

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



please ask for Martha Clampitt
direct line 0300 300 4032
date 16 February 2011

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 28 February 2011 10.00 a.m.

Venue at

Room 15, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

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

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

[Named Substitutes:

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

All other Members of the Council - on request

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

AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 24 January 2011 and note actions taken since that meeting.

(attached)

3. **Members' Interests**

To receive from Members any declarations 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 any agenda item.

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

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

5. **Petitions**

To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution.

6. **Questions, Statements or Deputations**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of part A4 of the Constitution.

7. **Call-In**

To consider any decision of the Executive referred to this Committee for review in accordance with Procedure Rule 10.10 of Part D2.

8. Requested Items

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

Reports

Item	Subject	Page Nos.
9	Portfolio Holders' Update To receive verbal updates from the Portfolio Holder for Social Care and Health and the Portfolio Holder for Housing.	
10	LINK Update To receive an update from Bedfordshire LINK on local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.	
11	Diabetes Care in Central Bedfordshire To receive a report outlining Diabetes Care in the region.	To Follow
12	Continuing Health Care To receive a report describing NHS Bedfordshire's responsibility for NHS Continuing Healthcare in the Central Bedfordshire locality. The Committee will also be informed of Community Health Care in the region.	* 17 - 42
13	Update on the Revised Fair Access to Care Services Eligibility Criteria for Adult Social Care To receive an update report from the 4 February 2010 meeting detailing the Council's approach to the framework for setting the eligibility criteria for Adult Social Care.	* 43 - 48
14	Work Programme 2010 - 2011 & Executive Forward Plan To receive and consider the Social Care Health and Housing Overview and Scrutiny Committee draft work programme for 2010 – 2011 and the Executive Forward Plan for the period 1 January 2011 to 31 December 2011.	* 49 - 76

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Date of Next Meeting

The next meeting of the committee will be held on 28 March 2011 in Room 15 at Priory House starting at 10.00am.

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Room 15, Priory House, Monks Walk, Shefford on Monday, 24 January 2011

PRESENT

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

Cllrs Mrs R B Gammons
Mrs S A Goodchild
Ms A M W Graham

Cllrs J Kane
P Rawcliffe

Apologies for Absence: Cllrs Mrs J Freeman
P Freeman

Substitutes: Cllr B J Spurr (In place of Cllr Mrs J Freeman)

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

Officers in Attendance: Mrs M Clampitt – Committee Services Officer
Mr H Khan – Head of Housing Needs
Ms J Mew – Policy & Performance
Manager
Mr N Murley – Assistant Director Business &
Performance
Mrs J Ogle – Director of Social Care,
Health and Housing
Miss C Powell – Overview and Scrutiny Officer

Others in Attendance Mr M Coleman – Chairman, Bedfordshire LINK
Mr D Levitt – Head of Public Engagement
and Communications, NHS
Bedfordshire
Mr T Medwell – Head of Primary Care
Commissioning, NHS
Bedfordshire
Mr M Thompson – Interim Lead for Primary
Care, NHS Bedfordshire

SCHH/09/222 Minutes

RESOLVED

that the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 20 December 2010 be confirmed and signed by the Chairman as a correct record.

SCHH/09/223 Members' Interests

(a) Personal Interests:-

Cllr Mrs S Goodchild She is an ongoing service user.

(b) Personal and Prejudicial Interests:-

There were no declarations made.

(c) Any Political Whip in relation to items on the agenda:-

There were no declarations made.

SCHH/09/224 Chairman's Announcements and Communications

The Chairman had 2 announcements as follows:-

- 1) Item 22 – St Neots Road was exempt from publication at the time the agenda was published to the Central Bedfordshire Council website. However at today's date the information was in the public domain and could be dealt with in public.
- 2) Under the provisions of committee procedure rule CM16 the order of the agenda would be varied as follows:-

Item 10 – LINK Update

Item 13 – Health White Paper "Equity and Excellence"

Item 11 – Health White Paper "Equity and Excellence" Implications of
LINK to Healthwatch

Item 12 – Community Dental Services

Item 22 – St Neots Road (no longer exempt)

Items 14 – 21 remain unchanged.

SCHH/09/225 **Petitions**

The Chairman announced in accordance with Section 6, Part A4, Paragraph 6.1.1 that Mr Francis present the Committee with a petition in connection with the proposals of the care arrangements at St. George's Court, Leighton Buzzard. Mr Francis spoke of his, the residents and their carers frustration over the lack of information provided to date for possible changes to the care arrangements.

The Director of Social Care Health and Housing provided Mr. Francis with the assurance that the Council will take note of the petition and the representation at this meeting. The Director also confirmed officers will be available to discuss the proposals at St. George's Court at a date to be agreed. Correspondence to all residents has been drafted and will be sent to all those affected by the proposals.

The Director reiterated the point that no decision has been or will be made until the Executive meeting to be held on February 15 2011.

AGREED

that the petition be forwarded to the Executive for consideration at their meeting to be held on Tuesday 15 February 2011, to allow their decision to be taken in light of this petition.

SCHH/09/226 **Questions, Statements or Deputations**

The Chairman announced that no questions, statements or deputations had been received.

SCHH/09/227 **Call-In**

The Chairman announced that no call-ins had been referred to this Committee.

SCHH/09/228 **Requested Items**

The Chairman confirmed that no requests for agenda items had been received.

SCHH/09/229 **Portfolio Holders' Update**

The Chairman requested an update from each Portfolio Holder in attendance be provided to the Committee.

Cllr Mrs Carole Hegley, Portfolio Holder for Social Care and Health informed the Committee that she and the Assistant Director Business & Performance had attended the Customer and Shared Services Overview and Scrutiny Committee meeting to answer concerns about the base budget.

Members were thanked for their attendance at the Adult Social Care Law and Children's Safeguarding sessions which were held in the Chamber the previous week. The guest speaker was the Lead Member from Leicestershire Council who spoke of the Pilkington case and the lessons the Council could learn as a result of such a tragic incident.

Cllr Mrs Rita Drinkwater, Portfolio Holder for Housing informed the Committee that 16 long term empty homes had been brought back into use. In addition the Government was to reward Council for each long term empty home brought back into use. The reward was £1400 per home. Members asked that Ward Members be informed of any empty homes which are brought back into use within their area. It was agreed that Officers would look into supplying the information.

The Portfolio Holder Housing would be attending a Conference in London on 25 February which would deal with the Homelessness Challenge.

SCHH/09/230 **LINK Update**

Mr Coleman provided his comments in association with the Health White Paper "Equity and Excellence" Implications of LINK to Healthwatch (please refer to Minute No. SCHH/09/232).

SCHH/09/231 **Health White Paper "Equity and Excellence"**

The Committee received and considered the report which provided an overview of the potential changes to the NHS and associated impact for Central Bedfordshire's residents. It was noted that the White Paper had been published in July 2010 and the consultation concluded on 11 October 2010. On 15 December 2010 the Government set out the responses to the consultation.

The Director of Social Care Health and Housing informed the Committee how the Government planned to bring about the changes contained within the White Paper and the impact these changes would have on Central Bedfordshire Council directly.

There are 3 main area of change: to commissioning by moving from PCTs and Strategic Health Authorities to the National NHS Commissioning Board and GP Consortia. Transferring some of the public health responsibilities to local councils and creating a national public health service enhancing the role of councils through establishing Health Well Being Boards.

“No decision about me without me” is set to empower and liberate the Health Care process by putting the patient and clinicians at the centre of the service. Some of the decision making responsibilities will be transferred from the NHS to GP Consortia. The proposed GP Consortia in Bedfordshire will cover Central Bedfordshire and Bedford. There will also be a national NHS Commissioning Board.

A presentation was given to the Committee which highlighted the way forward for the delivery. The Director of Social Care Health and Housing provided clarification and further information on a number of specific items namely:

The Health and Well Being Boards will have a membership comprising of GP Consortia, Councillors, Statutory Directors, Healthwatch, NHS Commissioning Board, etc. The Boards will provide the Council and its partners greater influence over commissioning for healthcare and health improvement across children’s and adult services.

The NHS confirmed that the process was very challenging and would deliver huge savings over the next 4 years. The NHS was working with the GPs to help them manage the risk. Some smaller units would be placed within larger units.

Concerns were expressed by LINK that the size of the Consortias should be larger and would Bedfordshire consortia be able to have sufficient funds to provide services In response the NHS representative confirmed that that the size of Consortias would be as flexible and would be shared across Bedfordshire but managed within administrative boundaries.

RESOLVED

that the proposals made in the White Paper and the wider implications for the council and the local NHS be noted.

SCHH/09/232 Health White Paper "Equity and Excellence" Implications of LINK to Healthwatch

The Chairman of the Bedfordshire LINK informed the Committee that the LINK would be changing its name and becoming known as the Healthwatch. The LINK had achieved many things during the last four year and would continue to work with Hospitals such as Addenbrookes, the L&D, Kettering and the Lister for patient reform. It was noted that Healthwatch would be looking for funding from other sources due to budgetary cutbacks.

RESOLVED

that the report be noted.

SCHH/09/233 Community Dental Services

The Committee received and considered a report from NHS Bedfordshire on the proposed revisions to be made to the Salaried Dental Services (SDS). The Head of Primary Care Commissioning for NHS Bedfordshire informed the Committee that the NHS commissioned the SDS for residents in Bedfordshire and Luton.

The current budget spend was £7m per 100,000 people in receipt of dental services which was higher than the National average and third highest in the East of England.

The SDS applied for Social Enterprise status and NHS guidance stated that a reasonable distance to travel for treatment was 12 miles. It was noted that the SDS services were to be used for patients who required special treatments such as periodontics, children and adults who would not be able to cope with a normal surgeries and require more time for treatments and the disabled and specialist care, ancillary service and the homeless. It was noted that the service had not been commissioned in the traditional way. In addition there were new rules for DDA compliance including infection control.

The review had identified that there would be no reduction in the quantum of service but efficiencies could be achieved through increased productivity and the reduction in the number of bases where the service was offered. The proposals currently being considered were as follows:-

- | | |
|-------------------|---|
| Shefford – | Closure of the existing service which was not providing specialist services but was operating as a High Street dentist. The new medical centre will have a dentistry wing which will provide the specialist services. |
| Dunstable- | Closure of the existing site as it is not fit for purpose and cannot comply with new DDA requirements. Marsh Farm in Houghton Regis had been closed to bring it up to code and would be reopening. |
| Amphill- | Closure of the existing site as it is not fit for purpose and refer patients to the Flitwick service. |
| Biggleswade - | Closure of the existing service and refer patients to Sandy. |
| Leighton Buzzard- | Closure the existing site and refer patients to Houghton Regis. |

These proposals would reduce the sites from 14 to 8 serving 5,500 patients.

