to Children's Services and a budget provision for this exists in both Adult Social Care and Children's Services revenue budget.

Should NHS Bedfordshire not spend the £350,000 to support carers, there will be no direct cost implications to Central Bedfordshire Council; however, this would be detrimental to the support available for carers in Central Bedfordshire.

The Association of Directors of Adult Social Services is undertaking a programme of work to ensure the high priority of the carers agenda and transparency of funding at a local level.

Please also see Points 6, 7, 12, 14 and 15 in the main body of the report

Legal:

See Appendix A, Points 8-10

Risk Management:

Work to ensure the high priority of the carers agenda and transparency of funding at a local level is overseen by the Care Quality Commission, the Association of Directors of Adult Social Services, and the Local Strategic Partnership through the Healthy Communities and Older People Partnership Board.

Please also see Point 5 in the main body of this report.

Staffing (including Trades Unions):

No direct implications.

Equalities/Human Rights:

Supporting Carer's is an important element of the Council's approach to tackling inequality. The Council has a duty to tackle inequality and to promote race, gender and disability equality. Work to support Carers impacts positively on these legal duties in a number of ways:

- Many Carers experience poverty and financial hardship which means that they struggle to afford the basic costs of living, are unable to study or work without their benefits being cut-off or face the removal of their allowance when they start to claim their pension. Accessing funding opportunities to support Carers is therefore crucial.

- The majority of Carers are women. Research demonstrates that women can regularly face penalties because they take time out of the labour market to care for family members or work part-time or flexibly in order to balance caring with work responsibilities. Supporting women and families who are caring for children and elderly relatives has been identified as a key gender equality priority
- Recent case law has established that the carers of disabled people are also covered by disability legislation and their needs should be proactively considered and addressed.
- National research indicates that adults and older people from black and minority ethnic communities are less likely to be provided with social services following an assessment and it is therefore important for them to be identified as a target group in relation to the Joint Delivery and Spending Plan
- Young Carers have been identified by Department for Children Schools and Families and Central Bedfordshire Council as a vulnerable group also requiring targeted support.

Community Safety:

The National Strategy for Carers is to put ‘carers at the heart of 21st century families and communities’. The Central Bedfordshire Council and NHS Bedfordshire Action Plan for implementing the National Carers Strategy (Appendix B) sets how carers and families within Central Bedfordshire will receive support to play as full a role as possible within local communities. This contributes to a sense of community participation and cohesion.

Sustainability:

No direct implications

Appendices:

Appendix A – Background information on defining carers, prevalence of caring and the legal framework

Appendix B - Central Bedfordshire Council and NHS Bedfordshire Action Plan for implementing the National Carers Strategy

Background Papers (open to public inspection):

None

Appendix B

Central Bedfordshire Council and NHS Bedfordshire Action Plan for implementing the National Carers Strategy

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
1	Leadership	Employment of Carers Lead, Carers Engagement Officer, Learning Disability Carers Development Worker and Older People and Physical Disabilities Carers Social Worker	Central Bedfordshire Council	April 2009	£163,792 Carers Grant	Green
2	Leadership	To provide an accommodation base and infrastructure for delivery of actions by NHS Bedfordshire via Carers in Bedfordshire	NHS Bedfordshire	April 2009	£30,000 NHS funding across BBC & CBC	Amber
3	Leadership	Scoping exercise to identify full range of carers services provided	Central Bedfordshire Council	April 2009	08-09 Beds CC	Green
4	Leadership	Develop a joint plan between key agencies that will and enable carers in their role	Central Bedfordshire Council and NHS Bedfordshire	April 2009	£0	Green

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
5	<ul style="list-style-type: none"> • Freedom from discrimination and harassment • Children and young people will be protected from inappropriate caring roles • 	Support for Young Carers and Partners of Disabled Children	Central Bedfordshire Council	April 2009	£167,000 Carers Grant - Childrens	Green
6	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Access to integrated and personalised services • Carers are supported to stay mentally and physically well 	Deliver emotional and practical one to one and group support, training and awareness raising through Third Sector Carers Organisations	Central Bedfordshire Council	April 2009	£249,000	Green

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
7	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Choice and control • Freedom from discrimination and harassment • Access to integrated and personalised services • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well 	<p>To increase the number and range of breaks for carers through the guidance for NHS Carer Break Funding</p>	<p>NHS Bedfordshire</p>	<p>April 2009</p>	<p>£100,000 NHS funding £15,000 allocated to young carers across BBC & CBC</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
8	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Choice and control • Freedom from discrimination and harassment • Access to integrated and personalised services • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well 	To appoint a Carer Co-ordinator to manage budget for breaks	NHS Bedfordshire	May 2009	£30,000 NHS funding across BBC & CBC	Amber
9	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well 	To increase the number of pampering sessions available to carers. To appoint sessional staff to deliver increase in provision	NHS Bedfordshire	May 2009	£30,000 NHS funding across BBC & CBC	Amber

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
10	<ul style="list-style-type: none"> • Freedom from discrimination and harassment • Access to integrated and personalised services • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well 	<p>Target carer breaks at minority ethnic groups who may not access mainstream services. To appoint a full-time Black & Minority Ethnic Carers Worker within Bedford Race Equality Council (BREC works across Bedford Borough and Central Bedfordshire areas)</p>	<p>NHS Bedfordshire</p>	<p>May 2009</p>	<p>£30,000 NHS funding across BBC & CBC</p>	<p>Amber</p>
11	<ul style="list-style-type: none"> • Freedom from discrimination and harassment • Children and young people will be protected from inappropriate caring roles 	<p>To provide additional support to young carers and reduce the amount of direct caring they provide. To appoint a full-time Young Carers Worker based within the Carer Hub to target young carers in educational settings</p>	<p>NHS Bedfordshire</p>	<p>May 2009</p>	<p>£30,000 NHS funding across BBC & CBC</p>	<p>Amber</p>
12	<ul style="list-style-type: none"> • Economic well-being • Carers are not forced into financial hardship by the caring role 	<p>Provide specific skills based training sessions to enhance social and vocational opportunities for carers.</p>	<p>NHS Bedfordshire</p>	<p>May 2009</p>	<p>£68,000 NHS funding across BBC & CBC</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
13	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Personal dignity • Carers are supported to stay mentally and physically well • Carers respected as equal care partners 	<p>To appoint a Carers Training Co-ordinator to oversee local delivery of national Caring with Confidence expert carer programme.</p>	<p>NHS Bedfordshire</p>	<p>May 2009</p>	<p>£50,000 NHS funding across BBC & CBC</p>	<p>Amber</p>
14	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Carers are supported to stay mentally and physically well 	<p>To ensure the positive physical and mental well-being of carers through health checks via existing Carer Support Workers. To deliver national guidance/programme on health checks for carers when available from central government</p>	<p>NHS Bedfordshire</p>	<p>May 2009</p>	<p>£5,000 NHS funding across BBC & CBC</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
15	<ul style="list-style-type: none"> • Improved health • Improved quality of life • Choice and control • Freedom from discrimination and harassment • Carers respected as expert care partners • Access to integrated and personalised services • Carers are supported to stay mentally and physically well 	<p>To develop Carers Emergency/Carers Crisis Cards with essential contact information giving carers access to support 24/7 in a time of crisis</p>	<p>Central Bedfordshire Council & NHS Bedfordshire</p>	<p>May 2009</p>	<p>£5,000 Carers Grant – money coming back from NHS</p>	<p>Green</p>
16	<ul style="list-style-type: none"> • Making a positive contribution • Carers respected as expert care partners 	<p>Establish Carers Partnership governance arrangements under the Healthy Communities & Older People Local Area Agreement theme group. To include carers, Central Bedfordshire Council, NHS Bedfordshire, Bedfordshire & Luton Partnership Trust, Job Centre Plus and Third Sector</p>	<p>Central Bedfordshire Council</p>	<p>October 2009</p>	<p>£500 Carers Grant</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
17	<ul style="list-style-type: none"> • Choice and control • Access to integrated and personalised services 	<p>Publish, via statutory and voluntary organisations, health and community venues, a regular carers newsletter covering relevant news for carers from central government, the Eastern Region Carers Leads, Central Bedfordshire Council, NHS Bedfordshire, Bedfordshire & Luton Partnership Trust and Third Sector organisations</p>	<p>Central Bedfordshire Council</p>	<p>October 2009</p>	<p>£1,000 Carers Grant</p>	<p>Amber</p>
18	<ul style="list-style-type: none"> • Choice and control • Making a positive contribution • Access to integrated and personalised services 	<p>To disseminate within Health and Community settings information for carers produced by the Carers Strategy Group in conjunction with the Carers Forum</p>	<p>Central Bedfordshire Council and NHS Bedfordshire</p>	<p>October 2010</p>	<p>£5,000 Carers Grant</p>	<p>Green</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
19	<ul style="list-style-type: none"> • Choice and control • Freedom from discrimination & harassment • Personal dignity • Making a positive contribution • Carers respected as expert care partners • Access to integrated and personalised services 	<p>Review of Central Bedfordshire Carers Emergency Respite Service, including Central Bedfordshire Carers Helpline (single point of contact) by Carers Forum, Carers Strategy Group and Carers Practitioner/Performance Group. To make recommendations for development to Carers Partnership Board for 2010-11</p>	<p>Central Bedfordshire Council</p>	<p>December 2009</p>	<p>£0</p>	<p>Amber</p>
20	<ul style="list-style-type: none"> • Choice and control • Making a positive contribution • Access to integrated and personalised services 	<p>The Carers Strategy Group to produce an A-Z Directory of Carers services in Central Bedfordshire including NHS, Job Centre and Third Sector services</p>	<p>Central Bedfordshire Council and NHS Bedfordshire</p>	<p>December 2009</p>	<p>£5,000 Carers Grant and TBA NHS funding</p>	<p>Green</p>
21	<ul style="list-style-type: none"> • Personal dignity • Access to integrated and personalised services 	<p>Design a “holding your hand through the journey” carer pathway from the start of caring through to planning for the end of the caring role</p>	<p>Central Bedfordshire Council</p>	<p>December 2009</p>	<p>£0</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
22	<ul style="list-style-type: none"> • Freedom from discrimination & harassment • Access to integrated and personalised services 	<p>Identify Carers Champions within Central Bedfordshire Council, NHS Bedfordshire and Bedfordshire & Luton Partnership Trust</p>	<p>Central Bedfordshire Council and NHS Bedfordshire</p>	<p>December 2009</p>	<p>£0</p>	<p>Amber</p>
23	<ul style="list-style-type: none"> • Improving health • Improving quality of life • Choice and control • Access to integrated and personalised services 	<p>Raise awareness of carers rights and services through local events supporting national Carers Rights Day and Carers Week</p>	<p>Central Bedfordshire Council and NHS Bedfordshire</p>	<p>December 2009</p>	<p>£5,000 NHS funding</p>	<p>Amber</p>
24	<ul style="list-style-type: none"> • Improved quality of life • Improved health • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well • Carers respected as expert care partners 	<p>Carers Forum and Carers Strategy Group to develop free and/or subsidised access to leisure opportunities</p>	<p>Central Bedfordshire Council</p>	<p>December 2009 (possible move to 2010-11)</p>	<p>£TBA</p>	<p>Amber</p>

