

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



**please ask for** Peter Storey  
**direct line** 0300 300 5089  
**date** 13 October 2011

## NOTICE OF MEETING

### **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

Date & Time

**Monday, 24 October 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 Mrs R J Drinkwater (Chairman), N J Sheppard (Vice-Chairman), A L Dodwell, Mrs R B Gammons, Mrs S A Goodchild, Mrs D B Gurney, K Janes, I A MacKilligan and M A Smith

[Named Substitutes:

D Bowater, Dr R Egan, C C Gomm, P Hollick, J Murray and Miss A Sparrow]

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 1 August 2011 and to note actions taken since that meeting.

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.

<b>Reports</b>
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<b>Item</b>	<b>Subject</b>	<b>Page Nos.</b>
9	<p><b>Executive Member Update</b></p> <p>To receive a verbal update from the Executive Member for Social Care, Health and Housing.</p> <p><i><b>This item is scheduled for 5 minutes.</b></i></p>	*
10	<p><b>LINK Update</b></p> <p>To receive an update from Bedfordshire LINK on local health matters affecting LINK activity as defined by the Health and Social Care Act 2001.</p> <p><i><b>This item is scheduled for 5 minutes.</b></i></p>	*
11	<p><b>Implications of Health Reforms for Central Bedfordshire</b></p> <p>The receive a report outlining the major implications of recent health reforms for Central Bedfordshire Council.</p> <p><i><b>This item is scheduled for 20 minutes.</b></i></p>	* 13 - 20
12	<p><b>Private Sector Housing Renewal Policy</b></p> <p>To receive a report outlining the major changes in the private sector housing renewal policy.</p> <p><i><b>This item is scheduled for 15 minutes.</b></i></p>	* 21 - 52
13	<p><b>Introductory Tenancies</b></p> <p>To receive a report on the Council's ability to offer probationary tenancies.</p> <p><i><b>This item is scheduled for 15 minutes.</b></i></p>	* To follow
14	<p><b>Safeguarding Annual Report</b></p> <p>To receive the annual report of Bedford and Central Bedfordshire Adult Safeguarding Board.</p> <p><i><b>This item is scheduled for 15 minutes.</b></i></p>	* 53 - 100

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|----|---|---|-----------|
| 15 | <b>2012/13 Base Budget Review</b>   | * | To follow |
|    | To consider the Social Care, Health and Housing base budget for 2012/13.                                      |   |           |
|    | <i><b>This item is scheduled for 10 minutes.</b></i>  |   |           |
| 16 | <b>Revenue Budget Management Report for the Period Ended 30 June 2011 for Social Care, Health and Housing</b> | * | 101 - 114 |
|    | To receive the Quarter 1 revenue positions for the Social Care, Health and Housing Directorate.               |   |           |
|    | <i><b>This item is scheduled for 10 minutes.</b></i>  |   |           |
| 17 | <b>Capital Budget Management 2011/12</b>  | * | 115 - 122 |
|    | To receive information on the Directorate capital financial position as at the end of June 2011.              |   |           |
|    | <i><b>This item is scheduled for 10 minutes.</b></i>  |   |           |
| 18 | <b>Quarter 1 Performance Report</b>   | * | 123 - 130 |
|    | To receive the Quarter 1 performance position for the Social Care, Health and Housing Directorate.            |   |           |
|    | <i><b>This item is scheduled for 10 minutes.</b></i>  |   |           |
| 19 | <b>Work Programme 2011-12 and Executive Forward Plan</b>  | * | 131 - 156 |
|    | To consider details of the currently draft Committee work programme and the Executive Forward Plan.           |   |           |
|    | <i><b>This item is scheduled for 10 minutes.</b></i>  |   |           |

**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, 1 August 2011.

**PRESENT**

Cllr Mrs R J Drinkwater (Chairman)  
Cllr N J Sheppard (Vice-Chairman)

Cllrs A L Dodwell  
Mrs R B Gammons  
Mrs S A Goodchild  
Mrs D B Gurney

Cllrs K Janes  
I A MacKilligan  
M A Smith

Members in Attendance: Cllrs D Bowater  
Mrs C Hegley  
A M Turner  
Executive Member for  
Social Care, Health and  
Housing  
Deputy Executive  
Member for Social Care,  
Health and Housing

Officers in Attendance: Mr Z Awan – Tenant Involvement Manager  
Mrs P Coker – Head of Partnerships, Social Care,  
Health and Housing  
Mr D Levitt – Head of Public Engagement and  
Communications, NHS  
Bedfordshire  
Mrs S Marsh – Housing Services Manager  
Mr N Murley – Assistant Director Business and  
Performance  
Mr S Rees – Assistant Director, Adult Social  
Care  
Ms C Rooker – Head of Housing Management  
Mrs E Saunders – Assistant Director, Commissioning  
Mr P Storey – Committee Services Officer

Others in Attendance: Mr M Coleman Chairman, Bedfordshire LINK  
Mrs R Featherstone Chair, Older People's Reference  
Group  
Mr J Hamilton Head of Programme Office, NHS  
Bedfordshire and NHS Luton  
Mr I Rosser Cluster QIPP and Reform Director,  
NHS Bedfordshire and NHS Luton

SCHH/11/15 **Minutes**

**RESOLVED that the Minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 13 June 2011 be confirmed and signed by the Chairman as a correct record.**

SCHH/11/16 **Members' Interests**

(a) **Personal Interests:-**

Cllr Mrs S Goodchild. She is an on-going service user.

(b) **Personal and Prejudicial Interests:-**

Councillor K Janes. His family runs care homes.

(c) **Any political whip in relation to any agenda item:-**

None.

SCHH/11/17 **Chairman's Announcements and Communications**

The Chairman informed the Committee that she had included timings against items on the agenda as a guide for Members and officers.

The Chairman announced that at the request of a Member, the Assistant Director, Housing Services would be arranging briefings on housing items. The briefings would be open to all Council Members to attend.

The Chairman announced that there would be four site visits for members of the Committee on 12 September 2011, including a visit to a day centre.

SCHH/11/18 **Petitions**

The Chairman announced that no petitions had been received from members of the public in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution.

SCHH/11/19 **Questions, Statements or Deputations**

The Chairman announced that no questions, statements or deputations from members of the public had been received in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution.

SCHH/11/20 **Call-In**

No decisions from the Executive had been referred to the Committee for review in accordance with Procedure Rule 10.10 of Part D2.

**SCHH/11/21 Requested Items**

No items were referred to the Committee for consideration at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

**SCHH/11/22 Executive Member Update**

Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing informed the Committee of several issues, including a Supported Living Forum and a safeguarding presentation which she had attended.

Councillor Hegley stated that there would be a full report to Members on the recent Peer Group Review following a verbal presentation. The review had been favourable.

Councillor Hegley provided an update on Southern Cross Healthcare, which operated two homes in Central Bedfordshire.

**SCHH/11/23 LINK Update**

Mr Max Coleman, Chairman of Bedfordshire Local Involvement Network (LINK), gave a verbal presentation on the recent work of LINK in Central Bedfordshire. LINK wanted to increase their membership from 600 to 1,000 and were promoting themselves in the community, including at the recent Linslade Canal Festival. Bedfordshire LINK had held its annual general meeting on 15 July 2011 and had also attended a number of strategic reviews.

Members thanked Bedfordshire LINK and their members for their contributions and for their contributions towards a number of outcomes.

**RECOMMENDATION: That the presentation be noted.**

**SCHH/11/24 Quality, Innovation Productivity and Prevention (QIPP)**

The Committee received a presentation from Mr James Hamilton, Head of Programme Office, NHS Bedfordshire and NHS Luton, on QIPP, which was a national programme aimed at improving service delivery and generating financial efficiencies for re-investment in system healthcare. QIPP aimed to empower patients by:

- Providing planned care more efficiently;
- Improving the patient experience regarding urgent care;
- Improving access to mental health services;
- Discharging patients from hospital to their own homes or appropriate settings as soon as possible;
- Providing pathways to ensure that patients' needs and wishes were taken into account in their care;
- Making the best and most cost effective use of medicines, including moving towards cheaper generic drugs.

Mr Max Coleman, Chairman of Bedfordshire Local Involvement Network (LINK), referred to a group he had chaired 18 months ago which had come to the conclusion that generic drugs should be reproduced exactly as the originals in size, colour and shape as the continual change of tablets confused the elderly and in some cases made them feel as if the tablets were not performing as well as the proprietary brand. More information on this subject would be given to the Committee at its next meeting. Members also considered that quality control of generic drugs was important, particularly as there could be differences in ingredients between similar types of drug, and asked about the safeguards which were in place. They also considered that there needed to be joined up working to support patients through their health journey. Mr David Levitt, Head of Public Engagement and Communications, NHS Bedfordshire, referred to social care workers who would be able to assess people in their own homes and help to provide joined up working. He stated that the NHS nationally was looking at the "Healthy Future" provision of care.

**RECOMMENDATION: That the presentation be noted.**

SCHH/11/25 **Adult Social Care: Customer Feedback - Complaints, Compliments Annual Report 2010/11**

The Assistant Director, Business and Performance presented the statutory annual report of complaints and compliments from customers of Adult Social Care in 2010/11. Some performance issues had been identified in the feedback and there had been some learning and progress made in dealing with the issues.

The number of complaints had increased from 66 in 2009/10 to 88 in 2010/11, however, this reflected only a small percentage of the 5,000 users of the service during the year. Officers were responding to the complaints and were rectifying the issues identified. Equality and diversity issues were being tracked through the complaints received. Steps had been taken to make it easier for service users to complain and users were assisted if they wished to make complaints but were uncertain how to do so.

The number of compliments received had increased from 16 in 2009/10 to 52 in 2010/11.

It was noted that officers had checked why there were peaks and troughs in the number of complaints received but had discovered no significant reasons for that. It was also noted that the number of complaints received might increase as there was more pressure on self-funding for extra services.

Members considered that it would be useful to monitor the complaints and compliments received to build a clearer picture of where they came from.

**RECOMMENDATION: That the report be noted.**



**SCHH/11/26 Health Watch Transition Plan**

The Head of Partnerships presented a report on the progress being made to establish a statutory local HealthWatch organisation in Central Bedfordshire in 2011/12. The local HealthWatch would provide information and advice to help people access and make choices about services. Transition arrangements had already begun to move from Bedfordshire Local Involvement Network (LINK) to a local Healthwatch.

Central Bedfordshire HealthWatch would be part of the group of early implementers as a Pathfinder. The vision for the HealthWatch is to be an independent consumer champion. The next steps would be to establish a development group to lead the transition plans. A stakeholder event is planned for 30 September 2011.

A comment was made that many agencies work with people up to the age of 65 and then stop. There was a need to ensure that people over the age of 65 were supported by the relevant agencies.

**RECOMMENDATION: That the requirement on the Council to commission a local HealthWatch organisation, the associated financial implications and the steps underway to achieve this be noted.**

**SCHH/11/27 Tenant Local Offers and Annual Report**

The Tenant Involvement Manager presented a report giving the Committee information on the Housing Service's Local Offers, providing an update on the 2011 Annual Report and including details of the tenants' consultation exercise. Benchmarking data should be available in late August 2011. The final report would be available on-line with all figures by 1 October 2011 and copies would be sent to Members and tenants.

The Tenant Involvement Manager then provided information on the estate management schemes and tenants' involvement in answer to a Member's question.

The Chairman asked that a copy of the Annual Report be sent to all members of the Committee when it was issued to tenants plus a copy of "Housing Matters".

**RECOMMENDATION: That the report be noted.**

**SCHH/11/28 Provision of Care Services to Extra Care Homes**

The Assistant Director, Commissioning presented a report updating the Committee on the progress made to change the provider delivering home care to four extra care sheltered housing schemes in Central Bedfordshire. Shortlisted providers would be interviewed on 2 August and a recommendation regarding providers made to the Executive on 23 August 2011. A comprehensive implementation plan involving tenants had been drawn up and

quality assurance and performance management measures were in place.

A Member stated that she had received complimentary feedback regarding the consultation process which had taken place. The Executive Member for Social Care, Health and Housing stated that the project was running to time and was an example of good practice in how to a project should be run.

**RECOMMENDATION: That the outcomes of the consultation process and the progress made be noted.**

**SCHH/11/29 Older Persons Review of Sheltered Accommodation in the south of Central Bedfordshire**

The Housing Services Manager presented a report detailing progress on the housing needs of older people in the south of Central Bedfordshire. The views of current residents in the Council's sheltered housing schemes were being sought plus the views of potential future residents. Consultation plans were at Phase 1 and work was underway on options for both sheltered schemes (Crescent Court, Toddington and Croft Green, Dunstable), being informed by available research into housing needs for older people and methods of providing extra care support for people at home.

Officers undertook to liaise with Bedford Pilgrim Housing Association to organise visits for Members to see Extra Care Housing Schemes as it was considered this would be helpful.

**RECOMMENDATION: That the progress of the review and the consultation plans for Crescent Court and Croft green Sheltered Schemes be noted.**

**SCHH/11/30 Q4 Performance Monitoring Report**

The Assistant Director Business and Performance presented a report giving performance information for quarter 4 of 2010/11. He gave information on each performance indicator, giving details as to the performance over the quarter.

The following comments were made on the report:

- There was concern that the Government would be increasing the national target for NI 130 from 30% to 100%. The Executive Member for Social Care, Health and Housing stated that she would be tracking progress against this indicator given the scale of the task;
- There were concerns raised that as the numbers on personal budgets increase there could be an impact if customers or their families were not using their personal budgets to pay for services and the cost was having to be recovered. There were safeguarding issues which needed to be considered in this respect. It was considered that it would be useful to have further information on safeguarding.

**RECOMMENDATION: That the report be noted.**

**SCHH/11/31 Q4 Budget Monitoring Report**

The Assistant Director Business and Performance presented a report giving the full year outturn for the Social Care, Health and Housing directorate for 2010/11 as £50.570m, being £0.406m under budget, compared to the forecast over spend of £0.204m at the end of quarter 3.

There had been pressures around the numbers and complexity of care for Older People and for People with Learning Disabilities. The increases for Older People had not been included in the 2010/11 base budget but this was addressed and an allowance was built into the 2011/12 budget.

A Member asked about costs following hospital discharges and the Assistant Director Business and Performance confirmed these related to fines where there had been delays to hospital discharge. Following a question raised on rent arrears he stated that further information regarding the process around arrears could be picked up in the housing briefing session mentioned earlier in the meeting (minute 17 above refers).

**RECOMMENDATION: That the outturn of £50.570m and £0.406m under spend be noted.**

**SCHH/11/32 Work Programme 2011-12 and Executive Forward Plan**

Members considered the Committee's draft work programme for 2011/12 and the Executive Forward Plan.

**RESOLVED that the draft work programme be approved, with the addition of a visit to a day centre to the programme of site visits to be held on 12 September 2011.**

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.32 p.m.)

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**Meeting:** Social Care, Health and Housing Overview and Scrutiny Committee  
**Date:** 24<sup>th</sup> October 2011  
**Subject:** Implications of Health Reforms for Central Bedfordshire  
**Report of:** Cllr Hegley, Executive Member for Social Care, Health and Housing  
**Summary:** The report outlines the major implications of recent health reforms for Central Bedfordshire Council

**Advising Officer:** Julie Ogley, Director of Social Care, Health and Housing  
**Contact Officer:** Celia Shohet, AD Public Health and John Rooke, Managing Director, Bedfordshire Clinical Commissioning Group  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

<b>CORPORATE IMPLICATIONS</b>	
<b>Council Priorities:</b>	
1.	The health reforms will see the council taking a leading role in improving, promoting and protecting the health of their communities. In addition the health and social care system will be brought together at a local level through the health and wellbeing boards. These will directly contribute towards the following council priorities:
	<ul style="list-style-type: none"> <li>• Supporting and caring for an ageing population</li> <li>• Educating, protecting and providing opportunities for children and young people</li> <li>• Creating safer communities</li> <li>• Promoting healthier lifestyles.</li> </ul>
<b>Financial:</b>	
2.	The council will be funded to carry out their new public health responsibilities through a ring-fenced grant. The size of the grant and the conditions on its use will be established nationally but work has taken base locally to determine current baseline spending. Shadow budgets are expected to be identified for 2012-13 by the end of this year with the grant being allocated for the first time in 2013-14.
3.	There is an expectation that the health and wellbeing board will promote the pooling of budgets between the Clinical Commissioning Group and the Council to maximise benefits of joint commissioning

**Legal:**

4. None currently

**Risk Management:**

5. Not applicable

**Staffing (including Trades Unions):**

6. Discussions are taking place regarding the transition of public health staff to the Council in 2013 and an HR 'concordat' is being developed nationally between the NHS and local government employers.

**Equalities/Human Rights:**

7. An equalities impact assessment has not yet been conducted locally regarding the impact of the changes. This could be established once agreements have been reached nationally regarding the budgets, transition arrangements and responsibilities have been finalised.

**Community Safety:**

8. Not applicable.

**Sustainability:**

9. Not applicable.

**Procurement:**

10. Not applicable.

**RECOMMENDATION(S):**

**The Committee is asked to:-**

1. Note the new responsibilities of the council with regards to public health, the health and wellbeing board and the establishment of local healthwatch.
2. Note the proposed configuration and arrangements for the Bedfordshire Clinical Commissioning Group

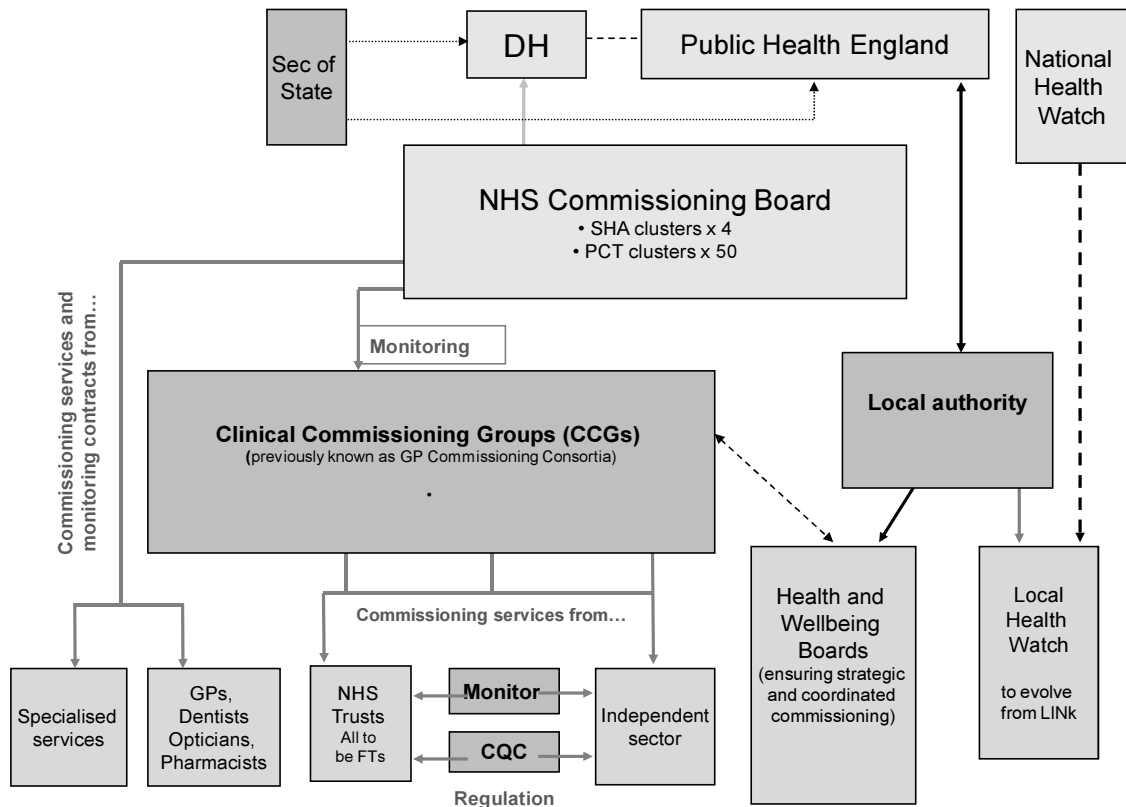
**Introduction**

11. The Health and Social Care Bill represents a major restructuring, not just of health care services, but also of council's responsibilities in relation to health improvement and the coordination of health and social care.
12. The main aims of the Bill are to change how NHS care is commissioned through the greater involvement of clinicians and a new NHS Commissioning Board; to improve accountability and patient voice; to give NHS providers new freedoms to improve quality of care; and to establish a provider regulator to promote efficiency. In

addition, the Bill will allow the creation of Public Health England, and take forward measures to reform health public bodies.

### Overview of the structure

13. The figure below shows how the landscape is expected to look in 2013.



14. In brief Local Authorities will have responsibilities across all three domains of public health and will be required to deliver certain public health services. They will also be required to commission local health watch organisations which will replace the current Local Involvement Networks (LINK). The whole system will be brought together locally through the health and wellbeing boards.

### Devolution of power and responsibilities for the commissioning of NHS services

15. The Secretary of State will continue to be under a duty to promote a comprehensive health service and will also have direct responsibility (with local authorities) to protect and improve public health.
16. The NHS Commissioning Board (NCB) will have broad overarching duties to promote the comprehensive health service (other than in relation to public health). The four newly clustered SHAs (Central Bedfordshire is within the NHS Midlands

and East cluster) are to become part of the sub-national structure known as 'commissioning sectors'. The recently clustered Primary Care Trusts (Central Bedfordshire is within the Bedfordshire and Luton Cluster) are to become 'local branches' of the NCB initially.

17. The expectation that the majority of NHS provider trusts will have become foundation trusts (FT) by April 2014 remains. There is an expectation that trusts not having achieved FT status by this point may be subject to a streamlined process for mergers and acquisitions. The Luton and Dunstable Hospital is already an FT with Bedford NHS Hospital Trust having applied but not yet gained FT status. There is an 'Acute Services Review' covering Bedfordshire, Milton Keynes, Northampton, Kettering and Luton that may have a significant impact on future acute care.

### **Establishment of Clinical Commissioning Groups**

18. Clinical Commissioning Groups will be responsible for commissioning the majority of health services. Locally it is proposed that the Bedfordshire Clinical Commissioning Group (BCCG) will be established covering the geographical area of Central Bedfordshire and Bedford Borough. The Local Government Group, in its response to the listening exercise, recommended that coterminosity with local authorities was a requirement of the CCGs. However the health and social care bill currently in the House of Lords allows for boundaries to be crossed when this can be justified in terms of benefits to patients and integration of health and social care services. The national guidance and criteria recently issued to CCGs for authorisation supports the proposed configuration in Bedfordshire. The proposed governance and management structures of the consortium have been developed to directly support and engage with the two Unitary authorities. Two senior Clinical Director posts have been created, and are currently being recruited to. These will provide dedicated focus at each LA area in delivering change projects, supporting the work of H&WB Boards and leading the better integration of health and social care. The localities within the consortium will also provide the critical links operationally with the authorities. The Director of Public Health is a joint appointment to the PCT and both Local Authorities and a CCG Board member.
19. The Bedfordshire CCG has a clear vision signed up to by its constituent members.

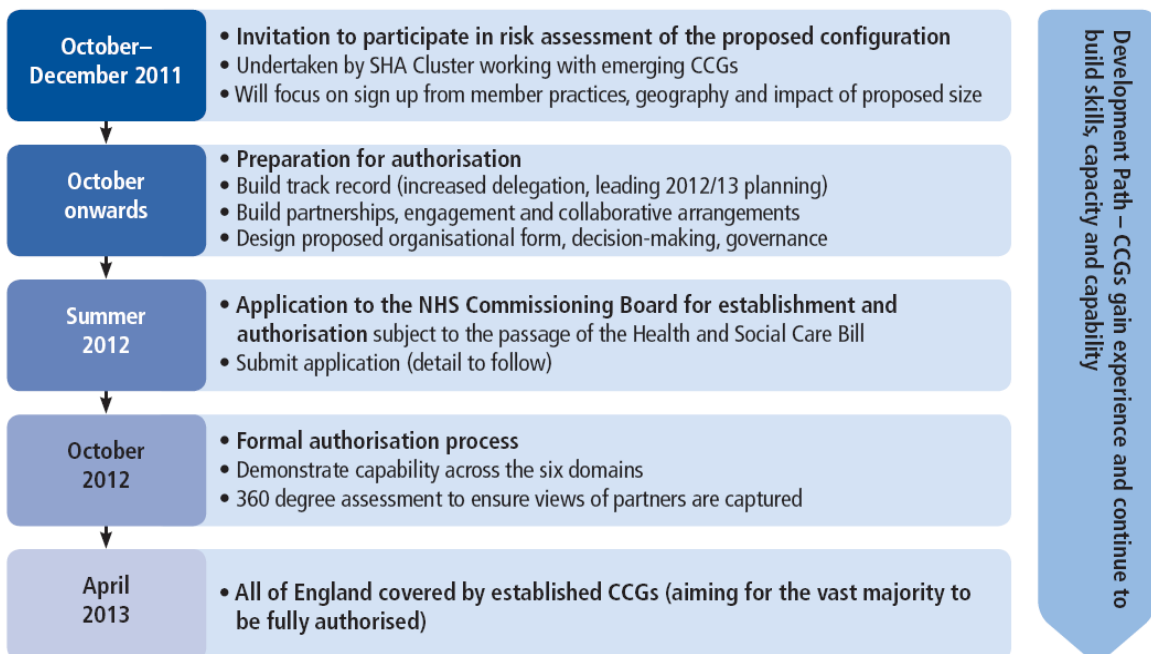
*The shadow Bedfordshire Clinical Commissioning Consortium, working with its partners and stakeholders, aims to deliver the best possible outcomes to its patient population through innovative, responsive and effective clinical commissioning.* The CCG is committed to the delivery of specific goals for the population of Bedfordshire. These include:

- To improve the health and wellbeing of the population in Bedfordshire and its local communities in a fair and transparent way
- To reduce unfairness in health and reduce health inequalities
- To ensure a better healthcare experience for the population of Bedfordshire
- To ensure that the people of Bedfordshire have more choice and access to high quality, safe, clinically and cost effective local health services
- To provide patients with a greater say and choice



20. The process by which CCGs will be authorised has recently been published by the Department of Health. The chart below shows the overall framework. 6 'domains' have been identified against which each CCG will be assessed. These are;
1. Clinical Focus and Added Value
  2. Clear and credible plans which continue to deliver QIPP and local joint health & wellbeing strategies
  3. Meaningful engagement with patients, carers and their communities
  4. Capacity and capability including constitutional and governance arrangements
  5. Collaborative arrangements with other CCGs and local authorities
  6. Leadership capacity and capability
21. Local Authorities and Health and Wellbeing Boards will play an important role in the authorisation process and in informing the final decision of the National Commissioning Board
22. The national timetable is shown in the chart over page. The earliest a CCG could be authorised is expected to be October 2012 depending on the establishment of the NCB. The Bedfordshire CCG is aiming to be in the 1<sup>st</sup> wave of authorised CCGs.

**Proposed timeline to authorisation**



**A new role for Local Authorities**

23. A new national body, Healthwatch England, will be established as a statutory committee within the Care Quality Commission. In addition local Healthwatch organisations will be established within in each local authority area. The Government's health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything health and care services do. Health Watch will be the independent consumer champion for

the public to promote better outcomes in health for all and in social care for adults.

24. A steering group has already been established to commission the councils local health watch in 2012.
25. The establishment of health and wellbeing boards provide an opportunity to strengthen democratic legitimacy and join up commissioning across the NHS, social care and public health. They will have a strong role in the development of local commissioning plans, responsibilities to promote joint commissioning and integration, and a lead role in local public involvement. In addition the board will be able to refer commissioning plans back to BCCG if it felt that it took insufficient account of the local health and wellbeing strategy, which should be based on the needs identified within the joint strategic needs assessment.
26. The council's health and wellbeing board has already met in shadow form and has started to identify it's priorities for improving the health and wellbeing of the residents of Central Bedfordshire.
27. Central Bedfordshire Council will have responsibilities across all three domains of public health – health improvement, health protection and population healthcare and will be required to deliver certain services. Directors of Public Health (DsPH) will be a senior officer of the council reporting to the Chief Executive. The Council and their DsPH will be required to provide advice and clinical support to BCCG.
28. The public health responsibilities of the council are likely to include tobacco control, alcohol and drug misuse, obesity and community nutrition, physical activity, public mental health, dental public health, workplace health and supporting/reviewing NHS delivered public health services such as immunisation programmes.
29. There is currently a lack of detail regarding size of the public health ring-fenced budget or the nature of restrictions which may be placed on its use. Further clarity is awaited about the role of Public Health England, its relationship with local government and its budget.

### **Conclusion and Next Steps**

30. The scale of change to the health system is significant and at the same time as the NHS needs to deliver huge productivity savings, which will be challenging. The productivity savings required and the actions to deliver these are outlined within the QIPP (Quality, Innovation, Productivity and Prevention) programme. Summaries of the QIPP plan for Bedfordshire can be found at [www.bedfordshire.nhs.uk](http://www.bedfordshire.nhs.uk) and for Luton at [www.luton.nhs.uk](http://www.luton.nhs.uk)
31. The council will have new responsibilities around public health and as a result to further improve public health outcomes. The Public Health outcome framework (summary attached as an appendix) is currently in draft form with the final version expected by the end of 2011.

32. The transition arrangements for public health to the council are being agreed as far as possible given the current lack of clarity around the public health budget and the HR framework for public health staff.
33. The establishment of the health and wellbeing board will provide welcome opportunities to promote joint commissioning and integration.
34. The BCCG was established formally as a sub-committee of the PCT on 7 September. A clinical Chair and Chief Operating Officer have been appointed, with further appointments underway. It is now in the process of building an Organisational Development Plan that will enable the new organisation to be fit for purpose.
35. The local Health Watch will be commissioned and funded via the council by April 2012. Health Watch will be accountable for operating effectively and providing value for money.

**1** Health protection and resilience

**Objective**

Protect the population's health from major emergencies and remain resilient to harm

**Improvement areas**

- Organisational plans and preparations are in place to enable a coordinated, proportionate, timely and effective response to major emergencies.
- Systems in place to ensure effective and adequate surveillance of health protection risks and hazards.
- Life years lost from air pollution as measured by fine particulate matter
- Population vaccination coverage (for each of the national vaccination programmes across the life course)
- Treatment completion rates for TB
- Proportion of public sector organisations with a board approved sustainable development management plan.

**Key**

	Measure is replicated in DH's proposed contribution to the cross-Government Transparency Framework
	Consistent with indicators in the NHS Outcomes Framework for 2011/12
	Consistent with the proposed adult social care outcome measures

**DRAFT Public Health Outcomes Framework**

Overview of outcomes and indicators

**2** Tackling the wider determinants of ill health

**Objective**

Tackling the wider determinants of health

**Improvement areas**

- Children in poverty
- Housing overcrowding rates
- Rates of adolescents not in education, employment or training at 16 and 18 years of age
- Truancy rate
- New entrants to Youth Justice System by 18 years of age
- Proportion of people with serious mental illness in accommodation
- Proportion of people with serious mental illness in employment
- Proportion of people in long-term unemployment
- Repeat incidents of domestic abuse
- Statutory homeless households
- Fuel poverty
- Access and utilisation of green space
- The percentage of the population affected by environmental, neighbour, and neighbourhood noise
- Older people's perception of community safety
- Social connectedness*
- Rates of violent crime, including sexual violence
- Cycling participation*

**4** Prevention of ill-health

**Objective**

Reducing the number of people living with preventable ill health

**Improvement areas**

- Hospital admissions caused by unintentional and deliberate injuries to under 5 year olds.
- Rate of hospital admissions as a result of self-harm
- Incidence of low-birth weight of term babies
- Breast feeding initiation and prevalence at 6-8 weeks after birth
- Prevalence of recorded diabetes
- Work sickness absence rate
- Screening uptake (of national screening programmes)
- Chlamydia diagnosis rates per 100,000 young adults aged 15-24
- Proportion of persons presenting with HIV at a late stage of infection
- Child development at 2 - 2.5 years*
- Maternal smoking prevalence (including during pregnancy)
- Smoking rate of people with serious mental illness
- Emergency readmissions to hospitals within 28 days of discharge
- Health-related quality of life for older people
- Acute admissions as a result of falls or fall injuries for over 65s
- Indicator based on the 'NHS Health Check'*
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed*

**3** Health improvement

**Objective**

Helping people to live healthy lifestyles and make healthy choices

**Improvement areas**

- Prevalence of healthy weight in 4-5 and 10-11 year olds
- Prevalence of healthy weight in adults*
- Smoking prevalence in adults (over 18)
- Rate of hospital admissions per 100,000 for alcohol related harm
- Percentage of adults meeting the recommended guidelines on physical activity (5 x 30 minutes per week)
- Hospital admissions caused by unintentional and deliberate injuries to 5-18 year olds
- Number leaving drug treatment free of drug(s) of dependence
- Under 18 conception rate
- Rate of dental caries in children aged 5 years (decayed, missing or filled teeth)
- Self reported wellbeing*

**5** Healthy life-expectancy and preventable mortality

**Objective**

Preventing people from dying prematurely

**Improvement areas**

- Infant mortality rate
- Suicide rate
- Mortality rate from communicable diseases
- Mortality rate from all circulatory disease (including heart disease and stroke) in persons less than 75 years of age
- Mortality rate from cancer in persons less than 75 years of age
- Mortality rate from chronic liver disease in persons less than 75 years of age
- Mortality rate from chronic respiratory diseases in persons less than 75 years of age
- Mortality rate of people with serious mental illness
- Excess seasonal mortality

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**Meeting:** Social Care Health and Housing Overview and Scrutiny Committee  
**Date:** 24 October 2011  
**Subject:** Private Sector Housing Renewal Policy  
**Report of:** Cllr Carole Hegley , Executive Member for Social Care Health and Housing  
**Summary:** The report proposes that the draft revised Renewal Policy is consulted upon before being presented to Executive for adoption.