It was noted that since December 2010 the NHS had been conducting face to face interviews with users to ascertain their use of the service and how they travelled to the service. The Committee asked that the ward members be kept informed of the number of people within the various areas would be affected and of what would be happening during the consultation process.

Members particularly challenge the proposal in respect of Leighton Buzzard where there is a population of 37,000 and including surrounding villages, 50,000.

It was noted that an update would be provided to the Committee in June 2011 and the proposals to the service changes would be consulted on in September 2011.

RESOLVED

- 1) that the report of the NHS be noted.**
- 2) that the NHS be asked to review the proposed closure of the Leighton Buzzard Dental Surgery.**

SCHH/09/234 St Neots Road

The Committee received and considered a report which clarified the plans for the St Neots Road Medical Centre. The Head of Primary Care Commissioning for NHS Bedfordshire informed the Committee that in September 2010 the practice managing company, Chilvers McCrea had requested to end their contract. In addition, it was noted that the lease on the property was not renewable. It was also noted that in March 2011, Dr Giblin would be retiring from the practice.

At the time a number of permanent solutions were being considered the NHS carried out a health and safety inspection of the St Neots Road premises and were advised that the building was not suitable to remain a GP premises.

The NHS had spoken to neighbouring practices and they were happy to take on the additional patients. One practice had taken on an additional doctor to help with the increased number of patients. Residents had received letters and the NHS were holding two drop in sessions for the residents to inform them of the proposals.

RESOLVED

1. that the report be noted
2. that the Committee receive a report at their June meeting which covers the current patient (demographic) profile.

SCHH/09/235 A Vision for Adult Social Care and Transparency in outcomes: a framework for Adult Social Care

The Committee agreed to defer the consideration of this item to the 28 March 2011 meeting.

SCHH/09/236 Review of the Eligibility Criteria

The Committee agreed to defer the consideration of this item to the 28 February 2011 meeting.

SCHH/09/237 Review of Choice Based Lettings and draft Allocations Policy

The Committee received and considered a report which provided Members with an update on Choice Based Lettings, the scheme for allocating social housing and the opportunity to comment on the Allocations Policy, a Framework for determining priorities for social housing.

The Sub Regional Choice Based Lettings Scheme (CBL) worked in partnership with Aragon Housing Association, Bedford Borough Council, Luton Borough Council and Bedfordshire Pilgrims Housing Association. The CBL had created an Allocations Policy which would be reviewed twelve months after the June 2009 launch.

The Sub Regional Partnership Board monitors the collective CBL performance as well as that of the individual partners. A benchmarking exercise was being undertaken to compare Bedfordshire Home finder with similar sized Sub Regional Schemes across England.

The Committee were informed that there were currently 10,419 people registered for social housing across the partnership. The participation rate is 55% with average bids of 6,685 per month. In addition, it was noted that cross board allocations would fluctuate during the year but evened out by the end of the year.

The Policy and Performance Manager provided a demonstration of the Bedfordshire Home finder software which provided tenants with information about properties which were available for rent and allowed the tenants the opportunity to place bids on three properties in any cycle. It was explained that a cycle lasted for one week and occurred every two weeks.

Members noted that this service provided flexibility as it included Registered Social Landlords. Members were provided with an explanation of the bidding system. It was explained that the higher the band number (1 being the highest) the applicant would be given first refusal of the property. There is a registration team who place people into the correct band having taken into consideration their social, medical or housing need. In response to a question it was noted that Bedford Court and Hockliffe Street, Leighton Buzzard were used for homeless arrangements.

The Committee considered the request of the CBL to improve the current software to include a Village sustainability function at a cost of £20k. The cost would have to be found as it was not part of the existing base budget for CBL. It was acknowledged that whilst a desirable function to have, it was not a required function.. The Committee agreed with Officers that this was not a high priority at the present time.

The Committee congratulated the Housing Team for their good work and endorsed the system.

RESOLVED

- 1. that the contents of the report be noted for information.**
- 2. that the Social Care Health and Housing Overview and Scrutiny Committee support the changes to the Allocations Policy.**
- 3. that the £20,000 software enhancement for “village sustainability” not be acquired at this time.**

RECOMMENDED to the Executive

- 4. that the Executive endorse the Allocations Policy.**

SCHH/09/238 Statutory Review of Fees and Charges and Revenue Income Optimisation Business Cases

The Committee considered the report which outlined the proposed Fees and Charges to be applied for the municipal year 2011/12.

Members discussed the Council’s approach to the application of Fees and Charges to the Directorates. Members expressed concerns about the truly vulnerable and affordability particularly in the context of Telecare.

Members stated the need for the Council to ensure that the assumptions made against income generation when applying a charge for the Telecare Service adhered to accuracy and were the Council’s best estimate, particularly for the Council’s truly vulnerable customers.

The Committee endorsed the need to apply a charge for the Telecare Service but felt that any charges for installation should be waived.

RECOMMENDED to the Executive

that all proposals be endorsed.

SCHH/09/239 Capital Programme Review 2011/12 to 2014/15

The Committee considered the report of the 11 January 2011 Executive which set out the proposed Capital Programme for 2011/12.

Members discussed the proposals contained within the Capital Programme, in particular:

- a. Disabled Facility Grants
- b. Renewal Assistance
- c. NHS Campus Closure
- d. Timberlands & Chiltern View Gypsy and Traveller Sites
- e. Empty Homes
- f. Schemes under the Housing Revenue Account

RECOMMENDED to the Executive

that all proposals be endorsed.

SCHH/09/240 Work Programme 2010 - 2011 & Executive Forward Plan

Members considered the Committee's work programme and noted that the following items would be moved within the programme following deferment today:-

- 1) A Vision for Adult Social Care and Transparency in outcomes: a framework for Adult Social Care would be considered at the 28 March 2011 meeting.
- 2) Review of the Eligibility Criteria would be considered at the 28 February 2011 meeting.

The Overview and Scrutiny Officer agreed to provide an updated work programme to Members.

RESOLVED

that the work programme as amended above be noted.

SCHH/09/241 Date of Next Meeting

The next meeting of the Social Care, Health and Housing Overview and Scrutiny Committee will be held on Monday 28 February 2011 in Room 15 at Priory House, Monks Walk, Shefford starting at 10.00am.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.40 p.m.)

Chairman

Dated

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**Continuing Healthcare Updated for Social Care,
Health and Housing Overview and Scrutiny Committee**

Report by: NHS Bedfordshire

To: Social Care, Health and Housing Overview and Scrutiny Committee

**Subject: Continuing Healthcare Progress and Performance Update for Central Bedfordshire
Local Authority**

1. Executive Summary

This document has been produced by NHS Bedfordshire to provide a briefing on the background to NHS Continuing Healthcare the current assessment process, activity for Central Bedfordshire and actions arising from a review undertaken in the East of England funded by the Joint Improvement Partnership. A copy of the Action plan is attached for information.

2. Recommendation

The Overview and Scrutiny Committee is asked to consider and accept the report.

3. What is Continuing Healthcare

The National Framework for Continuing Healthcare 2009 guidance sets out the following definitions: '**Continuing care**' means care provided over an extended period of time for a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.

'**NHS continuing healthcare**' means a package of continuing care that is arranged and funded solely by the NHS. An individual who needs continuing care may require services from NHS bodies and/or from Local Authorities (LAs). Both NHS bodies and LAs, therefore have a responsibility to ensure that the assessment of eligibility for continuing care and its provision take place in a timely and consistent manner.

If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly providing services or by part funding the package of support. Where a package of support is provided by both LA and an NHS body, this is known as a 'joint package' of continuing healthcare and should include NHS funded nursing care and other NHS services that are beyond the powers of a LA to meet. The joint package could involve both the Primary Care Trust (PCT) and LA contributing to the cost of the care package, or the PCT commissioning and/or providing part of the package.

Where a person's primary need is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs.

The following provides a brief understanding of what is defined by a primary health need.

Whether someone has a 'primary health need' is assessed by looking at all of their care needs and relating them to four key indicators:

- **Nature** – this describes the particular characteristics and type of the individual's needs (which can include physical, mental health or psychological needs) and the overall effect of those needs on the individual, including the type (quality) of interventions required to manage those needs.
- **Intensity** – this relates to the extent (quantity) and severity (degree) of the needs and to the support required to meet them, including the need for sustained/ongoing care (continuity).
- **Complexity** – this is about how the individual's needs present and interact to increase the skill required to monitor the systems, treat the condition(s) and/or manage care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.
- **Unpredictability** – this describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

How decisions are made about who is eligible for NHS continuing healthcare is explained on page 6 of the Department of Health public information booklet NHS continuing healthcare and NHS-funded nursing care a copy of which has been provided.

NHS Bedfordshire has been working in partnership with both Local Authority Representatives to align local systems and processes to ensure compliance with the requirements of the National Framework for Continuing Health Care and Funded Nursing Care July 2009 and NHS Continuing Healthcare Practice Guidance March 2010.

4. How are decisions made about who is eligible for NHS continuing healthcare?

The decision making process should be 'person centred'. This means putting the individual and their views about their needs and the care and support required at the centre of the process and ensuring that the individual is involved in the assessment and decision making process and gets support to do this where needed. The individual may ask a friend or relative to help them explain their views. It may be appropriate for a Primary Care Trust (PCT) or other organisation to make the individual aware of advocacy support services who may be able to assist.

For most individuals the first step in the process will be the Checklist Tool. This is a screening tool to help health and social care staff work out whether needs might possibly be of a level or type that might make the individual entitled to NHS continuing healthcare. The Checklist will usually be completed when someone is assessing or reviewing health or social care needs. Before applying the checklist the individual or their representative should be informed that completing the checklist is not an indication of the likelihood that the individual will necessarily be determined as being eligible for NHS continuing healthcare.

If a completed Checklist suggests that there is a possibility that the individual may be eligible for NHS continuing healthcare, the individual completing the Checklist should contact the PCT who will arrange for a multidisciplinary (MDT) team to carry out an up-to-date assessment of needs. A multidisciplinary team is made up of two or more health and social care professionals who are involved in the individuals care. The assessment will, with consent, involve contributions from all of the health and social care professionals involved in the persons care and collation of information/evidence to provide an overall picture of needs. In some cases, the multidisciplinary team will ask for more detailed specialist assessments from these professionals.

The multidisciplinary team will use the information from the assessment to complete a Decision Support Tool (DST). The Decision Support Tool looks at 11 different types of need such as mobility, nutrition and behaviour. The purpose of the tool is to help decide what are the nature, complexity, intensity and unpredictability of the individuals needs and so whether the primary needs are health needs. The multidisciplinary team will then make a recommendation to the PCT as to whether the individual is eligible for NHS continuing healthcare.