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
25	<ul style="list-style-type: none"> • Freedom from discrimination & harassment • Children and young people will be protected from inappropriate caring roles 	Develop a joint Protocol between Children's Services and Adult Services to support young carers	Central Bedfordshire Council	January 2010	£0	Amber
26	<ul style="list-style-type: none"> • Freedom from discrimination & harassment • Access to integrated and personalised services • Personal dignity • Carers respected as expert care partners 	Deliver Expert Care Partner Training for NHS, Health, Social Care and Housing and third sector Staff	Central Bedfordshire Council and NHS Bedfordshire	March 2010	£27,120 NHS funding	Amber

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
27	<ul style="list-style-type: none"> • Choice and control • Access to integrated and personalised services • Carers have a life of their own alongside their caring role • Carers are supported to stay mentally and physically well 	<p>To continue to provide carers break services (Vouchers and Direct Payments) and to Develop new and more flexible opportunities for carers to take a break as part of the Transformation through Personalisation agenda. To develop a tiered model that links universal/preventative NHS & LA services to substantial/critical FACS LA services. To include increasing the choice of respite available within Central Bedfordshire. To include exploring models such as social enterprise and investment bonds for carers.</p>	Central Bedfordshire Council	March 2010	£245,708 Carers Grant linking with £100,000 NHS funding for breaks across BBC & CBC (See 7)	Amber
28	<ul style="list-style-type: none"> • Choice and control • Economic well-being • Freedom from discrimination & harassment • Carers are not forced into financial hardship by their caring role 	<p>Support carers to balance work & caring and to return to the job market when their caring role comes to an end</p>	Job Centre Plus	March 2010	DWP funding	Amber

No.	Outcomes	Action	Lead organisation	Timescale	Funding	Status
29	<ul style="list-style-type: none"> • Choice and control • Access to integrated and personalised services 	To create carers centre(s) within Central Bedfordshire and/or a mobile carers centre to deliver a range of health, social care, housing and community services	Central Bedfordshire Council and NHS Bedfordshire	March 2010 (possible move to 2010-11)	TBA	Amber
30	Leadership	To review current Third Sector Contracts (using report by Carers on Third Sector services in Bedfordshire and re-commission services in line with national and local strategic priorities	Central Bedfordshire Council	March 2010	£0	Amber

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15th October 2009

Subject: Safeguarding of Vulnerable Adults Annual Report 2008/09

Report of: Director of Social Care, Health & Housing

Summary: This reports proposes that the Executive endorse the annual report (2008/09) of the Adult Safeguarding Board for Bedfordshire covering the last twelve months of the County Council's operation and the period leading up to creation of two new unitary local authorities.

Contact Officer: Ed Thompson Assistant Director Adult Social Care

Public/Exempt: Public

Wards Affected: All

Function of: Council

RECOMMENDATION(S):

- 1. that the Executive is requested to consider the report and:**
 - (a) note the contents of the report**
 - (b) agree the priorities and improvement plan that have been put in place (on pages 14-16 of the report)**
 - (c) endorse elected member commitment to safeguarding including attendance at the safeguarding training programme**

Reason for Recommendation(s): In May 2008, the Commission for Social Care Inspection judged safeguarding services in Bedfordshire to be adequate with uncertain prospects for improvement. Having scrutinised the arrangements the Council inherited, officers believe this to have been a generous judgement and the Council should not underestimate the scale of the task in improving the safeguarding arrangements from the current position to one of excellence. It is important, therefore that the Safeguarding Adults Partnership Board is supported with its improvement plan which will ensure that the Council meets its statutory duty to safeguard vulnerable adults and older people.

Background

1. The Bedford and Central Bedfordshire Safeguarding Adults Partnership Board is the strategic group overseeing the local authority's duty to safeguard vulnerable people from abuse through a multi agency partnership. Much of the guidance on its responsibilities and how the Board operates is drawn from "No Secrets", published by the Department of Health in 2000.
2. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Forms of Abuse

3.
 - **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
 - **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
 - **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
 - **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
 - **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
 - **discriminatory abuse**, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
4. Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.
5. Abuse can happen anywhere including in care homes, hospitals, day centres, sheltered housing, public places and in people's own homes.

6. The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:
 - the **vulnerability** of the individual;
 - the **nature and extent** of the abuse;
 - the **length of time** it has been occurring;
 -
 - the **impact** on the individual; and
 - the risk of **repeated or increasingly serious** acts involving this or other vulnerable adults.
7. Safeguarding is “all work which enables an adult who is or may be eligible for community care services to retain independence, well being and choice and to access their human right to live a life that is free from abuse and neglect.”
8. Safeguarding is everybody’s business and effective protection from abuse requires strong leadership at a political and senior managerial level.
9. The statutory responsibility for Safeguarding rests with the Director of Social Care, Health and Housing. The Director is the Vice-chair of the Bedford and Central Bedfordshire Safeguarding Adults Partnership Board. Boards are required to produce an annual report and this report is consistent with guidance from the Association of Directors of Social Services.

The Annual Report

10. The annual report considers
 - the key issues in safeguarding in Bedfordshire during 2008/09;
 - the findings of the safeguarding inspection (May 2008);
 - the level and nature of safeguarding activity during the year; and
 - priorities for the partnership in the next twelve months and beyond
11. Since April, steps have been taken to deliver the required improvements by:
 - securing senior level (political and managerial) participation in the new Safeguarding Adults Partnership Board and developing a formal link to the Local Strategic Partnership both from within the Council and stakeholders, such as, the Police and NHS Bedfordshire
 - creating sub-groups to ensure that progress is made in policy, practice, training and performance and that providers are fully engaged

- strengthening our training programmes and preparing training to guide the safeguarding board and elected members in their roles and responsibilities
 - creating a new safeguarding team alongside locally based operational staff
 - making significant improvements to recording and monitoring practices for cases of alleged abuse (clearing a backlog of cases where outcomes were unknown) commencing a review of safeguarding policies and procedures, putting additional protocols in place for work with mental health services and adopting procedures for Serious Case Reviews (relating to individuals) and for investigating Serious Concerns about Services
 - implementing the Deprivation of Liberty Safeguards (DoLS) – new arrangements to safeguard people without mental capacity (such as those with dementia) whose freedom is restricted for their own safety
 - introducing a new safeguarding leaflet with clearer advice about reporting suspected abuse
 - introduced the new national data set for safeguarding
12. Implementation of the improvement plan is on track and the Safeguarding Adults Partnership Board will be monitoring progress and reporting to the Council and the Local Strategic Partnership annually and more frequently where appropriate.
13. Members will wish to note the headline conclusions from safeguarding activity in 2008/09:
- Reporting of safeguarding alerts has risen significantly following awareness raising campaigns and is higher in Bedfordshire than comparable and neighbouring authorities. However, this appears to represent over-reporting, especially of matters more appropriately resolved as contract compliance or performance issues.
 - The highest volume of reports come from learning disability (LD) services and from older people services.
 - The most common incidents are of physical abuse which include incidents of aggression between residents and concerns arising from falls or pressure care
 - There is an increasing incidence of reported financial abuse (consistent with the national picture) and in response to this additional emphasis is given to this in the training programmes
 - Reporting of abuse among BME groups is low and this remains a priority in our awareness raising and focused work.
 - The majority of reports of abuse were in formal care settings, although 2008/09 saw an increase in the incidence of reports relating to people living in their own homes.
 - The alleged perpetrator is a paid carer in almost half of all allegations.

- Police engagement is active and there are 7 staff in the Public Protection Unit, but the required high threshold of evidence limits successful prosecutions. The local picture is consistent with national experience.

Summary of Consultations and Outcomes

The draft report has been subject to consideration by the Safeguarding Adults Partnership Board and the content has been agreed after widespread contributions from senior and specialist staff in partner agencies, including Central Bedfordshire Council, NHS Bedfordshire, Bedfordshire and Luton Mental Health Trust, Bedfordshire Police, Bedford Hospital Acute Trust and the Care Quality Commission. The report is currently being presented to the senior executive forums of each partner organisation.

CORPORATE IMPLICATIONS

Council Priorities:

This report contributes to the achievement of the Council priorities:

- To support and care for an ageing population
- To create safer communities, and
- To promote healthier lifestyles

Financial:

A specialist safeguarding team has been created within the core Adult Services staffing structure to manage the identification, investigation and prevention of abuse in all its forms. This investment represents a significant increase in resources which was achieved in unitary budget development by prioritising this area of work over other Adult Social care demands.

Legal:

The statutory basis for the provision of Adult Services by a Local Authority is enshrined in Section 6 of the Local Authority Social Services Act 1970 (as amended) and subsequent guidance documents concerning the role of the Director of Adult Social Services in England issued in May 2006. The law regulating the protection of vulnerable adults from abuse derives from a complex mishmash of legislation, guidance and ad hoc court interventions and the government is still considering the case for specific adult protection legislation.

Risk Management:

The Council's overall reputation and performance assessment is at risk if it is not aware of the challenges presented by the performance of its safeguarding responsibilities and the actions taken by senior officers to address the areas of concern outlined in this report. Our duty is to safeguard our most vulnerable citizens from all forms of abuse. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm. The recovery plan addresses the identified priorities for managing these risks at an operational and strategic level and ensuring the protection of vulnerable adults. These risks will be managed through monthly meetings of the Recovery Programme Board chaired by the Chief Executive of the Council and attended by the Director of Corporate Resources, Director of Business Transformation, Director of Social Care, Health and Housing and her senior management team. In addition progress of the improvement plan will be monitored by the Bedford and Central Bedfordshire Safeguarding Partnership Board. As well as by the Care Quality Commission and Government Office who are meeting with us six-weekly.

Staffing (including Trades Unions):

A specialist safeguarding team is funded within the core Adult Care Services staffing budget.

Equalities/Human Rights:

Abuse is a violation of an individual's human and civil rights by another person or persons. Our duty is to the safeguarding of all vulnerable citizens from all forms of abuse.

Community Safety:

The Council's duty is to safeguard its most vulnerable citizens from all forms of abuse. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm.