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**Advising Officer:** Julie Ogle, Director of Social Care Health and Housing  
**Contact Officer:** Nick Costin, Head of Private Sector Housing  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

#### **CORPORATE IMPLICATIONS**

##### **Council Priorities:**

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

##### **Financial:**

2. The proposals within the Renewal Policy will help ensure that the Council is better able to recover funding provided by the Capital Programme and so contribute towards efficiencies. The policy also contains a clause to ensure that the provision of discretionary grants and loans will be subject to the Council having sufficient resources. Capital Programme budget information is contained within the draft policy attached.
3. The draft policy includes provision to utilise £195,000 of potential external funding to tackle fuel poverty. This funding will be provided as loans and will also be recoverable by the Council in future years. The intention of the draft Policy is to ensure that the Council recovers as much financial assistance as possible through the use of loans rather than grants in most cases.

##### **Legal:**

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

**Risk Management:**

5. The draft policy is based upon meeting legal requirements and includes an appeals process as required. The contextual information provided, and consultation process will help reduce risk of challenge to the Policy.

**Staffing (including Trades Unions):**

6. There are no direct staffing implications from this report. The draft Policy has regard to the current number and expertise of staff within the Private Sector Housing Service.

**Equalities/Human Rights:**

7. Public authorities have a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
8. The current Renewal Policy is subject to an Equalities Impact Assessment, which was approved by Equalities Forum on 25 February 2010. The draft policy is broadly similar and directly supports some vulnerable groups such as older people and people with disabilities. The draft policy will, however, be subject to a reviewed Equalities Impact Assessment, to help ensure that it does not adversely prejudice any particular groups and is promoted to hard to reach vulnerable groups.

**Community Safety:**

9. No direct implications from this report. The recommendation for assistance to help bring empty properties back into use will have a positive impact on communities where empty homes can blight the area, and the Safety Security grant could improve security of some of the most vulnerable households.

**Sustainability:**

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

**Procurement:**

11. All proposed forms of assistance are provided following a competitive quotation process other than urgent situations where safety is at risk.

**RECOMMENDATION(S):**

**The Committee is asked to:-**

1. **Note the contents of this report and review the contents of the attached draft Renewal Policy, in particular the proposed forms of assistance in section 4**

**2. Agree for the draft Renewal Policy to proceed to consultation, subject to any amendments required**

**Introduction**

12. The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 requires local authorities to develop a policy for providing households with financial assistance to improve their homes. The order removed previous prescriptive legislation and provided authorities with more freedom to develop financial products and innovative forms of assistance.
13. The current Renewal Policy has an approach of offering traditional grants for small types of work and loan assistance for more costly types of improvement work.
14. The existing Renewal policy has not been extensively tested due to a delay in funding allocation in 2010/11. However, financial pressures in particular require that a review and change to the policy is needed during 2011/12.

**Review of Proposed Renewal Policy**

15. It is proposed that the current priorities remain largely unchanged. The highest priority remains the safety and security of the most vulnerable households. This is followed by the need to tackle fuel poverty, which is increasing following significant fuel price rises, and is consistent with the aim to reduce excess winter deaths.
16. The main change within the proposed policy is the move towards provision of loan assistance rather than grants, in most cases. This enables the Council to recover and recycle funding wherever possible, which in turn enables further work to be undertaken.
17. It is proposed that the types of assistance remain largely unchanged other than being provided as loan assistance in virtually all cases. The exceptions are Safety Security and Emergency Repair grant (£500 maximum) for the most urgent, quick response cases, Home Improvement Grant of up to £1,000 for Park Homes and Houseboats, and potentially Relocation assistance, to help the vulnerable households move to more suitable property (where existing one cannot be adapted to meet needs/reduce overcrowding).
18. Land registry charges cannot be made against Park Homes, which are generally occupied by older people. Removing any type of assistance to Park Home residents would create inequality in being detrimental to older people.
19. Safety Security and Emergency Repair grant has been particularly useful to remedy urgent situations quickly. Since the current policy was approved in April 2010, we have completed 9 grants and have several in progress.

### **Fuel Poverty external funding opportunities**

20. The draft policy includes provision to utilise up to £195,000 of potential external funding to tackle fuel poverty. This funding will be provided as loans and will be recoverable by the Council in future years. The funding may only be available until April 2012.
21. To help tackle fuel poverty and to utilise the external funding, it is recommended that the affordable warmth assistance eligibility be widened for a limited period to make full use of this funding. This is available until April 2012. The proposal is to open this loan assistance up to households with someone aged 65 years or more with less than £20,000 in savings.

### **Disabled Facilities grant**

22. The Council provides a good level of resource to meet the need for aids and adaptations for people with disabilities. Legislation enables the Council to impose repayment conditions to disabled facilities grants of more than £5,000. There are many exemptions but the Council may be able to recover some Disabled Facilities Grant funding so this option is included in the revised Renewal Policy.
23. The draft Policy includes the provision of discretionary loan assistance for disabled facilities grants “tops ups” in certain circumstances. It is proposed to include this type of assistance for certain cases, which is consistent with most authorities who responded in the July 2011 benchmarking survey.

### **Conclusion and Next Steps**

24. Following agreement and/or amendment of the draft Renewal Policy by Overview and Scrutiny Committee, it is intended to undertake a 12 week public consultation. This will include consultation with previous clients to help provide a customer perspective.
25. Following consultation, it is intended to take the proposed policy to Executive Committee for formal adoption.

### **Appendices:**

Appendix A – Private Sector Housing Renewal Policy (draft)

### **Background papers and their location: (open to public inspection)**

Central Bedfordshire Council Private Sector Housing Renewal Policy (current).  
Available from Watling House or Council website





# Central Bedfordshire Council's Private Sector Housing Renewal Policy

2011 review

<b>Directorate</b>	Social Care Health and Housing		
<b>Service</b>	Housing Services		
<b>Author</b>	Nick Costin, Head of Private Sector Housing		
<b>Approved by</b>			
<b>Approval date</b>		<b>Review date</b>	

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## Foreword

### ***Councillor Carole Hegley – Executive Member for Social Care Health and Housing***

I am pleased to welcome you to this second Central Bedfordshire Council Private Sector Housing Renewal Policy. This policy builds upon the principles of the policy that was approved by the Council’s Executive in March 2010 but incorporates measures that reflect the financial constraints facing the Council.

We recognise the impact that poor housing conditions have on the health of vulnerable households. This policy sets out how poor housing should be tackled through the targeting of available resources.

We need to have the ability to re-use and recycle resources where we can, which is why we have moved to a position of generally providing Loan Assistance in place of the more traditional grants. However, we also recognise that many vulnerable households will be unable to repay loans in the traditional sense, so we have set our policy to ensure that repayment is tied in most cases to the sale of the property concerned. This will reduce pressures on vulnerable households that need such assistance.

We intend to fully utilise external funding, in particular the Fuel Poverty funding previously made available to the Bedfordshire sub-region. We want to use this funding to help those households most at risk from increasingly high fuel bills.

Although our aim is for vulnerable households to live in safe, warm and decent homes, this policy recognises that we can only provide assistance where we have available resources. We will continue to explore external funding options, however provision of assistance under this policy is always discretionary and dependant upon resources being available within the Council.

## Executive Summary

The suitability and quality of a home can have a substantial impact on people's lives. For example there are educational benefits to a teenager studying in a damp-free room; financial benefits to an older person living in a home that they can afford to heat in the winter and health benefits to a disabled person living in an adapted home that gives them more independence.

The council has a range of options available to support people to live in decent and suitable properties for their needs. These options are set out in this Private Sector Housing Renewal Policy which is required under the Regulatory Reform (Housing Assistance) Order 2002.

The 2009 Building Research Establishment Housing Stock Projections (HSP) report showed that compared to England, housing in Central Bedfordshire on the whole is better quality. However there is still a high proportion of households living in poor quality housing:

- 28% of homes are non decent
- 12% of homes have inadequate thermal comfort
- 20% of homes have the highest level (category 1) of hazards that could lead to injury, ill health and accidents in the home
- 8% of households live in fuel poverty (although with increases in fuel prices this is expected to rise to 16%).

To tackle these problems the council needs to use its limited funds as fairly and effectively as possible. To achieve this the council is focussing on providing loans rather than grants so that the funds can still have the same positive impact on residents lives but also be recovered and recycled at some point in the future to benefit more residents. The council will also be taking advantage of the Government's proposed New Homes Bonus which will reward empty homes that are brought back in to use. This not only increases the availability of decent properties but the financial reward can be used to further support private sector renewal. The Council will also continue to provide an Options and Advice service to help homeowners make decisions with regards to improvements to their homes.

The council has agreed the following as the key private sector renewal issues that need to be addressed in Central Bedfordshire. In times of budget pressure grant/loan assistance will be prioritised in the following order:

A – The safety and security of older persons and other vulnerable groups, living in their home,

B - Reducing cases of fuel poverty,

C - Reduction of category 1 hazards and major adaptations for people with disabilities

D - Reducing the number of non decent homes, primarily with loan assistance that can be recycled

E - Reduction of empty homes,  
 F - The improvement in the thermal efficiency of the housing stock,  
 G - The maximising of opportunities for external funding of all types for the benefit of meeting the above priorities,

The grant/loan assistance available is:

**Safety, Security and Emergency Repair Grant**

A grant of up to £500 for emergency works, which can be administered quickly to remedy urgent situations.

**Home Improvement Loan Assistance**

Loan Assistance of up to £15,000 (with repayment conditions on the sale of the house) to remedy Category 1 hazards and non decent homes.

**Affordable Warmth Assistance**

There are a number of national fuel poverty initiatives that the council will utilise such as the Government’s Warm Front grant and the proposed Green Deal where energy suppliers provide loans. Council assistance will work alongside national initiatives and will access external funding available to help tackle fuel poverty through the provision of loans for Boiler Replacements and other efficient heating solutions in “Off Gas”, rural areas.

**Empty Homes Loan Assistance**

Loan assistance of up to £15,000 for owners of long term empty homes that require works to be made habitable so that empty homes can be brought back in to use.

**Home Loan Support Assistance**

Assistance to clients to obtain private funding (loan or equity release), through a reputable source, to remedy a Category 1 Hazard, or make home decent.

**Relocation Assistance**

A loan or grant of up to £3,000 for the costs of relocating to a more suitable property could alleviate overcrowding, reduce under occupation to increase the supply of larger properties, enable a disabled resident to move to a ready adapted or adaptable property.

**Disabled Facilities Grant (mandatory)**

Grants of up to £30,000 for adaptations to homes for people with disabilities. To use the funding as effectively as possible we have introduced charges upon the property where the grant exceeds £5,000, up to a charge limit of £10,000. If the property is sold within ten years of the grant completion, the cost of the adaptation will be recovered.

**Disabled Facilities Grant (discretionary top up loan assistance)**

Some clients are unable to afford DFGs if the works exceed the £30,000 limit or a contribution is required following a test of resources. To remove this barrier the council will provide Discretionary Loan Assistance to “top up” the DFG.

## 1. Introduction

Legislation requires local authorities to develop a policy for providing households with financial assistance to improve their homes. Every local authority is required to adopt and publish such a policy. This policy contains the loan and grant assistance that Central Bedfordshire Council provides together with the conditions and eligibility criteria associated.

The first Central Bedfordshire Council Private Sector Housing Renewal Policy was approved by Executive on 9 March 2010. This policy updates and replaces the first policy.

Whilst the first policy is still relatively new, the severe financial restrictions facing the Council have led to an early review of the renewal policy.

## 2. Private Sector Housing Renewal – National Policy Context

### 2.1 Legal Context

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

Guidance advises that the policy should have regard to local housing conditions, local and national priorities, extent of deprivation, the availability of capital and other resources, and other relevant matters. The policy must be formally adopted by the local authority (at Executive) and has to contain advice on appeals procedures where individuals feel that the policy is not being followed. Each authority must consult on the draft policy to inform its development but there can be no appeals against the content of the policy itself once adopted.

There is no definitive lifespan for an adopted policy and so this policy will only be reviewed when the council's priorities change or as a result of external influences such as changing legislation.

Legislation does not restrict policy or its forms of assistance to private sector homeowners. However, no forms of discretionary assistance will be available for council or housing association tenants, primarily due to other funding which is available to improve their homes.

## 2.2 Historical National Private Sector Housing Drivers

There have been significant changes in national drivers and Government priorities during recent years. These are summarised in appendix A.

## 3. Private Sector Housing Renewal – Local Policy Context

### 3.1 Contribution towards Vision and Priorities of Central Bedfordshire Council

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

Whilst this policy has links with all five Council priorities it is most closely aligned with the priority; *Supporting and Caring for an ageing population.*

### 3.2 Local Housing Stock Characteristics

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

Information and evidence on stock condition and its effects on residents is primarily based upon Building Research Establishment (BRE) Housing Stock Projections (HSP) carried out for Central Bedfordshire Council in November 2009, which applies nationally collected House Condition data from 2005 and 2006 to local demographic (census) information.

The HSP gives “indicative” levels of housing conditions and there has been debate with previous Regional Government Offices as to the extent that this data can be used to inform policies. The “adequacy” of current stock condition information will have to be reviewed against the high cost of providing more robust data.

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

Criteria/Indicator	Central Beds	England	Comment
% Non Decent Homes	28%	38%	Central Bedfordshire better than national average
% of vulnerable households living in Decent Homes	72%	61%	Central Bedfordshire better than national average and has probably met the former

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(former PSA7 target which was 70% by 2010			PSA7 target (70%).
Number of vulnerable households in non decent homes	3,034	No figure	Although there is a reduction from previous legacy Council reports, there are still vulnerable households in non decent homes
% and number of homes with inadequate thermal comfort	12% 9,672	16%	Central Bedfordshire better than national average and has fallen since 2007 report, but still significant numbers
% of homes with Category 1 hazards	20%	23%	Central Bedfordshire is better than the national average, but there are still significant numbers.
% and number of households in fuel poverty	8% However this is expected to increase to 16% (see below)	17%	There is significant variation between wards in the district, with higher proportions in some rural wards. There is a correlation between inadequate thermal comfort and fuel poverty.

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

### 3.3 Fuel Poverty

The above figures from the HSP are under-estimated in the context of increased fuel prices since 2005/06. National Energy Action (NEA), the leading national fuel poverty charity, estimated that 13% of households in England were in fuel poverty in 2007, but this had risen to 17% in 2009. The Eastern region fairs slightly better than the national average, at 16.2%. Increased fuel costs and likely decrease in household incomes due to the economic recession will certainly have increased the % of those in fuel poverty in Central Bedfordshire from the HSP 2005/06 figures of approx 7% to closer to the regional estimate of 16%.

In 2010 OFGEM (Office of the Gas and Electricity Markets) published a consultation document which looked at four different scenarios relating to energy supply over the next 10 to 15 years. All four scenarios gave increases in fuel costs for consumers. The increases in costs were between 14% by 2020 (for the best scenario) to a 60% increase for the worst scenario. Consequently, the problem of fuel poverty is likely to increase further from



current levels. Whilst economic recovery and associated higher incomes may help counter higher fuel costs for some, Central Bedfordshire Council can have some positive impact through policies to improve the energy efficiency of homes occupied by those in fuel poverty.

NEA produced a briefing note in 2010 for Children's Trust Policy Co-ordinators, which highlighted the adverse affects on children including:

- Physical ill health (proven links to respiratory disease, and increased accident risk)
- Psychological health (cold damp homes are linked with depression, fatigue and nervousness)
- Educational attainment (cold damp housing is not conducive to study and educational attainment, and resulting ailments lead to missed school attendance)
- Social exclusion (the home does not provide a welcoming environment for friends to visit and there may be insufficient income to allow external social activities).

Fuel prices from suppliers have increased since March 2010 by over 20% in many cases. Without significant increases in income, many more households are likely to be in a situation of fuel poverty. There were estimated to be about 17% of households in fuel poverty in 2009 (in the East of England), and this has almost certainly increased to above 20%.

The Government's Warm Front grant (aimed at tackling fuel poverty) had become so much in demand during 2010 that funding ran dry and new applications had to be suspended for several months until April 2011.

To help increase thermal efficiency in homes a number of new initiatives are being introduced. The Green Deal is one such initiative that will be similar to a loan provided by Energy Suppliers. Other schemes are aimed at making renewal energy more attractive capital propositions to households who are able to afford investment in their homes.

However, further increases in fuel costs are inevitable and fuel poverty will become an increasing issue facing households, particularly in winter months.

In November 2009 the Office for National Statistics published provisional excess winter deaths figures for 2008/09. There were an estimated 36,700 excess winter deaths in 2008/09. This is an increase of 49% compared with 2007/08 and is the highest since 1999/2000. In the East of England region, excess winter deaths rose to 3,800 in 2008/09, from 2,790 in 2007/08.

The majority of excess winter deaths are, not unexpectedly, amongst those aged 75 years and over.

Central Bedfordshire Council has £195,000 of external funding available to help tackle fuel poverty through provision of loans. This is considered in the recommended options below in section 5.2

### **3.4 Contribution towards Social Care and Health of Residents**

The Housing Health and Safety Rating System (HHSRS) is the statutory way of determining the “severity” or risk of hazards in the home. The methodology is closely aligned to Government information and statistics relating to injury, ill health and accidents caused in and around the home. The intention of introducing HHSRS in 2006 was ultimately to make the home a safer place and consequently reduce the burden of admissions to hospitals and other Health Services, a true “prevention” strategic tool. HHSRS covers 29 specific hazards. A hazard assessed with a score of 1,000 or greater, is classed as a Category 1, giving the Council a statutory duty to address.

The contribution of this policy towards health outcomes, in the context of HHSRS would include the following examples:

- prevention of ill health caused by living in damp conditions,
- prevention of cold related illnesses,
- prevention of accidents caused by trips, falls, etc,
- prevention of food and water-borne diseases caused by poor sanitation,
- prevention of electric shocks,
- prevention of incidences of poisoning, through gases (inc carbon monoxide), lead, asbestos, radiation, etc,
- prevention of burns, scalds, and effects of fire.

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

### **3.5 Empty Homes**

There are proposals for a New Homes Bonus in the Government’s Localism Bill. This bonus has also been proposed to include long term empty homes brought back into use. In effect, a reduction in empty homes has the same effect as building new homes. Each empty home brought back into use results in the same bonus or “reward”. The average “reward” is thought to be around £1,200 per year for 6 years. The exact bonus will depend on the Council Tax band of the property.

Consequently it will be very important to see a reduced number of empty homes. Council Tax data indicates that there are 100 fewer long term empty homes at 1<sup>st</sup> April 2011 compared to the previous year. This is welcome but there are still 1,061 long term empty homes.

The 16 very long term empty homes brought back into use during 2010/11, since the adoption of the Empty Homes Strategy could result in approximately £22,400 income from the New Homes Bonus. Consequently, retaining a focus on long term empty homes could reap financial benefits for the Council and therefore Central Bedfordshire residents.

### **3.6 Introduction of Loan Assistance**

Time available to test Loan Assistance has been limited since the first policy was adopted, but a number of loans are being progressed (where previously grants would have been awarded). Households are being guided through the Loan Assistance process to ensure a successful outcome.

Costs of registering a charge are included in the loan so the client does not have initial fees to pay and the Council will have these repaid when the house is sold and the loan repaid.

### **3.7 Disabled Facilities Grant (DFG)**

In 2010/11 the Council spent £2.25 million to adapt the homes of people with disabilities, an increase from 2009/10. A similar level of funding is provided by the Council for 2011/12.

However, demand is remaining high and is likely to exceed £3.5 million for 2011/12. The Council are considering issues and options surrounding the high demand for aids and adaptations as the level of funding currently provided is not sustainable.

A further issue is where a DFG does not cover the full cost of essential works where these costs exceed the maximum £30,000. This can leave some clients with high needs unable to progress their required adaptations.

There are also some occasions where clients have a partial contribution to make towards the costs of adaptations, determined from the legislative test of resources. In some cases clients will be in financial hardship and unable to find their required contribution. Local Authorities have a responsibility under the Chronically Sick and Disabled Persons Act 1970 to ensure identified need at the assessment is met. There is potential conflict with DFG test of resource legislation.

Consequently, for those clients in financial hardship but not able to progress a DFG, there is argument for considering discretionary Loan Assistance to “top up” the DFG and enable works to commence.

## 4. Capital Resources

### 4.1 Renewal Policy Assistance Budget 2011/12

For 2011/12 the Council budget is net £160,000. Government funding reductions have resulted in no Regional Housing Grant for this year (£162,164 was provided for 2010/11).

£92,000 was spent in 2010/11 but many cases were in progress and have been carried forward into this year's budget. Consequently, the current budget of £160,000 is likely to be spent.

In addition to the above net budget, we have £195,000 of external funding available for fuel poverty related work, specifically for boiler replacements and for other efficient heating solutions in "Off Gas", rural areas. This funding was originally provided from East of England Regional Assembly (EERA) as a sub regional fuel poverty scheme. This funding has been retained for 2011/12.

Consequently, to fully utilize this external funding, a short term form of assistance to tackle fuel poverty is recommended in section 5.2 below.

We will continue to utilize other forms of external funding for energy conservation and fuel poverty measures, including the Government's Warm Front programme and Energy Suppliers Carbon Emissions Reduction Target (CERT) funding.

Due to the serious pressures on the general fund, any assistance provided should, where possible, be in the form of loan assistance that can be recovered and recycled at some point in the future. This includes the potential recovery of some DFG funding through provisions in The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008.

### 4.2 Mandatory Disabled Facilities Grant Budget

£2.25 million was approved for 2011/12, which includes £584,000 Government grant. However, as stated above, demand for the current year is expected to exceed £3 million and potentially be closer to £3.5 million.

Legislation enables some recovery of DFG assistance in specific circumstances. Within the provisions of Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008 councils have the power to impose a charge upon the property for ten years in all cases where the grant exceeds £5,000 (for the part of the grant that exceeds £5,000), up to a charge limit of £10,000.

Upon sale of the property within ten years of the grant completion, the presumption will be to recover the cost of the adaptation. However, in accordance with formal guidance, we will consider the individual circumstances of the owner. Guidance is set out giving circumstances where it

is not appropriate to recover the cost. In reality the costs are most likely to be recovered on the death of the applicant.

#### 4.3 Resource summary

The success of this policy will be influenced by the capital resources available. Although this policy should influence budget planning, the actual implementation and success of the policy will be dependant upon resources.

The availability of assistance (grants/loans) from Central Bedfordshire Council will always be dependant upon the finite resources available.

## 5. Renewal Policy Priorities and Assistance

### 5.1 General Policy Principles and Priorities

1. Central Bedfordshire Council will meet its mandatory requirements in respect of Disabled Facilities Grant and will seek to maximise resources to assist as many eligible clients as possible in obtaining the necessary and appropriate adaptations to their homes. To meet this objective, we have introduced charges upon the property where the grant exceeds £5,000, up to a charge limit of £10,000. This only applies to owner occupied households and the charge last for 10 years.

2. Having regard to the issues outlined above and in appendix 1, **the Council will provide discretionary assistance to meet priorities outlined below.** However, as stated above in 4.3, **the availability of discretionary assistance from Central Bedfordshire Council will always be dependant upon resources being available.**

3. The following aims were generally agreed by Members of the Social Care, Health and Housing Overview and Scrutiny Committee in October 2009, prioritised in order of importance, so that if difficult decisions had to be made, the council would help with addressing the highest priorities first. The order of priority is as below with A being the highest:

A – The safety and security of older persons and other vulnerable groups, living in their home,

B - Reducing cases of fuel poverty,

C - Reduction of category 1 hazards, (with associated health related benefits) & *major adaptations for people with disabilities* (see below)

D - Reducing the number of non decent homes, primarily with loan assistance that can be recycled

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E - Reduction of empty homes,

F - The improvement in the thermal efficiency of the housing stock,

G - The maximising of opportunities for external funding of all types for the benefit of meeting the above priorities,

Discretionary disabled facilities assistance for major adaptations is equivalent to removing hazards in the home for people with disabilities so this priority also sits at C above.

In times of budget restriction/pressure, officers administering grant/loan assistance will be instructed as to the level of priority (A to G above) that the assistance will be available for. This instruction will be from the Head of Private Sector Housing or Assistant Director Housing Services.

4. Having regard to the significant financial pressures and the need to recover/recycle any financial assistance provided, **all types of assistance provided will be in the form of Loan assistance. Loan assistance of up to £8,000 will have a repayment condition period of 10 years, and larger levels of assistance will have a repayment condition period of 30 years** (virtually lifetime for many cases). The repayment conditions would be at zero % interest rate, in the form of a land registry charge where possible.

This will help the return of financial assistance provided by the council when the applicant is in a better position to do so, such as through the sale of the property. There would be exemptions to repayment conditions, where the property is sold to enable the client to move into a care home or with relative carers.

**5. Only two exceptions to provision of loan assistance are provided.**

Firstly, where the council provides funding for the most urgent cases to help the most vulnerable households resolve safety or security issues. This is in the form of *Safety, Security and Emergency Repair Grant* as detailed under 5.2 below.

Secondly, small grants of up to £1,000 are available for eligible households on Park Homes (or Houseboats). Loans cannot be charged to Park Homes and as most Park Homes are occupied by older people, the council is concerned that this could have a detrimental impact on older people. By providing this grant the council is ensuring that it has the required due regard to advance equality of opportunity between people who share a protected characteristic such as age.

6. To fully utilise the external fuel poverty funding, the eligibility around affordable warmth loan assistance is widened to allow for more groups of older clients to take the opportunity to make their homes more affordable. This type of assistance will continue until the funding is fully used and is at no cost to the council. As this is provided as loan assistance, it will be recoverable at some point in the future to be re-used by the council.

7. The council will continue to provide an Options and Advice service to help homeowners make decisions with regards to improvements to their homes. This will entail development of existing and new partnerships to provide greater options at early stages of enquiry.

## **5.2 Specific Types of Assistance to Meet Priorities**

A summary of the specific forms of assistance within this policy is in the table below. The table does not include detailed aspects of recommended assistance; the aim here is to just outline the aims and outcomes of the assistance proposed. The table states which of the priority aims (A to F) listed above would be targeted through the specific type of assistance. Specific Assistance Eligibility Conditions will be available for council officers and clients to refer to. These will form the basis of promotion material.

## Summary of assistance

Name and type of proposed assistance	Aim of such assistance	Priority	Eligibility & conditions summary
<p><b>Safety, Security and Emergency Repair Grant.</b> A grant of up to £500 for emergency works, which can be administered quickly to remedy an urgent situation.</p>	<p>A limited safety net for those people most in need with the most immediate problems and clearly urgent/distressing circumstances. This includes older/disabled people whose homes have been broken into and left insecure.</p>	<p>Primarily A, but also C.</p>	<p>Anyone over the age of 60 in receipt of an income related benefit, (including Pension Credit) or disabled people in receipt of Disability Living Allowance or Attendance Allowance, who are also in receipt of income related benefits. There are no repayment conditions. Some private tenants (those in Almshouses on peppercorn rents, or tenants living in properties owned by relatives or charities) may be eligible.</p>
<p><b>Home Improvement Loan Assistance.</b> Loan Assistance of up to £8,000 (with 10 year condition), or Loan Assistance for between £8,000 and £15,000 (or £20,000 in exceptional circumstances where approved by Assistant Director Housing Services) with 30 year repayment condition  For clarity, all assistance would be subject to relevant repayment condition period, for example. £9,000 assistance,</p>	<p>Assistance to remedy Cat 1 hazards, non decent homes (disrepair, inadequate facilities etc)  This includes some provision of grant assistance of up to £1,000 to eligible clients on Park Home sites or Houseboats for repairs to the home itself, subject to a lifetime condition assessment of the home and further conditions. Note – HHSRS cannot be</p>	<p>Primarily A, C and D, but also B and F.</p>	<p>Any homeowner can apply, provided they have owned and been resident in the property for three years prior to an application and intend to reside in the property for at least five years.  Private landlords may be eligible for Loan Assistance only, where they propose improvement works “over and above” the minimum required under the Housing Act 2004 (Cat 1 Hazard remedy) – further notes are below.  For owner occupiers, this assistance is subject</p>



<p>all £9,000 would be subject to 30 year repayment condition period.</p>	<p>applied to a Park Home.</p>		<p>to a test of financial resources, and 10 or 30 year repayment conditions depending upon amount of assistance. Private landlords would not be subject to a test of resources. Loan assistance would be 60% of the agreed eligible works (over and above statutory minimum). Landlords Loan assistance would have the 10 year repayment condition for assistance of between £1 and £8,000, and 30 years for assistance over £8,000.</p> <p>Due to the administration involved in making a charge, it is unlikely that subsequent applications would be allowed within a three year period.</p>
<p><b>Affordable Warmth Assistance.</b> This is loan assistance that is intended to remedy fuel poverty. This assistance can be provided alongside external funding. The limit is £5,000. Innovative works that attract external funding may exceed this limit on a case by case basis.</p> <p>For works involving Boiler Replacement or efficient heating provision in off gas properties, BALES funding will fund the costs in total.</p>	<p>To remedy fuel poverty and/or poor thermally efficient homes.</p>	<p>Primarily B, but also C, D and F.</p>	<p>Any home owner requiring energy efficiency/fuel poverty remediation works, and who cannot obtain such assistance in part or total from other sources, although the grant can be used in addition to external funding where that funding does not meet total costs of required.</p> <p>Eligibility will not be constrained to those in receipt of means tested benefits but will include those where fuel poverty can be assessed as likely or a risk (through determination of fuel costs, thermal efficiency, and income) or where the household contains</p>

			someone aged 65 years of age or more with less than £20,000 in savings. Repayment conditions would be as above, 10 and 30 years. A more detailed, specific set of eligibility conditions will be produced to meet EERA scheme requirements. This will require the use of energy rating software.
<p><b>Empty Homes Loan Assistance.</b> Loan assistance of up to £15,000 for owners of long term empty homes that require works to be made habitable. Loan assistance is 75% of costs, up to maximum assistance of £15,000.</p>	<p>To renovate and bring long term empty homes back into use in line with proposed empty homes strategy.</p>	<p>Primarily E, but also C and D.</p>	<p>Any owner of long term (1 year or longer) empty homes who undertakes to bring the property back into use once renovated. This is not means tested but a 10 or 30 year repayment condition applies. Nominations agreements are not required due to implementation of Choice Based Lettings, which does not currently include scope for private rented accommodation. However, the property may be considered for the Council's Lets Rent scheme. Option to withhold 25% of assistance amount until property is actually occupied (as incentive for owner to let and not leave empty),</p>
<p><b>Home Loan Support Assistance.</b> A loan of up to £2,500 to assist clients to obtain private funding for eligible works,  Eligible works will be those necessary to achieve the Decency standard, or to</p>	<p>To provide assistance to clients to obtain private funding (loan or equity release), through a reputable source, to remedy a cat 1 Hazard, or make home decent.</p>	<p>Primarily G, but also A, B, C, D, and F.</p>	<p>Applicants must be:-</p> <ul style="list-style-type: none"> <li>• over 60 or</li> <li>• in receipt of Disabled Living Allowance or in receipt of Attendance Allowance;</li> </ul> <p>The property must be considered sustainable by the council, and, in the opinion of an</p>

<p>carry out essential work which otherwise cannot be funded through Home Improvement Assistance, or (in exceptional cases) works to adapt a property for the needs of a disabled person where DFG is not available.</p>			<p>independent financial advisor, the applicant must have sufficient resources or property equity to support the raising of necessary finance for the eligible work.</p>
<p><b>Relocation Assistance.</b> A loan of up to £4,000 for costs of relocating to a more suitable property.</p> <p>This type of assistance would not be restricted to particular Estate Agents, Conveyances etc, but local partnerships would not be ruled out in the future.</p> <p>In cases where negative equity is potentially a barrier, a grant may be considered.</p>	<p>To alleviate overcrowding where the problem cannot be alleviated by the applicant remaining at the dwelling.</p> <p>To respond to under occupation and increase the supply of larger properties.</p> <p>Where remaining in the property is not feasible due to the cost or complexity of the works required.</p> <p>Where the dwelling does not meet the needs of a disabled occupant, and/or where adaptation will not meet that need.</p>	<p>A and C.</p>	<p>To assist the homeowner to meet the costs associated with purchase, sale and relocation, the following eligibility conditions should apply:</p> <ul style="list-style-type: none"> <li>• The property is overcrowded and the applicant does not have the financial resources to carry out the necessary alterations, or extension to alleviate the overcrowding. (or)</li> <li>• The house cannot be adapted to accommodate the needs of a disabled person. Where an adaptation of the property has proved not reasonably practical, and where suitable alternative accommodation has been identified (which in itself may require adaptation); (or)</li> <li>• The house requires essential work such that it cannot be reasonably financed by the current owners even with the help of Home Improvement Loan assistance. (or)</li> <li>• The house is under occupied;</li> </ul>

			<ul style="list-style-type: none"> <li>• and the applicant is vulnerable.</li> <li>• For owner occupiers, this assistance is subject to a test of financial resources and a local land charge would be registered on the new property.</li> </ul>
<p><b>Disabled Facilities Grant (mandatory).</b> Grants of up to £30,000. Mandatory Disabled Facilities Grants will be assessed and paid under the provisions of Chapter 1 of the Housing Grants Construction and Regeneration Act 1996 as amended.</p>	<p>A DFG is provided to adapt the home of a disabled person to meet their specific needs. The need for an adaptation is determined by an Occupational Therapist (OT) from council's Adult Social Care Service. The grant incorporates recommendations made by the OT, providing the works are reasonable and practicable.</p>	C	<p>The DFG is subject to a test of financial resources. This test is prescribed in detail by legislation. The grant for the adaptation is a maximum of £30,000, less any contribution to reflect that the contribution counts towards the maximum of £30,000.</p> <p>Grant repayment conditions apply, in particular where the grant is for more than £5,000 but only for a maximum charge of £10,000</p>
<p><b>Disabled Facilities Grant – discretionary/top up loan assistance</b></p>	<p>This is discretionary assistance to top up mandatory DFG for the provision of aids and adaptations for people with disabilities.</p>	C	<p>This is loan funding of up to £20,000 for cases where the £30,000 mandatory limit are exceeded and where the client was originally assessed as having a "nil contribution" from the DFG test of resources. Assistance will only be available for owner occupiers.</p> <p>Loan assistance may also be available for clients who have an assessed contribution under the DFG test of resources but are assessed as having no contribution under Adult Social Care's "Fair Access to Care" test of resources. Again, this assistance will only be available for owner occupiers.</p>

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### **5.3 Applicant Support**

Officers will continue to provide a good level of client support in helping complete the various forms required for financial assistance. Many clients are vulnerable and/or elderly and often appreciate the support that they receive from experienced officers. This shows through the customer satisfaction questionnaires completed. This Grant Support Scheme is to be retained as a valuable service to assist clients through the grant/loan assistance process.