If the individual has a rapidly deteriorating condition and requires an urgent package of care then the Fast Track Tool may be used instead of the Decision Support Tool. If this is the case, an appropriate clinician will complete the Fast Track Tool and send it directly to the PCT who will arrange for care to be provided as quickly as possible. Once this has happened, a PCT may then arrange in some cases for a Decision Support Tool to be completed after the Fast Track Tool has been used. This could lead to a decision that the individual is no longer eligible for NHS continuing healthcare funding. In all cases, the individual or their representative should receive confirmation in writing with regards to a decision as to whether they are entitled to NHS continuing healthcare.

5. East of England Review

Between February and April 2010 a review of NHS Continuing Healthcare (NHS CHC) was undertaken in the East of England region. This review, funded by Improvement East, was carried out through the Joint Improvement Partnership and was supported by both The Association of Directors of Adult Social Services (ADASS) and NHS East of England. The aims of the review were to improve adult social care by local authorities working in partnership with a range of health and social care organisations to transform adult social care across the region.

KEY ELEMENTS OF THE REVIEW

Overview: Through a process of primary and secondary research to:

- Review the processes and practices of referral, assessment and decision-making in relation to eligibility for NHS Continuing Healthcare of the Primary Care Trusts in the East of England.
- Make clear recommendations arising from the review.

Specifically, to

- Identify the underlying reasons why the East of England region has the lowest number of patients per weighted 10,000 population assessed as eligible for NHS Continuing Healthcare

- Identify the reasons behind the variation in the number of patients per weighted 10,000 population assessed as eligible for NHS Continuing Healthcare across PCTs in the East of England.
- Identify patient groups which are under-represented or disadvantaged in terms of being assessed as eligible for NHS Continuing Healthcare across the region
- Identify referral, assessment and decision-making processes and practices which are contributing to low numbers of patients per weighted 10,000 population being assessed as eligible for NHS Continuing Healthcare
- Identify referral, assessment and decision- making processes and practices which result in numbers of patients per weighted 10,000 population being assessed as eligible for NHS Continuing Healthcare being close to the national average for PCTs
- Identify the spending levels on NHS Continuing Healthcare across the East of England
- Identify if there are any gaps in workforce development across the region (training needs)
- Identify the range of decision making (including fast track) and dispute resolution processes in use across the region.

Following completion of the review and subsequent report, both PCTs and LAs were encouraged to take a joint approach to addressing the recommendations from the review. Joint action plans to address recommendations have been developed and as the East of England Strategic Health Authority has a governance role in relation to NHS CHC across the region it will be supporting and monitoring the implementation of the action plans.

6. Activity Data

The data for quarter three in this report is a snapshot as at 31st December 2010. The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when the report is produced.

1) *The number of NHS Continuing Care clients in Central Bedfordshire, as a total and number per 10,000 population*

a) *The breakdown in relation in relation to Learning Disabilities/Physical Disability/Dementia and other health categories/age*

Current Continuing Healthcare (CHC) clients Quarter 1 – Quarter 3 2010/11

	Activity Breakdown								Ethnicity Breakdown				
	Specialty	Bedfordshire Total	Central Beds Total	Population Rate per 10,000 *	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Asian or Asian British	Black or Black British	Not Stated
Q1	All	130	83	3.25	45	38	49	34	69	0	0	0	14
Q2	All	146	97	3.80	51	46	59	38	76	0	0	0	21
Q3	ABI	19	13	0.51	8	5	5	8	8	0	0	0	5
	Mental Health	26	16	0.63	9	7	10	6	15	0	0	0	1
	Commissioned Beds (Mental Health)	59	31	1.22	16	15	31	0	22	0	0	0	9
	Learning Disability	7	3	0.12	3	0	0	3	2	0	0	0	1
	Physical Disability	54	36	1.41	13	23	15	21	29	0	0	0	7
	Total	165	99	3.88	49	50	61	38	76	0	0	0	23

* The population rate per 10,000 is based on the 2008 estimated population of 255,000 for Central Bedfordshire

There has been a steady increase in the number of clients accessing Continuing Healthcare over the last three quarters of 2010/11. Compared to quarter one, quarter three has experienced an increase of 19%.

b) Figures for Fast Track Pathway applications and End of Life applications

2010/11 Fast Track and End of Life applications Quarter 1 – Quarter 3 2010/11

	Activity Breakdown						Ethnicity Breakdown			
	Specialty	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	Fast Track	44	24	10	14	22	2	24	0	0
	End of Life	6	4	2	2	2	2	4	0	0
	Total	50	28	12	16	24	4	28	0	0
Q2	Fast Track	60	40	22	18	32	7	35	0	5
	End of Life	3	2	1	1	1	1	2	0	0
	Total	63	42	23	19	33	8	37	0	5
Q3	Fast Track	56	32	13	19	27	5	30	0	2
	End of Life	3	3	2	1	3	0	2	0	1
	Total	59	35	15	20	30	5	32	0	3

NHS Bedfordshire has experienced a decrease in the total number of Fast Track applications received during quarter three compared with quarter two and this has been mirrored in the Fast Track figures for Central Bedfordshire. The majority of clients at quarter three are aged 65 and over and are recorded as white ethnicity.

All Fast Track applications during 2010/11 have been approved.

2) The number of Continuing Healthcare (CHC) applications in Central Bedfordshire

Number of Continuing Healthcare (CHC) applications Quarter 1 – Quarter 3 2010/11

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	95	68	30	38	60	8	54	1	13
Q2	126	85	39	46	69	16	64	0	21
Q3	127	79	42	37	69	10	66	10	3

The number of Continuing Healthcare applications includes Fast track, General, Mental Health and Learning Disability. There has been a slight decrease in applications since quarter two. The ethnicity of new applications for quarter three is predominately white.

3) The number of successful Continuing Healthcare (CHC) applications in Central Bedfordshire

Number of successful CHC applications Quarter 1 – Quarter 3 2010/11

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	64	47	20	27	40	7	41	0	6
Q2	72	52	26	26	41	11	46	0	6
Q3	69	46	25	21	41	5	39	0	7

The number of successful Continuing Healthcare applications includes Fast Track, General, Mental Health and Learning Disability. 58% of applications received have gone on to be successful in quarter three.

Unsuccessful applications are due to clients not meeting the eligibility criteria. As the data is captured as a snapshot some applications are currently being processed and will be carried forward into the next quarter. The ethnicity of successful applicants is predominantly white.

4) The number of CHC applications leading to appeal by the individual

2010/11 CHC applications leading to an appeal Quarter 1 – Quarter 3 2010/11

	Activity Breakdown						Appeal				Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	Appeal Succeeded	Part Success	Original Decision Upheld	Decision Pending	White	Other Ethnic Groups	Not Stated
Q1	1	0	0	1	1	0	0	0	0	1	1	0	0
Q2	2	1	1	0	0	1	1	0	0	0	1	0	0
Q3	5	3	1	2	3	0	0	0	0	1	3	0	0

In quarter three there are five applicants where the appeal decision is pending. Three of these clients are in Central Bedfordshire, one male and two female. The appeals above are restricted to those applications made in 2010/11 which resulted in an appeal. Appeals made in earlier financial years which continued in 2010/11 or retrospective appeals are not included.

The reasons for appeal could be:

- Financial responsibility – families are seeking redress with regard to payment of fees for care
- Lack of understanding of Continuing Healthcare eligibility criteria systems and processes

a) **The number of successful CHC appeals**

2010/11 CHC applications leading to a successful appeal Quarter 1 – Quarter 3 2010/11

	Activity Breakdown						Appeal				Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	Appeal Succeeded	Part Success	Original Decision Upheld	Decision Pending	White	Other Ethnic Groups	Not Stated
Q1	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2	1	1	1	0	0	1	1	0	0	0	1	0	0
Q3	1	0	0	0	0	0	0	0	0	0	0	0	0

To date there has been one successful appeal in 2010/11. The three appeals in quarter three are still decision pending.

NHS Bedfordshire has received one complaint regarding the CHC process during quarter three 2010/11 which relates to Central Bedfordshire.

5) Benchmarking Analysis

	CHC Cases per 10,000 population YTD		CHC Costs (£'000) per 10,000 population YTD	
	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)
Q1	150	13	136	8
Q2	149	13	145	10
Q3	149	13	143	10

Source: National Funded Care Benchmarking Report. Data for Q3 is provisional.

The above table shows the ranking for NHS Bedfordshire both nationally and regionally for the number of CHC cases per 10,000 population and for CHC costs per 10,000 population.

For the number of CHC cases per 10,000 population there has been little movement in ranking from quarter one to quarter two, however within the East of England there has been no movement and the ranking remains at 13 out of 13 PCTs.

There has been downward movement for CHC costs per 10,000 population both nationally and regionally.

The benchmarking analysis data is sourced from the National Funded Benchmarking report managed by NHS North Somerset. NHS North Somerset advise that data rankings should be for information only and form a starting point to try and understand how Funded Care is delivered regionally and nationally.

7. Conclusion

NHS Bedfordshire will continue to improve on the CHC service within Bedfordshire ensuring a consistent and transparent process for all users.

ACTION PLAN FOLLOWING REVIEW OF NHS CONTINUING HEALTHCARE IN THE EAST OF ENGLAND May 2010

1. Introduction

- 1.1 Between February and April 2010 a review of NHS Continuing Healthcare (NHS CHC) was undertaken in the East of England region. This review, funded by Improvement East, was carried out through the Joint Improvement Partnership and was supported by both ADASS and NHS East of England. The findings and recommendations of the review have been accepted by these organisations. The review focused specifically on the reasons for the East of England Region consistently reporting lower numbers eligible for NHS CHC per 10,000 population than any other SHA region.
- 1.2 This action plan is in two sections: the first section summarises the core recommendations which apply to all PCT areas in the region; the second section contains recommendations which are specific to particular organisations, along with space to add other relevant actions to be taken locally. You should receive the version of the plan that is relevant to your organisation/area so if there are no recommendations and/or action points already provided in section two this means that the review did not make separate recommendations specific to your area. However, you should still use this section to list additional relevant actions which you believe are appropriate.
- 1.3 PCTs and LAs are urged to take a joint approach to addressing the recommendations from this review and therefore PCT and LA Leads are asked to do the following:
 - a) meet as soon as possible to consider the action they will take locally to implement the recommendations from the review
 - b) complete the blank boxes in the table below to turn the recommendations in to specific, achievable actions in their area with lead arrangements and target dates for completion.
 - c) add any additional actions to be taken locally to achieve a more equitable and consistent application of the National Framework.
 - d) return the completed form to Emma Greenfield by 30th June 2010
- 1.4 The SHA has a governance role in relation to NHS CHC across the region and will be supporting and monitoring the implementation of this action plan.