Sustainability:

None

Appendices:

Appendix A – The Annual Safeguarding Adults Annual Report

Background Papers:

No Secrets – Department of Health March 2000

Location of papers: Priory House, Chicksands

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Safeguarding Vulnerable Adults from Abuse in Bedfordshire



Annual Report of the Bedfordshire Safeguarding Vulnerable Adults Board

April 2008- March 2009

Introduction

This is the second annual report of the Adult Safeguarding Board for Bedfordshire covering the last twelve months of the County Council's operation and the period leading up to creation of two new unitary local authorities for Bedford Borough and Central Bedfordshire from 1st April 2009. These organisational changes and many personnel changes during the year have seen an unprecedented amount of change in the County and the Safeguarding Board has also been busy in preparing for and then responding to a full scale inspection of safeguarding in the county by the Commission for Social Care Inspection. The year concluded with the first meeting of the new joint Adult Safeguarding Board for Bedford Borough and Central Bedfordshire on 30th March 2009.

You, like us, know that safeguarding matters and that safeguarding is a vital part of a council's Adult Social Care responsibilities. We have a duty to protect people from harm and it is critical that we, you and our partner agencies get it right, and that means working together. Safeguarding is about more than just adult protection, it is about protecting the safety, independence and wellbeing of vulnerable people, and our approach to safeguarding has been and still is changing. At the heart of government policy, personalisation is transforming the way that we will deliver services to adults and these radical changes will bring safeguarding challenges to us all in the years to come - challenges which we simply must be prepared for.

In May of 2008 the Commission for Social Care Inspection judged safeguarding services in Bedfordshire to be adequate with uncertain prospects. This was in our view a generous judgement and as we take on responsibility for safeguarding in the new unitary councils we are in no doubt about the scale of the task in transforming services and especially the safeguarding arrangements in our areas from the current position to one of excellence or the importance of this task. We will pursue this goal relentlessly until it is achieved.

This report considers

- the key issues in safeguarding in Bedfordshire during 2008/09
- the findings of the safeguarding inspection
- the level and nature of safeguarding activity during the year and
- priorities for the partnership in the next twelve months and beyond

We are at the start of a new journey which we confidently expect to lead to greater independence, more choice and better support for the most vulnerable people in our communities. Above all our role is to ensure that this happens in an environment which protects people from abuse and maintains personal dignity and respect.

Frank Toner
Executive Director of Adult Services
Bedford Borough Council and
Chair of the Bedford and Central
Bedfordshire Safeguarding Board

Julie Ogley
Director of Social Care, Health & Housing
Central Bedfordshire Council

SAFEGUARDING IS OUR RESPONSIBILITY

Safeguarding is “all work which enables an adult who is or may be eligible for community care services to retain independence, well being and choice **and** to access their human right to live a life that is free from abuse and neglect”

*Safeguarding Adults, A national framework of standards for good practice
and outcomes in adult protection work
ADSS 2005.*

Abuse is mistreatment by any other person or persons that violates a person’s human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person’s quality of life, to causing actual physical suffering.

Abuse can happen anywhere – in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing or in the street.

Abuse is a violation of an individual’s human or civil rights by any other person or persons.

*“No Secrets”
Department of Health, March 2000*

Abuse may happen to people with a learning, sensory or physical disability, older people, people with mental health problems, people with dementia or people who cannot always look after or protect themselves.

Abuse comes in many forms – physical, sexual, psychological, financial, neglect or discriminatory abuse. Institutional Abuse can happen when people are mistreated because of poor or inadequate care, neglect and poor practice that affects a whole service. Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding.

The person who is responsible for the abuse is very often well known to the person abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or service user or an occasional visitor or someone who is providing a service. It could be anyone.

ABUSE IS EVERYONE’S BUSINESS

1. The Safeguarding Board's work in Bedfordshire in 2008/09

1.1 The Bedfordshire Safeguarding Adults Board was established in September 2005 to review and determine inter agency policy in the county, monitor the level and effectiveness of reported incidents and service provision and facilitate the joint agency programme. Membership of the Board was initially those agencies most concerned with the investigation of alleged incidents of abuse but membership has been widened as the importance of safeguarding has been recognised by an increasing number of partner organisations.

1.2 In its inspection report, the Commission for Social Care Inspection observed:

“Leadership of safeguarding across the county had recently been strengthened however the safeguarding board had not provided the strategic leadership that was needed to ensure a whole system approach to the development and improvement of safeguarding activity.”

Prior to the inspection there had been several changes of chairmanship and the Board was operating at an operational level rather than taking the required strategic approach to safeguarding. During 2008/09 the Safeguarding Board was strengthened but further work is required to embed safeguarding at a strategic level, to increase the knowledge base and awareness of safeguarding in the Boards and Executives of all partners and to ensure that this expertise cascades through their organisations.

1.3 New Multi agency policy and procedures were introduced in April 2008 following an audit in February 2008, consultation and review. The inspectors found that

“New safeguarding procedures had just been introduced which were beginning to provide better support to staff within the council and staff from other agencies”

As a result of these new procedures and the associated training and awareness campaign, safeguarding alerts continued to rise in 2008/09.

1.4 The County Council developed the Local Involvement Network (LINK) to strengthen working arrangements between service users, carers, quality assurance and commissioning processes. The Bedfordshire LINK undertook a service user and carer consultation regarding the experiences of people who were involved in the SOVA process during 2007/08 and this informed the safeguarding action plan.

- Userviews (an advocacy organisation) conducted face to face interviews and discussion groups involving 52 people representing all of the client groups.
- The interviews revealed that on the whole, most people had felt ‘believed’ and not ‘judged’ by investigating staff when they had reported a case of abuse.
- The single biggest issue raised by interviewees was a desire for more feedback during the process and at the outcome of the investigation into their abuse.
- As a result the Council implemented a new consultation and consent process at the beginning of all investigations and the final case conference at the end of all investigations to ensure that everyone was made aware of the outcomes and lessons learnt from investigations.

1.5 The Council undertook a widespread pre-inspection and post inspection publicity campaign to raise public awareness of abuse through the use of newspaper articles, bill board posters, revised leaflets and posters, a refreshed website and public forums. The safeguarding leaflet was given, as part of an information pack, to each service user at their review.

1.6 The County Council provided a number of briefings, level 1 (safeguarding awareness) sessions and level 2 (specific alerting) guidance to a variety of groups, independent and voluntary organisations, teams, public and individuals and have engaged with large numbers of people during the last year. However they represent a very small percentage of the population in the County and much more work is required to make all people in the county aware of abuse.

1.7 Two conferences were organised during the year:

The first, in July 2008, looked at action against elder abuse, improving physical health, management of falls, the Mental Capacity Act and Deprivation of Liberty Safeguards and multi agency training. Safeguarding alerts increased by 76% in the month following the conference and requests for safeguarding training for staff increased by 46% over the following quarter. This increased awareness of abuse and where to report it raised the numbers of alerts in the last two quarters of the year by 80% on the first two quarters of the year.

As a result of this work, a number of partner agencies from health, housing, private and voluntary agencies have appointed/nominated safeguarding leads, which has improved communications, understanding of roles and responsibilities and enabled developments in interagency work.

The second conference was hosted by Aragon Housing and Supporting People services with a safeguarding theme and prevention of falls, which was presented by NHS Bedfordshire's falls co-ordinators.

1.8 The safeguarding team worked with eleven separate provider organisations where significant issues had been identified and the Serious Concerns Protocol implemented. In each case a multi agency approach was deployed involving the Contract Compliance Team, Quality Assurance Team, Commission for Social Care Inspection or Health Care Commission, Police and NHS Bedfordshire. As a result of this work over 600 vulnerable people were safeguarded in addition to those where abuse alerts had been raised. This work will have improved the quality of care in each of these services as well as preventing abuse and in most cases this has resulted in an improved quality rating.

One of these establishments has been the subject of support from the Safeguarding Team and the Healthcare Commission (now part of the Care Quality Commission – CQC) over a sustained period. In this establishment we have supported the provider to address significant numbers of incidents between service users, build their infrastructure and policies and procedures to focus on prevention and post-incident management, improve quality assurance arrangements, develop person centred planning and shift the balance from medicalised interventions to a social model of support. The impact of this intervention has been to reduce the number of incidents from over 50 a month before the intervention began to an occasional level.

2. Independence Wellbeing and Choice Inspection - May 2008

- 2.1 In May 2008, The County Council was subject to a regulatory inspection by the Commission for Social Care and Inspection (CSCI) looking at how well the council was safeguarding adults whose circumstances made them vulnerable. Preparation for the inspection and responding to its findings was the major focus of safeguarding activity during the period.
- 2.2 The Inspector concluded that in Bedfordshire safeguarding of adults was adequate and capacity to improve was uncertain. The report of the inspection made 11 recommendations and the Safeguarding Board has started to implement an improvement plan. However, considerable further work remains for the new Safeguarding Board to address.

RECOMMENDATIONS

Outcome theme	Recommendation
Safeguarding adults	<p>The council should:</p> <ul style="list-style-type: none"> • Work with Bedfordshire and Luton Health and Social Care Partnership Trust to ensure that governance arrangements deliver safe, high quality services. • Ensure that safeguarding procedures are consistently applied in a timely way to safeguard people who use services and carers. • Ensure that plans to identify safeguarding champions in all teams are implemented and that their role is aligned to a set of competencies in support of their role. • Ensure that independent and voluntary sector providers are fully aware of the new safeguarding protocol and that all stakeholders have access to a range of safeguarding learning and development opportunities. • Continue to work with all groups of people who use services, their carers and the wider public to continue to raise awareness of how to report incidents of abuse and to increase awareness about the range of support available. This should include people from black and minority ethnic communities.

<p>Leadership and Commissioning</p>	<p>The council should:</p> <ul style="list-style-type: none"> • Work with partners to ensure that the Bedfordshire Adult Safeguarding Board promotes the safeguarding of people in vulnerable situations by providing strong strategic leadership across all health and social care agencies. • Ensure that a sufficiently detailed work programme is in place for the safeguarding board that clearly informs the improvement work for the coming year. • Work with partners to promptly establish subgroups of the safeguarding board to ensure that the range of improvement activity is taken forward in a timely way. • Ensure that plans to enhance performance management and quality assurance systems are implemented and are effective in delivering improved outcomes for people who use services and their carers. • Work with partners to develop a joint strategic framework for the provision of preventative support. • Work with partners to develop a joint workforce strategy that would underpin the creation of the new unitary authorities, capture emerging priorities, models of self directed care and the potential for future integration.
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2.3 In response to the inspection findings Bedfordshire Adult Safeguarding Board produced an action plan. The Director of Adult Services wrote to all chief officers and executives seeking their engagement with the safeguarding agenda and the safeguarding board. A new Business Plan was developed combining the Safeguarding Board's work plan with the inspection action plan.