### **5.4 Client's Household Insurance**

To help ensure that clients maintain their properties after improvement/repair works have been carried out with council assistance, the council will encourage clients to ensure that they obtain and maintain sufficient Buildings Insurance to resolve future issues where appropriate.

## **6. Review and Appeals Process**

Most cases or enquiries will be dealt with in the Private Sector Housing Service teams. Any unusual cases should be discussed between officers and team managers and considered on the merits of the case presented, recognising the need for consistency of decision making.

In some cases the relevant team manager will require Head of Private Sector Housing's review and opinion on the case. Where this is requested, the Head of Private Sector Housing will consult with the second team manager and make a decision based upon the merits of the case, or present the case with a recommended option to the Assistant Director of Housing where the case is significant, i.e. it has an anticipated assistance value of more than £10,000.

Decisions by the Head of Private Sector Housing and/or the Assistant Director for Housing Services will be provided in writing for case/file notes.

Examples of situations that would be dealt with by the Head of Private Sector Housing and/or Assistant Director for Housing Services are:

- Deciding whether to target assistance to help an empty property back into use, including the amount or rate of grant (or loan) and any special conditions to be attached in each case.
- Considering requests for assistance to be provided as an exception to general policy, although any such assistance would have to be authorised by the Assistant Director for Housing Services.

### **6.1 Appeals about Decisions in Individual Cases**

Appeals about how the policy is operated in individual cases, for example, where an enquiry or application for assistance is refused, will be considered by a Housing Services Management Team Panel which is chaired by the

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Assistant Director of Housing Services and consists of at least two Housing Heads of Service.

Appeals must be set out in writing and sent to the Assistant Director of Housing Services, Central Bedfordshire Council, Watling House, High Street North, Dunstable, Bedfordshire, LU6 1LF or email:

[tony.keaveney@centralbedfordshire.gov.uk](mailto:tony.keaveney@centralbedfordshire.gov.uk) The appeal submission must include the specific grounds on which the appeal is based. Appeals will be considered only on the following grounds:

- That the policy has not been applied correctly on the case in question, for example there has been a mistake, or
- That the case in question is exceptional in some way that justifies an exception to the general policy. An exception may be considered for an owner-occupier who has both owned the house and lived in it for at least five years and where there are missing essential facilities, where there is structural instability, or serious hazards.

Appeals will not be considered on the grounds that the appellant simply disagrees with the policy. However, any written comments and complaints about the policy will also be considered by the Panel, as described above. The decision of the Appeal Panel is final. Decisions will be notified to appellants in writing within 14 days from receipt of the written appeal.

The appeals process does not preclude individuals from taking a formal complaint through the Corporate Complaints process, but the appeals process may be a speedier way of receiving a review of a case.

## Appendix A National Private Sector Housing Renewal Drivers

### Pre 2007

The 2002 Government Spending Review expanded the decent homes target for the social sector to the private sector, with the aim of increasing the proportion of vulnerable households in the private sector living in decent conditions. The vulnerable groups are those in receipt of at least one of the principal means tested or disability related benefits. The Government's Decent Home Target Implementation Plan<sup>1</sup> set out a trajectory for delivery that includes targets for specific years up to 2020, expressed as the proportion of vulnerable households in the private sector living in decent homes. The target for 2010 (known as PSA7) was 70%.

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

Nationally, in 2006, around a million dwellings failed the fitness standard whereas closer to 4 million were expected to contain a Category 1 Hazard under HHSRS (which triggers a failure of the Decent Homes Standard). This is mainly because of the hazard from excessive cold which affects a greater proportion of homes than any other hazard and contributes towards over 20,000 excess winter deaths per annum<sup>2</sup>.

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

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

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

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



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

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

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

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

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

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

The Comprehensive Area Assessments will be undertaken by the Audit Commission. The Commission have published the key lines of enquiry (KLOE’s) to be followed by their assessment teams.

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

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

Housing Stock condition indicator	Information required by or of value to	Comments
Dwellings which would fail the Decent Homes Standard	Audit Commission	Not specifically mentioned in KLOE but part of PSA7 indicator which was required by CLG until April 2008
Category 1 Rating System Hazard	Audit Commission	Specifically mentioned in KLOE. Minimum standard for housing enforcement purposes. Required for Government HSSA returns, including likely cost of remedying all Cat 1 hazards
Vulnerable households in decent homes	CLG Audit Commission	PSA7 Indicator required by CLG until April 2008  Specifically mentioned in KLOE
Vulnerable households in non decent homes	Audit Commission	Alternative method of expressing PSA7 indicator that gives a better indication of overall scale of problem.
Dwellings with a SAP less than 35	Audit Commission	KLOE includes energy efficiency levels and information to identify energy efficiency action zones. Required for Government HSSA returns and helps towards NI 187
Fuel poverty	Audit Commission  DEFRA	KLOE includes information to identify energy efficiency action zones  National Indicator 187 Tackling fuel poverty is defined differently to this measure of fuel poverty but is a useful surrogate until a new model is developed.
No of long term empty homes in private sector	CLG	Required for Government HSSA returns

## Appendix B - Definition of Vulnerable Household

The term vulnerable can take on a number of meanings but there is a very precise definition provided by the former Office of the Deputy Prime Minister (ODPM).

The ODPM defines vulnerable households as “those in receipt of at least one of the principal means tested or disability related benefits. For the purpose of establishing the national 2001 baseline from the English House Condition Survey, the benefits taken into account were: income support, housing benefit, council tax benefit, disabled persons tax credit, income based job seekers allowance, working families tax credit, attendance allowance, disability living allowance, industrial injuries disablement benefit, war disablement pension.”

However the ODPM qualify this definition with the following: - “The detailed definition of qualifying benefits used to define vulnerable will be subject to change and since 2001 a new range of tax credits has indeed been introduced with different qualifying thresholds. These are child tax credit, working tax credit and pension credit. The definition of vulnerable households used to monitor progress towards the target has therefore been amended as follows. In addition to the benefits described in the previous paragraph, pension credit will be included as a qualifying benefit. Also households in receipt of either working tax credit which includes a disability element or child tax credit will qualify as a vulnerable household providing the person entitled to the tax credit has a relevant income of less than £14,200, as defined for the purpose of determining eligibility for the tax credit. Working Families Tax Credit and Disabled Persons Tax credit have been abolished.”

In the context of fuel poverty, a household not within the above definition could still be living in fuel poverty, where they are spending more than 10% of income on fuel/energy costs. Whilst this can be more difficult to assess accurately, the energy efficiency of the home and cost of fuel used are useful indicators.

In the context of equalities legislation and research evidence, the Council must be mindful as it develops and implements this policy that the following groups could be deemed to be vulnerable. So the needs of the following groups should be taken into account:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

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**Meeting:** Name of Overview and Scrutiny Committee

**Date:** 24<sup>th</sup> October 2011

**Subject:** Safeguarding Annual Report

**Report of:** Cllr Mrs Hegley Executive Member for SCHH

**Summary:** This is the fourth annual report of the Adult Safeguarding Board which covers the second year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2010 to March 2011 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire.

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

**Contact Officer:** Stuart Rees and Emily White

**Public/Exempt:** Public

**Wards Affected:** ALL

**Function of:** Council

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

1. This report contributes to the achievement of the Council priorities:
  - To support and care for an ageing population
  - To create safer communities, and
  - To promote healthier lifestyles

### **Financial:**

2. A specialist safeguarding team operates within available resources and by prioritising this area of work over other Adult Social care demands.

### **Legal:**

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

**Risk Management:**

4. The Council's overall reputation and performance assessment is at risk if it is not aware of the challenges presented by the performance of its safeguarding responsibilities and the actions taken by the council to address the areas of concern outlined in this report. The council's duty is to safeguard the most vulnerable citizens from all forms of abuse. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm.

**Staffing (including Trades Unions):**

5. None

**Equalities/Human Rights:**

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

All Local Authorities are required to implement a range of equality legislation which requires the Council to:

- Understand issues relating to disability, gender, gender reassignment, race, religion or belief, age, and sexual orientation.
- Engage with service users, local communities, staff, stakeholders and contractors to identify and implement improvements.

Abuse of vulnerable adults can include discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

It is therefore vital that all sections of the community know that they are able to report such types of abuse and the council's staff must be trained to be able to recognise and deal with such issues. Central Bedfordshire Council has recently launched specialist equality training for Adult Services staff to help raise awareness of these issues.

**Community Safety:**

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

**Sustainability:**

8. None

**Procurement:**

9. Not applicable.

**RECOMMENDATION(S):**

**The Committee is asked to:-**

**Agree that the Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board as attached in appendix A be noted**

**Summary**

10. During the past 12 months, a comprehensive improvement plan was pursued to continue the improvement programme initiated in 2009/10 and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding but we recognise that achieving excellence in this area requires sustained improvement on the part of all partner agencies.
11. During the past 12 months the council embedded the revised policy and procedures and ensured that all partner agencies prioritised safeguarding and worked to closely monitor and audit practice and learn the lessons from safeguarding investigations. All agencies implemented remedial action plans to address shortcomings, maintained their performance reporting systems to enable reporting against the national minimum data set for safeguarding and carried out extensive staff training. However, much work still remains to be done to take us to our safeguarding goals.
12. Having focused closely on the safeguarding procedures, during the next 12 months it is our intention to focus on the areas of prevention of abuse and significant harm, empowerment and proportionality to ensure improved outcomes for all vulnerable adults involved in a safeguarding incident.

**Background**

13. In May 2008, Commission for Social Care Inspection carried out an Independence, Wellbeing and Choice Inspection in Bedfordshire which concluded that in Bedfordshire safeguarding services were adequate and that capacity to improve was uncertain. On vesting day the Council inherited a situation where there were 361 open safeguarding cases. This required a significant amount of time and resource to audit and review these cases. The findings confirmed that no one had been left at risk; however it highlighted issues with the way in which the process and relevant procedures had been followed.
14. Central Bedfordshire Council shared the concerns and views of the regulator that as good safeguarding is the foundation for all of adult social care that improvements were needed in order to ensure a solid base for other improvement activities. The focus has therefore been on developing safeguarding work across all social care teams and partner organisations to improve and raise awareness of the Safeguarding of Vulnerable Adults (SOVA) procedures and processes. A Recovery Programme was established with the Programme Board being chaired by the Chief Executive and reporting to a Member Reference Group. A Recovery Plan was developed which focused on

those critical areas or elements of practice that required attention and on which further improvement was dependent.

15. Central Bedfordshire Council and Bedford Borough Council operate a joint Safeguarding Board which is chaired by the Directors for Adult Social care. Senior officers from partner organisations are represented on the Board, for example, the police, NHS, and voluntary agencies, as well as elected members from both councils. Beneath the Safeguarding Board are operational delivery groups which carry out the work identified by the Board. Central Bedfordshire Council has targeted available resources in a specialist safeguarding team. This team consists of senior social workers and support workers and provides support and advice to all staff within the Council, partners, service providers and the public. It is now the single point of contact for all SOVA referrals/alerts, including those relating to mental health services.

### **Performance in Central Bedfordshire for 2010/11**

16. Central Bedfordshire Council received 1086 alerts during the year. 265 (24% progressed to a referral). This is an increase from the previous year by 112 alerts. The proportion of alerts progressing to referral is the same as last year. The safeguarding team are receives fewer inappropriate alerts. The figure of one third and one quarter from each council represents proportionate responses to an alert. For example alerts may reflect unmet need, or increased risks, which require further intervention by the care provider or adult social services.
17. 821 alerts received by Central Bedfordshire Council did not progress to formal investigation. Half of these resulted in information and advice being provided. A further quarter were referred to care management teams for a response.
18. Timescales for completing an investigation have significantly improved, taking on average 34 days. The safeguarding team screen each referral/alert, assess if it falls within the SOVA threshold, allocates the case to the relevant local team and, in consultation, decides how the case will be investigated. The SOVA team is responsible for monitoring the progress of the investigation and the outcomes achieved.
19. The most common outcome of investigations is unsubstantiated. This is expected given the nature of many allegations as there is frequently a lack of evidence through lack of witnesses and the inability of alleged victims to communicate what has happened. Although outcomes of investigations are frequently unsubstantiated, following every safeguarding referral work is undertaken to safeguard the alleged victim, providing a protection plan and all support necessary to minimise risks to their safety. The SOVA team are working with practitioners to evidence outcomes of decision making during safeguarding investigations.
20. The Recovery Programme was established in October 2009 to “take Adult Social Care to safe sustainable service delivery in the key areas of concern; from where the improvement journey can begin”. Safeguarding Adults was one of the key areas identified and significant progress has been made. Safeguarding Adults was featured in Recovery Phase 2 so as to build on the progress made.



21. In January 2010, an audit of all remaining case files from April – December 2009 was undertaken. The methodology applied was taken from tools and guidance used by the Care Quality Commission (CQC) to support practice by CQC inspectors in adult social care inspections. The approach did not set out to provide a qualitative audit of each case but focused on evaluating against a structured checklist:
  - whether the process for recording had been followed
  - whether the information recorded provided an account of the safeguarding intervention
  - what action had been taken
22. A total of 107 cases were audited and 27% of these gave cause for concern in that there was insufficient information in the file to confirm whether the individual had been safeguarded. However, the Safeguarding team immediately reviewed the cases and found evidence on the SWIFT electronic database that individuals had been appropriately safeguarded.
23. The Council concluded that there remained a need to focus on the areas identified by CQC in November 2009. In particular, the need to evidence the consistency of local and individual practice, to improve record keeping and quality assurance processes and to develop and embed outcome monitoring processes.
24. **Examples of work undertaken during 2010/11**
  - Extensive publicity campaign and development of public information materials – safeguarding team presentations, conference October 2010, z cards and leaflets.
  - Dignity Campaign has begun and will continue
  - Advocacy support – People in Partnership training for vulnerable people.
  - Safeguarding team links to community safety including the domestic and sexual violence coordinators
  - An expert by experience has assisted with the development of a new training course “safeguarding – developing a personalised response”
  - An expert by experience has assisted with the development of safeguarding support worker feedback visits which have recently started.
  - Engagement with care providers through regular communications and Providers Forums attended by the DASS
  - Use of workbook and safeguarding competency framework in contracts monitoring
  - Clarification of roles of social work and contracts compliance staff through quality and safety monitoring guidance for staff
  - Audits show that information sharing is effective between partners during investigations.
  - Audit of case files shows an improvement in the timeliness of investigations and in recording practice
  - The personalisation team is developing different approaches to risk management
  - Comprehensive training programme covers staff at all levels. New competency framework is reflected in training and is required to be used during supervision and as part of professional development
  - The safeguarding board is attended by a service user representative

supported by Advocacy Alliance. He fed back from a 6 month safeguarding support group to provide service users' views.

### **Developments for 2011/12**

25. Following an extensive review and consultation, the government has announced that it will introduce legislation in 2012. The statute will reinforce outcome focused interventions and will set out duties and powers of local authorities to safeguard adults from abuse and neglect and emphasise the importance of local partnership working to achieve these principle outcomes. Local authorities will retain duties to investigate adult protection cases or cause an investigation to be made by other agencies. Lead responsibility will be retained by the local authority in maintaining safeguarding boards. Key functions of boards will be;
- To keep under review the procedures and practices of public bodies which relate to safeguarding
  - To give information or advice or make proposals, to any public body on the exercise of functions which relate to safeguarding
  - To improve the skills and knowledge of professionals who have responsibilities for safeguarding adults and to produce a report every two years on the exercise of the board's functions.
26. The statute will establish a duty to promote co-operation with other relevant organisations in particular circumstances such as assessment, community care and adult protection investigations.

### **Safeguarding Peer Challenge**

27. During the week 26<sup>th</sup> June-1<sup>st</sup> July the council underwent a peer challenge of its safeguarding service. This was coordinated by the Local Government Group and consisted of a group of senior representatives from other local authorities and health bodies. Part of the challenge included preparing a detailed self assessment document, undergoing an independent case file audit, followed by triangulation by the team through a document review and focus groups while they were on site. Initial feedback from the peer challenge was positive in that clear improvements have been made since 2008. The challenge identified that foundations were in place to continue to improve the service. A full report will be received by the DASS within four weeks of the peer challenge.
28. During 2011/12 the council will:
- Improve people's peoples experiences of safeguarding by ensuring they are involved throughout the process and that it is personalised
  - Ensure robust and engaged management and leadership with respect to safeguarding
  - Ensure a coordinated and inclusive approach to safeguarding through promoting links with partners in the NHS, community safety, and other strategic partnerships
  - Ensure prevention, dignity and safeguarding objectives are achieved through robust commissioning practices
  - Continue to improve the standard of service delivery and effective practice (including case file recording) with respect to safeguarding
  - Continue to monitor performance with respect to safeguarding to enable improvement
  - Implement the action plan to improve safeguarding service based on the

- self assessment for the safeguarding peer review
- Respond to the outcomes and implement the recommendations of the safeguarding peer review

**Appendices:**

Appendix A – Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board

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## Safeguarding Adults from Abuse, Maltreatment and Neglect in Bedford Borough and Central Bedfordshire



### **Annual Report of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board**

April 2010- March 2011

**Abuse is Everybody's Business  
Safeguarding is our Responsibility**

Abuse is Everybody's Business

This is the fourth annual report of the Adult Safeguarding Board which covers the second year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2010 to March 2011 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire.

During the past 12 months, a comprehensive improvement plan was pursued to continue the improvement programme initiated in 2009/10 and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding but we recognise that achieving excellence in this area requires sustained improvement on the part of all partner agencies

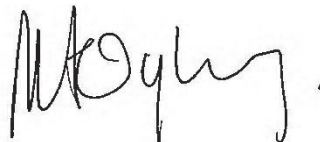
During the past 12 months we embedded the revised policy and procedures and ensured that all partner agencies prioritised safeguarding and worked to closely monitor and audit practice and learn the lessons from safeguarding investigations. All agencies implemented remedial action plans to address shortcomings, maintained their performance reporting systems to enable reporting against the national minimum data set for safeguarding and carried out extensive staff training. However, much work still remains to be done to take us to our safeguarding goals.

Having focused closely on the safeguarding procedures, during the next 12 months it is our intention to focus on the areas of prevention of abuse and significant harm, empowerment and proportionality to ensure improved outcomes for all vulnerable adults involved in a safeguarding incident.

It is everybody's responsibility to report abuse wherever it is seen, suspected or reported. Safeguarding is a vital part of our responsibilities. It is more than just adult protection; it is about protecting the safety, independence and wellbeing of vulnerable people.



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



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

**Safeguarding is our Responsibility**

## 1. The Developing Context for Safeguarding

With the election of a new coalition government, the year 2010/11 saw the emergence of some new priorities for safeguarding which have resulted in the publication of a series of key documents shortly after the year end. The Safeguarding Board has monitored these developments closely and is well placed to hit the ground running in responding to this developing context.

### ADASS Advice Notice April 2011

The Association of Directors of Adult Services (ADASS) published standards for safeguarding in 2005 which formed the basis of much of our procedures including the structure and the timetable for investigations. In April 2011, they produced an update to those standards including revisions to the use of terminology. In response to this, the Adult Safeguarding Board is gradually replacing the term 'vulnerable Adult' with a broader term 'adult at risk' - anyone with social care needs who is or maybe at risk of significant harm. This is to recognise that the term "vulnerable adult" can inappropriately suggest that the cause of abuse lies with the victim.

The guidance note also proposes replacement of the term "abuse" with "harm". However, the Adult Safeguarding Board has resolved to continue using the familiar term "abuse" because people know what this means. Where appropriate, we will use the terms harm, significant harm and avoidable harm using the context to ensure that it is the impact of harm that is important, not who did it or what the intent was.

ADASS recommends a clear link between safeguarding boards and the health and well being boards described in the NHS White Paper, 'liberating the NHS' July 2010. This proposes the options of operating boards across council boundaries and greater linkage with children's boards. The advice stresses the importance of the commitment of active partners who are able to influence and direct their organisation and have in place policies and procedures for delivery.

### 1.1 The Law Commission's review of Adult Social Care

Following an extensive review and consultation, the government has announced that it will introduce legislation in 2012. This legislation will establish that the overarching purpose of Adult Social Care is to promote or contribute to the well-being of the individual.

The statute will reinforce outcome focused interventions and will set out duties and powers of local authorities to safeguard adults from abuse and neglect and emphasise the importance of local partnership working to achieve these principle outcomes. Local authorities will retain duties to investigate adult protection cases or cause an investigation to be made by other agencies. Lead responsibility will be retained by the local authority in maintaining safeguarding boards. Key functions of boards will be;

- To keep under review the procedures and practices of public bodies which relate to safeguarding
- To give information or advice or make proposals, to any public body on the exercise of functions which relate to safeguarding
- To improve the skills and knowledge of professionals who have responsibilities for safeguarding adults and to produce a report every two years on the exercise of the board's functions

The statute will establish a duty to promote co-operation with other relevant organisations in particular circumstances such as assessment, community care and adult protection investigations.

The statute will remove the existing power to remove a person from their home under section 47 of the National Assistance Act on the basis that it is incompatible with the human rights law.

### 1.3 Statement of Government Policy on Adult Safeguarding

This statement released in May 2011 sets out the Government's policy on safeguarding vulnerable adults. It includes a statement of principles for use by Local Authority Social Services and housing, health, the police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. It also describes, in broad terms, the outcomes for adult safeguarding, for both individuals and agencies and outlines the next steps. The policy statement defines a set of principles to benchmark existing adult safeguarding arrangements to see how far they support the government's aim and to measure future improvements:

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

### 1.4 Vetting and Barring Scheme (VBS)

The Vetting and Barring Scheme has been subject to a full review to remodel the scheme to what it calls 'common-sense levels'. Following consultation, the Government will introduce primary legislation in early 2012; the key changes will be;

- To maintain a barring function
- To abolish registration and monitoring requirements
- To redefine the requirements of 'regulated activities'
- To abolish 'controlled activities'

This means;

- The merging of the criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)
- Those who work closest with children and vulnerable adults will be required to register
- Volunteers will not have to register with VBS and then be continuously monitored by the ISA
- Portability of criminal records checks between jobs to cut down on needless bureaucracy
- New penalties for those who knowingly request criminal records checks on individuals who are not entitled to them.

However, the regulations introduced in October 2009 still apply.

- an organisation which knowingly employs someone who is barred from working with those groups will also be breaking the law
- any organisation who works with children or vulnerable adults and dismisses a member of staff or a volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, must tell the Independent Safeguarding Authority



## **2. The work of the Adult Safeguarding Board in Bedford Borough and Central Bedfordshire**

### **2.1 An Overview of Safeguarding Improvement Work in 2010/11**

- 2.1.1 The year 2010/11 has again been very challenging and very exciting for the further development of safeguarding in Bedford Borough and Central Bedfordshire.
- 2.1.2 The safeguarding board have worked together to strengthen the partnership arrangements for safeguarding by undertaking organisational audits and overseeing organisational improvement plans.
- 2.1.3 The Safeguarding Board's Operational Group and three sub-groups have continued to embed the necessary improvements to address the findings of the audits, case reviews and lessons learnt from investigations undertaken.
- 2.1.4 The safeguarding board approved and launched the revised safeguarding policies and procedures at the safeguarding conference in October 2010.
- 2.1.5 Further audits of case files identified the need to improve the quality of safeguarding investigations through more robust managerial oversight of safeguarding activity.
- 2.1.6 Both Councils have completed their first serious case reviews.

### **2.2 Strategic Leadership**

- 2.2.1 We have strengthened leadership in the partnership by overseeing, challenging and holding to account for the progress of individual improvement plans. As a result:
  - All partners have launched the revised procedures within their organisations and created internal governance arrangements to ensure compliance.
  - Each statutory partner has revised their commissioning and contractual arrangements to include safeguarding as a key deliverable.
  - We have organised and delivered safeguarding and Mental Capacity Act awareness among clinical staff
  - We have delivered promotional awareness to GP representatives, increasing the numbers of alerts from GP practices.
  - Each partner has improved the quality of their progress report to the board detailing developments, quality and outcomes related to their specific service/organisation improvement plans
  - Service user groups have nominated representatives to join the Safeguarding Board's working groups and are supported through independent advocacy. The review of representation has determined that 'their input is more meaningful at the operational and sub group level' as these groups are where operational decisions are made.

#### **Good Practice Examples**

**A GP reported that an elderly patient with early onset dementia was refusing to go into hospital to receive treatment for a severe chest infection. The GP and social workers visited and determined that the patient lived alone and was worried that there was no one to care for his dog. Staff supported him to find an animal shelter that would care for the dog whilst he received treatment. The patient then agreed to go into hospital to receive his treatment. On discharge from hospital, the dog was returned home and home care was commenced and staff visited him four times a day to ensure that he received a meal, personal care and his medication. His health is improving and his independence returning.**

2.3.1 Partners are engaged in the following ways;

- The Operational Group continues to oversee and govern the Board's improvement plan through reports from partners and the sub groups.
- All statutory partner agencies have retained their safeguarding leads to champion and develop awareness and practice in their organisation and contribute to the board's improvement plan through the task and finish sub groups.
- More partner agencies have engaged in the safeguarding agenda, such as the Fire and Rescue service, probation service, prison service, LINKs, East of England Ambulance Service and are supporting each other to develop practice that focuses on prevention and quality and outcomes in services.
- All partners contributed to the Safeguarding and Dignity in Care conference last October and to the Dignity in Care Action day on the 24th February 2011. This has helped improve the knowledge and understanding of standards of care expected across the areas and demonstrates our unified commitment that safeguarding is everyone's responsibility and dignity in care is a basic right.

2.3.2 Dignity and Safeguarding conference

The Dignity and Safeguarding conference was arranged over two sessions. The morning was aimed at awareness raising of the Dignity in Care campaign and launching of the revised Multi Agency safeguarding adults policy and procedures. The afternoon session focused in more detail on current key issues in safeguarding for professionals who are involved in safeguarding in the day to day practice. Key talks were given by the Government's Dignity in Care ambassador, personalisation organisations, Police, NHS partners and advocacy organisations.

The day was well attended with 107 delegates for the morning and 188 in the afternoon. There was strong representation from local authorities, the private and voluntary sector and the NHS.

Delegates were invited to write down their pledge to encourage people to take away the key messages from the conference. 46 people pledged to sign up to the National campaign to become dignity champions. An example comment included; 'I will be a dignity champion because compassion, kindness and respect are the essence of dignified care' 'Caring is a big element in maintaining dignity'. 'I will be honest and communicate'.

44 people pledged that they would be a safeguarding champion. An example comment included; 'I will support and safeguard vulnerable adults by being a good and responsible citizen and remaining aware, being observant and reporting abuse appropriately'. 'I will support people with the same respect that I would want for myself and my family'.

Evaluations of the sessions

234 feedback forms were completed from 295 delegates. The scores given for all speakers, the quality of the venue, and information provided indicated a generally high level of satisfaction with the day.

The people who attended both of the sessions told us that the conference enabled them to;

- Increase their awareness of the vulnerable adults policy and procedure
- Understand how Bedfordshire services are taking a serious approach
- Understand how different agencies and the police are involved
- Develop knowledge and skills to use in their work
- See how all the strands all link together to make safeguarding such a wide issue

### Good Practice Examples

**Patient on ward was found to be anxious. On further exploration, it was determined that they had bumped into another person in the lift with whom they had been a witness in a criminal case. The patient had experienced intimidation as a result of this case and was frightened. The patient was moved to another ward, Hospital security and porters were ordered to do regular security checks, security escorted the patient on leaving the ward. The patient felt happy that they were believed and listened to and that their dignity had been upheld and they felt safe whilst receiving their treatment.**

## 2.3 Operational Leadership

2.4.1 All agencies represented on the Safeguarding Board undertook an audit of their safeguarding arrangements building on the principles of the audit tool used for safeguarding children under Section 11 of the Children Act. This was used for agencies to develop their individual action plans and report against to the safeguarding Board on a quarterly basis. This audit was reported to the November 2010 Safeguarding Board and will continue to be undertaken annually.

The audit focused on the following to ensure a robust response to safeguarding concerns and improved outcomes:

- Senior management commitment to the importance of safeguarding and promoting vulnerable adults' welfare
- A clear statement of the agency's responsibility towards adults is available to all staff
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of adults
- Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of service users and their families.
- Staff training on safeguarding and promoting the welfare of adults for all staff working with or depending on the agency's primary functions, in contact with service users and their families
- Recruitment, vetting procedures and allegations against staff
- Inter-agency working
- Information Sharing

2.4.2 The audit demonstrated that:

- While information sharing is embedded into practice locally, the council and partners would benefit from a clear information sharing protocol which provides further detail to the current multi agency policies and procedures. This has since been developed with the children's safeguarding boards and will be incorporated into an amendment to the policies and procedures.
- While multi agency working is effective, all agencies reporting to the Safeguarding Board could work to improve barriers such as attendance at meetings, and clarity for staff over the role and responsibility of different agencies. This is being addressed by ongoing work through the Safeguarding Board, and improvements to the arrangements of the sub groups of the Board.
- There is a need to improve the involvement of individuals and families in planning the development of services.

## 2.5 Policies And Procedures

- 2.5.1 The new procedures were formally launched at the safeguarding conference in October 2010.
- 2.5.2 All partners have reviewed their safeguarding procedures based upon the multi agency policy and launched them within their own organisations.
- 2.5.3 Based upon lessons learnt and national good practice the safeguarding board have published further practice guidance on;
- Forced marriage
  - Safer skin
  - Falls management
  - Discrimination and harassment
  - End of life care
  - Safeguarding competencies

## 2.6 Promotion Of Safety and Dignity

- 2.6.1 The partnership have worked together to produce a preventing harm to self and others booklet. This booklet is aimed at vulnerable adults and their carers in raising their awareness and knowledge about how to protect themselves and how they can prevent being harmed.
- 2.6.2 The past year's awareness campaign has focussed on the Dignity in Care challenges. National research clearly identifies that services providing excellent standards of care are putting service users views and wishes at the centre of all decisions about how and when their care is delivered and are less likely to infringe their dignity and rights to be free from harm and abuse.
- 2.6.3 The partnership have worked together to embed these principles into all aspects of the service being delivered and enhancing the prevention of infringement of human rights and abuse. The practice and performance sub group included the National dignity in care principles into an agreed charter for our area. Bedford Borough and Central Bedfordshire launched its 15 point Dignity charter;
- 2.6.4 February 25th was National Dignity in Care day. Each agency in the partnership facilitated a number of activities to further raise awareness of dignity. Some examples of the activities undertaken by partners on the day include service users' forums, coffee mornings, luncheon clubs, old time music hall singalong, staff meetings, poster and billboards in foyer.

### **Some of the comments made by partners about their activities:**

**We produced a card describing what dignity 'looks' like. This was given to staff, residents and relatives.**

**We held an event for residents/relatives etc to nominate a member of staff (doesn't have to be a carer) that they feel promotes the dignity of residents by the way they work and interact with the residents.**

**We launched a 'Dignity Tree' which we will leave in place for the remainder of the year. The idea of the tree is to enable our service users to express what dignity means to them and to encourage them to comment on any aspects of the service where they feel that they have / have not been treated fairly or with dignity and respect.**



## Bedford Borough and Central Bedfordshire

### Dignity Charter

All organisations and staff working with vulnerable adults in Bedfordshire have a commitment to:

1. Having a zero tolerance of abuse
2. Raising public awareness and championing dignity and safeguarding
3. Challenging poor or substandard practice in health and care settings
4. Treating people as individuals and with the same respect we would expect for ourselves
5. Taking the time to explain what is happening and what we are doing
6. Involving people and their representatives in planning for all aspects of their care and support
7. Enabling the maximum possible level of independence, choice and control
8. Acting to alleviate loneliness and isolation by listening
9. Respecting privacy and confidentiality
10. Responding promptly to access and communication needs
11. Providing relevant and easy to understand information making sure we do not use jargon
12. Responding efficiently to all queries in a manner that is open, honest, and courteous
13. Supporting and encouraging complaints from people who use our services and other staff
14. Apologising if we have made a mistake and offering a resolution
15. Giving the opportunity to receive feedback on how we provide our services and the ways we communicate

## 2.7 Quality Assurance, Monitoring and Audit

- 2.7.1 Audit work continues to have been carried out extensively through the year:
- 2.7.2 Each council has established regular programmes of auditing of safeguarding activity.
- 2.7.3 The main areas for improvement that have been identified across both councils have been increased evidence of management oversight, better service user involvement, safeguarding actions required need be given clear timescales.
- 2.7.4 Each Council has established standards and timescales for safeguarding activity to assist staff in understanding what the standards expected are and have prepared case exemplars of what excellent investigations look like.