SECTION ONE: CORE RECOMMENDATIONS

	Recommendation	Comments	Action to be taken locally	Lead Officer	Target Date For Completion
1	<p>PCT's should reconsider the systems they have for checking data quality in relation to NHS CHC and engage performance management and IT colleagues where necessary. Systems need to be flexible to add new data fields e.g. receipt of Checklists.</p>	<p>A review and further enhancements were made to NHSB CHC QA database earlier this year. The additional fields have been added to allow capture and extraction of reliable and robust data to include ethnic group etc.</p>	<ul style="list-style-type: none"> • Initial work completed which allows extraction of more meaningful reports • Further discussions with QA on further enhancements of the system • Review process for receipt of checklists from both health and social care for processing and auditing purposes • Learning to be identified and delivered within education training programme to ensure improvement in quality of information • Audit system and processes to ensure fit for purpose 	<p>G Chapman, NHSB</p> <p>J Simpson, Bedford Borough</p> <p>S Mitchelmore, Central Bedfordshire.</p>	<p>Completed May 2010</p> <p>February 2011</p> <p>In progress commenced January 2011</p>
2	<p>PCT's should make arrangements to collect data from both positive and negative Checklists and record information on source of referral and client group.</p>	<p>Develop system to ensure collection of negative checklists.</p> <p>Meetings held with partner organisations and request made for this information to be received by CHC department on monthly</p>	<ul style="list-style-type: none"> • Ensure that all partner organisations are sending copies of completed CHC checklists in a timely manner • Establish and agree a process for collecting both positive and negative checklists • Information to be captured on a geographical basis • Review QA system to 	<p>G Chapman, NHSB</p>	

		<p>basis to allow for quality monitoring/audit.</p> <p>Information currently being received from acute trust.</p>	<ul style="list-style-type: none"> • establish if additional fields can be added to capture source of referral • Identify IT support • Acute Trusts to ensure information forwarded to NHSB • LA colleagues to review internal processes/systems to ensure information is forwarded to NHSB on monthly basis to allow for auditing to ensure consistency and quality of decision making 	<p>Discharge Team</p> <p>J Simpson, Bedford Borough.</p> <p>S Mitchelmore, Central Bedfordshire.</p>	<p>Complete Sept 2010</p> <p>February 2011</p>
<p>3</p>	<p>PCT's and LA's should jointly review their arrangements and any existing legacy/pooled funding agreements for under-represented people with LD, to ensure that NHS CHC is being applied correctly.</p>	<p>A group led by NHSB with representatives from LA's has in recent months reviewed local systems/processes to ensure compliance with the National Framework.</p> <p>This group will continue to meet in the future in relation to joint funding arrangements.</p> <p>CHC lead nurse Learning Disability working closely</p>	<ul style="list-style-type: none"> • Establish terms of reference for Joint Funding Group in partnership with LAs, Bedford Borough Council and Central Bedfordshire Council. • Continue joint working arrangements to ensure the facilitation of assessment and funding of eligible LD individuals. • Establish regular Joint Health/LA Funding Group meetings. 	<p>G Chapman</p>	<p>Completed January 2011</p> <p>Completed January 2011</p>

		with LD Commissioner / LA Learning Disability Lead regarding service provision.			
4	PCT's and LA's should target 'awareness raising' training on areas where there is an identified lack of referrals for consideration of NHS CHC. They should then support staff in those areas to ensure they make correct use of the Checklist tool for screening.	<p>Training was placed on hold in Bedfordshire during the review and update of local processes. This has reinstated following review of CHC processes August 2010.</p> <p>Discussions are taking place with LA's to agree and implement joint training to meet the needs of individual staff groups. Currently training is delivered by NHSB across all disciplines health/social care.</p>	<ul style="list-style-type: none"> • Agree local training package • Develop training strategy • Develop training programme and deliver in partnership 	<p>G Chapman, NHSB</p> <p>J Simpson, Bedford Borough.</p> <p>S Mitchelmore, Central Bedfordshire</p>	<p>Completed August 2010</p> <p>March 2011</p>
5	PCT's should give strategic and long-term consideration to the use and availability of rehabilitation and assessment facilities outside of the acute hospital setting. The NHS CHC should be considered at the most appropriate point in each individual's care pathway.		<p>ABI review taking place in conjunction with CHC looking at Rehabilitation and Assessment.</p>	E Bolton/L Willis, NHSB	March 2011 (first area)
6	Each PCT and LA in the EoE should develop a simple public information strategy to ensure accurate information is readily available to	Review and develop NHSB CHC website.	<ul style="list-style-type: none"> • CHC public information booklets made available in acute trusts, Drs Surgeries, LA premises. 	G Chapman	Completed September 2010

	members of the public. E.g. use of PCT's and LA's websites and distribution of the 2009 DH public information leaflet. Consideration should be given to how information is disseminated to hard to reach groups.		<ul style="list-style-type: none"> NHSB CHC webpage reviewed and updated 	Completed January 2011	
7	PCT's and LA's in the EoE should share knowledge and resources regarding training on NHS CHC and identify funding to support a project which focuses on; the core competencies required by specialist health and social care staff to successfully implement the National Framework, designs an advanced training programme which draws on the NHS Continuing Healthcare Practice Guidance and also works with a professional training/higher education body to assist in designing, delivering and accrediting the training with a view to it leading to a suitable qualification.	Funding has been agreed by Improvement East to support this work in 2010-11	Course approved in partnership with University of Essex. First course commenced January 2011.	Jim Ledwidge (freelance) will work with a core group of PCT and LA leads to deliver this project.	Milestones to be incorporated into separate action plan to be monitored by JIP. Project to be completed by end of March 2011
8	LA's should seek clarification from their PCT colleagues regarding any difficulties in engaging social care staffing their area and take action to address any concerns arising, bearing in mind the 28 day timescale to complete the NHS CHC process. Where LA lead arrangements are unclear, this should be addressed ensuring the officer given this role has sufficient seniority.	Issues addressed through partnership working and discussion at regular joint Health/LA meetings	<ul style="list-style-type: none"> Schedule of meetings to be agreed Ensure representatives from health/LA in attendance TOR developed Joint processes in place 	Gail Chapman J Simpson, Bedford Borough. S Mitchelmore, Central Bedfordshire	Completed August 2010
9	PCT's where a lack of staffing has been identified as a factor restricting their ability to implement the	Current establishment considered and being	<ul style="list-style-type: none"> Continue to work in partnership with LA 	NHSB Executive	

	NHS CHC framework should urgently consider how this could be addressed.	reviewed in line with NHSB restructuring/future state.	<ul style="list-style-type: none"> colleagues. Initial meeting arranged Feb 2011 to explore future cluster working with other PCT colleagues. NHSB are recruiting two Nurse Assessors on 6 month secondment to support CHC 	Team	Completed February 2011 In progress February 2011
10	PCT's that have not yet amended their panel and decision making process should review them in light of the updated Framework and recently published Practice Guidance. This should be done in consultation with LA colleagues to ensure they are compliant with DH requirements.	Compliant with DH requirements.		G Chapman	Completed February 2010
11	The EoE region should consider how best to periodically audit eligibility decisions in order to ensure consistency across the region. In establishing this audit, particular attention should be given to those client groups where concerns about equity have been expressed, notably individuals with LD, MH issues and dementia.	This recommendation is to be discussed by the PCT leads group so that the SHA can devise appropriate auditing mechanisms.	Action by EoE SHA	EOE	

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NHS continuing healthcare and NHS-funded nursing care

Public information booklet

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Introduction

This leaflet is a guide for individuals who may be in need of ongoing 'continuing care' support from health and social care professionals as a result of disability, accident or illness, and explains the process used to determine whether an individual is eligible for care funded entirely by the NHS.

We understand that continuing care is a complex and highly sensitive area, which can affect individuals at a very vulnerable stage of their lives. In the past, each of the 28 strategic health authorities had their own rules, tools and processes for deciding who was eligible for NHS-funded care, which created issues of inequity. However, there has been national guidance available since 2007 which sets out a single, National Framework for determining eligibility for NHS continuing healthcare and for NHS-funded nursing care.

The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with equal needs should have an equal chance of getting their care funded by the NHS.

When the National Framework was introduced on 1 October 2007, there was a commitment that we would review the guidance after one year and this work has now been completed. The review has not changed the way in which eligibility decisions are made, nor has it changed the level of nursing/healthcare needs that entitles an individual to NHS continuing healthcare. This leaflet takes into consideration the changes that have been made within the National Framework following the review and has been specifically produced to answer your questions about NHS continuing healthcare and NHS-funded nursing care.

Continuing healthcare

What is NHS continuing healthcare?

NHS continuing healthcare is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have ongoing healthcare needs. You can receive continuing healthcare in any setting, including your own home or a care home. NHS continuing healthcare is free, unlike help from social services for which a financial charge may be made depending on your income and savings.

In your own home, this means that the NHS will pay for healthcare (e.g. services from a community nurse or specialist therapist) and personal care (e.g. help with bathing, dressing and laundry). In a care home, the NHS also pays for your care home fees, including board and accommodation.

Who is eligible for NHS continuing healthcare?

Anyone assessed as having a certain level of care needs may receive NHS continuing healthcare. It is not dependent on a particular disease, diagnosis or condition, nor on who provides the care or where that care is provided. If your overall care needs show that your primary need is a health need, you should be eligible for NHS continuing healthcare. Once eligible for NHS continuing healthcare, your care will be funded by the NHS but this is subject to review, and should your care needs change the funding arrangements may also change.

Whether someone has a 'primary health need' is assessed by looking at all of their care needs and relating them to four key indicators:

- **Nature** – this describes the characteristics and type of the individual's needs and the overall effect these needs have on the individual, including the type of interventions required to manage those needs.
- **Complexity** – this is about how the individual's needs present and interact and the level of skill required to monitor the symptoms, treat the condition and/or manage the care.
- **Intensity** – this is the extent and severity of the individual's needs and the support needed to meet them, which includes the need for sustained/ongoing care.
- **Unpredictability** – this is about how hard it is to predict changes in an individual's needs that might create challenges in managing them, including the risks to the individual's health if adequate and timely care is not provided.

Assessments

How are decisions made about who is eligible for NHS continuing healthcare?