2.4 The new joint safeguarding board has reviewed progress since the inspection and incorporated all outstanding actions to deliver the recommendations in its revised action plan. During 2009/10, it will ensure that all corrective actions are completed.

2.5 A separate safeguarding board for Luton Borough Council was established following the October 2008 meeting. Prior to this date Luton had a separate Board as well as the joint one.

3. User Views 2008/09

- 3.1 In June 2008, Bedfordshire County Council commissioned a survey of people who had been through the process of reporting abuse. The research included face to face interviews and discussion groups involving 60 people.
- 3.2 The interviews revealed that on the whole, most people had felt 'believed' and not judged by investigating staff when they reported abuse.
- 3.3 The biggest issue raised by interviewees was a lack of feedback during the whole process, many felt that they had not been fully involved or that they had very little control over the process.

“So we went along. There was us, a senior social worker and the manager, then there were the managers from the care agencies that he has input from, it was quite overkill actually, we thought”

- 3.4 This was especially felt by parents of (adult) children with a learning disability. Some people commented that there appeared to be no choice about how their abuse could be dealt with and that a full investigation took place whether they wanted it to or not.

Suggestions about how things could be made better resulted in three main themes:	The Council has responded to this feedback by
The adoption of one single telephone number that could be used for confidential advice as well as reporting abuse	Setting up a single telephone number and email address with a dedicated team to listen and respond to people’s concerns and to make sure that a social worker visits within 2 days.
Provide better feedback and involve parents and family members	Social workers will seek victims consent before progressing with an investigation or the family / carers consent if they are not able to consent. Victims and their families will be encouraged to take part in all safeguarding meetings and where this is not possible, they will be offered advocacy representation who will inform them when the meetings will be taking place and the outcomes of those meetings.
A leaflet that tells people what abuse is and has the telephone number clearly identified	New leaflets were distributed and explained to all services users at review.

4. The Developing Regulatory Context for Safeguarding

- 4.1 The law regulating the protection of vulnerable adults from abuse derives from a complex mishmash of legislation, guidance and ad hoc court interventions and the government is still considering the case for specific adult protection legislation. Some key drivers influenced safeguarding developments nationally in 2008/09.
- 4.2 **The Safeguarding Vulnerable Groups Act 2006** which will be implemented in October 2009 introduces a vetting and barring scheme to replace the current Protection of Vulnerable Adults (POVA) list. An Independent Safeguarding Authority has been created to administer the scheme. Every person who wants to work or volunteer with vulnerable people will need to register with and be approved by the new authority before they can commence their duties. The scheme will work in conjunction with the criminal records bureau.
- 4.3 The **Commission for Social Care and Inspection (CSCI) national inspection** report, "Safeguarding Adults, A Study of The Effectiveness of Arrangements to Safeguard Adults from Abuse" was published in November 2008. The report said:
- Progress in developing effective safeguarding arrangements was uneven.
 - The quality of support provided to people who experience abuse is variable.
 - More needs to be done to safeguard people who use self directed support.
 - More action is needed to prevent abuse and support people in the long term.
 - The best Council's are demonstrating active leadership on safeguarding but there is some distance between the best and the worst.
 - There is a link between the care services overall quality rating and its ability to safeguard adults.

All of these observations have been used to inform the local safeguarding plan described in the last two pages of this report

4.4 "No Secrets" Review

A review of the 2000 National guidance began in February 2008. All bodies with health and social care responsibilities and those who accessed these services were asked for their views and opinions about what a revised framework should look like to improve the prevention of abuse. The Bedfordshire Safeguarding Board submitted a response as did our service users and the Bedfordshire and Luton Partnership Trust. The Department of Health announced that they would publish a response to their findings in April 2009.

4.5 Deprivation Of Liberty Safeguards

The Deprivation of Liberty Safeguards were introduced as an addition to the Mental Capacity Act 2005 as a response to the decision of the European court of human rights in the case known as the 'Bournewood' Judgement. The safeguards are intended to support vulnerable people who lack capacity to consent to care and treatment, which are essentially for their safety and best interests, but which may deprive them of their liberty. The County Council made preparations to implement this Act from 1st April 2009 including the recruitment and training of Best Interests Assessors. The procedures put safeguards in place to ensure that any deprivation is fully assessed as being in a person's best interests and measures that are taken are the least restrictive and subject to timely review.

5. Safeguarding Activity in Bedfordshire in 2008/09

The new unitary authorities have identified the need to improve the timeliness and accuracy of recording safeguarding activity as a priority and the statistics which appear in this report have been produced after considerable end of year data cleansing. As a result of the safeguarding modules introduced in SWIFT this year, we are now able to produce more statistical data to monitor and assess the presenting trends and dynamics of those who abuse vulnerable people.

5.1 Safeguarding Alerts

In the twelve months from April 2008, a total of 1596 SOVA Alerts were received. This has more than doubled from the previous reporting year in which 610 alerts were made. 553 of the alerts in 2008/09 related to the Bedford Borough area and 1043 to Central Bedfordshire.

The increased number of Safeguarding Alerts is attributed to the:

- Publicity and awareness raising campaign
- Creation of the centralised point of access
- Strengthened advocacy support
- Strengthened partnership working arrangements
- Re-training for all paid and voluntary staff
- Revised business processes and standardised frameworks
- Strengthened quality assurance systems

Bedfordshire has reached a stage where greater awareness of safeguarding has been achieved but further work is required to distinguish between safeguarding issues and other matters for action such as regulatory and contract management issues. This will be a particular focus of training and publicity work in 2009/10 as it is our ambition to identify all incidents of abuse but without applying safeguarding measures where an alternative approach is more appropriate.

As of 1st April, the SWIFT outcomes report only gave outcomes for 53% of those alerts including 586 (35%) filtered out by the safeguarding team as being non-SOVA incidents. The new unitary councils regarded clearing up the remaining cases as a priority in order to provide meaningful strategic and management information for the Board and by 14th May outcomes were recorded for 1,499 of the alerts and the rest were all under active investigation and monitoring.

5.2 Analysis by **gender** - in 42% (463) of alerts referred for investigation, the vulnerable person was a male. 57% (635) were female (gender was not recorded in one case).

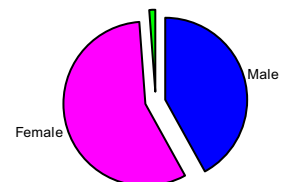
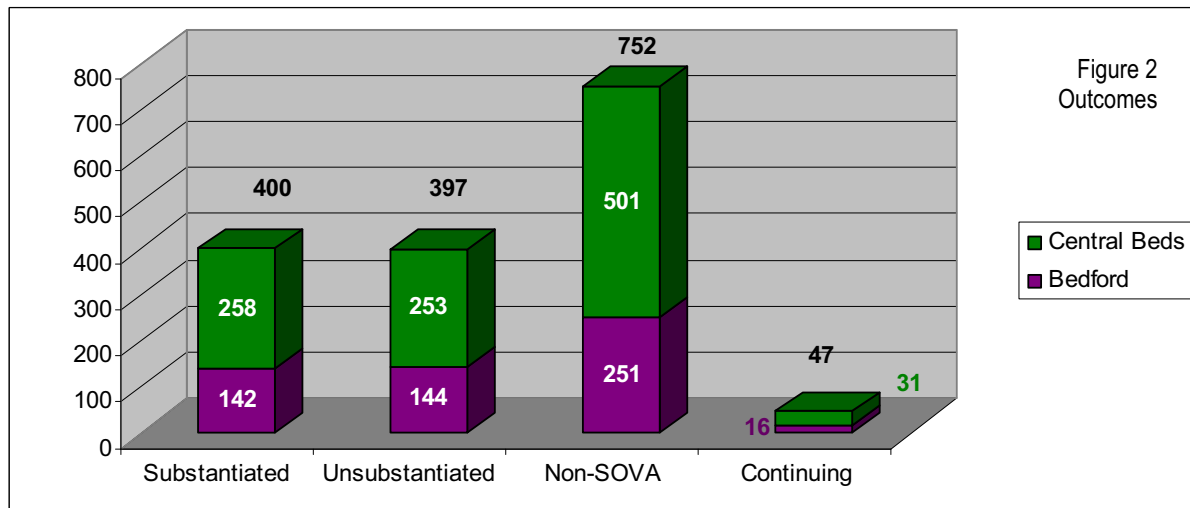


Figure 1 Gender

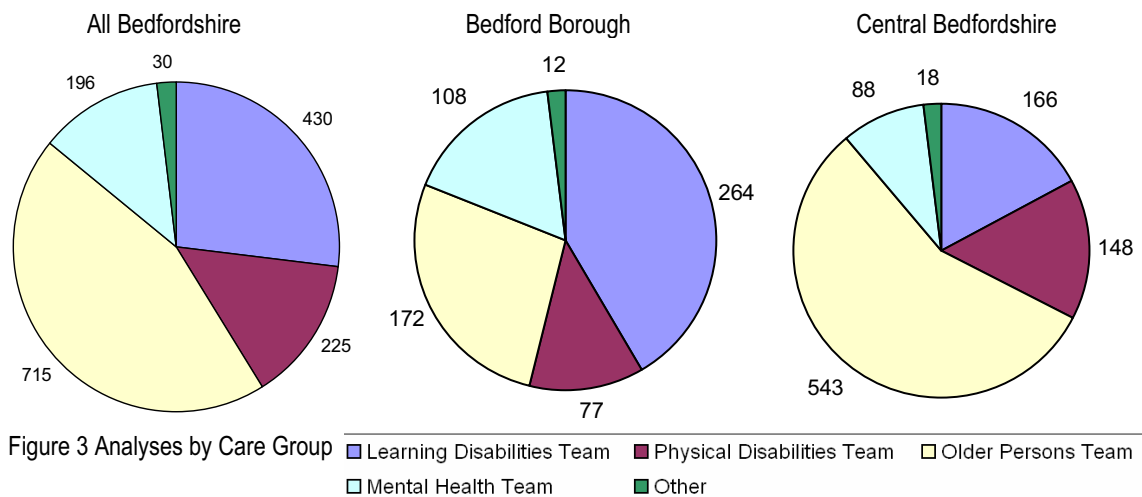
5.3 The **incidence** of safeguarding referrals in Bedfordshire is higher than in comparable areas or in neighbouring authorities. Of 1596 alerts, 400 were substantiated, 397 were unsubstantiated, 752 proved to be non-safeguarding issues and the rest are continuing investigations. In view of the high incidence of safeguarding referrals in Bedfordshire relative to other authorities, consideration should be given to exploring the proposition that the number of cases referred to teams for investigation is too high and that this is obstructing the priority investigations. This is recommended as a key action for 2009/10.