### **Good Practice Example**

**“This is a good comprehensive piece of work, which demonstrates how progress was made through the investigation and that both the Alleged Victim and Alleged vulnerable Perpetrator’s welfare and views were considered throughout. This case had good management oversight and all actions had clear timescales and identified people responsible for delivering the actions.”**

Bedford Borough, Independent audit of a safeguarding investigation - January 2011.

**“Service users who were interviewed were very positive about the process; workers had been readily accessible, approachable and supportive; they felt fully involved in the safeguarding process which had been clearly explained and their views respected.”**

Central Bedfordshire independent audit of safeguarding investigation conducted May 2011 from files October-March 2010-2011

- 2.7.5 Each Council has fully implemented quality assurance mechanisms with their contracted services. There are monthly multi agency forums to share information about services that are performing well and those that are not performing so well, based upon the feedback from the regulators (CQC), service users and families and other professionals. Each meeting has a set of clear recorded actions about how and by whom the necessary identified improvements are made and will be monitored.
- 2.7.6 In both councils the quality forums have implemented the serious concerns procedures with two organisations in the last year. Actions were swiftly taken with the owners and managers and were supported to implement the required actions and each met the requirements within a reasonable amount of time.

### **Good Practice Example**

**During a review of care, a lady living in a residential home was noted to have had continued weight loss.**

**The review identified;**

- **Failure to seek clinical advice**
- **Failure to review records and pick up patterns of weight loss**
- **Failure to maintain and repair weighing machine**

**The GP was called in to review and asked community nurses to monitor prescribed treatment and the lady returned to good health. The care standards team worker with the manager and CQC worked together to make necessary improvements to health monitoring systems to ensure this does not happen to anyone else within the service.**

## **2.8 Training and Publicity**

- 2.9.1 The Safeguarding Board launched the safeguarding core competency framework in August last year, to ensure that staff are competent at understanding what abuse is and how preventing abuse and how to raise a concern that abuse might be happening. 228 individuals from partnering agencies attended the four workshops to launch the competencies. Training in both councils has been reviewed to ensure courses are aligned with the competency framework.
- 2.9.2 The training sub group has identified the following priority areas for development within the coming year:
- Mental Capacity Act – Deprivation of Liberty
  - Rights versus duty of care
  - End of life planning
  - Positive Risk management

## **2.9 Use of the Serious Concerns Procedure**

- 2.9.1 The purpose of the Serious Concerns procedure is to adopt a consistent and proportionate response when serious, non compliance of minimum care standards are raised about a care provider that has or is likely to result in a potentially life-threatening injury through abuse or neglect; serious and permanent impairment of health or development through abuse or neglect; loss of choice, independence and well being; or when an investigation of specific concerns reveals wider issues about a provider and these cannot be resolved by local negotiation with the registered manager.
- 2.9.2 The serious concerns procedure has been implemented with 2 service providers in Bedford Borough Council and 3 service providers in Central Bedfordshire. This has enabled us to work intensively with providers to improve the health and well being of the people receiving those services, improving standards of care and quality assurance mechanisms to minimise the risks of further concerns. Actions taken have included suspension of new admissions to the home concerned, reviews of care provision by social workers and occupational therapists and reviews of medication regimes by the community pharmacist.
- 2.9.3 The serious concerns cases identified a number of key areas of concern. These were:
- Poor care risk management planning, particularly in relation to falls and aggressive behaviours
  - Inadequate record keeping
  - Delays in seeking appropriate medical assessment and treatment
  - Poor nutrition and hydration
  - Lack of stimulating/person centred activity
  - Poor management of skin integrity
  - Poor maintenance of equipment
  - Poor understanding and implementation of the Mental Capacity Act.
  - Inadequate financial and material safeguards for vulnerable people
- 2.9.4 As a result of many of these findings, the safeguarding conference focussed awareness on a number of these subjects and have been a key area for monitoring within individual care reviews and contracts and compliance visits. Other actions taken in response to this have been;
- Disseminating good practice exemplars and guidance in providers forums and care standards assessment visits
  - Disseminated 'how to spot and stop malnutrition' guidance across all care settings.
  - Re-enforced standards of care to all care settings on Dignity Action Day in February.

## 2.10 Serious Case Reviews

### 2.10.1 Bedford Borough Council commissioned a serious case review during the year:

Mrs A is a 65 year old lady living alone in her own home who had been receiving support services for 40 years. The serious case review was prompted by her admission into hospital in late 2009 with near fatal symptoms in spite of the involvement of 10 support agencies. Mrs A was consistently described as having the capacity to make her own choices and decisions. but was known to make 'unwise' choices that ultimately adversely impacted upon her health. A fire in 2007 resulted in her gas supply being cut off and the loss of heating and hot water facilities. This resulted in her overall decline in health and motivation.

The serious case review panel identified issues with:

- The absence of co-ordination of care activities between agencies and failure of services to identify who the lead agency responsible for care co-ordination was.
- Lack of communication and information sharing between services, Mrs A and family members.
- Lack of adherence to the Mental Capacity Act and lack of identified root causes for Mrs A's apparent 'unwise' decisions.
- Concerns about 'unwise' decisions not being escalated, so management arrangements and oversight failed to materialise.
- Inadequate follow up of referrals to other agencies.

Mrs A's physical health recovered and she returned to live at home with a multi agency protection and risk management plan co-ordinated by the Mental Health Trust. Her home was fully renovated and a new boiler, cooker, furniture and security system installed.

### 2.10.2 During 2009 Central Bedfordshire Council commissioned two serious case reviews arising from incidents that took place in 2008/9. These were reported on during this year:

Mr B died on 24 February 2009 following re-admission to hospital from a home where the Coroner described the nursing care as "woefully inadequate". The Coroner determined that MR B 'whilst incapacitated by rapidly deteriorating physical and mental health, died on this date for want of care by those charged with it.' The cause of death was (a) sepsis (b) infected multiple pressure sores (c) dementia and (d) Parkinson's disease.

Mr C was an 87 year old man who suffered a CVA and was admitted to Luton and Dunstable Hospital on 29th June 2008. The cause of death recorded by the Coroner was sepsis, pressure sores, historical illness and stroke. Concerns were raised about the quality of care he had received at his care home before admission to hospital.

Learning from these reviews includes:

- The multi agency response to tissue viability concerns must be improved, ensuring concerns are addressed at all stages of an assessment of a person's needs, and that staff are appropriately trained and aware, including when to report as a safeguarding issue
- All health and social care assessments must be recorded promptly and communicated in a timely fashion with copies sent to all relevant parties, including carers where appropriate, and with the consent of the patient.
- The same standards for health care assessment, care management and support should be consistently applied to self funding service users as to those requiring an application to adult care services for funding approval. This includes the use of the Continuing Health Care (CHC) decision monitoring tool and timely application for CHC and Funded Nursing Care (FNC) where appropriate.
- All care home providers should be reminded of the importance of regular reviews and they should make information available to all residents and their carers about reviews and how to ask for one. This should be monitored through contract monitoring visits and regulatory activity.



### 3. Partnership Contributions to the Adult Safeguarding Agenda 2010/11

#### 3.1 NHS Bedfordshire

NHS Bedfordshire has ensured safeguarding of vulnerable adults is a high priority within the organisation and has developed new and comprehensive processes to ensure strategic developments support multiagency work and good safeguarding practice.

##### 3.1.1 Achievements for 2010/11

Integrated Clinical Governance and Safeguarding Committee:

- this group was established in June 2010 to ensure NHS Bedfordshire children and adult safeguarding requirements, including policy, processes and best practice are met
- ensures that all health investigations are kept within timescales; identify any emerging patterns or trends, lessons learnt and areas of concern that require addressing
- monitors recommendations/actions from Serious Case Review

Safeguarding Responsibilities:

- Executive nurse attends the local safeguarding board, operational leads attend sub groups
- two members of the Quality Team have been given safeguarding operational responsibilities
- HR working to ensure that all job descriptions have a standard safeguarding adult's statement.

Provider Contracts:

- all main health have a safeguarding adult service specification in their contracts
- this includes quality and performance indicators monitored via the Quality Monitoring process

Safeguarding Training:

- 69% of NHSB staff have completed the awareness sessions, those that have not attended have been contacted individually and line managers made aware

NHS Bedfordshire has facilitated training by:

- a number of MCA and DOL sessions for GPs which have all been well attended
- a GP Saturday Symposium
- Practice Based Commissioner (PBC) practice meetings
- safeguarding packs for all GP practices which includes relevant safeguarding information, contact details, policy information and a list of useful links/references.

Self Assessment:

- completed the Safeguarding Board's self assessment tool in October 2010
- NHS Bedfordshire scored well in the audit however acknowledged there were some gaps in arrangements which have been actioned via the improvement plan
- monitored via the Integrated Clinical Governance and Safeguarding Committee

Safeguarding Referrals:

- all health referrals and alerts are reviewed via the integrated clinical governance and safeguarding committee
- process is monitored weekly by the SOVA operational leads
- Serious Incident (SI) panel review all grade 3 and 4 reported pressure ulcers this panel also considers any safeguarding issues that may be present

##### 3.1.2 2011/12 Work Plan Priorities:

- continue working proactively with all local partners
- develop integrated adult and child safeguarding action plan and deliver
- review any training needs and ensure these are effective and met
- to further develop early warning systems for care/residential homes (NHS Funded patients)
- continue to share intelligence with local partners
- continue to ensure learning from serious case reviews is implemented across the health economy
- begin proactive work to promote dignity and respect; prevent safeguarding incidents
- continue attendance and participation at local authority quality assurance groups

### **3.2 South Essex University Partnership NHS Trust (SEPT)**

The Trust continues to prioritise and develop the safeguarding adult agenda within strategic plans, clinical practice and service user forums and is represented at the Board and its sub groups.

#### **3.2.1 Trust Safeguarding Group**

The Trust Safeguarding Group is chaired by the Executive Director of Clinical Governance and Quality. Membership has increased this year to include Associate Directors, Doctors and senior staff representing all Trust clinical services. The group have increased the frequency of meetings to monthly in order to address the growing requirements of the Safeguarding agenda; All reports, policies and protocols, are tabled at meetings before being presented to the Trust Executive Team or Board. An action plan containing national, local and Trust directives is reviewed at each meeting to ensure compliance. The Safeguarding Board minutes are a standard agenda item at each meeting. Safeguarding Key Performance Indicators are presented at this meeting and reported to the Trust Executive Team monthly to ensure compliance is maintained and any emerging trends addressed.

#### **3.2.2 Safeguarding Strategic Framework 2010-2013**

A Strategic Framework for the Safeguarding service has been developed and aims to establish the vision for the Trust Safeguarding service for the period 2010-2013. The strategic framework builds on existing achievements and demonstrates the Trusts continued commitment toward ensuring clients are safeguarded, families are supported and staff are skilled in recognising and responding to Safeguarding issues. The Framework includes a number of key priorities including ♦ Structure & Reporting Arrangements ♦ Clinical Governance ♦ Partnership Working ♦ Serious Case Reviews ♦ Strengthening Learning ♦ Equality & Diversity ♦ Human Resources

#### **3.2.3 Policy & Procedures**

The Trust Safeguarding polices were ratified by the Trust Board in September 2010. Policies reflect the Safeguarding Board Policies in addition to national guidance. They contain a number of new requirements that comply with National Patient Safety (NPSA), National Institute for Clinical Excellence (NICE) and reporting pathways with the Care Quality Commission (CQC).

#### **3.2.4 Partnership Working**

Trust Directors and Associate Directors represent the Trust at the Bedford Borough and Bedfordshire Board. The Trust is able to offer expertise to Boards on Mental Health, Drug & Alcohol and Learning Disability issues. The Trust also works closely with NHS Trusts, Police and other agencies to ensure effective and consistent communication pathways.

#### **3.2.5 Training**

A training strategy has been completed outlining training levels for each group of staff and focuses on maintaining and promoting health, safety and security of all those who come into contact with Trust services. All Trust staff regardless of clinical contact must receive Safeguarding Adult training. The Trust has an E-learning and face to face training programme. The E-Learning Programme has been updated to comply with Bedfordshire Safeguarding processes.

Training Levels have increased consistently over the past year and were at 96% compliance in March 2011. Training reports are sent to all trust managers on a monthly basis and training compliance is a standard agenda item at the Safeguarding group.

In addition to basic awareness specialised sessions are delivered e.g. financial abuse, Mental Capacity, Deprivation of Liberty, Investigations training etc. Staff regularly attend Local Authority training programmes and benefit from the multi-agency approach this offers.

#### **3.2.6 Safeguarding Leads**

There are approximately 103 Safeguarding Leads within the Trust. The Leads are an active group who champion the safeguarding agenda within their respective teams by cascading information and advising colleagues. The Leads meetings contain a Lessons Learned element where staff bring case studies for discussion and sharing.

### **3.2.7 Trust Intranet – Safeguarding Site**

The Safeguarding site on the Trust Intranet now contains all processes, policies and referral forms regarding Safeguarding across the Trust. A section on Lessons learnt is produced following the completion of a serious case review. Staff now routinely access the site for referral forms etc.

### **3.2.8 Audit**

The Trust took part in a number of audits of case files involving safeguarding this year. The findings identified that there was a need to develop more robust monitoring system of cases. As a result the Trust has implemented a number of initiatives including, Timescales Framework, Managers Sign Off Assurance Form, Lessons Learnt and Quality measures system. Since implementation the adherence to timescales and quality of work undertaken has improved. The audit programme will continue for 2011.

### **3.2.9 Good practice examples**

- Job Descriptions - A statement on staff responsibility to Safeguard people is contained within ALL job descriptions and emphasises the importance of adhering to policy and receive training
- Named Doctor - A Psychiatrist has been appointed as Named Doctor for Safeguarding Adults and will cover the Luton & Bedfordshire areas. The Named Doctor will work closely with the Safeguarding Team to embed the Safeguarding agenda within the Trust medical staff and be a resource for staff and partner agencies.
- Safeguarding & Personalisation Group - This group has been developed this year to ensure effective links and joint working with Social Care and Nursing staff regarding personalisation.
- Lessons Learnt - This newly formed group incorporates lessons learnt from Safeguarding, incidents and complaints and explores ways in which to embed these lessons into practice
- Safeguarding Forum - The Safeguarding Team hold regular forums for staff to discuss safeguarding issues, share experience and offer support and advice on safeguarding matters.

### **3.2.10 Service User Feedback Audit**

A Service User feedback form is issued to all clients subject to a Safeguarding Investigation where appropriate. 12 feedback forms have been received to date and an audit has taken place. This shows positive results with the majority of clients stating that they felt included and informed regarding the investigation and treated with respect. One recent form stated 'I feel much safer now'.

## **3.3 Bedfordshire Police**

- A Safeguarding Adult action/improvement plan has been developed in line with the Public Protection Business plan reflecting our strategic intent. The headline areas of focus include Strategic Issues, Prevention, Audit Control and Performance, First Response, Victim Care, Investigation, CPS Liaison, Forensic Issues, NIM issues (National Intelligence Model), Multi Agency Engagement. This is a dynamic document which responds to emerging issues.
- Training and Development - Training provision across the force is being evaluated in line with the re-structure of Bedfordshire Police and the changes to be implemented. Public Protection and Safeguarding has been identified as a priority. There will be a requirement to work closely with partner agencies to ensure consistency of approach.

### **3.3.1 Improvements Made In Adult Safeguarding During 2010/2011**

- Improvements with Information Technology - Referrals for vulnerable adults are now managed on a database called Case Allocation and Tracking System (CATS). This system provides a comprehensive chronology of any incidents/issues/crimes that are brought to the attention of Bedfordshire Police.
- Increased Investigative and Financial capacity - Constables working within the VAIU have now all embarked on the Initial Crime Investigators Development Programme (ICIDP) and other officers are also accredited in the National Financial Investigation Officers programme.
- Communication Strategy - the PPU is developing a communication strategy that encompasses both internal and external mediums. There is ongoing work to develop an internet/intranet 'one

- Sexual Assault Referral Centre (SARC) - Bedfordshire Police and partner agencies including the NHS and Community Safety Partnerships have opened a SARC in the Enhanced Services Unit, North Wing, Bedford Hospital. This facility provides a 'one stop' shop for victims of serious and has been named 'The Emerald Centre'.
- Independent Sexual Violence Advocates (ISVA) - Bedfordshire Police have employed two ISVA's on behalf of the SARC Executive Group to support the opening of the Emerald Centre. They are co located within the SARC and Police premises at Saxon Centre, Bedford. Their role is to support victims of serious sexual assaults and provide them with the appropriate pathways to other services.

### **3.3.2 Improvements Planned In Adult Safeguarding During 2011/2012**

- Project 2011 is an initiative Bedfordshire Police undertook to review all the structures, processes and policies within the force to identify cost savings whilst maintaining and improving service delivery. This project identified resilience and experience issues within the existing VAIU and recommended the team be subsumed into a Force Safeguarding Team. Staff in the central referral unit will be increased by 100 per cent and will provide a 'single point of contact' for partner agencies to provide timely, efficient and effective responses to referrals. Implementation is planned for October 2011
- Change of Location - The existing VAIU as part of the restructure will be moving their operating base as part of the Force restore. The Force safeguarding teams will have operational offices at Luton and Bedford.
- Standard Operating Procedures - The Policy and Procedures for Safeguarding Adults will be refreshed/reviewed in line with other areas of Public Protection and in conjunction with the Force restructure. Consultation with partners will be essential to ensure consistency and understanding of approach.

### **3.4 Bedford Hospital NHS Trust**

The safeguarding of vulnerable adults is taken seriously by the Trust as the national emphasis is growing in line with that of safeguarding children and young people. The Trust has developed a comprehensive response to these strategic developments by developing a robust plan which includes:

- Identifying an Executive Director responsible for leading Safeguarding across the Trust
- Establishing a Trust wide Safeguarding Board (Adults and Children)
- Establishing a Safeguarding Vulnerable Adults Operational Group (to mirror the Safeguarding Children's Operational Group) which has been established to take forward the operational activity to achieve the strategic direction as set via the national agenda and local quality improvements.

#### **Review of 2010/11.**

- Training has been extended and implemented to include an E-learning module.
- Second on call rota implemented to include an Executive lead for safeguarding advice over 24 hours and 365 days.
- Working relationships with all multi-agency groups continues to improve.
- Reporting has increased since further training implemented.
- Won best poster / safety initiative at Patient Safety Congress in May 2011 for the Skin Bundle to reduce the risk of pressure ulcers.
- Development of Learning Disability and Dementia Fora.
- Enhanced senior management training has been delivered for out of hours procedures for all senior managers on call (SMOCs).
- Training has been commenced for volunteers and non clinical staff.
- Weekly pressure sore review group has been commenced working closely with the PCT and the wider health economy.

- The Trust has identified a CQUIN (Commissioning for Quality and Innovation initiative) in relation to ongoing work with patients with dementia – looking at improving care and treatment pathways.
- Adult Safeguarding Operational Group commenced – reporting to Trust wide overarching Safeguarding Board.
- 2 “champion” wards for Learning Disabilities / Dementia have been identified – building 24 hour expertise and availability of advice.
- Achievement of all MENCAP pledges for acute care.

**Work Plan for 2011/12 will include the following priorities:**

- Continue to work proactively with all local partners.
- Undertake a caseload audit with external assessor to identify system wide learning.
- Strengthen the team to recognise and address the Safeguarding Adult agenda.
- Implement the Organisational Development (OD) strategy in order to develop an organisational culture which supports high quality care.
- Review and update the Safeguarding Adult Policy and clinical guidelines.
- Agree an integrated training strategy for safeguarding.
- Update and implement the training packages in line with DH guidance (No Secrets 2010), “Clinical Governance and Adult Safeguarding – an Integrated Process”, (2010) and other resources.
- Link in with Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS) training.
- Develop a process to identify vulnerable adults on the alert sheet in the medical record and on the electronic patient information systems similar to that established in children.
- Explore the development of Adult Safeguarding supervision arrangements for lead professionals.
- Enhance working arrangements with the Safeguarding Children team to develop expertise.
- To keep accurate training records and maintain a rolling training plan.

**3.5 Luton and Dunstable Hospital NHS Foundation Trust**

- Luton and Dunstable Hospital is situated in the Luton Borough Council area but provides services to significant numbers of patients from Central Bedfordshire and some from Bedford Borough.
- The Trust has continued work to protect individuals from harm. For example monthly incidence of hospital acquired pressure ulcers has shown a reduction particularly in the last six months of 2010/11. 0.52% of in-patients acquired a pressure sore while in hospital 2010/11. This was 0.69% in 2009-10.
- The Trust has worked over the last year to raise staff awareness of safeguarding adults. During the year the number of safeguarding alerts raised by L&D staff has increased with 4 times more alerts being raised in March 2011 compared to April 2010. 55% of those alerts related to pressure ulcers in all settings but there is evidence of reporting across the range of types of abuse and alleged perpetrator.
- Patient Affairs and Risk Management staff are trained to recognise possible safeguarding concerns within formal complaints or incident reports
- Staff at the Trust have undertaken joint work with the safeguarding team in Central Bedfordshire in relation to the safeguarding pathway
- A number of methods, including daily rounds on wards and patient surveys are used to seek feedback from patients and families about their view of care delivery in hospital

During a CQC inspection in February 2011 staff knowledge about the nature of vulnerable adults and the signs of abuse was found to be variable. Examples were also seen where discharge planning for patients needed to improve to ensure safe discharge and full patient and family involvement. Additionally the CQC were not aware of all safeguarding alerts raised to Luton Borough Council by Luton and Dunstable Hospital.

In response to CQC concerns the Trust has taken a number of actions. For example we have;

- improved notification of safeguarding alerts to the CQC as required (Through the National Reporting and Learning System at the National Patient Safety Agency)
- implemented an awareness raising campaign across the Trust
- reinforced to staff the reasoning behind our process of raising all alerts to Luton Borough Council in the first instance as the local authority in which the hospital is located
- set out and started to deliver (March 2011) a programme of additional training for all staff who work with patients
- reviewed policies and guidelines for safeguarding, mental capacity assessment and deprivation of liberty and for patient discharge from hospital and planned revisions where needed
- worked with partner organisations to clarify referral and discharge pathways for rehabilitation beds in the community
- worked with Local Adult Safeguarding Boards to clarify pathways and procedures and to participate in reviews of safeguarding arrangements

A Task and Finish Group has been set up to ensure that improvements are made. The Task and Finish Group made up of the Independent Chair of the Adult Safeguarding Board for Luton and the Director of Adult Services for Bedford Borough Council together with another senior health manager.

The Task and Finish group is accountable to the Adult Safeguarding Boards and to elected members of the three councils through the appropriate scrutiny committees.

### **3.6 Bedfordshire Community Health Services**

#### **3.6.1 Key Issues Arising During 2010/11**

- Intra Agency policy / protocols reviewed to ensure compliance with best practice and Care Quality Commission standards for excellence. Formal acknowledgement that BCHS adopts Bedfordshire safeguarding over arching policy.
- BCHS has an integrated approach to safeguarding incorporating incident reporting and compliments and complaints. The main area of focus has been robust reporting of pressure sores through serious incident reporting mechanisms. This requires root cause analysis investigation which, can be used to influence current practice re skin care, identification of safeguarding concerns and support any safeguarding investigation. This is demonstrated by current work streams and activities with respect to pressure sore reporting. Countywide Pressure Area Care Group with a focus on prevention of avoidable pressure sores.
- Implemented a robust system to collect data with respect to safeguarding activity and identification of significant themes, to inform current and future practice to ensure a proactive / preventative approach to the protection and well being of vulnerable adults.
- Reviewed arrangements with respect to feedback from within agency and from Social Care (Central Bedfordshire Council & Bedford Borough Council) following a safeguarding alert being raised including any action requested as part of ongoing SOVA investigation or action require by individual agencies
- Staff awareness and competence of their roles and responsibilities with respect to the safeguarding of vulnerable adults: Safeguarding Adult Training:
  - 97% of staff completed awareness level
  - 76% of clinical staff completed practice level
  - 22% of staff completed mental capacity act training.
- Can demonstrate effective partnership working at both strategic and operational levels.
- Participation in Serious Case Reviews and implementation of action plans to ensure lessons have been learnt.

#### **3.6.2 Improvements Made In Adult Safeguarding During 2010/11**

- Bedfordshire Community Health Service (BCHS) has robust governance systems in place, with clear accountable leadership. This ensures that safeguarding remains high on the organisation's agenda, and is embedded into every day practice at all levels.

- Participation in safeguarding agenda, appropriate and active membership at safeguarding Board and sub groups alongside increasing activities in safeguarding processes at operational level, including progress to improve communication between both Central Bedfordshire and Bedford Borough Councils.
- Focus on the needs of adults with disabilities (implementation of the “Six Lives” action plan). Front line staff manager consultations to allow extra time for communication and currently developing carers policy.

### **3.6.3 Improvements Planned In Adult Safeguarding during 2011/12**

- Ability to respond to participation in Serious Case Reviews and Individual Management Reviews, including competence of professionals, challenge to own agency and partnership agency, to ensure that standards of these reviews and implementation of the lessons learnt influence future practice with evidence of improved outcomes for vulnerable adults. In partnership with other agencies ensure that these reviews are monitored on content and completed within the required time frame.
- Increase competence of workforce with respect to safeguarding competencies and mental capacity assessments, via training, supervision and annual appraisal.
- Continue to monitor staff competence and compliance with agreements via audit, to include training attendance / evaluation and participation in multi agency safeguarding processes.
- Firm up arrangements re secure electronic information sharing with outside agencies.

### **3.7 East of England Ambulance Trust**

EEAST have had a significant focus on strengthening arrangements for safeguarding adults, especially in relation to Mental Capacity Assessment which has emerged as a theme from recent Serious Case Reviews. With the development of a Safeguarding Hub office at the Trust Head Quarters in Cambourne Cambridgeshire, the Trust looks to further increase Trust awareness to safeguarding issues and maintain all legal and statutory requirements.

Review of 2010/11

- Establishment of monthly Safeguarding meeting and review of region wide action plans and Serious Case Review learning
- Board Safeguarding Champion appointed
- Board Training undertaken
- Review of safeguarding policies undertaken and approved by the Trust Board
- Development of Capacity to Consent Policy and clinical guidance for staff on the MCA and capacity assessments approved by the Trust board.
- Review of CPD training for staff including “return to basics” for safeguarding, safeguarding and vulnerability and MCA/capacity assessments to run from April 2011.
- Training strategy for safeguarding developed which includes specific audit of safeguarding training (focus on quality)
- Regional referral process reviewed and strengthened with support from the Safeguarding Board
- Development of Assistant General Managers, to equip them with necessary skills and expertise for local lead on safeguarding role including attendance at safeguarding boards (supported by named professionals)
- Dignity champions appointed
- Comprehensive safeguarding audit of Patient care Records completed

### **3.8 H M Prison Service**

Significant progress has been made in 2010 to 2011 for HMP Bedford. The prison now has developed robust links with various organisations to develop Safeguarding in the prison and to ensure that Vulnerable people are protected. A member of the prison Senior Management Team attends the Safeguarding Board, has attended various training opportunities and trained as a facilitator to improve the knowledge of staff and prisoners knowledge of Safeguarding.

### **3.9 Bedfordshire and Luton Fire and Rescue Service**

Following the Miss S case study and the support of Service Delivery Management Team amendments were made to the Fire and Rescue Service 'Safeguarding' Service Order as part of the consultation process. The new 'Safeguarding' Service order has now been produced, reviewed and input received by SOVA and LSCB before being released. This also took advantage of the 'Multi Agency Adult Safeguarding Policy, Practice and Procedures' document Version 1.0

An electronic 'SAFEGUARDING' page is set up on the Service intranet page. This is segregated into Child Protection, and Vulnerable Adults and is designed to provide all staff with a quick place to view current activities and progress. This page holds key documents (Service Orders, minutes from safeguarding meetings, links to relevant legislation and guidance documents) and will also hold a live version of the full audit once complete, identifying where and what tasks have been allocated to which individual.

The completion of the Section 11 Audit review has moved the Fire and Rescue Service into 'Effective' in all areas of working with children and young people. The evidence supplied as part of the process was substantial enough to be used as the supporting evidence for the safer recruitment audit. Much of this work including the evidence to support the data sharing protocols, data handling processes and secure data retention are all relevant to both SOVA and LSCB.

Although full safeguarding training is delivered face to face by Community Safety staff, which utilises e-learning programs to assess understanding of 5 modules, it is currently centred on Child Protection. It is envisaged that this training will be developed to cover ALL elements of safeguarding (incorporating children, young people and vulnerable adults). The ongoing support of the Safeguarding Vulnerable Adults teams will be required to achieve this. This will become a priority piece of work for the community safety managers in 2011-12 and has been written into relevant business plans

The completion of the safeguarding electronic audit has been written into the business plan for the community safety managers for the fiscal year 2011-12. Once completed the audit will be uploaded for review throughout the year and tasks for improvement work will be openly allocated via the intranet page.

To improve the understanding of BLFRS 'Safeguarding' policy and associated procedures the 'Working with children, young people and vulnerable groups' pocket book is to be reviewed and amended where necessary to better reflect advised best practices when dealing with potential abuse / maltreatment and / or neglect.

### **3.10 Bedfordshire Probation Trust**

In 2010, Bedfordshire Probation Trust completed the Adult Safeguarding Audit tool. This has helped the organisation to identify strengths and areas for improvement

Improvement actions arising from the audit have been agreed and have been incorporated into Local Delivery Unit business plans for 2011-12

The Safeguarding Adult procedures have been put onto the Bedfordshire Probation Trust Intranet and key policies, for example, the Risk of Harm policy, are being updated to cross-reference with the procedures

Awareness and use of the procedures will be further embedded by briefing events in 2011/12

Bedfordshire Probation Trust is the lead agency for the Integrated Offender Management Scheme, developed during 2010/11 and scheduled for roll out in June 2011. The scheme involves a partnership approach to managing the risks and addressing the needs of offenders who cause the most harm to local communities. It will provide new opportunities to develop pathways for offenders who may also be vulnerable adults.



### **3.11 Voluntary and Community Action**

Voluntary and Community Action is a Local Infrastructure Organisation supporting local voluntary organisations, community groups and social enterprises on a wide range of issues, including charity governance, policy development, funding advice and procurement, volunteering, volunteer management, community engagement and partnership working.

Our 'Getting Ready for Funding' Workshops and our funding, procurement and social enterprise advice work all advise organisations of the need to have Safeguarding Vulnerable Adults Policies in place for grant funding and tender Pre-Qualifying Questionnaires where service providers work with vulnerable adults.

Our development advice work involves working with organisations to assist them in developing and putting in place suitable Safeguarding Vulnerable Adults Policies (or a single Safeguarding Policy where an organisation works with both children and vulnerable adults). During the year, Voluntary and Community Action provided information, advice and guidance to three voluntary and community organisations developing safeguarding policies.

We also deliver a one-day training workshop on Safeguarding Vulnerable Adults, which is run as part of our 'open programme' or as a bespoke workshop for organisations needing their own 'in-house' training. We ran one workshop on the 18 November 2010, attended by 11 participants from six organisations. We also updated the training materials to take account of the Board's multi agency Safeguarding Policy. At the end of the year under review we were in discussion with the Safeguarding Manager for Central Bedfordshire to see if the workshop could be endorsed or accredited by the Safeguarding Board and to identify funding for future delivery.

We make available in hard copy and through our website Information Sheets on CRB checks and our publication Better Care – designed to help smaller voluntary organisations and community groups to put in place effective arrangements for safeguarding vulnerable adults. Now that the Board's multi agency Safeguarding Policy has been published we need to review and update this resource pack; unfortunately, insufficient funding and capacity is currently preventing this from being done.

Through our partnership work, we have raised safeguarding issues in relevant fora and partnerships. Staff from Voluntary and Community Action attended the Board's Safeguarding Conference on the 11 October 2010.

During the year we completed and submitted the Adult Safeguarding Audit Tool. This highlighted the need for us to review and update our own Safeguarding Policy against the Board's multi agency Safeguarding Policy and Procedures, and the Adult Safeguarding Audit Tool. Work on this has started and is ongoing.

We believe there is still much to be done to highlight the need for adequate Safeguarding Vulnerable Adults policies and training and to improve practice within voluntary organisations and community groups, in particular the smaller groups that are run by/use volunteers and/or a part-time members of staff; insufficient funding and capacity is currently preventing this from being done.

### **3.12 Community and Voluntary Service**

Community and Voluntary Service (CVS) is a local support and development organisation that provides advice and guidance to local voluntary and community organisations on a wide range of issues, including fundraising, charity governance, procurement, quality standards, volunteer management, and safeguarding with regard to both children and adults.

Safeguarding is raised with the organisations that we work with on a number of levels:

- Our 'Fit For Funding' workshops, aimed at primarily new organisations – include identifying which groups are affected and provide initial guidance, model policies and signposting to routes to obtaining CRB checks where required. We particularly stress the requirements of funders for groups working with vulnerable adults and/or children. Our 'Tendering for Success' course also points out that safeguarding is a requirement of Pre-Qualifying Questionnaires.

- Our 1-to-1 advice work picks up safeguarding issues with relevant organisations, particularly around having the relevant policies.
- Our quality standards work includes safeguarding, as groups working towards a quality standard are required to review and improve their safeguarding practice as part of the programme. This often includes incorporating safeguarding for children and vulnerable adults into one policy.
- We also provide model policies for organisations to adapt to their own particular needs. These are freely available through our website.
- We also signpost those who make enquiries for adult safeguarding training to the Bedford Training Consortium courses and have alerted member organisations to these opportunities.