The whole of the decision making process should be 'person centred'. This means putting the individual and their views about their needs and the care and support required at the centre of the process. It also means making sure that the individual plays a full role in the assessment and decision making process and gets support to do this where needed. This could be by the individual asking a friend or relative to help them explain their views. Primary care trusts (PCTs) should also make the individual aware of advocacy support services that may be able to assist.

The first step for most individuals is the Checklist Tool. This is a screening tool to help health and social care staff work out whether needs might possibly be of a level or type that might make the individual entitled to NHS continuing healthcare. The Checklist will usually be completed when someone is assessing or reviewing health or social care needs. The Checklist does not indicate whether the individual is eligible for NHS continuing healthcare, only whether they require full assessment of eligibility for NHS continuing healthcare.

If a Checklist has been completed and suggests that there is a possibility that you might be eligible for NHS continuing healthcare, the individual completing the Checklist will contact your PCT which

will arrange for a multidisciplinary team to carry out an up-to-date assessment of your needs. A multidisciplinary team is made up of two or more health and social care professionals who are involved in your care. The assessment will, with your permission, involve contributions from all of the health and social care professionals involved in your care to build an overall picture of your needs. In some cases, the multidisciplinary team will ask for more detailed specialist assessments from these professionals.

The multidisciplinary team will use the information from your assessment to complete a Decision Support Tool. The Decision Support Tool looks at 11 different types of need such as mobility, nutrition and behaviour. The purpose of the tool is to help decide what are the nature, complexity, intensity and unpredictability of your needs and so whether your primary needs are health needs. The multidisciplinary team will then make a recommendation to the PCT as to whether you are eligible for NHS continuing healthcare. The PCT should usually accept this recommendation except in exceptional circumstances.

If you need an urgent package of care due to a rapidly deteriorating condition, then the Fast Track Tool may be used instead of the Decision Support Tool. If this is the case, an appropriate clinician will complete the Fast Track Tool and send it directly to the PCT which will arrange for care to be provided as quickly as possible. Once this has happened, a PCT may then arrange in some cases for a Decision Support Tool to be completed after the Fast Track Tool has been used. This could lead to a decision that the individual is no longer eligible for NHS continuing healthcare funding.

In all cases, you should be sent a written decision as to whether you are entitled to NHS continuing healthcare together with reasons for the decision.

What services will be provided?

If you are entitled to NHS continuing healthcare, the PCT will discuss options with you as to how your needs and care will be managed and the best setting in which to do that (e.g. at home or in a care home) and which organisation will be responsible for providing for some or all of these needs.

When deciding on how your needs are met, your wishes and expectations of how and where the care is delivered should be documented and taken into account.

Reviews

You will have a review of your needs after three months and then at least every year. Neither the NHS nor a local authority should withdraw from an existing care arrangement without a joint review and reassessment of your needs, and without first consulting with one another and with you about the proposed changes.

What if I am not eligible for NHS continuing healthcare?

If you are not eligible for NHS continuing healthcare, the local authority will discuss with you whether you may be eligible for support from them. If you are not eligible for NHS continuing healthcare but still have health needs, then the NHS may still pay for part of the package of support. This is sometimes known as a 'joint package' of care. One way in which this is provided is through

NHS-funded nursing care (see below). It can also be by the NHS providing other funding or services towards meeting your needs. Where the local authority is also part funding your care package then, depending upon your income and savings, you may have to pay a contribution towards the costs of their part of the care. There is no charge for the NHS part of a joint package of care. There are more details about NHS-funded nursing care below.

Whether or not you are eligible for NHS continuing healthcare, you are still able to make use of all of the other services from the NHS in your area in the same way as any other NHS patient.

Who do I contact if I am not happy with the outcome?

If you disagree with a decision not to proceed to full assessment of eligibility for NHS continuing healthcare following completion of a Checklist, you can ask the PCT to reconsider the decision.

If you disagree with the eligibility decision made by the PCT (after a full assessment and the Decision Support Tool has been completed) or if you have concerns about the process used to reach the decision, you can ask the PCT to review the decision or you can ask for an independent review of your case. The PCT local resolution procedures should be used first unless use of such procedures would cause unreasonable delay. To request an independent review, please write to your PCT which will contact the strategic health authority for your area and ask them to arrange a review, unless the matter can be resolved locally.

Any individual has a right to complain about any aspect of the service they receive from the NHS, the local authority or any provider of care. The details of the complaints procedure are available from the relevant organisation.

NHS-funded nursing care

What is NHS-funded nursing care?

By law, local authorities cannot provide registered nursing care. For individuals in care homes with nursing, registered nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment directly to the care home.

Registered nursing can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing and healthcare tasks to meet your needs.

Who is eligible for NHS-funded nursing care?

You should receive NHS-funded nursing care if:

- you are resident within a care home that is registered to provide nursing care, and
- you do not qualify for NHS continuing healthcare but have been assessed as requiring the services of a registered nurse.

Most individuals will not need to have a separate assessment for NHS-funded nursing care if they have already been considered for NHS continuing healthcare as this process will give sufficient information to judge the need for NHS-funded nursing care. However, if an assessment is needed, your PCT will arrange this. If you are not happy with the decision made regarding NHS-funded nursing care, you can ask the PCT for the decision to be reviewed.

Are there different levels of payment for NHS-funded nursing care?

NHS-funded nursing care is paid at the same rate across England. In 2009/10, this is £106.30 per week. Until 30 September 2007, there were three different banded payment rates for nursing care.

Any individual that was on the high band of NHS-funded nursing care under the previous three band system is entitled to continue on this band until:

- they no longer have nursing needs, or
- they no longer live in a care home that provides nursing, or
- their nursing needs have reduced so that they do not qualify for the high band anymore (they would move onto the single band rate of £106.30 instead), or
- they are entitled to NHS continuing healthcare instead.

If you are eligible for NHS-funded nursing care, the NHS will arrange for the payment to be made directly to your care home.



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Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date: 28 February 2011
Subject: Update on the Revised Fair Access to Care Services Eligibility Criteria for Adult Social Care
Report of: Cllr. Mrs. Carole Hegley, Portfolio Holder Social Care & Health
Summary: This report aims to highlight the impact of the new policy on new service users.

Contact Officer: Althea Mitcham, Head of Business Infrastructure
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The delivery of Adult Social Care services meets with the Council's vision to 'improve the quality of life of all in Central Bedfordshire' and its priority of 'supporting and caring for an ageing population'.

Financial:

Analysis of the data available suggests that there has not been a direct increase in expenditure on services due to the revision of the Fair Access to Care Services Eligibility Criteria for Adult Social Care. The complexity of the cases coming through, however, has resulted in service users being assessed at the higher bands of Critical and Substantial need and therefore qualifying for a greater number of services. The impact of this has been seen and reported in the quarterly budget monitoring reports

Legal:

No direct implications.

Risk Management:

Increasing access to services by lowering the threshold could potentially have financial implications for the Council.

Staffing (including Trades Unions):

No direct implications.

Equalities/Human Rights:

The eligibility criteria will promote independence and social inclusion of vulnerable adults, having regard to Article 8 of the Human Rights Act which states that 'everyone has the right to respect for his private and family life, his home and his correspondence'.

Community Safety:

No direct implications.

Sustainability:

The policy supports the Sustainable Community Strategy in ensuring that everyone has access to high quality health and social care services when they need them and to help Central Bedfordshire's population live healthy an independent lives.

RECOMMENDATION(S):

- 1. That the committee notes and considers this report.**

Introduction.

1. A report detailing the Council's approach to Fair Access to Care Services (FACS) Eligibility Criteria for Adult Social Care was reported to the Overview and Scrutiny Committee on 4 February 2010, with recommendation that the Fair Access to Care Services to Adult Social Care's threshold be lowered from *substantial* to *moderate*. The priority bands would still remain as Critical and Substantial, but the proposed change would allow for the provision of one-off, short term, time limited, or occasional services on a preventative basis to an individual seeking care support, where the provision of that service will prevent them from deteriorating to a higher risk band. The committee asked for an update report of the impact the change in threshold may have.
2. The Fair Access to Care Services Eligibility Criteria for Adult Social Care framework consists of four bands of eligibility – critical, substantial, moderate and low, which represent the seriousness of the risk to an individual's independence if problems and issues were not addressed.
3. The review of the policy was undertaken for Central Bedfordshire Council to define the threshold levels for services as a new unitary authority and ensure that its focus includes the provision of services based on prevention and early intervention.

Effect of the Threshold Change

4. An analysis was undertaken based on a comparison of data collected from 1 April 2010 to 30 September 2010 with data for the same period in the previous year of new customers and is attached at appendix A.

5. The data analysed suggests that overall there has been a reduction in approaches to social services from people seeking support. There is little variation in the numbers going through to assessments, but those who go on to receive services following an assessment have increased, as has the number of services received.
6. This outcome suggests that people are approaching us with more complex needs and following assessment there are a greater number of services being delivered. From April to 30 September 2010, a majority of referrals have been classified as critical or substantial 1,381 (89%) and 88 referrals were classified as moderate representing 6% of the overall total. Similar percentages were evident for both the 18-64 and 65+ age ranges.
7. When compared with the same period for the previous year the results are very similar with 87% of referrals being classified as Critical or substantial and 6% as Moderate.
8. The data indicates that there were more assessments undertaken for the for the 18-64 and 65-74 age groups. Those aged 75+ were slightly down by 6% on the previous year. There has been a significant increase in mental health assessments during the review period, but this could be as the result of improved recording practice.

Conclusion and Next Steps

9. The initial analysis of data suggests that the revision in the Fair Access to Care Services Eligibility Criteria for Adult Social care threshold has not increased approaches to Adult Social Care or demand for services.
10. Monitoring of the criteria will continue and will be reported back to the committee after a further twelve month period.

Appendices:

Appendix A - Update on the Revised Fair Access to Care Services Eligibility Criteria for Adult Social Care

Background Papers:

Report to the Social Care, Health and Housing Overview and Scrutiny Committee - Review of the Adult Social Care Services Eligibility Policy on 4 February 2010.