5.4 Analysis by **care group** - There was a significant increase in the number of alerts made for the 65+age group on the previous year's figures from 280 incidents (35%) to 543 (51%) in the Central Bedfordshire area. This is attributed to the awareness raising campaign, staff training and providers' conference. However, this was not replicated in Bedford Borough and further work is required in 2009/10 to ensure a consistent approach to safeguarding in all areas.

The number of referrals relating to physical disability services has increased, addressing last year's concerns about a lack of referrals of younger adults with a disability.

Figures for learning disability are much higher in comparison to other categories and this is attributed to over reporting of lower level concerns and include a large number of alerts in the Bedford Borough area relating to a single service.



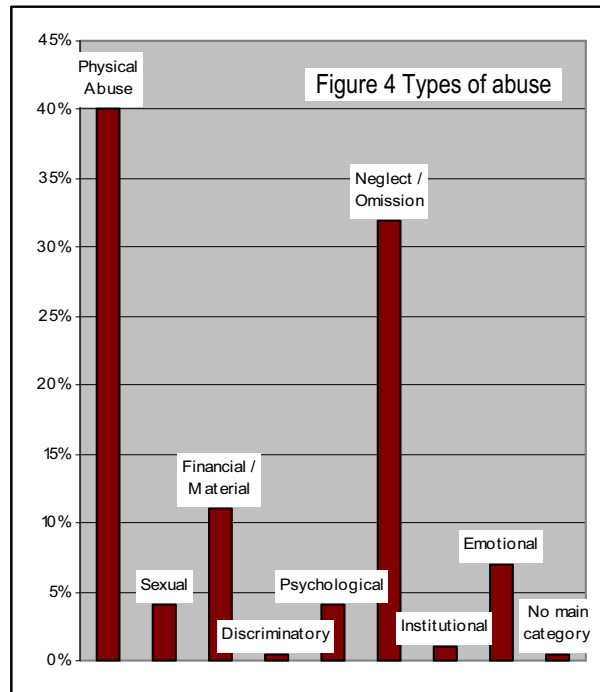
5.5 **Types of abuse** - As in most authorities, acts of physical abuse, neglect and financial or material abuse make up the majority of incidents.

The number of alerts referring physical abuse remains consistent and this category includes a wide range of incidents including missed medication, falls and physical assaults.

The increased numbers for neglect and acts of omission is attributed to the work with provider services in being able to understand and fulfil the wider implications of risk management.

A new Quality Assurance Feedback Process went live in September 08. Early indications are that this mechanism is identifying poor practices sooner and safeguarding people at risk of harm before it occurs.

An increasing number of people are being financially abused and this is consistent with CSCI's observations nationally. Increased awareness of financial abuse and support for service users is a priority for 2009/10 especially in the context of the drive to increase direct payments and individual budgets.

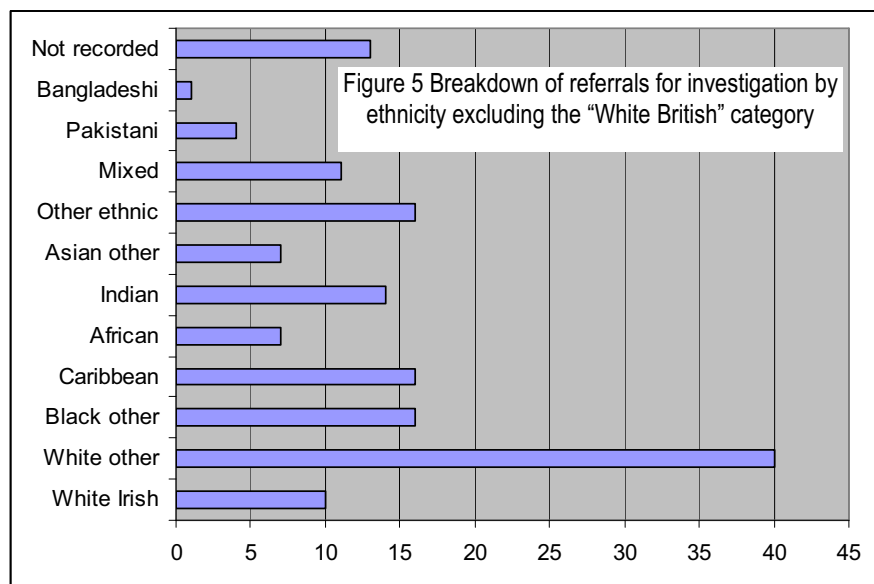


5.6 Analysis by ethnicity

The inspection observed that *“there was a low referral rate of people from black and minority ethnic communities in comparison to the percentage population.”*

Significant work has been undertaken to improve awareness, trust and accessibility with the various minority ethnic groups within the county. This included work with the Asian women’s group, Asian elders group, and Afro-Caribbean group. The impact of this positive engagement has shown in the increase in the number of people from minority communities reporting and seeking support. However, the vast majority of referrals (923 reports, comprising 86% of all referrals) continue to be about the White British community and further work is required to reach each of the communities in Bedfordshire.

Figure 5 analyses contacts by recorded ethnic origin for all contacts excluding those recorded as White British. Whilst there has been an increase in the number of reports about incidents affecting people from minority communities significantly more work is required and this remains a priority for 2009/10.



5.7 Location - the awareness campaign helped raise the proportion of alerts about people living in their own homes to 37.5%. This is a significant increase on the previous year, but statistical comparison is not possible as this data was not recorded then.

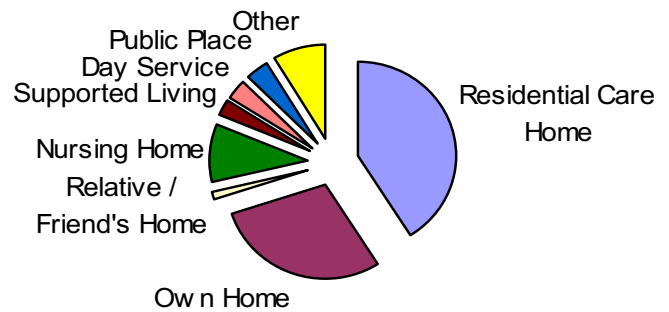


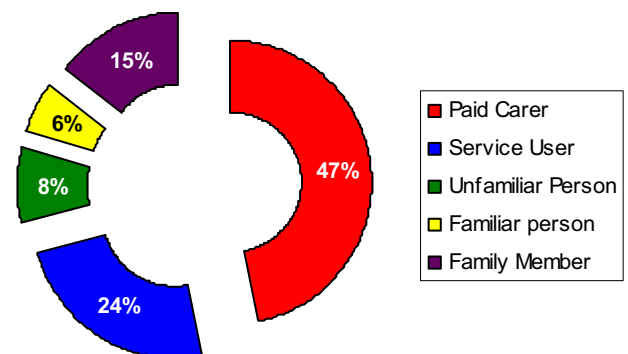
Figure 6 - Location of Abuse

The majority of abuses still occur in residential care services. It is a widely held view that people are safer in care homes than in their own homes, however national research and these figures would challenge this view. Many of the incidents involve allegations involving abuse of service users by other service users. People in group living situations often have little control over who they live with and are generally dependent on others for their essential daily needs so are at a much higher risk of experiencing poor practices and abuse.

Alerts from hospitals are recorded under “other”, but changes to the IT system during 2008/09 make it possible to identify these cases separately in the future.

Reports from day services remain fewer than expected so further work is required to raise general awareness of abuse and reporting requirements there.

5.8 Relationship - The highest proportion of those reported as perpetrators are individuals who are paid to provide services to vulnerable people. Many of these relate to physical abuse or neglect, where staff have failed to follow plans and procedures correctly.



There is also a need to increase awareness and support mechanisms to people who live in their own homes and their carers, to understand the basic standards of care that they should expect and where they can seek support to address issues of their support that falls below the accepted standards.

5.9 Police Investigations

The Vulnerable Adult Investigation Unit have worked closely with social care teams and the Crown Prosecution Service to support vulnerable people through the judicial system and there has been an increase in criminal cases pending court hearings. The Public Protection Unit in Bedfordshire has 7 dedicated officers to support vulnerable people to gain equitable access to the criminal justice system. However, there are many barriers to overcome before any case may proceed to a court hearing. The existing concerns which are prevalent in proving vulnerable adult abuse cases are evident both nationally and locally. All of the police criminal investigations seek to identify key witnesses together with any supporting corroborative evidence. All of the aforementioned, taken as a whole needs to pass an evidential threshold test prior to any further progression into the judicial system. Once the threshold test has been applied and passed then the evidence needs to be presented to the courts in the best possible form. Every stage of the investigation presents its own challenges and in order to

secure a successful prosecution several organisations and agencies are required to work together with perfect synergy.

The number of successful prosecutions and pending cases within Bedfordshire although relatively low has demonstrated a steady increase.

Prosecutions pending	Bedford Borough	Central Bedfordshire
Physical Assault	3	7
Financial abuse	3	2
Sexual assaults	4	1
Neglect	0	1

Bedfordshire Police robustly pursue every opportunity to tackle abuse and will continue to prosecute where appropriate and to work with partner agencies to protect the most vulnerable in our community. 21 cases are currently pending.

6. Priorities for the Safeguarding Partnership in 2009/10

Our experiences and review of the last year have identified our new priorities.

6.1 The new Safeguarding Board for Bedford Borough and Central Bedfordshire has been established and is being chaired by the Executive Director of Adult Services for Bedford Borough Council with the Director of Social Care ,Health and Housing for Central Bedfordshire Council as deputy chair. The intention is to maintain the arrangement of a joint Board throughout 2009/10 and during this period to establish senior level participation by all key stakeholders. At the end of the first year the Board will review whether the joint Board should continue or be replaced by separate Boards for both authorities. It is anticipated that chairmanship will eventually pass to an independent person, but not before it establishes itself at a sufficiently senior and strategic level. The board will manage the safeguarding plan and procedures to protect vulnerable people at a strategic level.

6.2 Membership of the new joint Safeguarding Board comprises:

Elected representatives of Bedford Borough and Central Bedfordshire Councils

Senior representatives of:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Bedford Borough Council • Central Bedfordshire Council • NHS Bedfordshire • Bedfordshire and Luton Partnership Mental Health NHS Trust • Bedford Hospital Acute Trust • Luton & Dunstable Acute Trust • Bedfordshire Police • Bedfordshire Probation Service • Bedfordshire Community Health Services • Service users (with support) • Care Quality Commission | <ul style="list-style-type: none"> • Bedfordshire Victim Support • Bedfordshire Advocacy Alliance • Bedfordshire Advocacy Service for Older People • Voluntary Sector • The Home Owners Federation • Bedfordshire Domiciliary Care Association • LINKs • Domestic Abuse Team • Supporting People • Community Safety and • Children’s Safeguarding Board |
|--|--|

6.3 Both new unitary authorities formed safeguarding teams the same size as previously available to Bedfordshire County Council, effectively doubling dedicated capacity for safeguarding.