Over the past 12 months, in response to need, we developed training specifically for very small voluntary and community organisations (those with no staff, or sessional staff), where the safeguarding issues for both children and adults are covered. This training is aiming to improve practice within small community organisations working with children, vulnerable adults and those working with the general public. Three pilot sessions were received very well and we are working to roll out a programme of courses for 2011-12.

### **3.13 Advocacy for Older People (AOP)**

During the past 12 months Advocacy for Older People (AOP) has made great strides in improving organisational measures to ensure that safeguarding remains a service priority.

AOP secured independent funding for a dedicated SOVA post. The latter specialist resource has enabled a multitude of key tasks to be progressed over and above existing safeguarding commitments.

Throughout the year AOP has continued to be an active partner and developed and strengthened in the following areas in respect of safeguarding:-

- SOVA action plan now in place.
- Specially trained advocates now dealing with three distinct disciplines: Safeguarding SOVA, Mental Health, general referrals.
- Safeguarding awareness training delivered both internally to advocates and externally to nursing homes and care homes.
- Training package on Accurate Record-Keeping delivered to nursing homes and care homes.
- SOVA policy and whistleblowing policy have been reviewed and revised.
- induction courses run for new advocates.
- Advocates (all volunteers) receive ongoing structured training and support programme throughout the year. 10 sessions delivered incorporating inputs on Dementia / SOVA Awareness / Mental Capacity Act / DoLS / Case Studies / Finance and Pensions / Criminal and Civil Law / Accurate Record-Keeping
- All SOVA referrals now audited monthly and there are robust procedures in place for dealing with safeguarding concerns.
- AOP Manager attends all SOVA Board meetings and relevant Operational Group meetings.
- AOP routinely disseminate SOVA information to all other Bedfordshire Advocacy Network (BAN) members.

The implementation of the SOVA action plan has led to a significant increase in the number of referrals being received. AOP continues to work with clients from all areas of Bedford Borough, Central Bedfordshire and Luton. The referrals relate to residents subject of abuse in the community, care homes and nursing homes as well as patients in hospitals. The nature of abuse reported to and dealt with by our advocates covered a wide-ranging spectrum of safeguarding issues ranging from bullying and assault through to burglary, sexual assault and financial abuse. In the latter part of the year there was a notable increase in the number of financial cases.

The future plans for AOP include securing additional funding for all elements of AOP work including safeguarding. We will be seeking to foster closer working relationships with local banking institutions in order to identify potential methods of stemming the increasing trend of financial abuse. The recruitment of volunteer advocates will continue so that the expertise within the organisation flourishes and impacts positively upon our ability to provide specialist support.

### 3.14 Advocacy Alliance

Advocacy Alliance continues to ensure that safeguarding is embraced by all staff and volunteers to enable effective advocacy support to be delivered.

Safeguarding training remains core within our advocate induction training and there are robust procedures in place for dealing with safeguarding concerns

Advocacy Alliance were also commissioned by the Adult Safeguarding Board to provide two pilots - Service User representation to the Board and Operations meetings and to run a Support group for any adult who has experienced a safeguarding issue. The support group provided peer support for individuals and offered signposting or further individual help as needed. The Service User Representative brought any relevant issues or concerns from the group to the Board meetings. The pilot commenced in October 2010 and was for a period of six months, however, through Advocacy Alliance the work continues at this time.

A total of eleven people were referred to the group. Attendance throughout the pilot period averaged at four attendees per session. The group were able to identify areas of practice which could be improved, including; service user feedback, the need for better information on how to seek help and the concern that the police and courts do not take safeguarding issues seriously. Positive feedback was also given, specifically towards the police for considerate and supportive initial contact. The group also looked at the Safeguarding Board quarterly report statistics and comments on these were passed on to the Operations group.

Service user representatives were selected by interview and were offered a range of training opportunities by Advocacy Alliance and relevant external agencies. The training offered was; Assertiveness, Roles and Responsibilities of board members, Guidelines for Attending Official Meetings and SOVA awareness.

#### Comments from group

- "I like being able to talk to people about what happened to me"
- "I think I can help other people because I have had some good and some bad experiences."
- "I think it's important for the council to listen to people, because how else would they know what it's like?"
- "When I didn't hear what happened to the person who attacked me,
- I didn't go on a bus for a year. I want to tell the council about that."

Advocacy Alliance have also developed a Keep Safe project which is a course utilising the skills and experiences of vulnerable adults who have been victims of either hate crimes or abuse. These adults help to deliver courses and add a personal perspective which is easy to relate to. The course highlights what can constitute abuse, including the more subtle, or institutionalised abuses which are often easily overlooked and the importance of reporting, as well as the pathways that are available, and who to talk to if you being abused.

The aim is to provide attendees with the knowledge to recognise any abuses that may be perpetrated against them, and enable them to use their skills and confidence to report it and stop it early, and prevent similar situations occurring in the future.

This project was delivered working in partnership with the emergency services and provided useful learning to those services.

Advocacy Alliance has also recently signed up to the Dignity in Care Challenge and now has a Dignity Champion. It is putting in place robust procedures and practice to ensure dignity in our practice.

Advocacy Alliance continues to work positively through advocacy to support individuals and will continue to be proactive in identifying opportunities to apply for funding to support people to keep themselves safe, for example preventative advocacy (Big Lottery Transforming Futures Bid).

### **3.15 Bedfordshire Care Group and Bedfordshire Home Care Providers**

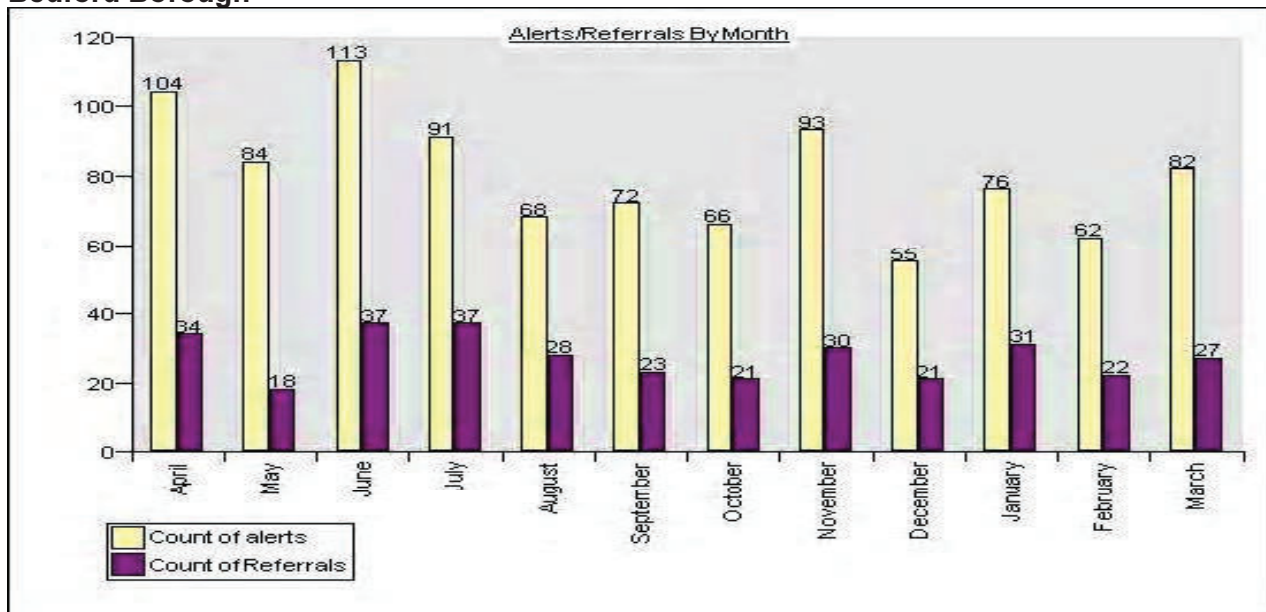
Bedfordshire Care Providers have been represented on the Board all year and Home Care Providers since November 2010. The representative of Home Care Providers has circulated relevant information to them and gained feedback from them both by e-mail and by convening a meeting. The home providers are now considering forming a group of their own similar to the Bedfordshire Care Group which represents Care Providers to ensure there is a clear forum to share information and lessons to learn.

Bedfordshire Care Providers have been consulted and had relevant information shared with them through the Borough and Central Provider forums and also through the Bedfordshire Care Group where lessons learnt from the serious care reviews have been shared along with information around the SOVA competencies, best practice with respect to record keeping and prevention and management of pressure sores along with updates with respect to the subgroups and policy and procedures.

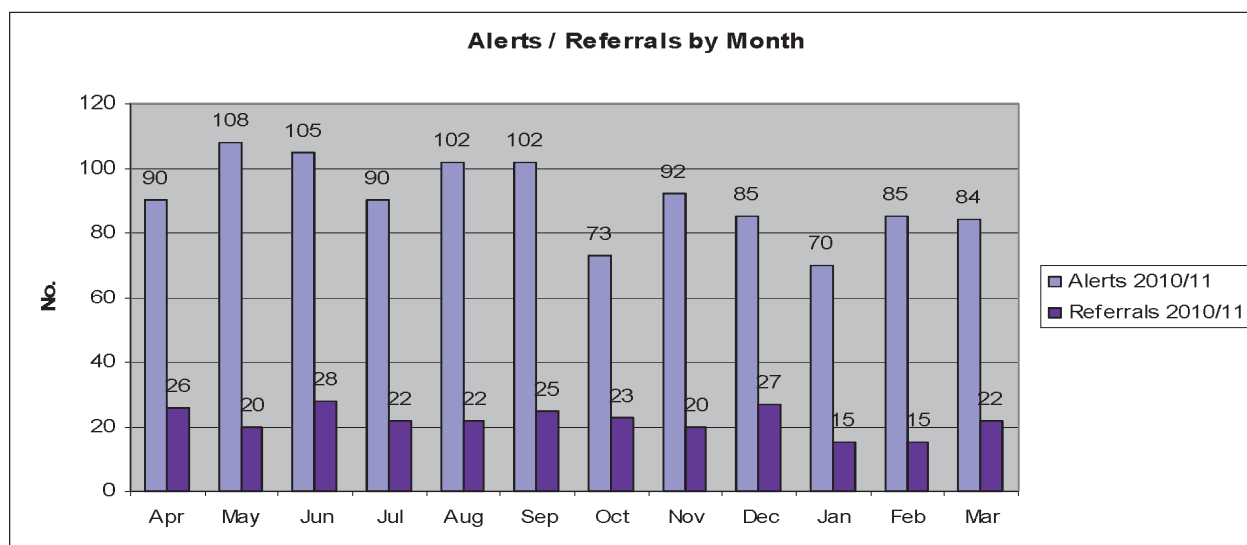
#### 4. Safeguarding Activity April 2010 – March 2011

##### 4.1 Number of alerts and referrals

###### Bedford Borough



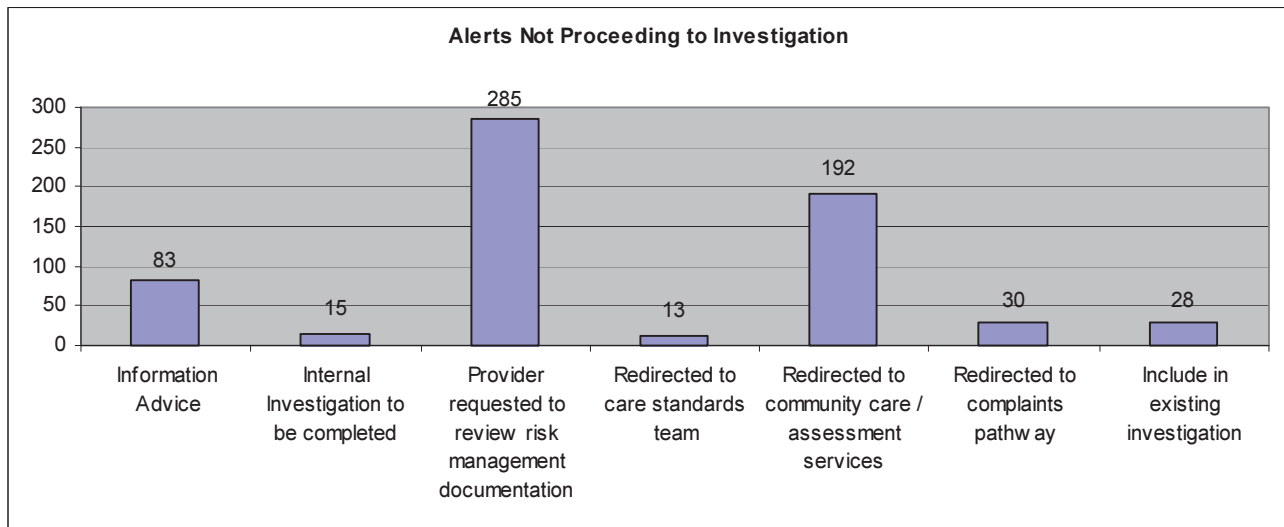
###### Central Bedfordshire



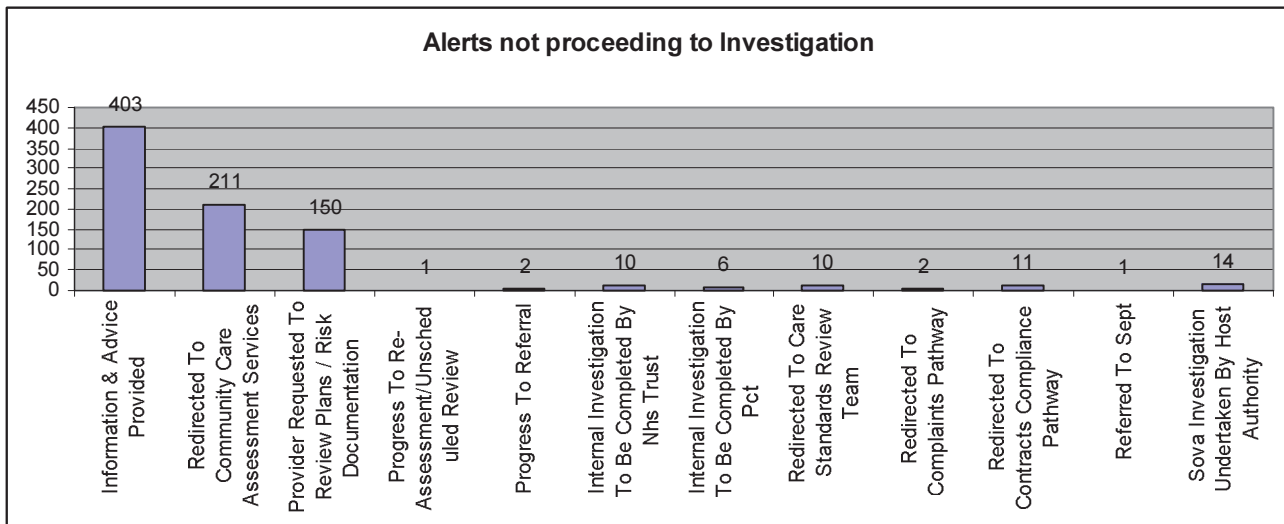
- 4.1.1 Bedford Borough Council received 949 alerts during the year. 329 (34%) progressed to a referral (safeguarding investigation). This is an increase of 136 alerts over the previous year (813) continuing the upward trend resulting from increased awareness, training and monitoring.
- 4.1.2 Central Bedfordshire Council received 1086 alerts during the year. 265 (24% progressed to a referral). This is an increase from the previous year by 112 alerts. The proportion of alerts progressing to referral is the same as last year.
- 4.1.3 Both safeguarding teams are receiving fewer inappropriate alerts. The figure of one third and one quarter from each council represents proportionate responses to an alert. For example alerts may reflect unmet need, or increased risks, which require further intervention by the care provider or adult social services.

#### 4.2 Alerts not proceeding to referral (investigation)

##### Bedford Borough



##### Central Bedfordshire



Note that more than 1 reason may apply.

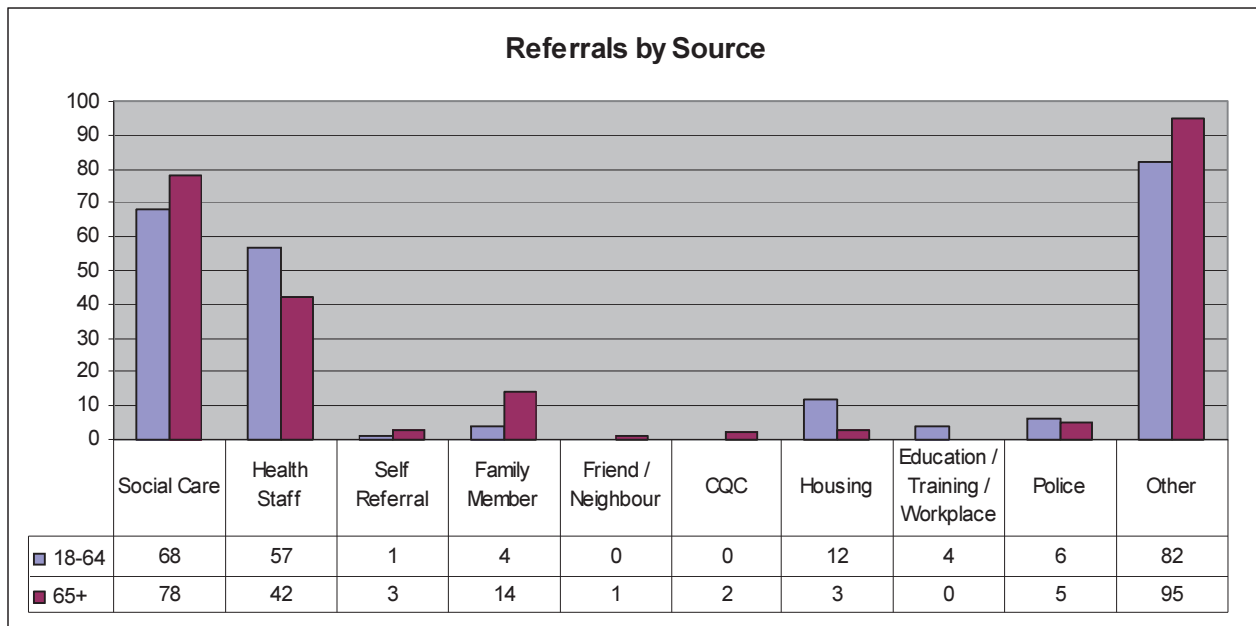
- 4.2.1 620 alerts received by Bedford Borough Council did not progress to referral and formal investigation. The majority of cases redirected were in relation to service user on service user incidents, particularly of an aggressive nature. Investigation into the trends of these alerts identify that many of these arise in inpatient and residential services. This discrepancy between the two councils is to be expected because of the larger number of specialist residential units in the Borough. All of these establishments have been targeted for specific dignity in care and anti bullying awareness raising.
- 4.2.2 821 alerts received by Central Bedfordshire Council did not progress to formal investigation. Half of these resulted in information and advice being provided. A further quarter were referred to care management teams for a response.

#### Practice example

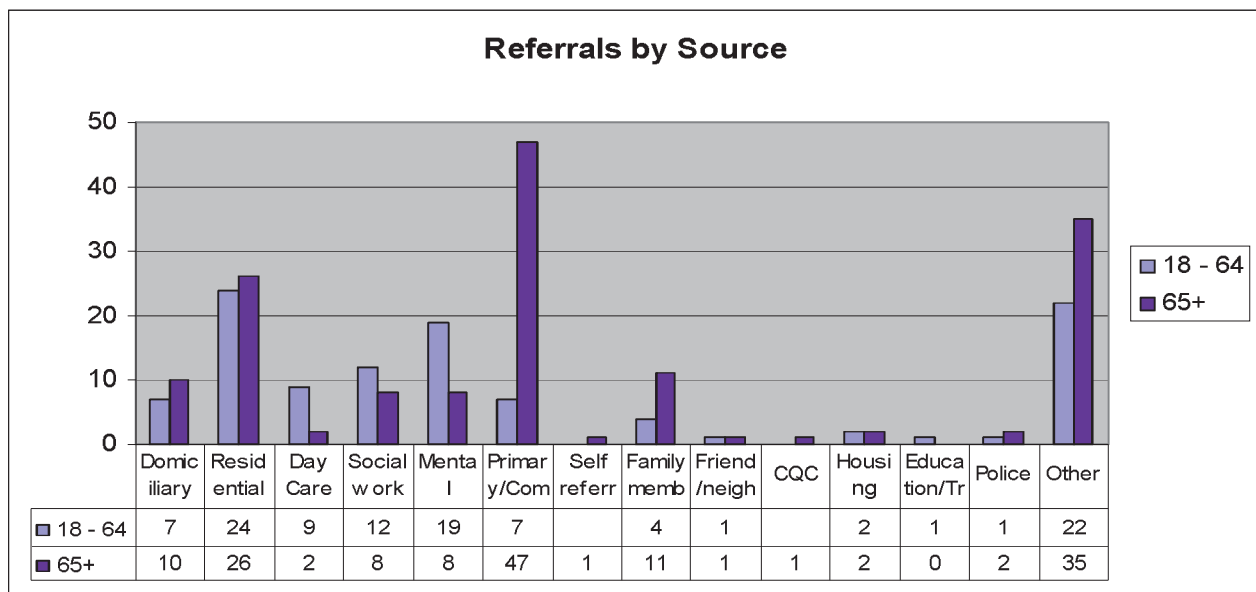
**A lady was having frequent falls, resulting in minor tears and bruises. Assessment and analysis of these falls by staff identified patterns and trends at particular times of the day. The falls coincided with times that the lady was taking her medication. Her GP reviewed her medication and the changes to her medication reduced the adverse effects upon her balance. The lady's balance stabilised, increasing the lady's confidence to become more independent and mobile again.**

### 4.3 Source of referral

#### Bedford Borough



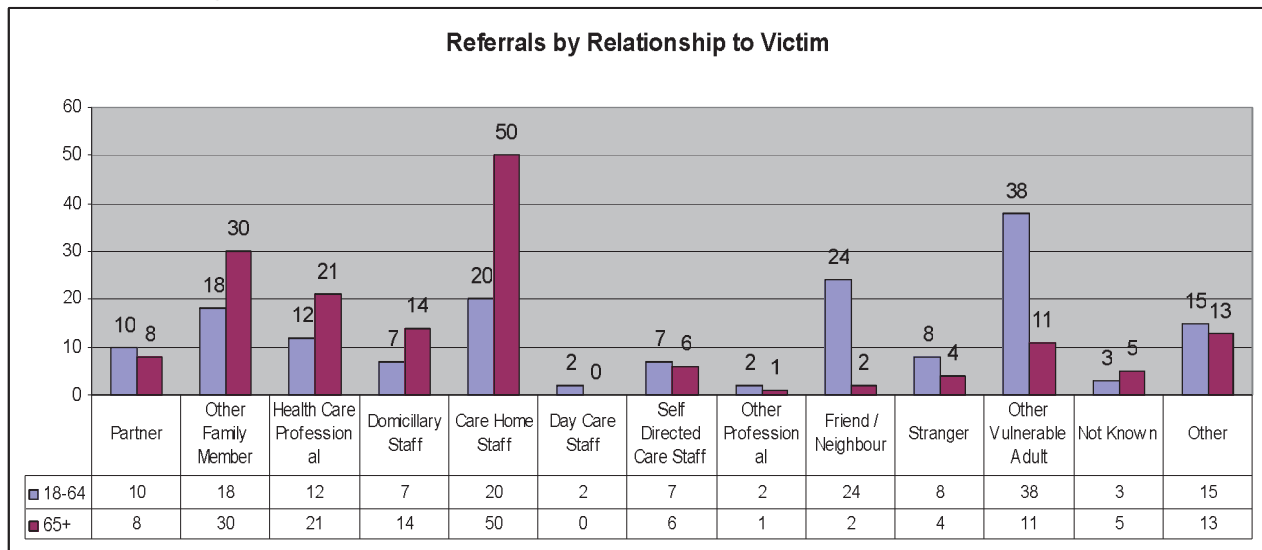
#### Central Bedfordshire



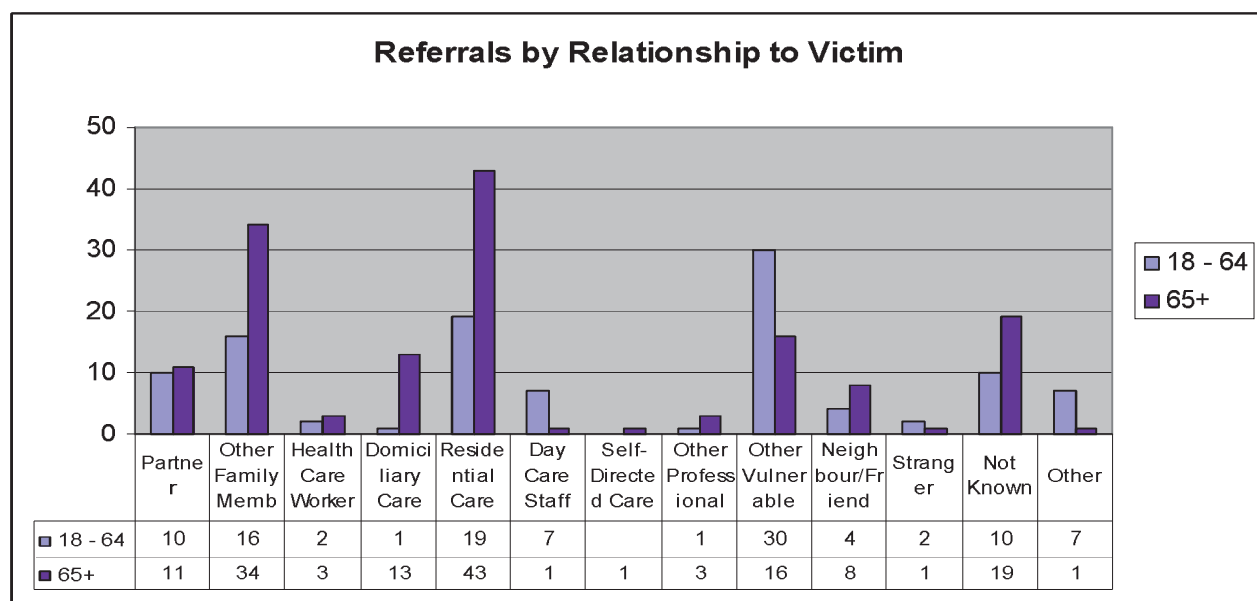
4.3.1 The main source of all referrals continues to be from social care staff from residential / nursing homes, but the number, as compared with other partnering agencies, is levelling out. The increase in referrals from health services (both acute and community) is the most notable difference within the last year. This is considered to be the intended impact of increased awareness and reporting. The increase in the number of referrals from across the partnership is beginning to demonstrate that continued safeguarding activity on the prevention of abuse, challenging poor standards of care, supporting high standards of care, raising safeguarding adults awareness and consistency in responses is evidence that the safeguarding board's key message that safeguarding is everyone's business and everyone's responsibility.

#### 4.4 Relationship to Victim

##### Bedford Borough



##### Central Bedfordshire

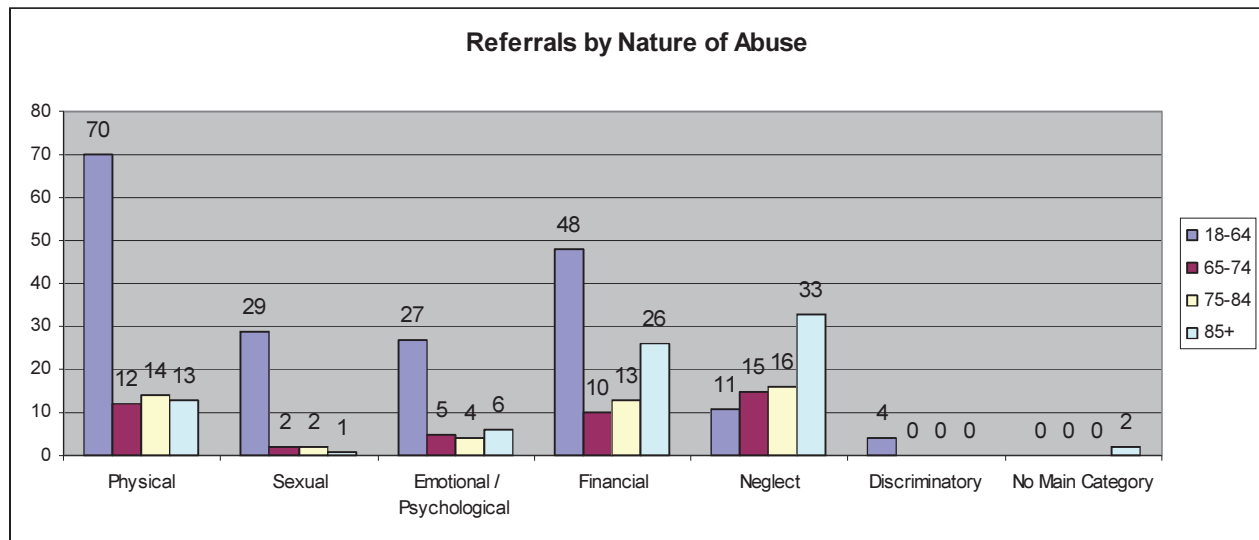


- 4.4.1 The proportion of incidents in Bedford Borough relating to paid carers remains constant at about half of all alerts, but this position masks an increase in reporting within health settings and the impact of the dignity in care campaign in improving overall standards.
- 4.4.2 In Central Bedfordshire the most common perpetrator in relation to older people is a residential care worker or family member. In relation to people under 65 the perpetrator is more likely to be a residential care worker or another vulnerable person.
- 4.4.3 This year, for the first time, we are able to record the number of alerts raised for people in receipt of self directed support. Numbers are low indicating a need to monitor this area more closely and ensure full recording of circumstances.
- 4.4.4 Whilst the number of referrals about family and friends remains consistent, further work is required to reiterate the zero tolerance of abuse messages. Both Councils have commissioned a “preventing harm to yourself and others” handbook to advise vulnerable people and their carers on identifying and reporting abuse and preventing avoidable harm.

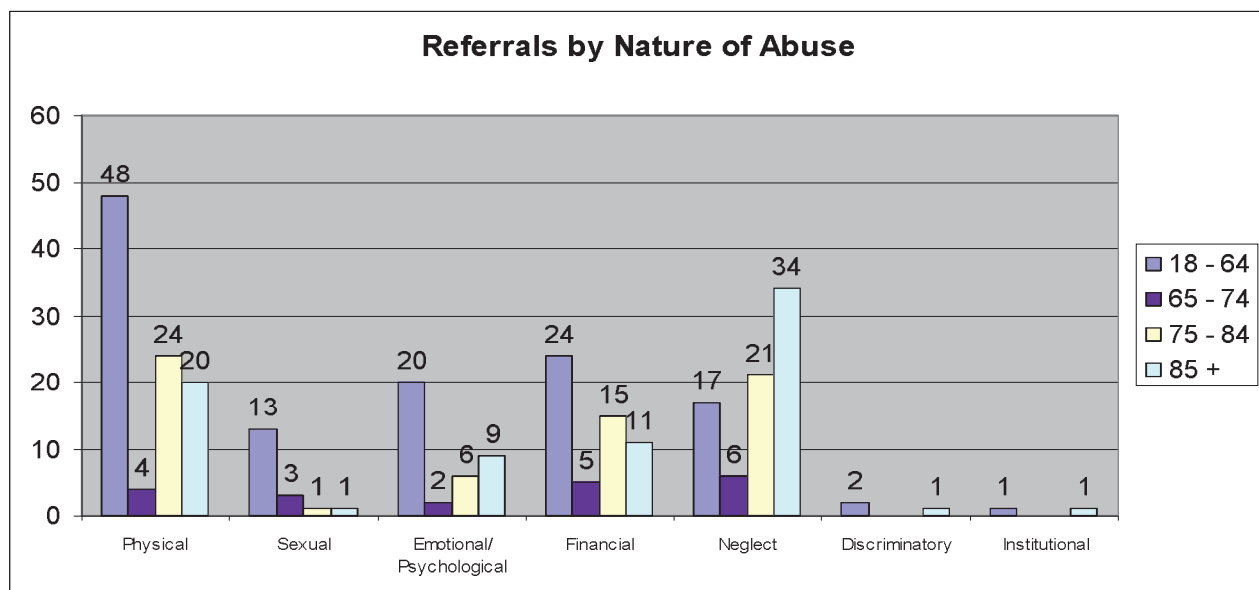


## 4.5 Types of abuse

### Bedford Borough



### Central Bedfordshire



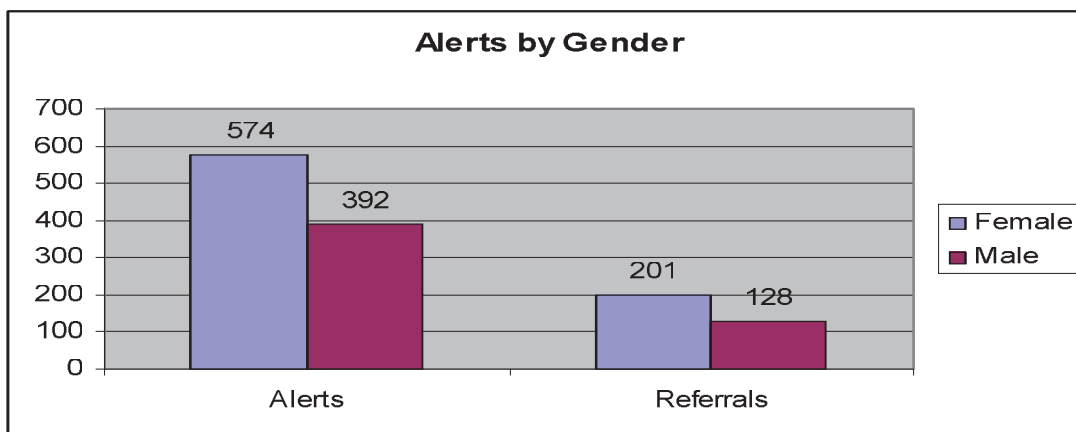
4.5.1 Incidents of physical abuse continue to be the most common in Bedford Borough, although the proportion of incidents has fallen from 39% in 2009/10 to 33% in 2010/11, which is attributed to the Dignity in Care campaign and work with provider services to manage risk and prevent aggression. This work will need to continue in learning disability and mental health services which have predominantly the highest proportion of aggression between service users. The proportion of reports regarding neglect has decreased over the last year from 29% of the overall referrals in 2009/10 to 17% of the overall referrals in 2010/11, however reports of emotional abuse are increasing which indicates that the work around Dignity in care should continue to be reinforced.