Location of papers:

Priory House, Chicksands, Bedfordshire

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Appendix A

Update on the Revised Fair Access to Care Services Eligibility Criteria for Adult Social Care

Comparison of approaches (referrals) for the same period during 2010 against 2009

1/4/2009 - 30/9/2009

Eligibility Criteria	(18-64)	65+	Total
Critical	125	328	453
Substantial	352	539	891
Moderate	84	21	105
Low	64	1	65
Criteria fully met*	35	216	251
Not recorded	21	41	62
Total			1,827

* Critical or Substantial (The classification 'criteria fully met' used during 2009-2010 ceased to be used from 1 April 2010)

1/4/2010 - 30/9/2010

Eligibility Criteria	(18-64)	65+	Total
Critical	169	363	532
Substantial	243	606	849
Moderate	27	61	88
Low	0	1	1
Not recorded	30	54	84
Total			1,554

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 28 February 2011
Subject: Work Programme 2010 – 2011 & Executive Forward Plan
Report of: Chief Executive
Summary: The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

Contact Officer: Cheryl Powell, Overview & Scrutiny Officer
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

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

Financial:

n/a

Legal:

n/a

Risk Management:

n/a

Staffing (including Trades Unions):

n/a

Equalities/Human Rights:

n/a

Community Safety:

n/a

Sustainability:

n/a

RECOMMENDATION(S):

1. **that the Social Care Health and Housing Overview & Scrutiny Committee**
 - (a) **considers and approves the work programme attached, subject to any further amendments it may wish to make;**
 - (b) **considers the Executive Forward Plan; and**
 - (c) **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.**

Work Programme

1. Attached at Appendix A is the currently drafted work programme for the Committee.
2. Also attached at Appendix B is the latest version of the Executive's Forward Plan so that Overview & Scrutiny Members are fully aware of the key issues Executive Members will be taking decisions upon in the coming months. Those items relating specifically to this Committee's terms of reference are shaded in light grey.
3. The Committee is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

Task Forces

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

Conclusion

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

Appendices:

- A – Social Care Health and Housing Overview & Scrutiny Committee Work Programme
B – Executive Forward Plan

Background Papers: (open to public inspection)
None.

Location of papers: Priory House, Chicksands

Draft Work Programme for Social Care, Health and Housing Overview & Scrutiny Committee 2010 – 2011

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
1.	28 th February [®]	Update on the Review of the Eligibility Criteria	The Committee will receive its review report detailing the Council's approach to the framework for setting the eligibility criteria for adult social care	Guidance issued in 2003 provides councils with a framework for setting their eligibility criteria for adult social care. As such, implementation should lead to fairer and more consistent eligibility decision.
2.		Diabetes Care in Central Bedfordshire	The Committee will receive a report outlining Diabetes Care in the region.	Members might wish to consider the issue of GPs having the correct skill set to deliver services of this type.
3.		Continuing Health Care	The Committee will receive a report describing NHS Bedfordshire's responsibility for NHS Continuing Healthcare in the Central Bedfordshire locality. The Committee will also be informed of Community Health Care in the region.	PCTs need to have clear arrangements with other NHS organisations (e.g. Foundation Trusts) and independent/voluntary sector partners to ensure effective operation of Continuing Health Care but there are also specific requirements for local authorities (LAs) to cooperate and work in partnership with NHS Bedfordshire.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
4.	28 th March	A vision for Adult Social Care and Transparency in outcomes: a framework for adult social care.	The Committee will receive a report outlining the government's vision for adult social. The report will also highlight – Transparency in Outcomes: a framework for adult social care, which begins a consultation on a strategic approach to quality and outcomes in adult social care. The consultation runs to February 2011.	“A Vision for Adult Social Care: Capable Communities and Active Citizens” describes government's vision for a modern system of social care. A consistent theme across the aims of this vision is ensuring the best outcomes are achieved for those needing social care, their families and carers and the wider local community. The consultation document proposes a new strategy for transparency, quality and outcomes in social care
5.		Strategic Tenancy Policy	The Government proposes a new Affordable Rent, for Housing Association new-build accommodation and re-lets of existing accommodation, which will be at up to 80% of market rents. The Council is required to produce a Strategic Tenancy Policy, which will also set out a position on flexible tenancies.	The Council's Strategic Tenancy Policy will have implications for the affordability of accommodation in Central Bedfordshire and, depending on the Council's position, could adversely impact on the delivery of new affordable housing, and could result in major sites becoming stalled. In addition, the Policy will set out the Council's position on flexible tenancies and how they should be used.
6.		Hospital Discharge	To provide Members with a report outlining the hospital discharge process. To assist with their understanding, Members will be provided with a an overview of patient flow.	At the 4 th January Shared Services TF meeting, Members agreed to refer the matter of the charging methodology ¹ to the Social Care, Health & Housing Overview & Scrutiny Committee, with a view towards gathering, in the first instance, data on the number of CBC patients discharged Lister, Stoke Mandeville and Milton Keynes Hospitals.
7.		Quarter 3 Budget Monitoring Report	To receive Q3 Budget information for the Social Care Health and Housing Directorate	The Committee will receive a statement of the position Directorate's budget for Q3

¹ Based on the old Bedfordshire County Council's administrative area

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
8.		Quarter 3 Performance Monitoring Report	To receive Q3 Performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's performance for Q3.
9.		TBC: Acquiring Acute Services	PPT from SEPT describing the acquisition of community Health Services	The Committee will receive the process to be undertaken as part of the Divestment Proposal for Provider Services" by which EoE SHA will lead on the migration of both Bedfordshire and Luton provider organisations to new ownership by March 2011.
10.		NHS Bedfordshire Estates Strategy: 6 month progress report	Update considering the consultation process of the master plan consultation and associated consultation proposals	Update from the 18th October 2010 OSC, where the PCT's Estates Strategy was received by the OSC. The PCT will be reviewing the Estates Strategy in lieu of the current capital and revenue allocation. The PCT has 5 strategic locations in mind for prospective sites for GP hubs. The Committee is asked to consider the proposals as the consultation will run concurrently from July / August 2010 – March / April 2011
11.	13 th June	Central Bedfordshire Council Adult Social Care: Customer Feedback – Complaints, Compliments Annual Report 2009/10	To provide members of the Committee with a 6 month progress report on the statistics on the number of cases received; complaint outcomes (upheld/not upheld); learning and improvements resulting from complaints; and cases referred to the Local Government Ombudsman.	The purpose of this report is to fulfill the duty to produce an annual report of the complaints procedure for Adult Social Care for 2009/10.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
12.		Community Dental Services	The Committee will receive the formal proposals for community engagement and stakeholder involvement to be used by the NHS when quantifying proposals and plans for community dental services, to become a social enterprise.	This service is seeking to become a social enterprise rather than be part of the divestment of community services to a new NHS provider. The proposed social enterprise will retain the core services and NHS Bedfordshire would commission the remaining services from other providers. It is proposed that there would be no reduction in the quantum of services, but some changes to where the services are provided. Officers from the NHS will present the committee with the proposals including how they intend to communicate and engage with patients and other stakeholders.
13.		Quality, Innovation Productivity and Prevention (QIPP)	To present to the Committee with an update from the 22 nd November on the programme for QIPP.	NHS organisations at regional and local level have QIPP plans in place to address the quality and productivity challenge. Supporting these are twelve national workstreams designed to help NHS staff successfully deliver these changes. Five workstreams relate to commissioning of care and five relate to the running and staffing of NHS organisations. Two focus on primary care commissioning and contracting, and digital technology.
14.		Consultation on rationalising Acute Services	The Committee will receive a report considering the consultation of the rationalisation of acute services in the region. The Consultation is due to start in August 2011	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
15.		Directorate approach to the Corporate Web Strategy	The Committee will receive an item on the Council's Web Strategy in relation to customers accessing Adult Social Care Services via the Council's Website.	The Committee might consider and discuss what the Directorate can do ensure customers are aware of and use the web to contact the Directorate. This is an opportunity for established and potential service users to contact and communicate with the Council, particularly the most vulnerable in the region.
16.		Quarter 4 Budget Monitoring Report	To receive the Budget information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's budget for Q4

Previous Work Programme Items				
17.	28th February [®]	Update on the Review of the Eligibility Criteria	The Committee will receive its review report detailing the Council's approach to the framework for setting the eligibility criteria for adult social care	Guidance issued in 2003 provides councils with a framework for setting their eligibility criteria for adult social care. As such, implementation should lead to fairer and more consistent eligibility decision.
18.		Diabetes Care in Central Bedfordshire	The Committee will receive a report outlining Diabetes Care in the region.	Members might wish to consider the issue of GPs having the correct skill set to deliver services of this type.
19.		Continuing Health Care	The Committee will receive a report describing NHS Bedfordshire's responsibility for NHS Continuing Healthcare in the Central Bedfordshire locality. The Committee will also be informed of Community Health Care in the region.	PCTs need to have clear arrangements with other NHS organisations (e.g. Foundation Trusts) and independent/voluntary sector partners to ensure effective operation of Continuing Health Care but there are also specific requirements for local authorities (LAs) to cooperate and work in partnership with NHS Bedfordshire.
20.	24th January	Health White Paper "Equity and Excellence"	Directorate scoping paper on the potential changes to the NHS and the associated impact for Central Bedfordshire's residents	The NHS White Paper, Equity and excellence: Liberating the NHS, sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS. It sets out how NHS Beds should put in place processes to: <ul style="list-style-type: none"> • put patients at the heart of everything the NHS does; • focus on continuously improving those things that really matter to patients - the outcome of their healthcare; and • empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

21.		Base Budget 2011/2012: Report of the Directorate:	To receive directorate proposals regarding the draft revenue budget 2011/12	To inform the Social Care Health and Housing Committee of the Budget proposals for 2011 /2012
22.		Quarter 2 Performance Report	To receive Q2 performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the Directorate's performance position for Q2.
23.		Annual Performance Assessment for Adult Social Care	Members will be informed of outcomes of the recovery programme to date	Performance in adult social care services is subject to an annual assessment by the Care Quality Commission (CQC). The CQC require that the outcome of the performance assessment is reported to the CBC's Executive.
24.		Central Bedfordshire Council Adult Social Care: Customer Feedback – Complaints, Compliments Annual Report 2009/10	To provide members of the Committee with statistics on the number of cases received; complaint outcomes (upheld/not upheld); learning and improvements resulting from complaints; and cases referred to the Local Government Ombudsman.	The purpose of this report is to fulfill the duty to produce an annual report of the complaints procedure for Adult Social Care for 2009/10.
25.	22nd November	Corporate Budget Strategy	To assess all savings proposals for financial robustness and to consider the viability and suitability of specific proposals in the Social Care Health and Housing Directorate.	
26.		Quality, Innovation Productivity and Prevention (QIPP)	To present to the Committee with an update on the programme for QIPP.	NHS organisations at regional and local level have QIPP plans in place to address the quality and productivity challenge. Supporting these are twelve national workstreams designed to help NHS staff successfully deliver these changes. Five workstreams relate to commissioning of care and five relate to the running and staffing of NHS organisations. Two focus on primary care commissioning and contracting, and digital technology.