6.4 The safeguarding action plan for 2009/10 details six priority areas

The safeguarding improvement plan April 2009 – March 2010

1) Strategic leadership

- i) Develop a formal link with the Local Strategic Partnership (LSP) in both new authorities
- ii) Ensure the Seniority of participation in the safeguarding board is sustained
- iii) For each agency to identify their specific contributions to safeguarding
- iv) For Safeguarding Board members to all approve and sign a Concordat
- v) To achieve a consistent approach by all care groups
- vi) To develop new safeguarding governance arrangements for mental health in accordance with new section 75 agreements and the outcome of the BLPT tender and to review the new Operational Protocol
- vii) To review multi agency safeguarding procedures and ensure that they comply with best practice and CQC standards for excellence
- viii) To achieve disaggregation of the safeguarding teams without disruption
- ix) To ensure safeguarding is prominent in the review of commissioning plans
- x) To implement the Deprivation of Liberty Safeguards
- xi) To provide training and support for safeguarding champions and monitor their effectiveness
- xii) To implement the vetting and barring arrangements
- xiii) To achieve meaningful inclusion of service users and carers in the Safeguarding Board with appropriate support
- xiv) To provide an annual safeguarding report to the councils' executives and scrutiny committees and the Boards of major partners
- xv) To review protocols between the Adult Safeguarding Board and the Children's Safeguarding Board, and the Community Safety and Domestic Violence partnerships

2) Training and competence

- i) To operate an effective training sub group which delivers the development commitments for safeguarding:
- ii) To review all safeguarding training provision to ensure the quality, content, availability and uptake for all appropriate staff, users and carers.
- iii) To ensure that compliance against standards is monitored through routine audits of adult protection records
- iv) To increase the proportion of staff in provider services with safeguarding training and achieve targets promised in the two councils' Self Assessment
- v) To review the competence framework to ensure training is being effective
- vi) To increase the safeguarding knowledge base of elected members in both new councils
- vii) To develop safeguarding awareness and expertise in unregulated services, especially day services
- viii) To continue awareness raising in the voluntary sector
- ix) To develop awareness of safeguarding matters among informal carers
- x) To hold a training programme for the new joint safeguarding board
- xi) To commission new Mental Capacity Act training for all stakeholders

3) Learning Lessons from abuse

- i) To carry out an audit of the management of incidents of alleged abuse
- ii) To disseminate learning strategically through the Safeguarding Board and operationally
- iii) To revise and formally adopt the Serious Concerns Procedure
- iv) To revise and formally adopt the Serious Case Review Policy

4) Prevention

- i) To carry out a review of thresholds and the scope of safeguarding activity
- ii) To review quality assurance arrangements
- iii) To analyse trends and use this analysis to inform the work of the Board
- iv) To review the effectiveness of the People In Partnership (PIP) anti-bullying programme in LD services and the potential for extending it to other groups
- v) To ensure that a strong safeguarding theme runs through the development programme for self directed support
- vi) To develop improved support frameworks for people who have suffered abuse and their carers
- vii) To agree a joint protocol with the police regarding incidents of discrimination and harassment in neighbourhoods affecting Adult Social Care users and carers

5) Communication

- i) To update and re-brand safeguarding literature and public information to reflect best practice
- ii) To carry out an audit of the impact of safeguarding awareness
- iii) To carry out a further public awareness campaign with targeted input to Black and Minority Ethnic communities
- iv) To raise awareness of safeguarding among GPs and in Community Health Services
- v) To run an awareness programme for the Deprivation of Liberty Safeguards

6) Performance management

- i) To implement the new National Minimum data set for safeguarding
- ii) To implement the new SWIFT adult protection modules
- iii) Monitoring of compliance – to improve the timeliness and accuracy of recording safeguarding activity
- iv) To develop new management reports at operational and strategic levels to monitor responses to safeguarding alerts and lessons from investigations
- v) To audit “Best Interest” decisions under the Mental Capacity Act
- vi) To develop arrangements for the reporting of safeguarding compliance in contracted services

We can all stop abuse.

We can make a difference by taking notice of what is going on in our workplace, in our home or neighbourhood.

If you are being abused or you support that someone you know, may be the victim of abuse you should call Adult Services as soon as possible between 9am and 5pm.

Out of these hours and at weekends or bank holidays please call the Emergency Duty Team on 0300 300 8123.

Your concern will be taken seriously and you will receive prompt attention.

If the abuse is also a crime such as assault, racial harassment, rape or theft, you should involve the police to prevent someone else from being abused. If the police are involved, Adult Social Services will work with them and you to support you.

Contact details:

Telephone 01582 818085

Fax 01582 818031

Email adult.protection@bedford.gov.uk

adult.protection@centralbedfordshire.gov.uk

Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15 October 2009

Subject: Substantial Variations and Developments of Health Services

Report of: Director of Business Transformation

Summary: The Overview and Scrutiny of Health was a new power given to the Local Authorities with responsibility for Social Services with effect from 1 January 2003. It was recognised as an important part of the Government's commitment to place patients and members of the public at the centre of health services and seen as a means by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond.

In order to facilitate Health Overview and Scrutiny in Central Bedfordshire, and to ensure that it operates efficiently and effectively in line with Ministerial Guidance, Central Bedfordshire Council and in the later stages of development of this guidance, Bedford Borough Council, Bedfordshire Local Involvement Networks (LINKs) together with NHS organisations need to develop and agree best practice guidelines and a protocol outlined in this report.

Contact Officer: Cheryl Powell, Overview & Scrutiny Officer

Public/Exempt: Public

Wards Affected: All

Function of: Council

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 suggests a framework for discussion with local NHS bodies and the Local Involvement Network to assist in reaching agreement on what constitutes "substantial" in the local context and how such consultation should be carried out

Reason for Recommendation: The Committee is requested to comment on the issues raised in paragraphs 4 – 10 and to agree to consult Bedford Borough and Luton Borough Council's, the LINK, the Strategic Health Authority, the NHS Trusts and the Children, Families and Learning Overview and Scrutiny Committee on a continual basis.

What is a substantial variation in service?

1. Under the LGPiH Act there is still no definition of what constitutes a 'substantial development' or 'variation' which means that NHS bodies are still required to consult relevant Overview and Scrutiny Committees about proposals for substantial changes to services.
2. The Guidance on Overview and Scrutiny of Health recommends that local NHS organisations should aim to reach a local understanding or definition with their Overview and Scrutiny Committee(s) on this issue and that this should be informed by discussions with other key stakeholders.
3. The following guidelines, taken from the Guidance on Overview and Scrutiny of Health may help to inform these discussions and provide a provisional framework within which NHS organisations, Overview and Scrutiny Committees and stakeholders should consider whether a proposal is substantial. Generally, the degree of impact of the change upon patients, carers and the public who use, or have the potential to use, a service should be considered. Issues for specific consideration include:
 - **Changes in accessibility of services** e.g. both reductions and increases of services on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including the relocation of services. It is recognised that changes to service locations can often be controversial. Therefore there should be a discussion of any proposal, which involves the alteration to, or withdrawal of, primary care, in-patient, day patient or diagnostic facilities.
 - **The impact of the proposal on the wider community** and other services, including economic impact, transport, regeneration.
 - **The degree to which patients are affected** may affect the whole population (such as changes to Accident and Emergency Services) or a small group of patients accessing a specialist service. If changes affect a small group of patients, the change may still be considered substantial, particularly if patients need to continue accessing that service for many years (e.g. access for patients to renal services).
 - **Changes to service models and methods of service delivery** e.g. altering the way a service is delivered may be a substantial change – for example, moving a particular service into community settings rather than being hospital based. The views of patients and the general public, including the LINK will be essential in such cases.

Procedure

4. The NHS body informally advises the Scrutiny Officer for the Social Care, Health and Housing Overview and Scrutiny Committee (SCH&H OSC) of the proposal, in advance of the consultation process. Section 10.1.2 of the Ministerial Guidance states that NHS bodies should consult the SCH&H OSC at an early stage¹ to agree whether the proposal is substantial. These early discussions should include:
 - Agreement about the length of time the consultation will last
 - Identification of the population which may be affected
 - And methods to be used taking into account local needs
5. The SCH&H OSC Chairman and Members are advised of the proposal and provided with any supporting papers supplied by the NHS body. At the beginning of the second phase of consultation, the Scrutiny Officer will write to the Project Manager dealing with the consultation for the NHS body to request a response to a set of questions within a given timeframe²
6. The SCH&H OSC will consider the formal consultation document and may raise additional queries by way of a further letter to the health body. Answers will be requested within a specified timescale. The SCH&H OSC will respond to NHS consultation within the stipulated timescale, and if it does not support the proposals, it will provide reasons and evidence for its view.
7. The SCH&H OSC may also utilise its statutory powers to require a suitable representative(s) from the Health body to attend a meeting of the Committee to provide information.
8. If the SCH&H OSC is satisfied with the information it has received from the Health body and no additional information is required it may then sign-off the proposal.
9. If the SCH&H OSC is not satisfied with the information supplied by the Health body it may request additional information / request the length of the consultation period to be extended or ultimately refer the matter to the SoS for determination.
10. The SCH&H OSC will provide the details of its final decision to the NHS body concerned within the time specified in the NHS consultation. Should the Committee need to refer the matter to the SoS, the relevant NHS body will be given the opportunity to respond to the Committee's comments and an effort at local resolution will be made.

¹ It is important that NHS bodies inform the OSC very early of any proposal for change, so that their consideration can be properly timetabled.

² An example of the type of questions that could be asked are set out in **Appendix 2**

11. Although the procedure in paragraphs 4 – 10 provides a guide to the procedure, the order in which things happen may vary according to the complexity of the issue and other constraints. An overview of the Local Authority procedure in relation to health overview and scrutiny is provided in **Appendix 1**.

Power of referral to the Secretary Of State

12. If the SCH&H OSC is not satisfied with the content of the consultation, that sufficient time has been allowed or that the reasons given for not carrying out consultation are adequate; it may report the matter to the SoS in writing, setting out the reasons for referral. The SoS can require the NHS body concerned to carry out such consultation or further consultation with the SCH&H OSC as appropriate.
13. If the SCH&H OSC considers that the proposal is not in the interest of the health service in its area it may also refer the issue to the SoS in writing, who may make a final decision on the proposal. The SoS can require the NHS body to take such action or refrain from taking such action as he (or she) may direct. Decisions of this nature made by the SCH&H OSC are formally recorded and are available to the public. The SoS may ask an Independent Reconfiguration Panel (IRP) to take a judgement on the matter. This is a body that has been specifically set up to deal with referrals of this type. (Although automatic referral was introduced in 2007, in 2008 the SoS has retained the right on whether to refer the matter to the reconfiguration panel or not).