4.5.2 For people under the age of 65 in Central Bedfordshire, physical abuse is the most common form of alert. This is consistent with the trend in incidents between other vulnerable people within the same age group. For people over the age of 65, neglect is the most common form of alert. This is consistent with the trend that most referrals are in relation to paid care staff within residential homes. There are higher incidents of physical, emotional and neglect for

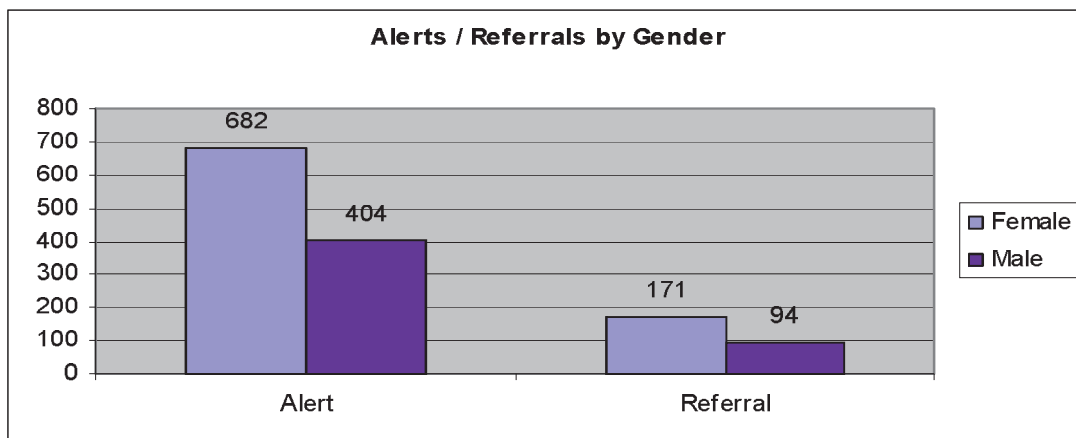
4.5.3 The incidence of financial abuse reported is consistent with the numbers reported last year. Individual investigations have identified trends where the service user lacks the capacity to fully manage their own financial affairs, and/or have been made dependent upon others. The majority of the referrals indicate that the alleged perpetrator is a close relation or friend. Further work is required to support service users to understand the need for and to make decisions about their financial affairs before they lose the capacity to make informed decisions. Further work is required to raise awareness with the public that using relative's money or material effects for their own personal gain is a crime and will not be tolerated.

#### 4.6 Alerts and referrals by Gender

##### Bedford Borough



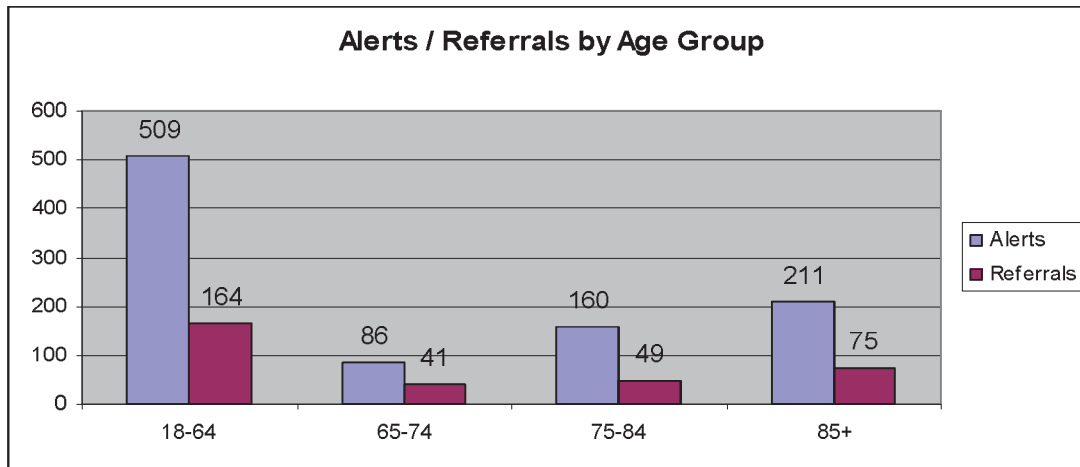
##### Central Bedfordshire



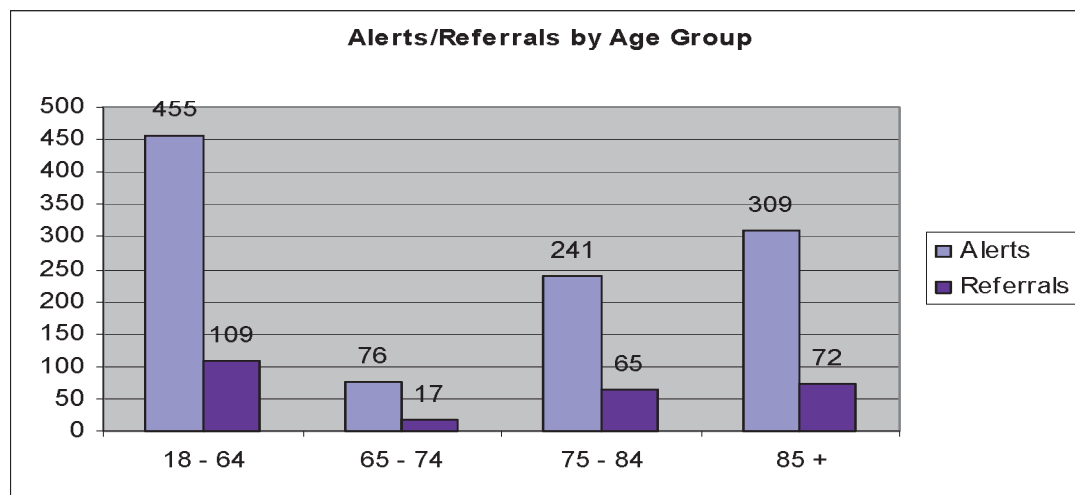
4.6.1 The larger proportion of alerts and referrals relate to women. This is a reflection of the population of people using care services, particularly within older people's services. The majority of alerts come from residential and inpatient units, as well as people using domiciliary care services at home. The majority of alerts are redirected through other, more proportionate routes. This is because the awareness of safeguarding within regulated services is greater than within the public domain and should be the subject of further awareness in the coming year.

#### 4.7 Number of alerts and referrals by age group

##### Bedford Borough



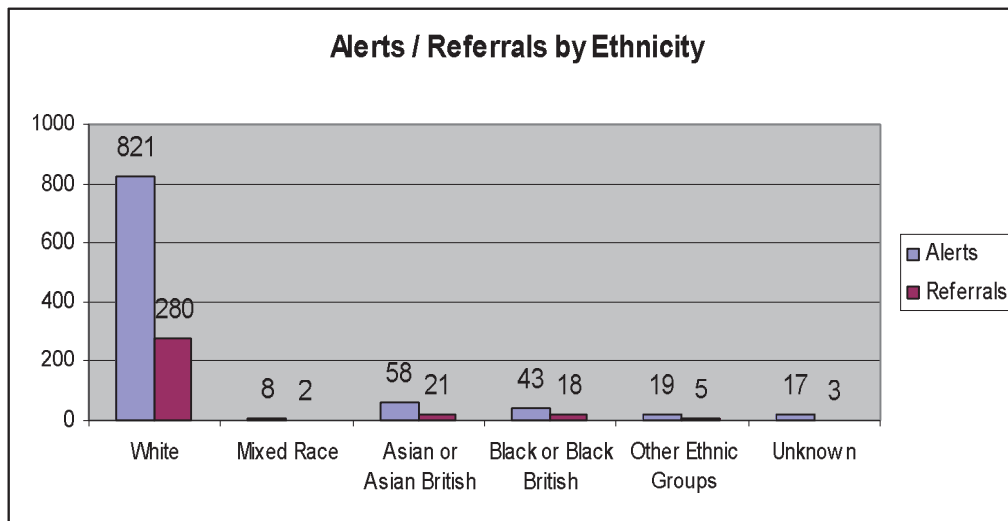
##### Central Bedfordshire



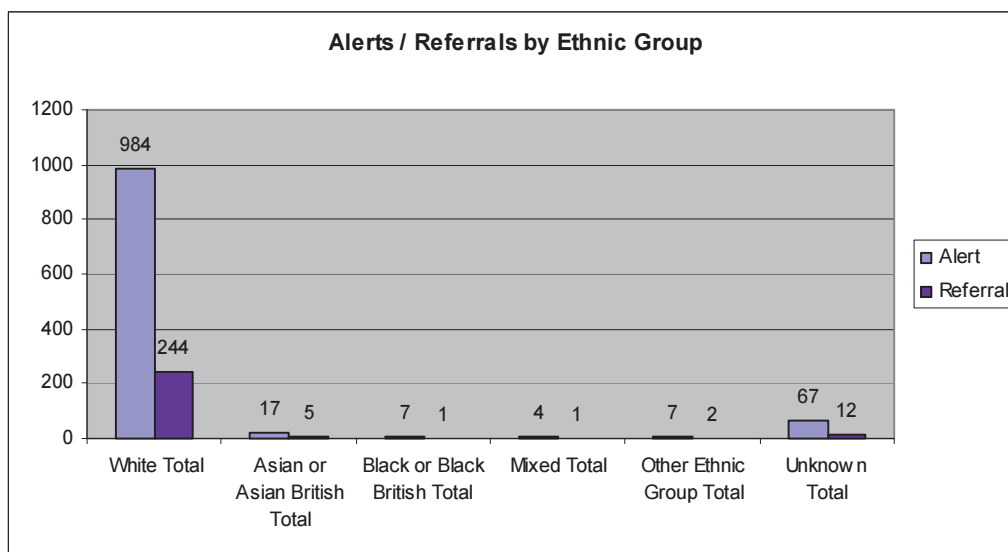
- 4.7.1 The majority of safeguarding alerts and referrals with Bedford Borough relate to people aged 18-64. Many of these alerts relate to incidents between people using services, a large proportion of the perpetrators lack the mental capacity to be accountable for their actions in criminal law. Bedford Borough has more care homes and inpatient facilities for adults with learning disability and mental health needs and these locations are by the nature of the service, known to accommodate people who have communication limitations and unpredictable behaviours that frequently result in aggression and violence towards other patients and staff. The dignity in care campaign has reinforced the zero tolerance of abuse and anti bullying messages given to staff and patients within these services.
- 4.7.2 A common response to these alerts may be to safeguard through an investigation where significant harm has occurred, or when there have been repeated incidents. Alternative responses would be through a care management approach or for the care provider to respond through their risk management procedures.
- 4.7.3 The majority of safeguarding alerts and referrals in Central Bedfordshire relate to people aged 65+. This is a reflection of the population using care services in the locality. 32% of these alerts progress to investigation. During the year Central Bedfordshire Council has worked to reduce the number of inappropriate alerts such as minor slips trips or falls resulting in more appropriate alerts and an increased number of investigations.

#### 4.8 Alerts and Referrals by ethnic group

##### Bedford Borough



##### Central Bedfordshire

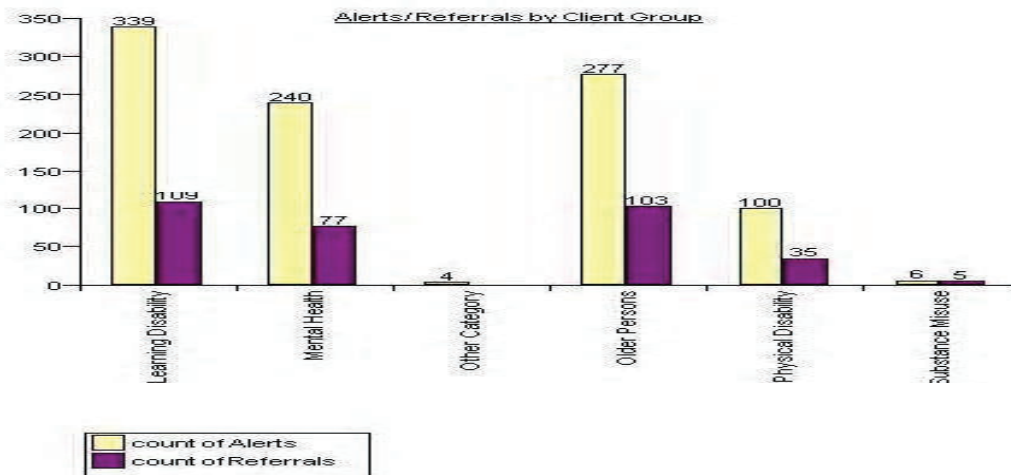


4.8.1 Bedford Borough receives a greater proportion of alerts relating to minority ethnic communities than those in Central Bedfordshire. This is reflective of the overall population. There is an improvement on the numbers of alerts received from minority ethnic groups during the previous three years in the Borough. In 2008/09 the County Council received just 48 alerts from minority groups and by 2010/11, this had increased to 142 in the Borough alone. The increase has been as a result of targeted work undertaken within Bedford Borough to raise awareness within specific minority communities.

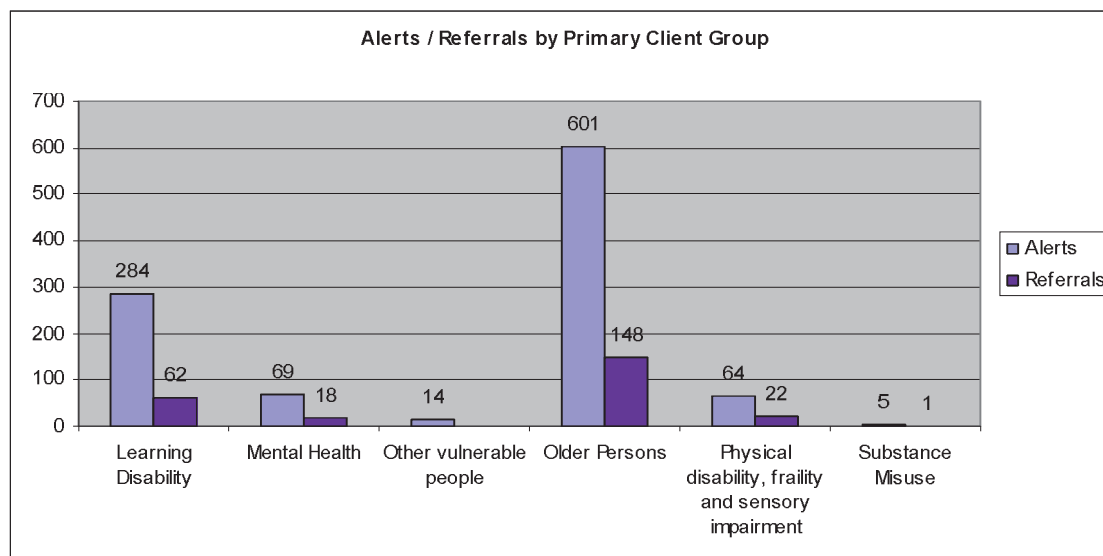
4.8.2 The low number of alerts within Central Bedfordshire is a reflection of the communities within the locality and the presenting population which is predominantly White/ British.

#### 4.9 Alerts/Referrals by support need

##### Bedford Borough



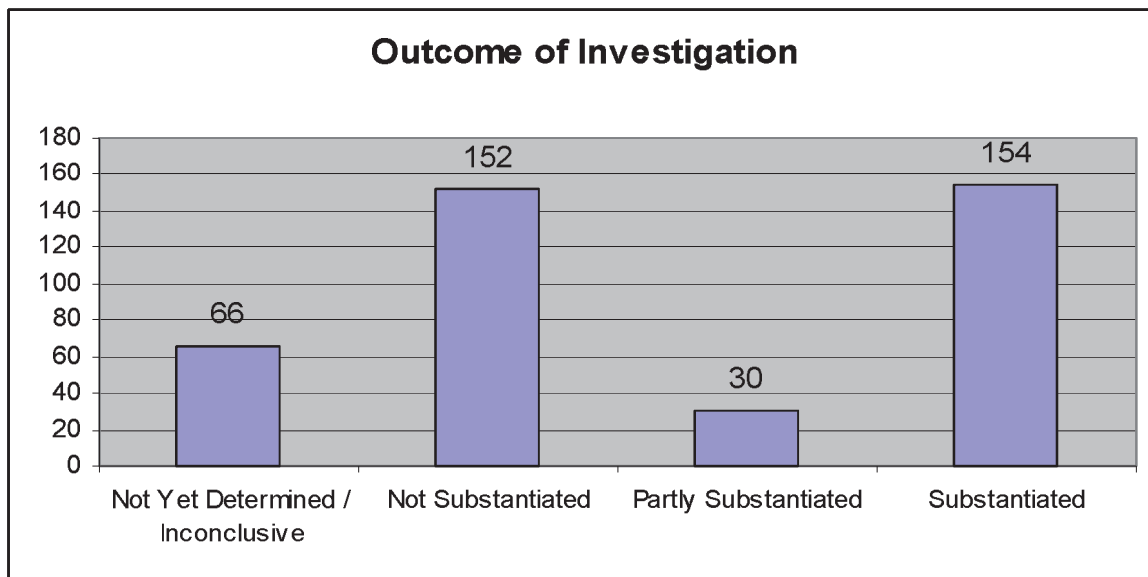
##### Central Bedfordshire



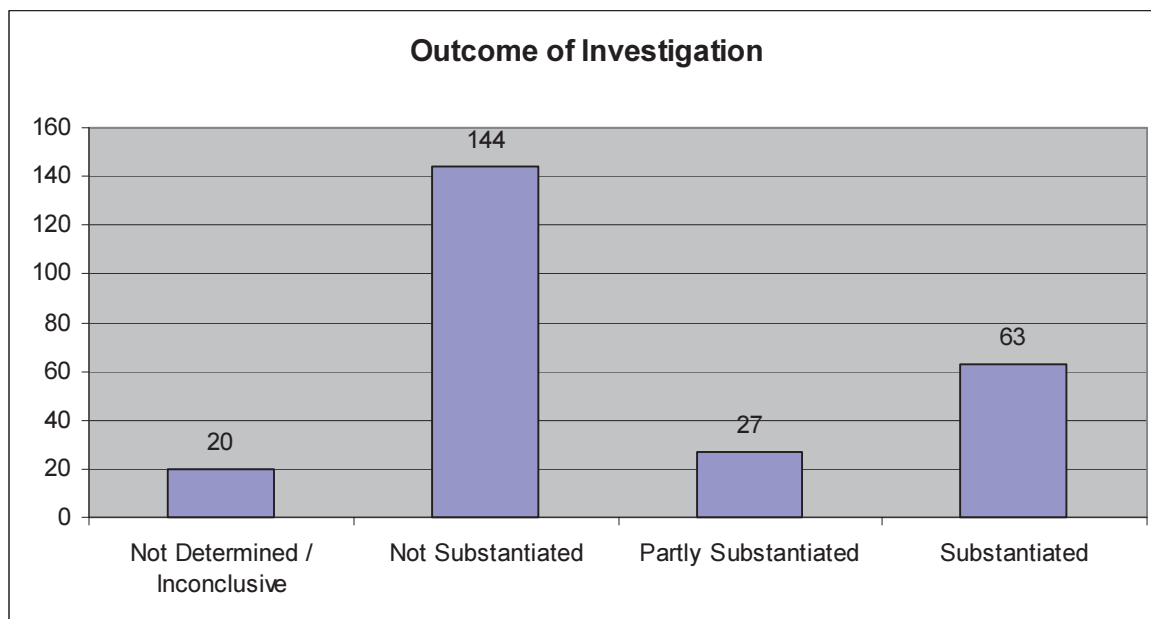
- 4.9.1 In Bedford Borough the proportion of referrals relating to each care group has remained consistent with previous years. Learning disability (33%) is the care group with the largest number of alerts reflecting the large number of residential and inpatient services in the Borough for this care group.
- 4.9.2 The number of referrals for investigation in Central Bedfordshire has increased slightly from 225 in 2009-10 to 265 in 2010-2011. 55% of all alerts in Central Bedfordshire relate to older people and 26% relate to people with a learning disability. The difference between the two local authorities reflect the different types of service and population within each area. The data in this report shows that people over the age of 80 have proportionately more alerts made.
- 4.9.3 There is an increase in service users choosing to have their concerns addressed through other routes as opposed to the formal safeguarding procedures. This is more empowering and supports them to increase independence and have more control.

#### 4.10 Outcomes of investigations

##### Bedford Borough



##### Central Bedfordshire



4.10.1 44% of completed investigations in Bedford Borough Council are substantiated. This has been attributed to the revised safeguarding training programmes, staff forums and audit programme increasing staff knowledge and confidence in being able to gather and analyse appropriate evidence.

4.10.2 The increase in substantiated cases also further demonstrates the appropriateness of approaches in terms of safeguarding proportionality and choices of vulnerable adults.

4.10.3 Improved safeguarding investigation has improved Outcomes for victims:

The majority of victims have agreed for further post abuse support mechanisms to assist them to increase their independence and minimising the risks of their vulnerability and further abuse.

Examples of outcomes for victims have been:

- 26 people referred to the domestic violence service,
- 25 referred for counselling support,
- 40 people have agreed to additional support to access the community
- 38 people have been supported to move to alternative accommodation.

4.10.4 The majority of outcomes for perpetrators have required further support and action to reduce the risks of further incidents of abuse to vulnerable people.

Examples of outcomes for perpetrators have been,

- 12 staff referred to the Independent safeguarding authority,
- 9 regulatory actions by CQC,
- 22 people removed as power of attorney, restricting access to finances,
- 27 people moved to alternative accommodation away from the victim.

4.10.5 The majority of outcomes of investigations in Central Bedfordshire are unsubstantiated. This corresponds with the low numbers of police prosecutions in adult protection which is often due to lack of evidence. Further work is required to analyse the relationship between the source of referral, the alleged victim and the outcome of the investigation.

## 5. Mental Capacity Act and Deprivation of Liberty

- 5.1 The trend continues to be less authorisations, which is in line with Government expectations (1 in 4 authorised) and the expectations that Deprivation of Liberty Safeguards are a last resort once other least restrictive options have been exhausted:
- Bedford Borough Council received 49 applications for Deprivation of Liberty in 2010-2011, compared with 50 in 2009-2010. Of the 49 applications, 13 were authorised and 36 were not. This compares with 30 authorised and 20 not authorised in 2009-10.
  - Central Bedfordshire Council received 25 applications for Deprivation of Liberty in 2010-2011, compared with 42 in 2009-2010. Of the 25 applications, 3 were authorised and 22 were not. This compares with 21 authorised and 21 not authorised in 2009-10.
  - NHS Bedfordshire received 14 applications for Deprivation of Liberty in 2010-2011, compared with 11 in 2009-2010. Of the 14 applications, 4 were authorised and 10 were not. This compares with 5 authorised and 6 not authorised in 2009-10.
- 5.2 Overall together these figures indicate a small decrease in the number of requests 88 in 2010-11 compared with 103 in 2009-10. This decrease is attributed to the targeted Deprivation of Liberty workshops and increased awareness and understanding of the requirements of the Act within care settings.
- 5.3 Audits of Mental capacity assessments undertaken in September 2010 identified the need for further support and training to ensure the quality of assessments and best interest decisions have considered the persons wishes, upheld their human rights and the decisions made are the least restrictive options. This work reduced the number of inappropriate authorisation requests in the last quarter of 2010/11.
- 5.4 The local and regional Mental Capacity Act Coordinators continue to work together to maintain consistency in practice and decision making and to develop good practice and learning within the area.
- 5.5 Increased awareness and implementation of the Mental Capacity Act has been done with Bedford Community Health Services. 8 workshops were facilitated with clinical staff and GP's and further support is being provided to develop a strategy for future training and audit of work. This work has resulted in more enquiries about mental capacity issues from clinical staff, predominantly around end of life care, Power of Attorney, and refusal of medical treatment.
- 5.6 Audits of assessments and decisions have become a regular part of the Mental Capacity work and through workshops and forums, increased standards of work can be evidenced and improved outcomes for those being supported. Audits of assessments have identified that there is further work required across all care sectors, in building confidence and understanding of how and when to assess an individual's mental capacity.

### **Good Practice Example**

**Having a greater emphasis on person centred approaches and multi agency working has reduced the timeframes for Deprivation of Liberty safeguards to be required. A person in a care home was demonstrating self injurious behaviours. Professionals worked together to identify root causes and trends in the behaviours and were able to explore alternative and less restrictive methods with the person enabling them to have more control in their environment and reducing the self injurious behaviours.**

- 5.7 The first successful prosecution under section 44 of the Mental Capacity Act in Bedfordshire was achieved during 2010/11. A carer was given a 12 month conditional discharge, after an elderly person in her care suffered a broken leg after a fall, which was not discovered for four days. The carer failed to record the fall and failed to seek medical assessment.



## 6. Learning from Safeguarding Activity

Issue	Action to Ensure Learning
Partners have become much more engaged this year in contributing towards the safeguarding agenda	The value of publicity and senior engagement is paying off, but this will need to be built upon in the coming year through more robust reporting and monitoring of partner's improvement plans.
Safeguarding activity should focus more on service user involvement and outcomes as opposed to the current focus upon the business process	All agencies to implement the Department of Health's principles to benchmark existing safeguarding arrangements
Record keeping is still a regular issue identified from serious case reviews and individual safeguarding cases	Audit and quality assurance programmes will be reported through the safeguarding board and sub groups.
There is a need for all agencies to understand roles and responsibilities of the other organisations that they work with. This will improve information sharing.	A multi agency quality audit will be undertaken each quarter which will enable the partners to understand their role and contributions towards multi agency approaches to safeguarding.
Audits of mental capacity assessments have identified variable quality in terms of the issues being assessed, being able to evidence the process employed and the quality of the best interest decisions.	All agencies will ensure that staff have the appropriate knowledge and skills and have in place audit programmes to ensure that the principles of the Mental Capacity Act are being fully implemented.
A serious case review identified that "unwise decision making" is an area that should be appropriately escalated and reported.	Agencies should review how they deal with unwise decisions, for example by adopting a process to escalate high risk issues and consideration of risk enablement panels
Two serious case reviews have identified that there were different responses between services that were funded by the council and those funded by service users themselves.	Agencies will ensure that responses to need will be seamless, irrespective of who is funding those services.
Regionally, the numbers of approved Deprivations of Liberty applications are low. It is not clear whether our assessments are enabling less restrictive actions or whether proportions are due to low applications from providers.	To undertake further research into the applications being made locally and regionally and further audits of mental capacity best interest decisions.
Pressure sores and tissue breakdown have been factors in significant numbers of alerts raised to the safeguarding teams	The NHS Bedfordshire safety Express programme will support the provision of training, advice and equipment and the Safeguarding Board's own guidance on tissue viability will assist prevention.

## 7. Strategic Objectives for 2011-12

Members of the Board must be able to:

- Influence and direct their organisations in ensuring adults are and feel safe and are supported to challenge and change abusive situations
- Lead and support the development and implementation of safeguarding practice and procedures within their own organisations
- Take forward any agreed action plans which prevent and minimise abuse, protect individuals and support the delivery of justice and fairness to all
- Support the development of wider public protection and prevention initiatives as part of embedding the quality and safety agenda
- Ensure activities are monitored and audited

Strategic aims:

1. Prevention / raising awareness
2. Workforce development
3. Partnership working
4. Quality Assurance
5. Involving people in development of safeguarding services
6. Outcomes and improving people's experience

Prevention / raising awareness

- Information on the steps individuals and communities can take to keep themselves safe; what abuse means; and what everyone should do if they believe abuse may be happening
- Information is located in places that the public can access it
- Access to support for 'excluded' people.
- Tackling the causes of abuse
- Support for families, carers and perpetrators
- Increasing the understanding of safeguarding in NHS resources
- Promote awareness and actions to combat hate crime

Workforce development

- Staff should be able to recognise and manage risks in supporting and caring for adults at risk of harm or abuse
- Staff should treat people with dignity
- Staff should understand how to empower people and enable positive risk taking
- There should be a focus on achieving outcomes for individuals and evidencing that these have been achieved, rather than processes
- There should be competency based training to ensure that practice meets good quality standards and targeted training

Partnership working

- Secure electronic information sharing arrangement - receive reports and monitor progress and management of this

- Tissue viability issues from task and finish group. Put arrangements in placements - NHS bodies to monitor
- Mental capacity and unwise decision making – put mechanisms, guidance, training in place
- Ensuring safeguarding remains a priority and that lack of continuity does not cause risk to vulnerable person through organisational change
- Ensure links are made to the new Health and Wellbeing Boards, Community Safety Partnerships, Local Children’s Safeguarding Boards and other strategic partnerships
- Improvements to out of hours responses
- Improve multi agency collaboration in respect of people not accessing services

#### Quality Assurance

- Develop more than one means of quality assurance to be able to triangulate information from different sources and evaluate effectiveness
- Learn from serious case reviews and serious incidents, both locally and nationally
- Take information from a wide group of partnership members and learn from those experiences to identify local issues
- Learn from multi agency case file audits and what they tell us about the service quality of different agencies
- Commissioning by the NHS and local authorities in health and social care services builds in assurance that a quality framework is in place and is tested

#### Involving people in development of safeguarding services

- Ensure the views of people who have used services and their representatives or advocates, who have experienced harm or safeguarding processes, are taken into account
- Gain feedback following incidents
- Develop peer support and organisational support for people who have experienced abuse in the way that works for person.
- Develop a range of support and response options to empower people in safeguarding situations
- Provide case studies to assist with developing services

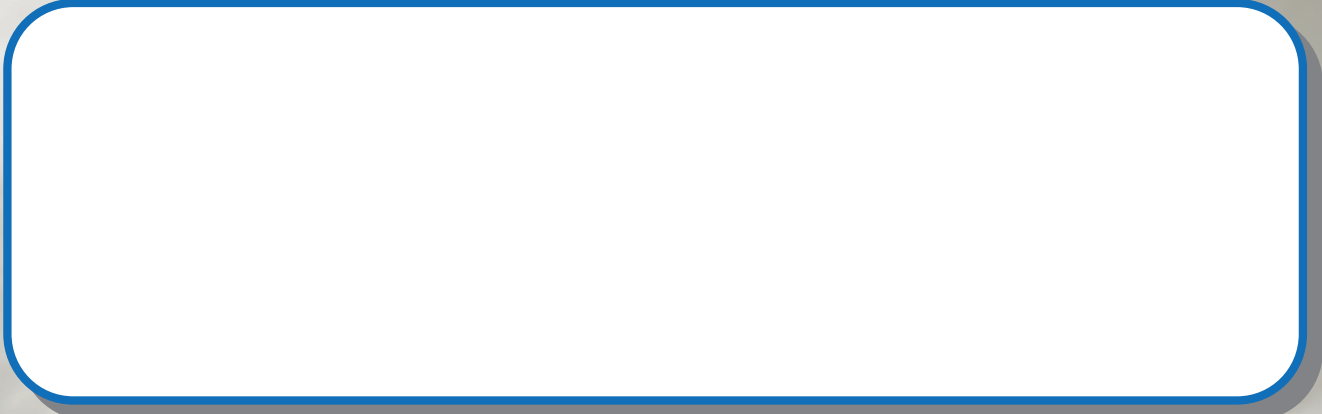
#### Outcomes and improving people’s experience

- Ensure people are empowered to drive safeguarding processes and find effective personal resolutions to harmful or abusive circumstances
- Ensure advocacy services are available for people who are unable to challenge or change circumstances that they experience as abusive or harmful
- Involve people during the investigation process
- Provide more detailed information than the current public information leaflets about ‘what is abuse’
- Build confidence in the process of investigating concerns by making people feel comfortable at the start of a safeguarding process

# Abuse is Everybody's Business Safeguarding is our Responsibility

Safeguarding Adults is about protecting vulnerable people from abuse, maltreatment and neglect and preventing avoidable harm

If you **see something** that concerns you, you must **report it today**  
Tell



If a person is in immediate danger, call the police or ambulance straightaway on 999  
If you are unable to report your concern or you don't feel that your concerns have been acted upon **say something** to the Adult Safeguarding Team or report your concerns to the



**BEDFORD**  
BOROUGH COUNCIL



The Adult  
Safeguarding Teams  
Bedford 01234 276222  
Central 0300 300 8122  
[adult.protection@centralbedfordshire.gov.uk](mailto:adult.protection@centralbedfordshire.gov.uk)  
[adult.protection@bedford.gov.uk](mailto:adult.protection@bedford.gov.uk)  
(0300 300 8123 for out of hours  
emergencies)



**CareQuality**  
Commission

on 03000 616161  
Fax 03000 616171  
[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

We can all **do something** to promote dignity and respect for vulnerable people by becoming a dignity champion and making a pledge to do something practical. Visit [www.dignityincare.org.uk](http://www.dignityincare.org.uk) for free or call 0207 972 4007



Published by the Bedford Borough and Central Bedfordshire Safeguarding Adults Board. For further copies of this poster, to find out more about adult safeguarding and to see our policies, procedures and practice guidance including training and competency materials visit [www.bedfordboroughpartnership.org.uk/adultsafeguarding](http://www.bedfordboroughpartnership.org.uk/adultsafeguarding)

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**Meeting:** *Social Care, Health & Housing Overview & Scrutiny Committee*  
**Date:** *24 October 2011*  
**Subject:** **Revenue Budget Management Report for period ended 30 June 2011 for Social Care, Health and Housing**  
**Report of:** **Director of Social Care, Health & Housing**  
**Summary:** The report sets out the financial position for the year 2011/12

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Contact Officer: Nick Murley  
Public/Exempt: N/A  
Wards Affected: All  
Function of: Council

#### **CORPORATE IMPLICATIONS**

**Council Priorities:**

Sound financial management contributes to the delivery of the Council's value for money, enabling the Council to successfully deliver its priorities

**Financial:**

The financial implications are set out in the report

**Legal:**

None

**Risk Management:**

None

**Staffing (including Trades Unions):**

None

**Equalities/Human Rights:**

None

**Community Safety:**

None

**Sustainability:**

None

**RECOMMENDATION:**

- 1) That the General Fund outturn of £57.381m and £0.096m over spend is noted.
- 2) That the Housing Revenue Account financial position is noted.