27.		The Healthier Communities Strategy	To present the Committee with the Consultation process, consultation response and next steps.	A strategy has been drafted which sets out the key priorities believed to provide a healthier, more prosperous community within Central Bedfordshire, and what the region will <i>look like</i> in the short, medium and long term. A series of focused priorities need to be produced that the Council and its partners are able to deliver against, which will in turn make a real difference to people in Central Bedfordshire.
28.	18th October ®	NHS Bedfordshire Estates Strategy: Premises Development	Consideration of consultation process of the master plan consultation and associated consultation proposals	Update from the 8th April 2010 OSC, where the PCT's Estates Strategy was received by the OSC. The PCT will be reviewing the Estates Strategy in lieu of the current capital and revenue allocation. The PCT has 5 strategic locations in mind for prospective sites for GP hubs. The Committee asked to consider the proposals as the consultation will run concurrently from July / August 2010 – March / April 2011
29.		Pharmacy Needs Assessment (PNA)	This guidance was developed to support PCT's in producing their PNAs, which must be published by 1 st February 2011. It will help PCT's develop a plan for how they will prepare their own PNA to deliver improved services for patients in the Central Bedfordshire area.	The world class commissioning programme is designed to raise the ambitions of primary care trusts (PCT's) to deliver better health and wellbeing for the population. PCT's' commissioning priorities are driven by the joint strategic needs assessment (JSNA) and the pharmaceutical needs assessment (PNA) is a key component of the JSNA. The PNA must therefore be owned by the PCT's commissioning team as an intrinsic part of the overall assessment of the local community's needs. Members are asked to consider the PNA as a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers.

30.		NHS Summary Care Record	NHS Beds will provide the Committee with a report on the NHS Summary Care Record programme, illustrating the ways in which it intends to ensure patient privacy is upheld in light of potential breaches of ICT servers. The Committee will also receive an explanation as to why Milton Keynes Council has opted to advise patients to opt out of the programme.	The NHS is introducing the NHS Care Records Service (NHS CRS), to improve the safety and quality of your care. Over time, the NHS CRS will begin to provide healthcare staff with quicker access to reliable information about patients to help with your treatment, including in an emergency. The purpose of NHS CRS is to allow information about you to be accessed more quickly, and gradually to phase out paper and film records which can be more difficult to access. There are two parts to your record: <ul style="list-style-type: none"> i Detailed records - held locally ii Summary Care Records (SCR) – held nationally
31.		Bedfordshire Community Health Services	The Committee will receive the process to be undertaken as part of the Divestment Proposal for Provider Services.	The Committee will receive the process to be undertaken as part of the Divestment Proposal for Provider Services” by which EoE SHA will lead on the migration of both Bedfordshire and Luton provider organisations to new ownership by March 2011.
32.		Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board	To receive the Annual Report of the Safeguarding Adults Board	The report sets out what actions and progress has been taken in response to the key objectives and includes safeguarding activity over the same period.
33.		Draft Empty Homes Strategy 2010	The key aim of the Strategy is to bring empty homes back into use and it acknowledges the concerns of the community about empty homes and the associated issues that relate to the image of the region.	Update from the 13 th August 2009 meeting

34.		Review of Choice Based Lettings and draft Allocations Policy	Current position of the Council's development of a Choice Based Lettings and draft Allocations Policy	Central Beds Council is changing the way it allocates properties from a points based system to a system of choice based lettings (CBL). The key difference between CBL and the traditional way of allocating housing is that properties which become available for let are advertised in a variety of ways such as on the internet and in council offices, instead of being offered to the person on top of the waiting list. Choice Based Letting will make the allocating of social housing properties simpler as it allows people to make a choice about where they want to live.
35.		Tenants Services Authority Annual Report	The Committee will receive a presentation from tenants discussing how the Council will comply with the TSA's standards,	Subsequent annual reports will require landlords to include an assessment of their performance against the national standards in the previous year, including tenant scrutiny of performance and the use of external validation, peer review and benchmarking.
36.		Quarter 1 Performance Monitoring Report	To receive Q1 Performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's performance for Q1.
37.	13th September	Quarter 1 Budget Monitoring Report	To receive the Budget information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's budget for Q1

38.		Review of Choice Based Lettings and draft Allocations Policy	Current position of the Council's development of a Choice Based Lettings and draft Allocations Policy	Central Beds Council is changing the way it allocates properties from a points based system to a system of choice based lettings (CBL). The key difference between CBL and the traditional way of allocating housing is that properties which become available for let are advertised in a variety of ways such as on the internet and in council offices, instead of being offered to the person on top of the waiting list. Choice Based Letting will make the allocating of social housing properties simpler as it allows people to make a choice about where they want to live.
39.		Transforming People's Lives – Progress Report	Since the presentation to Committee on 4 February and the Executive's approval of the approach on 9 February 2010, various stakeholder events have been held, supported by leaflets & questionnaires. The report will provide feedback and recommend a strategy for implementing the Transformation Programme including a new customer pathway	Transforming People's Lives is the local approach to Putting People First, the national transformation programme for Adult Social Care. This is supported by the Social Care Reform Grant-2010/11 is the third and final year for this funding.
40.		Transforming People's Lives – Resource Allocation System	A Resource Allocation System is to be recommended to the Executive on 28 September. Committee will be able to review the options which have been considered and the reasons for the recommendation.	A Resource Allocation System is the method used to allocate funding from the council for a Personal Budget to fund an individual's care and support needs. An interim mechanism is in place while a longer term financially sustainable system is developed. Extensive research has been undertaken on the various Resource Allocation Systems adopted by other councils, especially in the East of England.

41.		Updated position of the development of the Lets Rent Housing Option	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.	Update from the 5th November 2009 meeting
42.		Report of the Task Force Review of the Charging Policy for Care Services		The Committee is requested to review the Task Force's current position prior to the policy's consideration at the Executive's 28th September meeting.
24.	2nd August [®]	Members Site Visit to Silsoe Horticultural Unit and Biggleswade Learning Disability Day Centre		
25.	28th June	Joint Strategic Needs Assessment (JSNA)	To review the current JSNAs Executive Summary	The Joint Strategic Needs Assessment is designed to ensure collaborative understanding and joint working within and across health and social care, to drive the transformation of services to best meet the local needs of individuals and communities in the Central Bedfordshire region.
26.		Adult Social Care Scoping Reviews & Locality Profiles	Outcomes of Dr Foster Research	

27.		Adult Social Care Recovery Programme Update	Updated position of the Adult Social Care Recovery Programme, with particular reference to the 11 areas in need of improvement, as it enters into phase 2 of its development.	<p>The Recovery Programme was established in October 2009 to take ASC to safe sustainable service delivery concentrating on 11 recovery areas in need of improvement:</p> <ul style="list-style-type: none"> i. Safeguarding of Vulnerable Adults ii. Mental Health Services iii. Carers iv. Commissioning v. Managing the Social Care Market & Contract Monitoring management vi. Workforce Strategy vii. Staffing Arrangements viii. Partnerships ix. Performance Management Arrangements x. Budget xi. Financial Management
28.	20 th May 2010 [®]	Site Visit to Townsend Court		

Executive Dates:

7 December 2010

15 March 2011

~~2 November 2010~~

~~13 July 2010~~

11 January 2011

5 April 2011

~~28 September 2010~~

~~31 May~~

8 February 2011 (BUDGET)

~~17 August 2010~~

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**Central Bedfordshire Council
Forward Plan of Key Decisions
1 March 2011 to 29 February 2012**

- 1) During the period from **1 March 2011 to 29 February 2012**, Central Bedfordshire Council plans to make key decisions on the issues set out below. “Key decisions” relate to those decisions of the Executive which are likely:
- to result in the incurring of expenditure which is, or the making of savings which are, significant (namely £200,000 or above per annum) having regard to the budget for the service or function to which the decision relates; or
 - to be significant in terms of their effects on communities living or working in an area comprising one or more wards in the area of Central Bedfordshire.
- 2) The Forward Plan is a general guide to the key decisions to be determined by the Executive and will be updated on a monthly basis. Key decisions will be taken by the Executive as a whole. The Members of the Executive are:

Member	Portfolio
Cllr Mrs Tricia Turner MBE	Chairman of the Executive and Leader of the Council
Cllr Richard Stay	Deputy Leader of the Council and Portfolio Holder for Policy and Performance
Cllr Mrs Rita Drinkwater	Portfolio Holder for Housing
Cllr Mrs Carole Hegley	Portfolio Holder for Social Care and Health
Cllr Maurice Jones	Portfolio Holder for Finance, Governance and People
Cllr Mrs Anita Lewis	Portfolio Holder for Children’s Services
Cllr Steve Male	Portfolio Holder for Customers, Systems and Assets
Cllr Ken Matthews	Portfolio Holder for Economic Growth, Skills and Regeneration
Cllr David McVicar	Portfolio Holder for Safer Communities and Healthier Lifestyles
Cllr Tom Nicols	Portfolio Holder for Sustainable Development

3) Those items identified for decision more than one month in advance may change in forthcoming Plans. Each new Plan supersedes the previous Plan. Any person who wishes to make representations to the Executive about the matter in respect of which the decision is to be made should do so to the officer whose telephone number and e-mail address are shown in the Forward Plan. Any correspondence should be sent to the contact officer at the relevant address as shown below. General questions about the Plan such as specific dates, should be addressed to the Head of Democratic Services, Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ.