Joint committees

14. Where a service change impacts on more than one Health Overview and Scrutiny Committee (HOSC) area, this will require the establishment of Joint Health Overview and Scrutiny Committee (JHOSC) to consider the change. JHOSC's exercise all the powers of a HOSC and may not refer back to their 'parent' committees.
15. 'Parent' OSCs can exercise the power of referral to the SoS following the receipt of comments back from the relevant health body(ies). For example at some point NHS Bedfordshire might need to set up a joint PCT committee for proposals involving several areas and the SHA might have a role in ensuring the full and relevant involvement of all stakeholders in such case.

The context of consultation

16. Proposals for the development or variations of services are likely to span the whole spectrum of change, from very minor changes such as an extension of the opening hours of a particular clinic through to the reconfiguration of a county-wide specialist services (e.g. specialist cancer services) or major capital (new build) projects.

17. It is good practice for health organisations to notify the Social Care, Health and Housing Overview and Scrutiny Committee(s) (SCH&H OSC) of any proposals for service development or change as early as possible. Early discussions should take place between representatives from the NHS and the Overview and Scrutiny officer on the type of involvement / consultation planned and whether the proposed changes to services are considered to be substantial and therefore require a period of formal consultation³.
18. It is important to remember that the Section 11 duty to involve and consult patients and the public still applies whether or not a proposal constitutes a substantial variation or development. However the Act does clarify that people do not need to be consulted about changes in service provider where the service delivery and range of services remain the same⁴.

Who is responsible for consultation?

19. The Primary Care Trust (PCT) leading the commissioning process will normally be responsible for consultation⁵. Where a proposal for service change spans more than one PCT, they will need to agree a process of joint consultation. The Board of each PCT should formally delegate the responsibility to a joint committee, acting as a single entity and be responsible for making the final decision following consultation. The Strategic Health Authority (SHA) has a responsibility for making sure that NHS Trusts and PCTs involve patients and the public and that consultation is done well, in line with national guidance. SHAs will be required to prepare reports on consultations they have carried out before making commissioning decisions and the influencing factors the consultation may have had on these decisions

When are NHS bodies not required to consult?

20. Some exemptions exist in relation to the requirement for consultation. These are:
 - Any proposal to establish or dissolve a NHS Trust or Primary Care Trust unless that establishment or dissolution represents a substantial variation or development.
 - Pilot schemes within the meaning of Section 4 of the National Health Service (Primary Care) Act 1997(1).
 - Changes in service provider where the manner of service delivery and range of services remain the same.

³ Government guidance on consultations states that full consultation should last for a minimum of twelve weeks, and that consultation should ensure that groups the NHS has traditionally found hard to reach and the wider community should be consulted.

⁴ **Appendix 3** provides examples of the types of service changes which may fall within this continuum of involvement / consultation.

⁵ **Appendix 4** gives an example of the stages of a consultation process.

- A decision, which has to be taken immediately because of a risk to the safety or welfare of patients or staff. In such circumstances, the NHS body must notify the SCH&H OSC immediately, in writing, of the decision taken and the reason why no consultation has taken place. If members of the SCH&H OSC are not satisfied that the reasons given are adequate, any difference of opinion may be settled by applying the guidelines, illustrated in Appendix 4 of this report.

Conclusion

21. Members are therefore asked to note the contents of this report for information and consider the process undertaken by local NHS bodies for assessing whether or not health service developments and variations are “substantial” so that it is possible to distinguish proposals that require formal consultation with OSCs from proposals that do not.
22. The Overview and Scrutiny Committee has no desire to create additional layers, which unnecessarily delay the implementation of changes and equally does not wish to overburden committee proceedings with a plethora of consultation exercises. The SCH&H OSC must have an awareness of what proposals are planned and have the opportunity to ensure that local views have been sought and taken into consideration including any information provided by the LINK.
23. This is an important power and is the central element to the Government’s proposals to make the NHS more accountable locally. It is therefore vital that there is a local understanding of what constitutes a substantial variation / development and the processes that have been put in place.

CORPORATE IMPLICATIONS

Council Priorities:

Under its terms of reference, the Social Care Health and Housing Overview and Scrutiny Committee's regard for the guidance about Substantial Variations and Developments of Health Services will support the following Council priorities: supporting & caring for an aging population and promoting healthier lifestyles.

Financial:

There are no financial issues arising directly from this report

Legal:

The Local Government and Public Involvement in Health Act 2007 (LGiPH 2007) amended Section 242 of the NHS Act 2006 (previously Section 11 of the Health and Social Care Act 2001) which related to the duty on NHS bodies to involve and consult service users.

A Health OSC has the right, now enshrined in the NHS Act 2006 and Regulations to refer proposals to the Secretary of State for Health if it is not satisfied:

- with the content of the consultation;
- with the time that has been allowed; or
- that the proposals are in the interests of the health service in its area

The Local Government and Public Involvement in Health Act 2007 abolished Patient and Public Involvement Forums and replaced them with Local Involvement Networks (LINKs) in every local authority area with social services responsibilities. Key roles for the LINK are to gather the views and experiences of local people using local health and social care and to promote and support the involvement of local people in the commissioning, provision and scrutiny of health and adult social care services.

In October 2008 the Department of Health published statutory guidance for NHS organisations on carrying out their duty to involve. This includes a section explaining the difference between the duty to involve users and the duty to consult OSCs.

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:

There are no issues to consider in this report.

Sustainability:

There are no direct implications arising from this report.

Appendices:

1. Health Service Variations – Local Authority Procedure
2. Examples of questions that may be asked by SCH&H OSC to NHS Bodies
3. Model Continuum of Involvement / Consultation
4. Flow Chart illustrating the stages of consultation

Background Papers (open to public inspection):

Local Government and Public Involvement in Health Act 2007

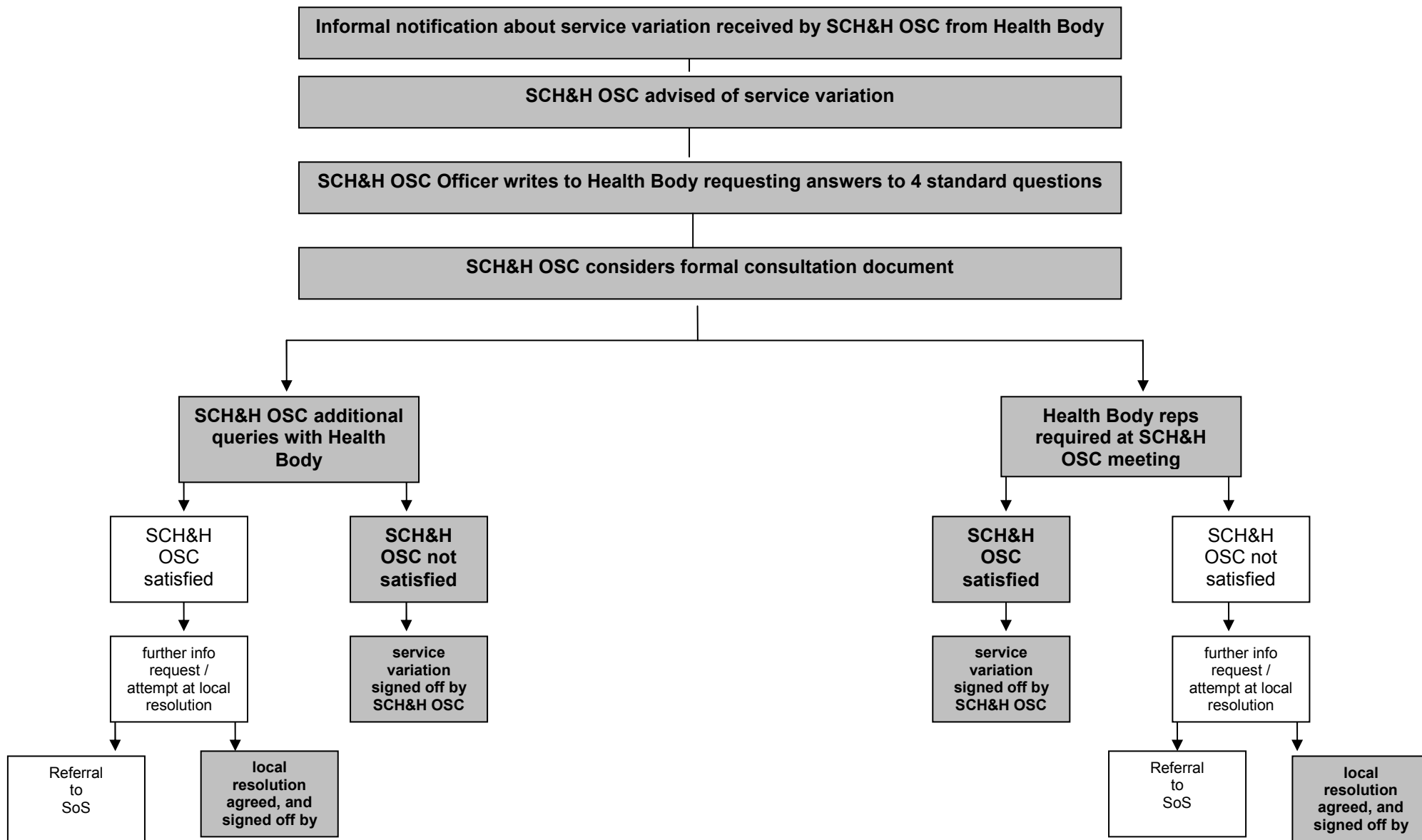
Department of Health (2003) Overview and Scrutiny of Health Guidance

Department of Health (2003) Strengthening Accountability Policy and Practice Guidance