**Introduction**

1. The report sets out the financial position to the end of March 2012.

**General Fund Executive Summary Revenue**

2. The Social Care, Health & Housing General Fund annual gross expenditure budget is £83.476m and income budget is £27.170m which presents a net expenditure budget of £56.306m. The full year forecast outturn position as at the end of quarter 1 is £0.096m (0.17%) over budget.
3. The following Table A shows a summary position analysed by the Director and Assistant Director, with more detailed commentary in the following paragraphs. Appendix A provides a more detailed analysis by Service.

<b>Assistant Director</b>	<b>Approved Budget</b>	<b>Forecast Outturn</b>	<b>Contributions to/from Earmarked Reserves</b>	<b>Forecast Outturn Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000s</b>
Director	108	117	0	9
AD Housing (GF)	4,087	4,122	0	35
AD Adult Social Care	53,719	54,720	(320)	681
AD Commissioning	5,435	5,544	(659)	(550)
AD Business & Performance	(7,043)	(7,122)	0	(79)
<b>TOTAL</b>	<b>56,306</b>	<b>57,381</b>	<b>(979)</b>	<b>96</b>

4. Increasing demography, numbers of transitions, future pressures around the deregistration of care homes and self funders returning to the local authority will all need to be managed over the short term.

5. For **older people**, the major area of risk is care packages which is currently showing a projected overspend of £0.377m. Additional budget for demography was provided in the 2011/12 budget and client numbers are increasing. There are very significant efficiency savings targets in this area in relation to reduced placement numbers, increased continuing health care funding and improved contract prices for external home care.
6. For **people with learning disabilities**, the package cost forecast is currently showing an under spend of £0.663m. This is mainly due to the care home deregistration which was provided for in the budget but is not currently known or forecast. This was to be funded by a contribution from an earmarked reserve and as yet has still not been drawn down. We are expecting to have more details on the cost implications of this shortly.
7. Funding allocations from the Health Service should present opportunities to increase investment around the Reablement service, discharges from hospital and to prevent avoidable hospital readmissions. The Council has signed off legal agreements with the PCT identifying the areas for additional investment but as yet the grant funding has not yet been received.

### **Executive Summary Housing Revenue Account**

8. The Housing Revenue Account (HRA) annual expenditure budget is £24.859m and income budget is £24.464m with a contribution of £0.395m from HRA reserves to present a net budget of zero.
9. The first quarter outturn for the HRA shows a variance to profiled budget of £0.196m, which relates to large invoices for the Stock Condition Survey materialising in the first 3 months.
10. The forecast outturn position for the HRA requires a contribution from the HRA reserve of £0.272m and is a reduction of £0.123m from the budget set at the start of the financial year. The difference is mostly a result of forecast capital receipts of £0.200m relating to Council property Right to Buys (RtB). In the original self financing proposals it was anticipated that the Council would no longer be allowed to retain 25% of receipts from these sales. Therefore to keep the financing of the capital programme stable, the 2011/12 budget included an increase in the revenue contribution to finance this expenditure. Further guidance supporting the self financing proposals have now been issued and it has been confirmed that this practice i.e. retention of RtB receipts will continue and as a result the revenue account will not be required to make the additional £0.2m contribution.

### **Detailed Commentaries**

#### **Director**

11. A small over spend is projected as a result of the unachieved managed vacancy factor and additional administration support costs.

#### **Assistant Director Housing**

##### Housing Revenue Account

- 12 The Housing Revenue Account (HRA) annual expenditure budget is £24.859m and income budget is £24.464m with a contribution of £0.395m from HRA reserves to present a net budget of zero. A subjective breakdown of this budget and forecast outturn is shown below:

2011/12	Budget	Annual Forecast
	£m	£m
Rents & Service Charges	(23.489)	(23.489)
Other Income	(0.975)	(1.333)
<b>TOTAL Income</b>	<b>(24.464)</b>	<b>(24.822)</b>
Staffing Costs	3.014	3.236
Premises Costs	4.697	4.671
Other Supplies & Services	7.254	7.296
Housing Subsidy payment	9.894	9.891
<b>TOTAL Expenditure</b>	<b>24.859</b>	<b>25.094</b>
Contribution to / (from) reserve	(0.395)	(0.272)
<b>Net Expenditure</b>	<b>0</b>	<b>0</b>

13. The 2011/12 budget for the Housing Revenue Account (HRA) requires a contribution from the HRA reserve of £0.395m. However, since the budget was put together it has been confirmed that the authority will continue to retain 25% of its capital receipts from Right to Buys, so this contribution is forecast to drop to £0.272m.
14. There is also a year to date adverse variance of £0.196m. This variance is predominantly the result of payments totalling £0.130m made for the Stock Condition Survey. Whilst the budget exists for this expenditure, these costs have all occurred in the first quarter and therefore appear as a variance against the profiled budget.
15. The forecast for void repairs has increased by £0.130m compared to budget, however this is offset by reduced costs forecast within day to day repairs and external decorations, the later being due to a programme of replacement of wooden with plastic fascia boards.
16. The anticipated outturn relating to Supported People (SP) has improved compared to budget by £0.080m, due to reduced Protected Payments being made to tenants at Sheltered Schemes who were given HRA funding to compensate for losing SP funding.



17. Further savings of £0.045m against budget are anticipated within the Prevention Service as there has not been a need to find emergency accommodation for Council tenants.

#### Housing General Fund

18. Housing Management is showing an adverse variance to date of £0.056m and a full year forecast adverse variance of £0.035m.
19. There is a year to date over spend of £0.037m as a result of legal costs incurred at the Traveller sites, together with building repair costs undertaken at the Kempston Hardwick site relating to 2010/11 when Central Bedfordshire was in charge of the site. Overall it is anticipated that additional rental incomes generated from the Traveller sites throughout the year will help to compensate for this although will leave an over spend outturn position of £0.029m which is the main cause of the overall position.

#### **Assistant Director Adult Social Care**

20. The quarter 1 outturn position for the Adult Social Care service is £0.681m over spend (1.3%) against the budget of £53.719m.
21. In addition to increasing demography and numbers of transitions, future pressures around the deregistration of care homes and self funders returning to the local authority will need to be managed over the short term. Self funders alone have increased in number by 100% in the period December 2010 to June 2011 compared to the same period last year.

#### Older People

22. One of the major pressures in this service area is external care package costs for Older People, which is over budget by £0.377m.

#### **Nursing Care**

23. For nursing placements there is an over spend of £0.178m. Customer numbers have increased from 149 at the beginning of the financial year to 157 at the end of quarter 1.

#### **Residential Care**

24. For residential placements there is an over spend of £0.902m. Customer numbers have increased from 560 at the end of 2010/11 to 567 at the end of quarter 1. We are actively tracking the block and spot placements as a major efficiency target for the directorate was to reduce the number of residential placements by 50 over the financial year.

#### **Home Care**

25. For external home care packages there is an under spend of £0.672m. This is a reflection of a reduction in customer numbers from 814 at the end of the financial year to 806 at the end of quarter 1.

26. There are a number of projected overspends on care management pay reflecting the short-term use of agency social workers in teams undergoing a restructure to reflect role and skills mix changes designed to better deliver personalisation.

### **Physical Disability**

27. There is a small over spend of £0.027m on package costs.
28. For nursing care there is an under spend of £0.063m reflecting a reduction in placements of 4 since the beginning of the financial year.
29. For residential care there is an over spend of £0.149m as a result of placements numbers which have increased by 2 since the beginning of the financial year.
30. For external home care there is an under spend of £0.105m reflecting a reduction in client numbers of 13 since the beginning of the financial year.

### **Learning Disabilities**

31. Overall Learning Disability Assessment and Commissioning service is over spent by £0.277m.
32. For externally purchased care for people with Learning Disability there is an under spend of £0.663m. Of this £0.575m relates to potential additional costs arising from Ordinarily Residence cases. Should the costs arise, they will be funded by reserve during 2011/12 only.
33. A shortfall of £0.436m for charges for cross-boundary services is forecast.
34. Package costs arising from transitions from Children's services are included in the quarter 1 forecast; however, the numbers and costs are subject to variation and are likely to arise during the latter half of the financial year.
35. For Learning Disabilities Direct Services, there is an over spend of £0.093m primarily on pay.

### **Assistant Director Commissioning**

36. The full year position shows an under spend of £0.550m. There is a under spend of £0.659m on the Learning Disabilities and Public Reform Grant transfer which reflects government grant exceeding expenditure commitments, an under spend of £0.191m on adult social care contracts for Mental Health services and an over spend of £0.220m is forecast for Carer's direct payments reflecting increased demand.

### **Assistant Director Business & Performance**

37. The full year position shows an under spend of £0.079m. The main component of the under spend is in relation to an over recovery of income in respect of customer contributions of £0.188m.

### **Revenue Virement Requests**

38.. There are currently no proposed virements over £0.100m to report.

### **Achieving Efficiencies**

39.. A number of efficiency savings are built into the 2011/12 base budget including 10/11 efficiencies with a full year effect in 2011/12. A full analysis of efficiencies is provided at Appendix B.

40. For 2011/12 the efficiencies target is £4.694m. Some early risks have been identified and compensatory savings are being considered to mitigate the shortfall. The current projection is that £4.212m of the target will be achieved but work continues to close this gap.

### **Reserves position**

41. Appendix C shows the full list of proposed reserves for the directorate. The total General Fund reserves available as at April 2011 were £2.617m for General Fund services and the current forecast indicates that £0.979m will be used during 2011/12.

42. In respect of the Housing Revenue Account, the total reserves available as at April 2011 were £3.788m and the current forecast indicates that £0.272m of the HRA reserve will be used for 2011/12.

### **Debt analysis**

#### Housing Revenue Account

43. Statistics for rent arrears are not available due to implementation of the new Housing System (QL); however these should be available from August.

#### General Fund

44. Total debt for the General Fund element of the directorate stands at £7.1m. Charges on property for residential and nursing placements account for £1.7m, Health Service debt £3.6m and Other Local Authorities £0.070m. Of the total debt, 41% is more than one year old and is predominantly charges on property debt where it can take a significant amount of time to realise the cash from the customer's house sale.

### **Appendices:**

Appendix A – Net Revenue Position Full Analysis

Appendix B - Efficiencies

Appendix C - Reserves

Appendix D – Debt Analysis

**Background Papers:** None

**Location of papers:** Technology House, Bedford.

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	Cumulative to Date			Year								Risk	Activity level Medium/High risk budgets (COMMENTARY)
	Budget	Actual	Variance	Approved Budget	Forecast Outturn	Forecast Variance	Proposed use of Earmarked reserves	Forecast Variance after use of earmarked reserves.	Forecast % of Budget	RAG			
	£000	£000	£000	£000	£000	£000	£000	£000					
<b>Director of Social Care, Health, Housing</b>	27	75	48	108	117	9		9	8%	amber			
<b>Housing Management (GF)</b>	1,022	1,078	56	4,087	4,122	35	0	35	1%	green			
Supporting People	640	647	8	2,558	2,558	0		0	0%	green	Low		
Prevention, Options & Inclusion (GF)	186	183	-3	745	760	15		15	2%	amber	High		
Private Sector Housing Options (GF)	163	177	15	650	641	-9		-9	-1%	green	Medium		
Housing Management (GF)	34	71	38	134	163	29		29	22%	red	Low	Prior year costs associated with Kempston Hardwick	
<b>Adult Social Care</b>	13,430	13,306	-124	53,719	54,720	1,001	-320	681	1%	amber			
Asst Director Adult Social Care	143	130	-13	573	627	54		54	9%	amber	Low	Unachieved managed vacancy factor	
Older People and Physical Disability Mgt	129	82	-47	515	415	-100		-100	-19%	amber	Low	Underspend on Mgmt salaries £39k, £50k non-pay	
Rapid Intervention/Intermediate Care	142	127	-15	566	514	-52		-52	-9%	green	Low	Underspend on health contracts	
Older People - Day Care	150	140	-10	600	604	4		4	1%	green	Low	On budget	
Enablement	662	578	-84	2,648	2,509	-139		-139	-5%	green	Low	Forecast underspend on pay	
OPPD - Care Management Central	1,366	1,532	166	5,464	5,581	117	-15	102	2%	amber	High	Overspends on pay on the hospital team, the review team and Personalisation Mgmt; Phys Dis packages £42k overspend	
OPPD - Care Management North	2,634	2,760	126	10,537	10,828	291		291	3%	amber	High	Overspend on pay £65k & £219k on packages	
OPPD - Care Management South	2,589	2,720	131	10,356	10,752	396		396	4%	amber	High	Overspend on pay £92k & £165k on packages	
LD & MH Management	89	152	63	356	331	-25		-25	-7%	green	Low	Under 65 MH package budget forecasting £6k underspend	
Learning Disabilities - Assessment and Care Mgmt	2,761	2,443	-318	11,042	11,334	292		292	3%	amber	High	Projected shortfall of £436k OLA income, HFT reserve income not forecast as no matching spend - £575k shortfall, projected underspend of £40k of pay and on package of £663k (incl. £575k HTF budget with nil forecast spend)	
Learning Disabilities - Direct Services	992	968	-24	3,968	4,366	398	-305	93	2%	amber	Low		
Sheltered Employment	-7	-42	-35	-27	36	63		63	-233%	amber	Low	Full year efficiency on LuDun not achieved due to closure date	
Emergency Duty Team	37	41	4	147	139	-8		-8	-5%	green	Medium		
BUPA	1,744	1,675	-69	6,974	6,684	-290		-290	-4%	green	Medium	Projected underspends on the block contract £150k (no price uplift) and on cross boundary placements expenditure £171k less shortfall of £40k on cross boundary income	
<b>Commissioning</b>	1,359	1,112	-247	5,435	5,544	109	-659	-550	-10%	amber			
Asst Director Commissioning	-36	103	139	-142	-70	72		72	-51%	amber	Low		
Contracts	1,020	900	-120	4,078	3,888	-190		-190	-5%	green	Low	Section 75 Mental Health with SEPT underspend of £130k (no price uplift), mental health contracts £61k under spend	

	Cumulative to Date			Year								Risk	Activity level Medium/High risk budgets (COMMENTARY)
	Budget	Actual	Variance	Approved Budget	Forecast Outturn	Forecast Variance	Proposed use of Earmarked reserves	Forecast Variance after use of earmarked reserves.	Forecast % of Budget	RAG			
	£000	£000	£000	£000	£000	£000	£000	£000					
LD Transfer	-10	-403	-393	-39	-698	-659		-659	1690%	amber	Medium	Government grants exceeds expenditure commitments	
Bedfordshire Drug Action Team	21	51	31	82	82	0		0	0%	green	Low		
Personalisation	221	293	73	882	1,143	261		261	30%	red	Low	Carers Direct Payment increased demand creating forecast over spend of £224k	
Commissioning	144	168	25	574	1,199	625	-659	-34	-6%	green	Medium		
<b>Business and Performance</b>	<b>-1,761</b>	<b>-1,783</b>	<b>-22</b>	<b>-7,043</b>	<b>-7,122</b>	<b>-79</b>	<b>0</b>	<b>-79</b>	<b>1%</b>	<b>green</b>			
Asst Director Business & Performance	24	10	-14	96	82	-14		-14	-15%	amber	Low		
Business Systems	240	246	7	958	1,043	85		85	9%	amber	Low	Mainly pay pressures in Customer Finance and Brokerage	
Business Infrastructure	170	136	-34	680	718	38		38	6%	amber	Low		
Customer Contributions	-2,194	-2,175	19	-8,777	-8,965	-188		-188	2%	green	Medium		
<b>Sub-total Social Care, Health and Housing General Fund</b>	<b>14,077</b>	<b>13,788</b>	<b>-289</b>	<b>56,306</b>	<b>57,381</b>	<b>1,075</b>	<b>-979</b>	<b>96</b>	<b>0%</b>	<b>green</b>			
<b>Housing Services (HRA)</b>	<b>0</b>	<b>197</b>	<b>197</b>	<b>0</b>	<b>76</b>	<b>76</b>	<b>-76</b>	<b>0</b>	<b>0%</b>	<b>green</b>			
Head of Housing Services (HRA)	-1,714	-1,459	255	-6,854	-6,515	339	-339	0	0%	green	Low		
Housing Management (HRA)	384	376	-8	1,536	1,623	87	-87	0	0%	green	Low		
Asset Management (HRA)	1,239	1,167	-72	4,957	4,654	-303	303	0	0%	green	Medium		
Prevention, Options & Inclusion (HRA)	90	113	23	361	314	-47	47	0	0%	green	Medium		
<b>Total Social Care Health and Housing</b>	<b>14,077</b>	<b>13,985</b>	<b>-92</b>	<b>56,306</b>	<b>57,457</b>	<b>1,151</b>	<b>-1,055</b>	<b>96</b>	<b>0%</b>	<b>green</b>			

**Commentary for EIG Report - to explain latest forecast, key risks, any variances and compensatory savings to plug shortfall:**

**Social Care, Health & Housing - the SCHH efficiency target for 2011/12 is £4.694M (including Cross Cutting efficiencies – Procurement £0.019M, Income Review – Telecare £0.192M and Passenger Transport Review £0.020M).**

All efficiency workstreams are being actively managed. The major risk areas are identified as follows:-

1. EA44 - Pressure on the Scrutiny of high cost external care packages is now expected. Options are being considered to achieve the target.
2. EA51 - The reduction in usage of residential and nursing care is now expected to deliver £1.32M vs target £1.408.
3. EA38 - Closure of LuDun did not occur until the end of May; as such running costs of £60k have been experienced including pay in lieu of notice to employees.
4. Telecare income – the income target will not be achieved in the current year as charging will not be introduced until half way through the year and is forecasting £0.096M in 2011/12.

Further compensatory initiatives are now being considered to mitigate for the current shortfall. While not yet quantified respite care contractual savings have recently been identified.

Appendix C

Earmarked Reserves - June 2011/12

Description	Opening Balance 2011/12	Increase in reserves	Spend against reserves	Release of reserves	Proposed Closing Balance 2011/12
	£000	£000	£000	£000	£000
<b>Social Care Health and Housing Reserves</b>					
Social Care Reform Grant	415	0	15	0	400
Deregistration of Care Homes	583	0	0	0	583
LD Campus Closure	744	0	659	0	85
Supporting People	305	0	305	0	0
Reablement	222	0	0	0	222
Winter Pressure	348	0	0	0	348
	<b>2,617</b>	<b>0</b>	<b>979</b>	<b>0</b>	<b>1,638</b>
<b>Housing Revenue Account Reserves</b>					
HRA	3,743	0	76	0	3,667
Business Process Re-engineering	46	0	0	0	46
Major Repairs (HRA)	200	0	0	0	200
	<b>3,989</b>	<b>0</b>	<b>76</b>	<b>0</b>	<b>3,913</b>
<b>GRAND TOTAL</b>	<b>6,606</b>	<b>0</b>	<b>1,055</b>	<b>0</b>	<b>5,551</b>



**Appendix D**

	<b>Total Debt</b>	<b>Amt. Due</b>	<b>Amt. Overdue</b>	<b>From 1 to 30 Days</b>	<b>From 31 to 60 Days</b>	<b>From 61 to 90 Days</b>	<b>From 91 to 365 Days</b>	<b>From 366 Days</b>
General Debt	1,730,607	320,209	1,410,398	75,306	220,871	136,938	301,540	675,743
Charges on property - residential and nursing placements	1,674,626	173,814	1,500,812	147,513	39,717	138,487	303,378	871,717
Health Service	3,583,325	2,727,000	856,325	33,268	0	242,230	563,000	17,827
Other Local Authorities	71,378	0	71,378	90,081	0	-19,426	723	0
<b>Total</b>	<b>7,059,935</b>	<b>3,221,023</b>	<b>3,838,912</b>	<b>346,168</b>	<b>260,588</b>	<b>498,230</b>	<b>1,168,640</b>	<b>1,565,287</b>
		<b>45.62%</b>	<b>54.38%</b>	<b>9.02%</b>	<b>6.79%</b>	<b>12.98%</b>	<b>30.44%</b>	<b>40.77%</b>

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**Meeting:** Social Care, Health & Housing Overview and Scrutiny Committee  
**Date:** 24 October 2011  
**Subject:** Capital Budget Management 2011/12  
**Report of:** Cllr Carole Hegley, Executive Member for Social Care, Health & Housing.  
**Summary:** The report provides information on the Directorate capital financial position as at the end of June 2011

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**Advising Officer:** Julie Ogley, Director of Social Care, Health & Housing.  
**Contact Officer:** Nick Murley, Assistant Director Business & Performance  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

<b>CORPORATE IMPLICATIONS</b>
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<b>Council Priorities:</b>
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|--|
| 1. Sound financial management contributes to the delivery of the Council's value for money, enabling the Council to successfully deliver its priorities. |
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<b>Financial:</b>
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| 2. The financial implications are set out in the report. |
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<b>Legal:</b>
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- |                    |
|--------------------|
| 3. Not applicable. |
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<b>Risk Management:</b>
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| 4. Not applicable. |
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<b>Staffing (including Trades Unions):</b>
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- |                    |
|--------------------|
| 5. Not applicable. |
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<b>Equalities/Human Rights:</b>
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| 6. Not applicable. |
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<b>Community Safety:</b>
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|--------------------|
| 9. Not applicable. |
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<b>Sustainability:</b>
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|---------------------|
| 10. Not applicable. |
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<b>Procurement:</b>
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- |                     |
|---------------------|
| 11. Not applicable. |
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**RECOMMENDATION(S):**

**The Committee is asked to note the Capital position as at the end of June 2011.**

**Status of the Programme**

12. The following table summarises the position as at the end of the third quarter.

13. Table 1 Capital programme summary

14.

	Full Year Forecast Variance						
	Gross Expend. Budget	Gross Income Budget	Net Total	Gross Expend. Budget	Gross Income Budget	Net Total	Variance
Directorate	£m	£m	£m	£m	£m	£m	£m
Disabled Facility Grants (DFG)	2.551	(0.880)	1.671	2.976	(0.588)	2.388	0.717
Renewal Assistance	0.395	(0.044)	0.351	0.244	(0.044)	0.200	(0.151)
NHS Campus Closure	7.843	(7.843)	0	4.430	(4.430)	0	0
Timberlands	0.931	(0.699)	0.232	0.931	(0.699)	0.232	0
Empty Homes	0.200	(0.040)	0.160	0.200	(0.040)	0.160	0
Unallocated Grants	0.261	0	0.261	0.261	0	0.261	0
<b>Sub Total</b>	<b>12.181</b>	<b>(9.767)</b>	<b>2.414</b>	<b>9.042</b>	<b>(6.062)</b>	<b>2.980</b>	<b>0.566</b>
HRA	4.713	0	4.713	5.056	0	5.056	0.343
<b>Total</b>	<b>16.894</b>	<b>(9.767)</b>	<b>7.127</b>	<b>14.098</b>	<b>(6.062)</b>	<b>8.036</b>	<b>0.909</b>

### **General Fund Programme**

15. There is potential demand within the DFG programme to result in an over spend of between £0.7m and £1.0m. It will be very difficult to suppress this demand without entailing significant reputational damage to the Council. Whilst there may be opportunities to fund the demand from available Social Care grant funding in 2011/12 this pressure is likely to continue into 2012/13 and beyond, so other solutions will have to be found for the future.
16. The Council will have to consider if it wishes to increase the resources allocated to the scheme or increase the waiting times on awarding grants. This will be considered as part of the review of the Capital Programme that will be reported to the Executive in November 2011.
17. Expenditure on the Renewals programme is under profile by £0.046m due to slippage from 2010/11. It is anticipated that of the £0.185m of slippage from 2010/11, £0.040m will be required for the Renewals programme, whilst the remainder will assist with overspends on the Disabled Facilities Grants (DFG) programme.
18. On the Timberlands project, final proposals about the required number of pitches is in the process of being agreed before more accurate expenditure estimates can be ascertained.
19. The Campus Closure Programme is projecting slippage of £3.413m into 2012/13 although there will be no impact on the overall capital programme as it is fully grant funded.
20. The unallocated grants will be used to fund ICT and other recovery activity and will be fully utilised during the year.

### **Housing Revenue Account Programme**

21. The Housing Revenue Account capital programme is currently behind budget profile by £354k but this is partially due to delays in invoices being received for accruals from the previous financial year, and is expected to return to profile by the end of quarter 2.
22. There is a projected over spend of £0.343m which is a result of accounting treatment of capitalised salaries. There will be no impact on the overall programme as the revenue account will make a contribution to finance the programme as a compensatory adjustment.

#### **Appendices:**

- Appendix A – General Fund position by Capital Project
- Appendix B – HRA position by Capital Project

**Background papers and their location:** None

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**CENTRAL BEDFORDSHIRE CAPITAL PROGRAMME 2011/2012**

**2011/12 Capital Programme  
Social Care Health and Housing**

Title and Description of the Scheme	Revised Capital Programme- June 2011			Full Year Forecast			Full Year Variance			Over / under spend			June 2011								
	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	PROFILED BUDGET YTD			ACTUAL			VARIANCE		
													Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<u>Disabled Facilities Grants Scheme</u> The project is the provision of mandatory Disabled Facilities Grants (DFG's) funding, to adapt homes of people with disabilities to meet their specific needs. The provision of DFG's is prescribed in the Housing Grants, Co	2,551	(880)	1,671	2,976	(588)	2,388	425	292	717	425	292	717	462	(880)	(418)	782	(593)	189	320	287	607
<u>Renewal Assistance</u> The project is the provision of grant or loan assistance in accordance with Central Bedfordshire Council's Private Sector Housing Renewal Policy, to help the most vulnerable people in the area to repair or improve their homes to make th	395	(44)	351	244	(44)	200	(151)	0	(151)	(151)		(151)	60		60	18	(4)	14	(42)	(4)	(46)
<u>NHS Campus Closure</u> The NHS Campus Closure Programme is a Government initiative backed with NHS Capital funding, to provide up to date and future proofed accommodation for people with severe Learning Disabilities who are currently living in substandard Care Homes under the responsibility of the Local Authority.	7,843	(7,843)	0	4,430	(4,430)	0	(3,413)	3,413	0			0	873		873	873	0	873	0	0	0
<u>Timberlands and Chiltern View Gypsy and Traveller Sites</u> Timberlands is in poor condition; there are public health issues and refurbishment is long overdue resulting in tensions relating to site management. Grant has been secured for 75% of proposed costs.	931	(699)	232	931	(699)	232	0	0	0			0			0	0	0	0	0	0	0
<u>Empty Homes</u> The project is the provision of funding to undertake capital works to long term empty properties that are subject to enforcement action by the Council. The enforcement action would be compulsory purchase or empty dwelling management orders.	200	(40)	160	200	(40)	160	0	0	0			0			0	0	0	0	0	0	0
Social Care IT Infrastructure	60	(60)	0	60	(60)	0	0	0	0			0			0	0	0	0	0	0	0
Social Care Single Capital Pot	130	(130)	0	130	(130)	0	0	0	0			0			0	0	0	0	0	0	0
Mental Health Single Capital Pot	71	(71)	0	71	(71)	0	0	0	0			0			0	0	0	0	0	0	0
<b>Total Social Care, Health and Housing:</b>	<b>12,181</b>	<b>(9,767)</b>	<b>2,414</b>	<b>9,042</b>	<b>(6,062)</b>	<b>2,980</b>	<b>(3,139)</b>	<b>3,705</b>	<b>566</b>	<b>274</b>	<b>292</b>	<b>566</b>	<b>1,395</b>	<b>(880)</b>	<b>515</b>	<b>1,673</b>	<b>(597)</b>	<b>1,076</b>	<b>278</b>	<b>283</b>	<b>561</b>

**CAPITAL PROGRAMME - CENTRAL BEDFORDSHIRE COUNCIL 2011/12**

**HOUSING REVENUE ACCOUNT**

Title and Description of the Scheme	Revised Capital Programme- June 2011			Full Year Forecast			Full Year Variance			Over / under spend			June 2011								
													PROFILED BUDGET YTD			ACTUAL			VARIANCE		
	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<u>General Enhancements (formerly Minor Works)</u> Various one-off projects required on an ad hoc basis and not identified in a specific capital project, eg defective damp-proof.	250	0	250	250		250	0	0	0			0	40		40	20	0	20	(20)	0	(20)
<u>Drainage &amp; Water Supply</u> A programme of improvements to water supplies and water mains systems where these systems have deteriorated due to age	0	0	0			0	0	0	0			0	0		0	0	0	0	0	0	0
<u>Stock Remodelling</u> Various projects that have been identified to enhance the stock: eg. improve insulation, convert bedsits to flats, convert flat to pitch roofs, construct lift shafts, etc.	200	0	200	200		200	0	0	0			0	0		0	0	0	0	0	0	0
<u>Garage Refurbishment</u> To ensure our garage block sites are in a safe and secure condition.	50	0	50	50		50	0	0	0			0	5		5	1	0	1	(4)	0	(4)
<u>Paths &amp; Fences siteworks</u> Identification of defects and design, plan and install improvements.	60	0	60	60		60	0	0	0			0	7		7	24	0	24	17	0	17
<u>Estate Improvements</u> Improvement to the amenities and appearance of our neighbourhood.	250	0	250	250		250	0	0	0			0	85		85	65	0	65	(20)	0	(20)
<u>Energy Conservation</u> Improve the energy efficiency of the housing stock	250	0	250	250		250	0	0	0			0	20		20	0	0	0	(20)	0	(20)
<u>Roof Replacement</u> A programme of replacement where the roof covering is inadequate.	234	0	234	234		234	0	0	0			0	20		20	-11	0	(11)	(31)	0	(31)



Title and Description of the Scheme	Revised Capital Programme- June 2011			Full Year Forecast			Full Year Variance			Over / under spend			June 2011								
													PROFILED BUDGET YTD			ACTUAL			VARIANCE		
	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	
<u>Central Heating Installation</u> Delivery of affordable warmth and improvement to thermal comfort while reducing harmful emissions.	1,100	0	1,100	1100		1100	0	0	0			0	118		118	53	0	53	(65)	0	(65)
<u>Rewiring</u> Improvement to wiring for efficiency and safety reasons.	340	0	340	340		340	0	0	0			0	34		34	-6	0	(6)	(40)	0	(40)
<u>Kitchens and Bathrooms</u> Identify properties that will fail the Decent Home Standard and institute remedial action.	1,100	0	1,100	1100		1100	0	0	0			0	0		0	-67	0	(67)	(67)	0	(67)
<u>Central Heating communal</u> To deliver affordable warmth and improve thermal comfort while reducing harmful emissions.	172	0	172	172		172	0	0	0			0	0		0	0	0	0	0	0	0
<u>Secure door entry</u> Replacement of front and rear doors with quality composite doors.	350	0	350	350		350	0	0	0			0	43		43	9	0	9	(34)	0	(34)
<u>Structural repairs</u> Correction of structural defects arising from subsidence.	150	0	150	150		150	0	0	0			0	18		18	4	0	4	(14)	0	(14)
<u>Aids and adaptations</u> Where it is not possible to relocate to adapted properties this resource enables us to adapt the clients current property.	150	0	150	150		150	0	0	0			0	15		15	-40	0	(40)	(55)	0	(55)
<u>Asbestos management</u> Identify, monitor, and dispose of asbestos correctly.	57	0	57	57		57	0	0	0			0	5		5	4	0	4	(1)	0	(1)
<u>Capitalised Salaries</u> Capitalise salary costs within Asset Management for time spent on the capital	0	0	0	343		343	343	0	343	343		343	0		0	0	0	0	0	0	0
<b>Total</b>	<b>4,713</b>	<b>0</b>	<b>4,713</b>	<b>5,056</b>	<b>0</b>	<b>5,056</b>	<b>343</b>	<b>0</b>	<b>343</b>	<b>343</b>	<b>0</b>	<b>343</b>	<b>410</b>	<b>0</b>	<b>410</b>	<b>56</b>	<b>0</b>	<b>56</b>	<b>(354)</b>	<b>0</b>	<b>(354)</b>

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**Meeting:** Social Care, Health & Housing Overview & Scrutiny Committee  
**Date:** 24 October 2011  
**Subject:** Quarter One Performance Report  
**Report of:** Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing  
**Summary:** The report highlights 2011-12 quarter one performance for Social Care, Health and Housing.

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**Advising Officer:** Julie Ogley , Director of Social Care, Health & Housing  
**Contact Officer** Althea Mitcham, Head of Business Infrastructure  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

#### **CORPORATE IMPLICATIONS**

**Council Priorities:**

The quarterly performance report underpins the delivery of the Council's priorities.

**Financial:**

No direct implications.