4) The agendas for meetings of the Executive will be published as follows:

Meeting Date	Publication of Agenda
15 March 2011	03 March 2011
05 April 2011	24 March 2011
31 May 2011	19 May 2011
12 July 2011	30 June 2011
23 August 2011	11 August 2011
4 October 2011	22 September 2011
15 November 2011	3 November 2011
6 December 2011	24 November 2011
10 January 2012	22 December 2011
14 February 2012	2 February 2012
27 March 2012	15 March 2012
15 May 2012	3 May 2012

Central Bedfordshire Council

Forward Plan of Key Decisions for the period 1 March 2011 to 29 February 2012

Key Decisions

Date of Publication: 11.02.11

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
1.	Budget Management Report - Quarter 3	To consider the Quarter 3 Budget Management Report.	15 March 2011		Report	<p>Clr Maurice R Jones Comments by 15/02/11 to Contact Officer: John Unsworth, Interim Assistant Director of Finance Email john.unsworth@centralbedfordshire.gov.uk v.uk Tel: 0300 300 6147</p>
2.	Review of Centrally commissioned and managed School Meals Contract -	To consider an analysis of consultation undertaken with schools	15 March 2011		Report	<p>Clr Stephen F Male Comments by 15/02//11 to Contact Officer: Ian Brown, Interim AD Assets Email: ian.brown@centralbedfordshire.gov.uk Tel: 0300 300 5711</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
3.	Proposals for Services to Schools -	To consider revised charges for school support services.	15 March 2011		Report	<p>Clr Maurice R Jones, Clr Mrs Anita M Lewis Comments by 15/02/11 to Richard Ellis, Director of Customer and Shared Services Email: richard.ellis@centralbedfordshire.gov.uk Tel: 0300 300 4423</p>
4.	Child Poverty Strategy -	To agree the strategy which sets out how the Local Authority and its partners intend to reduce child poverty by 2020. This includes 4 targets (relative low income, material deprivation, absolute poverty and persistent poverty). This also includes a needs assessment to describe the characteristics of child and family within Central Bedfordshire and a joint child poverty strategy which will outline the steps and accountability for the Local Authority and partners.	15 March 2011		Report	<p>Clr Mrs Anita M Lewis Comments by 05/02/11 to Contact Officer: Edwina Grant, Deputy Chief Executive and Director of Children's Services Email: edwina.grant@centralbedfordshire.gov.uk Tel: 0300 300 4229</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
5.	Community Safety Partnership Priorities and the Community Safety Partnership Plan for 2011 - 2012 -	To agree and sign off the Community Safety Partnership Priorities and the Community Safety Partnership Plan for 2011- 12	15 March 2011	Strategic Assessment & Partnership Plan will be considered at the CSP Executive Meeting in November 2010, Overview and Scrutiny Committee in January 2011 and the Local Strategic Partnership in February 2011	Strategic Assessment Priorities & Community Safety Partnership Plan 2011 - 2012	<p>Clr David McVicar Comments by 10/02/11 to Contact Officer: Jeanette Keyte, Community Safety Manager Email: jeanette.keyte@centralbedfordshire.gov.uk Tel: 0300 300 5232</p>
6.	Dunstable Town Centre Masterplan -	To approve the Dunstable Town Centre Masterplan as Interim Technical Guidance for Development Management Purposes.	15 March 2011	<ul style="list-style-type: none"> • Non statutory consultation – April 2009 comprising dedicated website, public exhibition, stakeholder workshop and printed consultation methods. • Non statutory consultation – September 2009 comprising dedicated website, public exhibition, stakeholder workshop and printed consultation methods. • Formal 6 weeks statutory consultation – 18th September - 1st November 2010 comprising dedicated website, 3 public exhibitions, printed consultation methods, presentations to relevant stakeholders, CDs. 	Dunstable Town Centre Masterplan	<p>Clr Ken C Matthews, Clr Tom Nicols Comments by 15/02/11 to Contact Officer: Liz Wade, Assistant Director Economic Growth and Regeneration Email: liz.wade@centralbedfordshire.gov.uk Tel: 0300 300 6288</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
7.	Children and Young People's Plan -	That the Executive endorse the Central Bedfordshire Children and Young People's Plan and recommends the adoption of the Plan to Council.	15 March 2011	Children and young people, parents, carers and stakeholders through a variety of mechanisms such as workshops, information published on website and meetings with key partners.	Report	<p>Clr Mrs Anita M Lewis Comments by 01/02/11 to Contact Officer: Sylvia Gibson, Interim Assistant Director, Learning and Strategic Commissioning Email: sylvia.gibson@centralbedfordshire.gov.uk Tel: 0300 300 5598</p>
8.	LDF(North) Site Allocations DPD -	To consider the Site Allocations DPD	15 March 2011		Report	<p>Clr Tom Nicols Comments by 15.02.11 to Contact Officer: Richard Fox, Head of Development Plan Email: richard.fox@centralbedfordshire.gov.uk Tel: 0300 300 4105</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
9.	Food Law Enforcement Service Plan 2011-2012, Age Restricted Sales Plan 2011-2012 and the Health and Safety (as a Regulator) Service Plan 2011-2012 -	To approve the Food Law Enforcement Service Plan 2011-2012, the Age Restricted Sales Plan 2011-2012 and the Health and Safety (as a Regulator) Service Plan 2011-2012	15 March 2011		Central Bedfordshire Enforcement Policy; FSA Framework Agreement on Local Authority Food Law Enforcement; Food Law Code of Practice (England); HSE Section 18 Standard on Enforcement	<p>Clir David McVicar Comments by 15/02/11 to Contact Officer: Susan Childerhouse, Head of Public Protection (North) Email: susan.childerhouse@centralbedfordshire.gov.uk Tel: 0300 300 4394</p>
10.	Electricity and Gas Supply Contracts -	To approve the use of Central Buying Consortium's retendered "Flexible Framework" to renew the Council's main energy contracts for the supply period October 2012 to September 2016.	15 March 2011		Report	<p>Clir Maurice R Jones Comments by 15/02/11 to Contact Officer: Robert Gregan, Head of Procurement Email: robert.gregan@centralbedfordshire.gov.uk Tel: 0300 300 6626</p>
11.	Outcomes of the Review of Transforming Teaching and Learning in Dunstable and Houghton Regis -	To consider the outcome of the review of Transforming Teaching and Learning in Dunstable and Houghton Regis.	5 April 2011		Report	<p>Clir Mrs Anita M Lewis Comments by 05/03/11 to Contact Officer: Director of Children's Services Emails: edwina.grant@centralbedfordshire.gov.uk Tel: 0300 300 4229</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
12.	Award of the 24/7 Community Alarm and Emergency out of hours telephone call handling service -	To award the preferred contactor.	31 May 2011		Tender report	Clr Mrs Rita J Drinkwater Comments by 30/04/11 to Contact Officer: Basil Quinn, Housing Asset Manager Performance Email: basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5118
13.	Transforming learning and our relationship with schools - Review of school places in Dunstable and Houghton Regis -	To consider recommendations to commence informal (pre statutory) public consultation for a 12 week period on a short list of preferred option(s).	31 May 2011		Education Vision, Children and Young People's Plan, Learning Transformation Dunstable and Houghton Regis Review Protocol	Clr Mrs Anita M Lewis Comments by 30/04/11 to Contact Officer: Sylvia Gibson, Interim Assistant Director, Learning and Strategic Commissioning Email: sylvia.gibson@centralbedfordshire.gov.uk Tel: 0300 300 5598
14.	The Future of Special Schooling in the South of Central Bedfordshire and the Proposal to Discontinue the Dyslexia Provision at Priory Middle School -	To report back on the informal consultation for the future of Special Schooling in the South of Central Bedfordshire and the proposal to discontinue the dyslexia provision at Priory Middle School.	31 May 2011		None.	Clr Mrs Anita M Lewis Comments by 29/04/11 to Contact Officer: Mark Wheeler, Interim Assistant Director Children's Services Email: mark.wheeler@centralbedfordshire.gov.uk Tel: 0300 300 6044

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
15.	Local Economic Plan -	To approve the Central Bedfordshire Local Economic Plan.	12 July 2011		Draft final Local Economic Plan	<p>Clr Ken C Matthews Comments by 11/06/11 to Contact Officer: James Cushing, Head of Economic Policy Email james.cushing@centralbedfordshire.gov.uk Tel: 0300 300 4984</p>
16.	Biggleswade Town Centre Strategy and Masterplan -	To consider and formally adopt the Biggleswade town centre strategy and masterplan as a supplementary planning document.	12 July 2011	<p>Non statutory consultation – July 2009 comprising public exhibition Non statutory consultation – 3 July to 27 August 2010, 4 public exhibitions in addition to web and print consultation methods Formal statutory consultation – Early November 2010 for a period of four to six weeks</p>	Biggleswade town centre strategy and masterplan	<p>Clr Ken C Matthews, Clr Tom Nicols Comments by 12/06/11 to Contact Officer: Liz Wade, Assistant Director Economic Growth and Regeneration Email: liz.wade@centralbedfordshire.gov.uk Tel: 0300 300 6288</p>
17.	Transforming learning and our relationship with schools - Review of school places in Leighton & Linslade -	To consider the responses to the consultation on the preferred option(s) and to authorise the publication of statutory notices.	4 October 2011		<p>Education Vision, Children and Young People's Plan, Learning Transformation Dunstable and Houghton Regis Review Protocol</p>	<p>Clr Mrs Anita M Lewis Comments by 04/09/11 to Contact Officer: Sylvia Gibson, Interim Assistant Director, Learning and Strategic Commissioning Email: sylvia.gibson@centralbedfordshire.gov.uk Tel: 0300 300 5598</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
18.	Transforming learning and our relationship with schools - Review of school places in Leighton & Linslade -	To approve the statutory proposals and financial commitment to implement the chosen option.	15 November 2011		Education Vision, Children and Young People's Plan, Learning Transformation Dunstable and Houghton Regis Review Protocol	<p>Clir Mrs Anita M Lewis Comments by 15/10/11 to Contact Officer: Sylvia Gibson, Interim Assistant Director, Learning and Strategic Commissioning Email: sylvia.gibson@centralbedfordshire.gov.uk Tel: 0300 300 5598</p>
NON KEY DECISIONS						
19.	Quarter 3 Performance Report -	To highlight the key Quarter 3 performance for Central Bedfordshire Council.	5 April 2011		Report	<p>Clir Richard Stay Comments by 05/03/11 to Contact Officer: Ian Porter, Assistant Director Policy, Partnerships & Performance Email: ian.porter@centralbedfordshire.gov.uk Tel: 0300 300 6529</p>
20.	Quarter 4 Performance Report -	To highlight key Quarter 4 performance for Central Bedfordshire Council.	31 May 2011		Report	<p>Clir Richard Stay Comments by 01/05/11 to Contact Officer: Ian Porter, Assistant Director Policy, Partnerships & Performance Email: ian.porter@centralbedfordshire.gov.uk Tel: 0300 300 6529</p>

Postal address for Contact Officers: Central Bedfordshire Council, Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ

**Central Bedfordshire Council
Forward Plan of Decisions on Key Issues**

For the Municipal Year 2010/11 the Forward Plan will be published on the fifteenth day of each month or, where the fifteenth day is not a working day, the working day immediately proceeding the fifteenth day, or in February 2011 when the plan will be published on the fourteenth day:

Date of Publication	Period of Plan
14.05.10	1 June 2010 – 31 May 2011
15.06.10	1 July 2010 – 30 June 2011
15.07.10	1 August 2010 – 31 July 2011
13.08.10	1 September 2010 – 31 August 2011
15.09.10	1 October 2010 – 30 September 2011
15.10.10	1 November 2010 – 31 October 2011
15.11.10	1 December 2010 – 30 November 2011
15.12.10	1 January 2011 – 31 December 2011
14.01.11	1 February 2011 – 31 January 2012
14.02.11	1 March 2011 – 29 February 2012
15.03.11	1 April 2011 – 31 March 2012
15.04.11	1 May 2011 – 30 April 2012

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