Health and Social Care Act 2001

Location of papers: Priory House, Chicksands

Health Service Variations – Local Authority Procedure



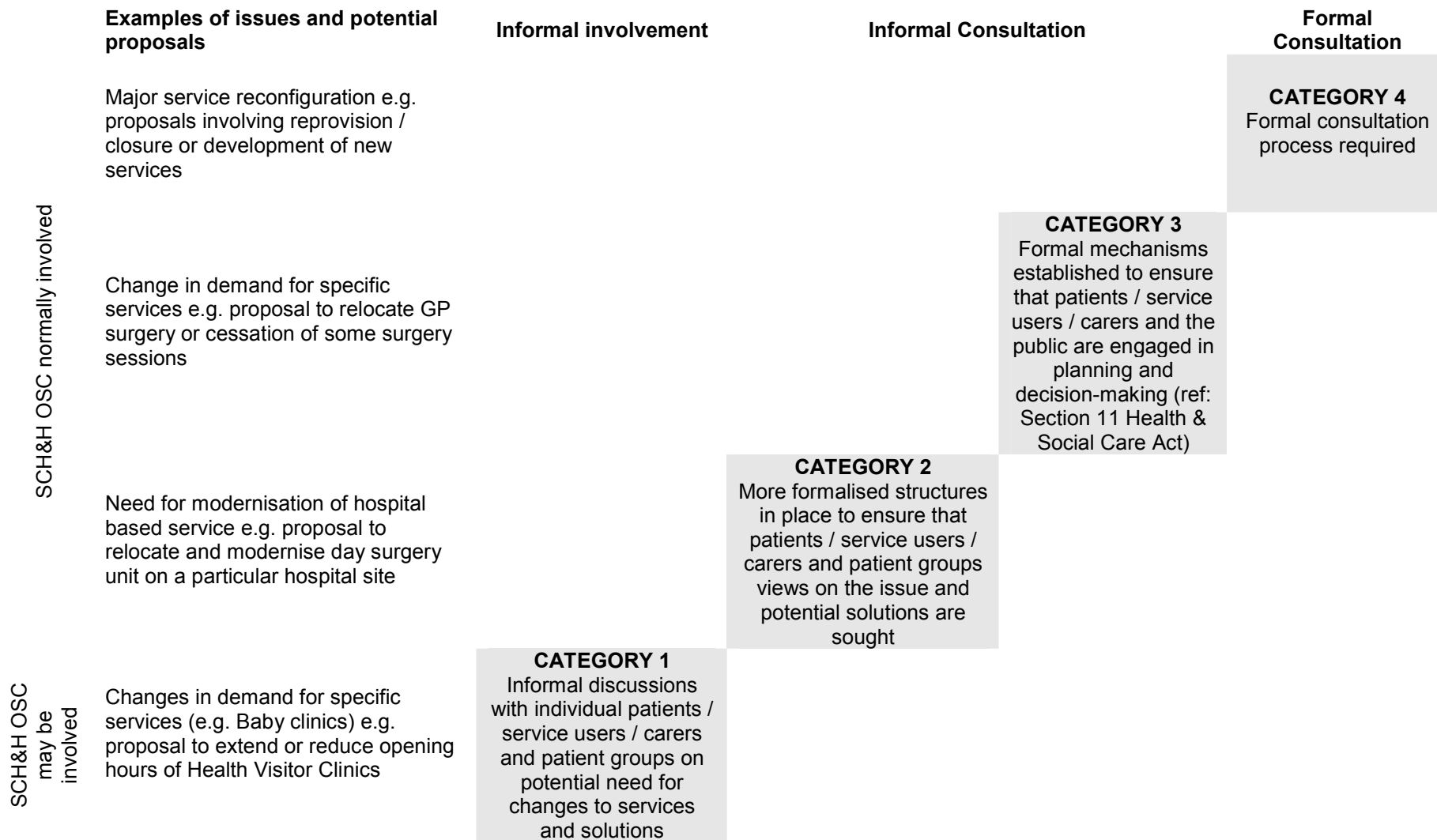
Examples of questions that may be asked by SCH&H OSC to NHS Bodies

At the beginning of any second phase public consultation the Panel would request a response in writing from NHS body(ies) proposing service variations and developments to four basic questions as follows:

1. How the views of the public were obtained in the earlier stages of the change programme, including consultation procedures used, numbers involved, timescales for consultation and the questions asked.
2. What views were expressed by the public, to establish how well informed, clear and representative these views are, and how they bear on the options available to the PCTs.
3. How these views were interpreted by the PCTs and factored into the development of your proposals, whether for or against the proposals.
4. What the public response is now to any proposals that differ from those submitted to the public in the initial round of consultation.

Upon receipt the SCH&H OSC would determine if witnesses would be required to attend a future meeting and give oral evidence.

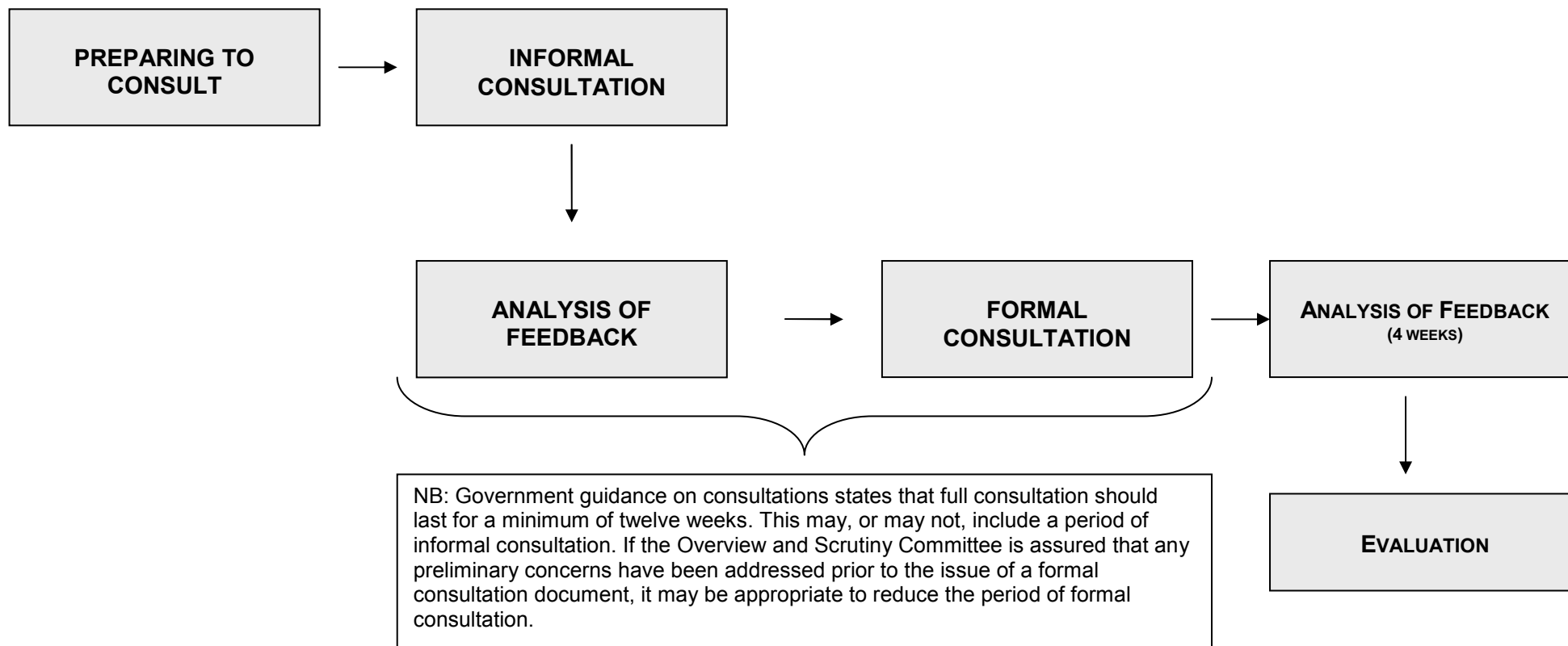
Model Continuum of Involvement / Consultation



NB The examples listed on this continuum are not definitive and there may be some local variation in the way they are dealt with

Its envisaged that the health bodies will submit brief details of these proposals to the SCH&H OSC and indicate which category they fall into & why

Flow Chart illustrating the stages of consultation



Meeting: Social Care Health & Housing Overview & Scrutiny Committee
Date: 15 October 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 initial discussion of the subject at the last meeting.

Contact Officer: Cheryl Powell
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

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.

6. 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

7. 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

8. 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.

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

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.	5 th November 2009	Directorate Overview: Mental Health	<i>The content of this Directorate Overview to be considered by the Committee is currently being devised within the Directorate</i>	
2.		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.	The Committee may consider its contribution to the Public Consultation event planned in light of the Council's response.
3.		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
4.		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. The Committee will need to pay regard to the demand of this service in line with the

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
5.		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.
6.		Annual health check	<p>The annual commentary on the performance of NHS bodies as part of the Care Quality Commission's annual health check. As part of its third party commentary the Committee will need to consider:</p> <p><u>Quality of services</u></p> <ul style="list-style-type: none"> • is the trust meeting the Government's core standards and existing commitments for the NHS • is the trust making and sustaining ongoing improvements in its services <p><u>Quality of financial management</u></p> <p>When looking at how well a trust is managing its financial resources, the Committee will need to consider the work carried out by the Audit Commission and by Monitor.</p>	Members may wish to consider items on the LINKs work programme in conjunction with the Care Quality Commission's Framework.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
7.		Mental Health Plan / Strategy	The Committee may wish to consider and comment on Central Bedfordshire Council's approach to promoting and improving the mental health and wellbeing of adults and carers within Central Bedfordshire and to support the recovery of adults with mental health problems.	
8.	3rd December 2009	Directorate Overview: Learning Disabilities	<i>The content of this Directorate Overview to be considered by the Committee is currently being devised within the Directorate</i>	
9.	7th 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.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
10.		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
11.		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 prior to its report to Executive on the 13 th October 2009.
12.	4th 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.
13.	4th 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

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
14.		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:-				
15.	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
16.	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
17.	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

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
18.	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 United Kingdom by improving health for of the County's residents and narrowing the gap in inequalities in health.	The Committee may wish to consider the local implications to its communities
19.	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.
20.		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.
21.		Review of the Work programme	To consider the Social Care Health and Housing Overview & Scrutiny Committee's Work Programme with a view to further refine its work for the municipal year 2009 - 2010.	The Social Care Health and Housing Overview & Scrutiny Committee will need to continually refine and approve its work programme in order to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.
22.	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.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
23.		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
24.		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
25.		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
26.		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.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
27.		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.
28.		Review of the Work programme	To consider the Social Care Health and Housing Overview & Scrutiny Committee's Work Programme with a view to further refine its work for the municipal year 2009 - 2010.	The Social Care Health and Housing Overview & Scrutiny Committee will need to continually refine and approve its work programme in order to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.
29.	15th October 2009	Directorate Overview: Services to Carers	<i>The content of this Directorate Overview to be considered by the Committee is currently being devised within the Directorate</i>	
30.		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
31.		Safeguarding Vulnerable Adults Annual Report	The Committee to not the 2008/2009 annual report of the Adult Safeguarding Board for Bedfordshire.	
32.		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.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
33.		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
<p><u>Member's Seminar</u></p> <p>Following on from the Committee's formal Committee Meeting a training and development seminar has been scheduled to assist Members with their understanding and appreciation of Social Care Health and Housing issues currently faced by the Directorate.</p>				

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

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