**Legal:**

No direct implications.

**Risk Management:**

Areas of ongoing underperformance are a risk to both service delivery and the reputation of the Council.

**Staffing (including Trades Unions):**

No direct implications.

**Equalities/Human Rights:**

This report highlights performance against performance indicators which seek to measure how the Council and its services impact across all communities within Central Bedfordshire, so that specific areas of underperformance can be highlighted for further analysis/drilling down as necessary.

As such it does not include detailed performance information relating to the Council's stated intention to tackle inequalities and deliver services so that people whose

circumstances make them vulnerable are not disadvantaged. The interrogation of performance data across vulnerable groups is a legal requirement and is an integral part of the Council's equalities and performance culture which seeks to ensure that, through a programme of ongoing impact assessments, underlying patterns and trends for different sections of the community identify areas whether further action is required to improve outcomes for vulnerable groups.

**Community Safety:**

No direct implications.

**Sustainability:**

No direct implications.

**RECOMMENDATION(S):**

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

**Introduction.**

1. The Council's framework for performance management supports the delivery of the Council's priorities.
2. At the end of quarter 1 there are two performance indicators within the Social Care, Health & Housing directorate with a 'Red status but improving' as follows:
  - the percentage of clients receiving self-directed support, where progress is being made but where a demanding target has been set for this year to enable us to be on track to meet the national target of 100% by 2013;
  - the percentage of Safeguarding of Vulnerable Adults (SOVA) investigations completed within 35 days, where performance in the quarter was 67.2% up from last year's outturn figure of 59%. Overall performance being reduced by the time needed to deal with a number of complex cases.

**Director's Summary**

3. Performance in relation to Adult Social Care has generally remained static over the first quarter of the year. The planned changes to the skill mix of the workforce have impacted on the performance of self-directed support (SCHH 2), carer's assessments (SCHH 3) and reviews (SCHH 6). Action plans have been drafted to improve the performance for self-directed support and whilst the Council achieved the national target of 30% of customers receiving personal budgets in 2010/11 the new national target of 100% of customers receiving personal budgets by 31 March 2013 is very challenging. The 2011/12 target of 60% is also very challenging with plans likely to see improved performance in quarters 3 and 4. Similarly, the action plans for reviews, and, the additional resources in relation to supporting carers will be in place in the autumn, which should see an improvement in performance in quarter 3.

4. A new local measure and target has been introduced for Safeguarding, which reports the percentage of investigations completed within 35 days. Whilst currently below the target, the direction of travel is positive. Long standing cases which usually involve the Police and other partners are regularly monitored to ensure that the individual is safeguarded and when appropriate the case is closed.
5. Performance in Housing continues to be on target with the number of households in temporary accommodation being maintained. A small number of non-decent homes have been identified through the recent Stock Condition Survey; the works to bring up the standard of these properties has been scheduled for this year.
6. Appendix A provides the detailed performance data.

### **Conclusion and Next Steps**

7. That Social Care, Health and Housing Overview and Scrutiny Committee notes and considers this report.

### **Appendices:**

Appendix A – (Quarter 1 Performance Indicators)

**Background Papers:** (open to public inspection)

None

### **Location of papers:**

Priory House, Chicksands, Bedfordshire

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## Appendix A

Corporate Performance Report - Quarter 1 2011/12

Social Care, Health and Housing

Director: Julie Ogley

Executive Member for Social Care, Health and Housing - Councillor Mrs Carole Hegley  
Deputy Executive Member for Social Care, Health and Housing - Councillor Andrew Michael Turner

	Indicator	Unit	Good is	Year	Target (Outturn)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn	Comp Group*	Trend comparison	Performance Judgement	Comment	
SC HH 1	People supported to live independently (NI 136)	Number of people per 100,000 population	High	2011/12	No target set	3,033.7						Quarter on quarter	↓	Not scored	Following last year's review, this figure now accurately reports the number of people that are supported by adult social care to live independently. Performance remains relatively static and will be impacted by increasing demographic pressure from Older People. However, this will be counter-acted by Reablement, which will slow the rate of increase in this measure.
				2010/11	4,295	3,668	3,809.4	3,328	3,042.6	3,042.6					
				2009/10	-	-	-	-	-	3,435	3,558 (CIPFA)				
SC HH 2	Clients receiving self directed support (NI 130)	%	High	2011/12	60.0	32.20						Quarter on quarter	↑	R	An ambitious target for 100% of eligible people to receive self directed support by March 2013 has been set nationally. We already perform well when compared to the region, so to ensure that we are on the right trajectory to meet the national target a local target of 60% has been set for this year.  Whilst progress continues in the number of new service users receiving self directed support, the challenge is to convert current service users. Conversion is taking place as part of the annual review process and an action plan has been drawn up. This will also be affected by the programmed workforce skills mix exercise and it is anticipated that improvement in the performance of this measure should be seen in quarters 3 and 4.
				2010/11	30.0	15.91	15.80	23.60	30.42	30.42					
				2009/10	-	-	-	-	-	14.40	5.6 (CIPFA)				
SC HH 3	Carers receiving needs assessment or review and a specific carer's service or advice and information (NI 135)	%	High	2011/12	40.0	31.40						Quarter on quarter	↔	A	At present performance remains static for this measure. Additional capacity within the teams from the autumn should see improvement in this measure.
				2010/11	30.0	22.21	18.90	21.40	31.39	31.39					
				2009/10	-	-	-	-	-	23.90	18.3 (CIPFA)				

\*Comp Group - This refers to the average of our comparator group (CIPFA, PWC, NFER)

Seasonal = Compared to the same time in the previous year  
 Quarter on quarter = Compared to the previous quarter  
 Annual = Compared to a fixed point in the previous year

	Indicator	Unit	Good is	Year	Target (Outturn)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn	Comp Group*	Trend comparison	Performance Judgement	Comment	
SC HH 4	SOVA investigations completed within 35 days	%	High	2011/12	80.0	67.2						Quarter on quarter	↑	R	This is a locally set measure, and the target of 35 days is in line with good practise.  As reported previously, the completion of a number of complex cases which require interventions involving other agencies take longer and still continue to have an adverse effect on this measure, 19 out of 58 cases took longer than 35 days to close. Long standing investigations continue to be reviewed on a regular basis, to ensure that the necessary actions are being taken and, where appropriate cases are closed.
				2010/11	New	New	New	New	New	59.0	-				
SC HH 5	Achieving independence for older people through rehabilitation / intermediate care (NI 125)	%	High	2011/12	No target set	NA						Annual	↑	Not scored	2010/11 outturn is reported this quarter as this was not available for the last performance report.  Improvement in the outturn of this measure is in part due to improved verification processes in identifying whether older people have remained at home 91 days after their discharge from hospital.
				2010/11	No target set	-	-	-	-	79.59	-				
				2009/10	-	-	-	-	-	50.30	80.0 (CIPFA)				
SC HH 6	D40 Clients receiving a review	%	High	2011/12	80	72.8						Quarter on quarter	↓	A	Performance shows a very slight fall. An action plan has been drawn up to ensure that reviews are completed within a timely manner. Improvement in the performance of this measure should be seen in quarters 3 and 4.
				2010/11	80	-	73.40	71.90	73.80	73.80	-				
				2009/10	-	-	-	-	-	76.2	-				

\*Comp Group - This refers to the average of our comparator group (CIPFA, PWC, NFER)



Seasonal = Compared to the same time in the previous year  
 Quarter on quarter = Compared to the previous quarter  
 Annual = Compared to a fixed point in the previous year

	Indicator	Unit	Good is	Year	Target (Outturn)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn	Comp Group*	Trend Comparison	Performance Judgement	Comment	
SC HH 7	Number of households living in temporary accommodation. (NI 156a)	Number	Low	2011/12	43	35						Quarter on quarter	↑	G	In the context of the current tough economic conditions this will be a challenging target. There is a national rise in homelessness. This target has been managed well through homelessness prevention strategies, but will be liable to fluctuate and will be under constant upward pressure
				2010/11	47	26	39	37	37	37	-				
				2009/10	-	-	-	-	-	32	107 (CIPFA)				
SC HH 8	NI 156b - Number of households living in temporary accommodation (Households with dependants / pregnant)	Number	Low	2011/12	35	23						Quarter on quarter	↑	G	In the context of the current tough economic conditions this will be a challenging target. There is a national rise in homelessness. This target has been managed well through homelessness prevention strategies, but will be liable to fluctuate and will be under constant upward pressure
				2010/11	30	18	32	26	32	32	-				
				2009/10	-	-	-	-	-	22	NA				
SC HH 9	NI 158 Percentage of non decent homes (Council stock)	%	Low	2011/12	0	0.7						Annual (quarter 4)	↑	G	36 properties have been identified in the annual Savills Stock condition survey as non decent. These have all been included in this year's programmed works.
				2010/11	Q1 4.7 Q2 2.3 Q3 0 Q4 0	4.70	1.60	0	0	0	-				
				2009/10	-	-	-	-	-	0.6	17.6 (CIPFA)				

\*Comp Group - This refers to the average of our comparator group (CIPFA, PWC, NFER)

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**Meeting:** Social Care Health and Housing Overview & Scrutiny Committee  
**Date:** 24 October 2011  
**Subject:** Work Programme 2011–2012 & Executive Forward Plan  
**Report of:** Richard Carr, Chief Executive  
**Summary:** The report provides Members with details of the current Committee work programme and the latest Executive Forward Plan.

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Contact Officer: Peter Storey, Committee Services Officer (0300 300 5089)  
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 draft 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 current work programme for the Committee. The Committee is requested to consider the programme 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.
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 grey.

**Task Forces**

3. 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**

4. 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:**

Appendix A – Social Care Health and Housing OSC Work Programme  
Appendix B – The latest Executive Forward Plan.

**Background Papers:** (open to public inspection)  
None

**Location of papers:** Priory House, Chicksands

## Work Programme for Social Care, Health and Housing Overview &amp; Scrutiny Committee 2011 - 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
1.	24 October 2011	Health Reform implications <b>Contact(s):</b> Celia Shohet, Assistant Director Public Health	To receive a report outlining the major implications of recent health reforms on Central Bedfordshire	
2.	24 October 2011	Housing Renewal Policy <b>Contact(s):</b> Nick Costin, Head of Service, Private Sector Housing	To receive a report outlining the major changes in the housing renewal policy	Executive: TBC
3.	24 October 2011	Introductory tenancies for council tenants <b>Contact(s):</b> Carol Rooker, Head of Housing Management	To receive a report on our ability to offer probationary tenancies.	Executive: TBC
4.	24 October 2011	Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board <b>Contact(s):</b> Stuart Rees, Assistant Director, Adult Social Care	To receive the annual report of Bedford and Central Bedfordshire Adult Safeguarding Board.	The board is an independent body and the consideration of this report is considered good practice. Executive: 23 August 2011
5.	24 October 2011	2012/13 Base Budget Review Contact: Nick Murley, Assistant Director, Business and Performance	To consider the Social Care, Health and Housing base budget for 2012/13	

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
6.	24 October 2011	Q1 Budget Monitoring Report <b>Contact(s):</b> Nick Murley Assistant Director, Business and Performance	To receive both the Q1 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 23 August 2011
7.	24 October 2011	Q1 Performance Monitoring Report <b>Contact(s):</b> Nick Murley Assistant Director, Business and Performance	To receive the Q1 performance position for the Social Care Health and Housing Directorate.	Executive: TBC
8.	12 December 2011	The Care Quality Commission <b>Contact(s):</b> Maggie Hannelly, CQC	The role of the CQC and how information sharing could be enhanced between the Committee and the CQC	Presentation
9.	12 December 2011	Continuing Health Care Contact: Stuart Mitchelmore, Head of Service, Old People/Physical Disability	Summary of the findings of an independent review of NHS Continuing Healthcare in Central Bedfordshire	For information
10.	12 December 2011	Acute Services Review <b>Lead:</b> Julie Ogle, Director of Social Care, Health and Housing directorate	To receive a report providing an update following workshops.	This report may lead to the Council setting up a joint health overview and scrutiny committee.
11.	12 December 2011	Harmonisation of Housing Needs <b>Contact(s):</b> Tony Keaveney, Assistant Director of Housing Services	To receive a report explaining how the harmonisation of housing needs will affect Central Bedfordshire	For information

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
12.	12 December 2011	Medium Term Objectives	To consider the Council's draft Medium Term Objectives relating to Social Care, Health and Housing.	
13.	12 December 2011	Implementing Self-financing of Council housing <b>Contact(s):</b> Tony Keaveney, Assistant Director of Housing Services	To receive a report explaining the implications of self-financing of council housing and the options available.	For information
14.	12 December 2011	2012/13 Draft Budget	To consider the Social Care, Health and Housing draft Budget for 2012/13	Executive: 6 December 2011
15.	12 December 2011	Q2 Budget Monitoring Report <b>Contact(s):</b> Nick Murley Assistant Director, Business and Performance	To receive both the Q2 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 6 December 2011
16.	12 December 2011	Q2 Performance Monitoring Report <b>Contact(s):</b> Nick Murley Assistant Director, Business and Performance	To receive the Q2 performance position for the Social Care Health and Housing Directorate.	Executive: TBC
17.	23 January 2012	Transition of Bedfordshire Community Health Services to the South Essex Partnership University NHS Foundation Trust (SEPT) <b>Contact(s):</b> Patrick Geoghan, Chief Executive SEPT	To receive a report outlining progress in relation to the transition of Bedfordshire Community Health Services to SEPT.	For information

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
18.	23 January 2012	Local Lettings Policy to allocate affordable housing to Rural Exception Sites in Central Bedfordshire  <b>Contact(s):</b> Hamid Khan, Head of Housing Needs	This policy is subject to 12 weeks public consultation as a basis for all future allocations to rural exception sites.	12 weeks consultation prior to Executive
19.	23 January 2012	The Social Care Market in Central Bedfordshire  <b>Contact(s):</b> Elizabeth Saunders, Assistant Director, Commissioning	To receive a report outlining the current Adult Social Care market in Central Bedfordshire and plans for its development.	For information
20.	23 January 2012	Landlord Accreditation Scheme  <b>Contact(s):</b> Nick Costin, Head of Service, Private Sector Housing		
21.	23 January 2012	Quality of hospital discharges  <b>Contact(s):</b> Stuart Rees, Assistant Director, Adult Social Care/ Emily White, Safeguarding Manager	To receive a report highlighting feedback from the Care Quality Commission on hospital discharges	For information and to request approval for the formation of a Member Working Group on the "Quality of Care in Hospitals"
22.	23 January 2012	Outcome of public consultation on proposals for Crescent Court, Toddington and Croft Green, Dunstable  <b>Contact(s):</b> Sue March, Housing Needs consultant	To receive a report detailing the outcome of the public consultation in Crescent Court, Toddington and Croft Green, Dunstable	Executive 14 February 2012

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011



Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
23.	23 January 2012	Local Accounts <b>Contact(s):</b> Althea Mitcham, Head of Service, Business Infrastructure	To receive a report on the annual account of performance in Adult Social Care.	For information
24.	5 March 2012	Strategic Tenancy Policy <b>Contact(s):</b> Tony Keaveney, Assistant Director of Housing Services	The Government proposes a new Affordable Rent for Housing Association new-build 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.
				All Councillors were to be invited to attend this meeting. The date for this item is provisional and subject to confirmation closer to the meeting date.
25.	12 April 2012	Q3 Budget Monitoring Report <b>Contact(s):</b> Nick Murley, Assistant Director, Business and Performance	To receive the both the Q3 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 27 March 2012

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
26.	12 April 2012	Q3 Performance Monitoring Report <b>Contact(s):</b> Nick Murley, Assistant Director, Business and Performance	To receive the Q3 performance position for the Social Care Health and Housing Directorate.	Executive: TBC

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

Work Programme Items TO BE SCHEDULED			
Ref	Report Title	Report description	Comment
27.	Briefing on re-ablement services	This briefing was proposed by the Director of Social Care, Health and Housing and agreed with Members at the meeting on 13 June.	This will not necessarily be a meeting agenda item but could a briefing received outside of the committee meeting.
28.	Bedfordshire Community Health Services: medicine management (Andy Cooke, Head of Medicine Management NHS Beds) <i>Item has been requested</i>	Arising from the quality account of BCHS the Committee requested an update at their meeting on 13 June on progress in relation to cost reduction and medicine management.	BCHS proposed that their pharmacist attend a future meeting of the OSC to update on medicine management, which was a major scheme already underway. It was proposed that this update be received in October. This could be tied into the Councils quarterly report and it should be discussed if this was a formal report or a briefing circulated separately.
29.	Waiting times for Cancer patients (Vicky Parsons)	Arising from the quality account of Luton and Dunstable Hospital NHS Foundation Trust the Committee requested an update at their meeting on 13 June on progress in relation to performance of reducing waiting times for Cancer patients.	A briefing note will be provided on this item to allow Members to consider if any further action is necessary.
30.	Members' Seminar on Housing (Requested by Cllr Hegley)	A seminar for members, to be arranged in November on Housing matters	Agenda to include affordable rent, universal credit, choice based lettings, let's rent and self financing

NOT PROTECTED

Note: an item on the Committee's work programme and updates from LINK and the Executive Member will be received at each meeting

Last Update: 3 October 2011

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**Central Bedfordshire Council  
Forward Plan of Key Decisions  
1 October 2011 to 30 September 2012**

- 1) During the period from **1 October 2011 to 30 September 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:

Cllr James Jamieson	Leader of the Council and Chairman of the Executive
Cllr Maurice Jones	Deputy Leader and Executive Member for Corporate Resources
Cllr Mark Versallion	Executive Member for Children’s Services
Cllr Mrs Carole Hegley	Executive Member for Social Care, Health and Housing
Cllr Ken Matthews	Executive Member for Sustainable Communities – Strategic Planning and Economic Development
Cllr Brian Spurr	Executive Member for Sustainable Communities - Services
Cllr Mrs Tricia Turner MBE	Executive Member for Economic Partnerships
Cllr Richard Stay	Executive Member for External Affairs

- 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 Committee Services Manager, 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 October 2011 to 30 September 2012

### Key Decisions

Date of Publication: 15 September 2011

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.	Central Bedfordshire Shadow Health and Wellbeing Board -	To establish a Central Bedfordshire Shadow Health and Wellbeing Board.	4 October 2011	Design and implementation plans for the Shadow Board have been through engagement and information sharing with statutory partners. A wider stakeholder engagement event to include other partners is planned for Autumn 2011.	Report  Terms of Reference	Executive Member for Economic Partnerships Comments by 03/09/11 to Contact Officer: Patricia Coker, Head of Service, Partnerships - Social Care, Health & Housing Email: <a href="mailto:patricia.coker@centralbedfordshire.gov.uk">patricia.coker@centralbedfordshire.gov.uk</a> Tel: 0300 300 5521
2.	Options for determining Fostering Allowances -	To consider the options for determining Fostering Allowances.	4 October 2011	Consultation will take place with existing Foster Carers. Being a web-based consultation it will also be open to the public and prospective fosterers. The Consultation will run throughout July.	Report	Executive Member for Children's Services Comments by 03/09/11 to Contact Officer: Catherine Parry, Assistant Director, Children's Services Operations Email: <a href="mailto:catherine.parry@centralbedfordshire.gov.uk">catherine.parry@centralbedfordshire.gov.uk</a> Tel: 0300 300 6441

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.	Leaving Care Allowance Option Paper -	To consider the Leaving Care Allowance Option Paper.	4 October 2011	Consultation in July and August 2011 with Children in Care Council and with Looked After Children pending parental permission issues being resolved.	Report	Executive Member for Children's Services Comments by 03/09/11 to Contact Officer: Catherine Parry, Assistant Director, Children's Services Operations Email: <a href="mailto:catherine.parry@centralbedfordshire.gov.uk">catherine.parry@centralbedfordshire.gov.uk</a> Tel: 0300 300 6441
4.	Central Bedfordshire Local Development Scheme -	To agree the broad scope of new planning policy documents for Central Bedfordshire and the timetable for their production.	4 October 2011	Documents referred to in the Local Development Scheme will be subject to separate consultation in line with statutory requirements.	Central Bedfordshire Local Development Scheme	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 03/09/11 to Contact Officer: Richard Fox, Head of Development Plan Email: <a href="mailto:richard.fox@centralbedfordshire.gov.uk">richard.fox@centralbedfordshire.gov.uk</a> Tel: 0300 300 4105
5.	Central Bedfordshire Housing Allocations Policy -	To formally adopt the Sub-Regional Allocations Policy as Central Bedfordshire's Allocation Policy and to adopt the changes made to the Sub-Regional Allocations Policy.	15 November 2011		Report	Executive Member for Social Care, Health and Housing Comments by 14/10/11 to Contact Officer: Tony Keaveney, Assistant Director Housing Services Email: <a href="mailto:tony.keaveney@centralbedfordshire.gov.uk">tony.keaveney@centralbedfordshire.gov.uk</a> Tel: 0300 300 5210



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)
6.	Minerals and Waste Core Strategy: Pre-Submission Consultation -	To consider the Minerals and Waste Core Strategy.	15 November 2011		Report	Executive Member for Sustainable Communities - Services Comments by 14/10/11 to Contact Officer: Roy Romans, Minerals and Waste Team Leader Email: <a href="mailto:roy.romans@centralbedfordshire.gov.uk">roy.romans@centralbedfordshire.gov.uk</a> Tel: 0300 300 8307
7.	Economic Development Plan -	To recommend to full Council to approve the Central Bedfordshire Economic Development Plan.	15 November 2011	13 week consultation from 8 June 2011, to include focus groups, workshops, key stakeholder meetings and web based consultation.	Draft final Economic Development Plan	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 14/10/11 to Contact Officer: James Cushing, Head of Economic Policy Email <a href="mailto:james.cushing@centralbedfordshire.gov.uk">james.cushing@centralbedfordshire.gov.uk</a> Tel: 0300 300 4984
8.	Adult Social Care Health and Housing Safeguarding Vulnerable Adults Peer Challenge -	To consider the Adult Social Care Health and Housing Safeguarding Vulnerable Adults Peer Challenge final report.	15 November 2011		Local Government Group Safeguarding Vulnerable Adults Peer Challenge final report	Executive Member for Social Care, Health and Housing Comments by 14/10/2011 to Contact Officer: Stuart Rees, Assistant Director Adult Social Care Email: <a href="mailto:stuart.rees@centralbedfordshire.gov.uk">stuart.rees@centralbedfordshire.gov.uk</a> Tel: 0300 300 6339

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.	Review of Capital Programme -	To consider the review of the Capital Programme.	15 November 2011		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 14/10/11 to Contact Officer: Interim Assistant Chief Executive - Resources Email: <a href="mailto:john.unsworth@centralbedfordshire.gov.uk">john.unsworth@centralbedfordshire.gov.uk</a> Tel: 0300 300 5875
10.	Fairer Charging - Phase 2 -	To receive an update on phase 2 fairer charging and to make a decision on the introduction of weekly charge for Telecare Services.	15 November 2011	Current Telecare users (individual letter and survey); Stakeholder Groups and Public (email and web-based survey) 15 August 2011 – 4 November 2011.	Report  Consultation document containing proposals  Analysis of consultation responses	Executive Member for Social Care, Health and Housing Comments by 14/10/11 to Contact Officer: Tim Hoyle, Head of Business Systems Email: <a href="mailto:tim.hoyle@centralbedfordshire.gov.uk">tim.hoyle@centralbedfordshire.gov.uk</a> Tel: 0300 300 6065
11.	'Central Direct' Channel Shift Business Case -	To consider the capital investment for the Channel Strategy proposal.	15 November 2011		Capital Investment for Channel Strategy Proposal	Deputy Leader and Executive Member for Corporate Resources Comments by 14/10/11 to Contact Officer: Trisha Chapman, Programme Manager Email: <a href="mailto:trisha.chapman@centralbedfordshire.gov.uk">trisha.chapman@centralbedfordshire.gov.uk</a> Tel: 0300 300 4657

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.	To Award the Electricity Supply Contract for Council House Communal Areas and Car Parks -	To seek approval for the Director of Social Care, Health and Housing to be granted delegated powers to award the electricity supply contract for Council House communal areas and car parks when the contract is re-tendered as the quotes will only be valid on the day of submission.	15 November 2011		Report	Executive Member for Social Care, Health and Housing Comments by 14/10/11 to Contact Officer: Alec Edgar, e-Procurement Manager Email: <a href="mailto:alec.edgar@centralbedfordshire.gov.uk">alec.edgar@centralbedfordshire.gov.uk</a> Tel: 0300 300 6182
13.	Land Purchase Options in Flitwick Town Centre -	To consider the land purchase options in Flitwick Town Centre.	15 November 2011		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 14/10/11 to Contact Officer: Peter Burt, MRICS, Head of Property Assets Email: <a href="mailto:peter.burt@centralbedfordshire.gov.uk">peter.burt@centralbedfordshire.gov.uk</a> Tel: 0300 300 5281

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)
14.	Quarter 2 Budget Monitoring -	To consider the quarter 2 budget monitoring report.	6 December 2011		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 05/11/11 to Contact Officer: Charles Warboys, Chief Finance Officer Email: <a href="mailto:charles.warboys@centralbedfordshire.gov.uk">charles.warboys@centralbedfordshire.gov.uk</a> Tel: 0300 300 6147
15.	Draft Budget 2012/13 -	To consider the draft budget for 2012/13.	6 December 2011		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 05/11/2011 to Contact Officer: Charles Warboys, Chief Finance Officer Email: <a href="mailto:charles.warboys@centralbedfordshire.gov.uk">charles.warboys@centralbedfordshire.gov.uk</a> Tel: 0300 300 6147
16.	Woodside Link -	To agree to an increase in capital spending to facilitate the Woodside Link as it is a key piece of infrastructure.	6 December 2011		Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 05/11/2011 to Contact Officer: Jim Tombe, Transport Strategy Email: <a href="mailto:jim.tombe@centralbedfordshire.gov.uk">jim.tombe@centralbedfordshire.gov.uk</a> Tel: 0300 300 6344

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)
17.	Award of the Housing Responsive Maintenance and Void Repairs Contract -	To award the housing responsive maintenance and void repairs contract.	10 January 2012		Report	Executive Member for Social Care, Health and Housing Comments by 09/12/11 to Contact Officer: Basil Quinn, Housing Asset Manager Performance Email: <a href="mailto:basil.quinn@centralbedfordshire.gov.uk">basil.quinn@centralbedfordshire.gov.uk</a> Tel: 0300 300 5118
18.	Outcome of the Review of Children's Centres -	To consider the outcome of the review of children's centres.	10 January 2012		Report	Executive Member for Children's Services Comments by 09/12/2011 to Contact Officer: Catherine Parry, Assistant Director, Children's Services Operations Email: <a href="mailto:catherine.parry@centralbedfordshire.gov.uk">catherine.parry@centralbedfordshire.gov.uk</a> Tel: 0300 300 6441
19.	Budget 2012/13 -	To recommend to Council the proposed budget for 2012/13.	14 February 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 13/01/12 to Contact Officer: Charles Warboys, Chief Finance Officer Email: <a href="mailto:charles.warboys@centralbedfordshire.gov.uk">charles.warboys@centralbedfordshire.gov.uk</a> Tel: 0300 300 6147

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)
20.	Localism Bill -	To consider the Localism Bill and the delivery through the Community Strategy.	14 February 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 13/01/12 to Contact Officer: Peter Fraser, Head of Partnerships & Performance Email: <a href="mailto:peter.fraser@centralbedfordshire.gov.uk">peter.fraser@centralbedfordshire.gov.uk</a> Tel: 0300 300 6740
21.	Review of Central Bedfordshire Council Library Service -	Approval is sought to:  A: agree the Central Bedfordshire vision for the Libraries Service; and B: agree a sustainable model of future Library Service provision.	27 March 2012	Throughout May/June a series of focus groups and workshops with service users and partners and stakeholders. From July – September/October a formal consultation for a minimum of 13 weeks on the vision and potential service delivery models.	Emerging vision, core service offer and aspiration  Libraries Service Review Report  Outcomes from consultation process  Equality Impact Assessment	Executive Member for Sustainable Communities - Services Comments by 26/02/12 to Contact Officer: Kate McFarlane, Head of Community Regeneration & Adult Skills Email: <a href="mailto:kate.mcfarlane@centralbedfordshire.gov.uk">kate.mcfarlane@centralbedfordshire.gov.uk</a> Tel: 0300 300 5858

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)
22.	Community Safety Partnership Priorities and the Community Safety Partnership Plan for 2012-2013 -	To adopt the Community Safety Partnership Priorities and the Community Safety Partnership Plan for 2012-2013.	27 March 2012	Strategic Assessment & Partnership Plan will be considered at the Community Safety Partnership Executive meeting in November/December, Overview and Scrutiny Committee and the Local Strategic Partnership.	Strategic Assessment Priorities & Community Safety Partnership Plan 2012-2013	Executive Member for Sustainable Communities - Services Comments by 26/02/12 to Contact Officer: Jeanette Keyte, Community Safety Manager Email: <a href="mailto:jeanette.keyte@centralbedfordshire.gov.uk">jeanette.keyte@centralbedfordshire.gov.uk</a> Tel: 0300 300 5232
23.	Food Law Enforcement Service Plan 2012-2013, Age Restricted Sales Plan 2012-2013 and the Health and Safety (as a Regulator) Service Plan 2012-2013 -	To approve the Food Law Enforcement Service Plan 2012-2013, Age Restricted Sales Plan 2012-2013 and the Health and Safety (as a Regulator) Service Plan 2012-2013.	27 March 2012		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	Executive Member for Sustainable Communities - Services Comments by 26/02/12 to Contact Officer: Susan Childerhouse, Head of Public Protection (North) Email: <a href="mailto:susan.childerhouse@centralbedfordshire.gov.uk">susan.childerhouse@centralbedfordshire.gov.uk</a> Tel: 0300 300 4394

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)
24.	Leighton Buzzard Town Centre Planning and Development Briefs -	To endorse the planning document for two sites as Interim Technical Guidance for Development Management Purposes.	27 March 2012	Statutory consultation procedure to be carried out in Autumn 2011.	Leighton Buzzard Town Centre sites Planning and Development Briefs	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 26/02/12 to Contact Officer: Liz Wade, Assistant Director Economic Growth and Regeneration Email: <a href="mailto:liz.wade@centralbedfordshire.gov.uk">liz.wade@centralbedfordshire.gov.uk</a> Tel: 0300 300 6288
25.	Brewers Hill Road Sites, Dunstable Regeneration -	To adopt the plans for the Brewers Hill Road sites as a Supplementary Planning Document or endorsement as Interim technical guidance for Development Management Purposes.	27 March 2012	Statutory consultation procedure to be carried out in November/December 2011 via exhibitions, meetings and questionnaires.	Brewers Hill Road sites, Dunstable Development Brief	Deputy Leader and Executive Member for Corporate Resources, Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 26/02/12 to Contact Officer: Peter Burt, MRICS, Head of Property Assets or Andy Lewis, Major Projects Officer Email: <a href="mailto:peter.burt@centralbedfordshire.gov.uk">peter.burt@centralbedfordshire.gov.uk</a> Tel: 0300 300 5281 or <a href="mailto:andy.lewis@centralbedfordshire.gov.uk">andy.lewis@centralbedfordshire.gov.uk</a> Tel: 0300 300 5526



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)
26.	Quarter 3 Budget Monitoring -	To consider quarter 3 budget monitoring report.	27 March 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 26/02/12 to Contact Officer: Charles Warboys, Chief Finance Officer Email: <a href="mailto:charles.warboys@centralbedfordshire.gov.uk">charles.warboys@centralbedfordshire.gov.uk</a> Tel: 0300 300 6147

## NON KEY DECISIONS

27.	Quarter 1 Performance Report -	To receive quarter 1 performance report.	4 October 2011		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/09/11 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: <a href="mailto:elaine.malarky@centralbedfordshire.gov.uk">elaine.malarky@centralbedfordshire.gov.uk</a> Tel: 0300 300 5517
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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)
28.	Outcome of the Disability Review Children's Services -	A review of the non schools provision for disabled children is on going during September to December 2011. There may be need for structural changes which would form the content of an Executive report.	10 January 2012		Report	Executive Member for Children's Services Comments by 09/12/11 to Contact Officer: Catherine Parry, Assistant Director, Children's Services Operations Email: <a href="mailto:catherine.parry@centralbedfordshire.gov.uk">catherine.parry@centralbedfordshire.gov.uk</a> Tel: 0300 300 6441
29.	Quarter 2 Performance Report -	To receive quarter 2 performance report.	10 January 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/12/11 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: <a href="mailto:elaine.malarky@centralbedfordshire.gov.uk">elaine.malarky@centralbedfordshire.gov.uk</a> Tel: 0300 300 5517
30.	Quarter 3 Performance Report -	To receive quarter 3 performance report.	27 March 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 26/02/12 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: <a href="mailto:elaine.malarky@centralbedfordshire.gov.uk">elaine.malarky@centralbedfordshire.gov.uk</a> Tel: 0300 300 5517

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 2011/12 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 2012 when the plan will be published on the fourteenth day:

<b>Date of Publication</b>	<b>Period of Plan</b>
15.04.11	1 May 2011 – 30 April 2012
13.05.11	1 June 2011 – 31 May 2012
15.06.11	1 July 2011 – 30 June 2012
15.07.11	1 August 2011 – 31 July 2012
15.08.11	1 September 2011 – 31 August 2012
15.09.11	1 October 2011 – 30 September 2012
14.10.11	1 November 2011 – 31 October 2012
15.11.11	1 December 2011 – 30 November 2012
15.12.11	1 January 2012 – 31 December 2012
13.01.12	1 February 2012 – 31 January 2013
14.02.12	1 March 2012 – 28 February 2013
15.03.12	1 April 2012 – 31 March 2013

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