

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



please ask for Jonathon Partridge

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date 12 January 2012

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 23 January 2012, 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 Children's Services Overview and Scrutiny Committee held on 12 December 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.

Reports

Item	Subject	Page Nos.
9	<p>Executive Member Update</p> <p>To receive a verbal update from the Executive Member for Social Care, Health and Housing.</p> <p>This item is scheduled for 5 minutes.</p>	Verbal
10	<p>LINK Update</p> <p>To receive an update from Bedfordshire LINK on the local health matters affecting LINK activity as defined by the Health and Social Care Act 2001.</p> <p>This item is scheduled for 5 minutes.</p>	* 15 - 18
11	<p>Outcome of public consultation on proposals for Crescent Court, Toddington and Croft Green, Dunstable</p> <p>To consider a report detailing the outcome of public consultation on Crescent Court, Toddington and Croft Green, Dunstable.</p> <p>This item is scheduled for 30 minutes.</p>	Report to follow
12	<p>Continuing Healthcare</p> <p>To consider, for information, a summary of the findings of an independent review of NHS Continuing Healthcare in Central Bedfordshire and quarter 2 performance.</p> <p>This item is scheduled for 30 minutes.</p>	* 19 - 42
13	<p>Private Sector Property Accreditation Scheme</p> <p>To consider the proposed approach and content of a Property Accreditation Scheme for Central Bedfordshire.</p> <p>This item is scheduled for 30 minutes.</p>	* 43 - 66
14	<p>Quarter 2 Performance Monitoring Report</p> <p>To consider the quarter 2 performance monitoring report for the Social Care, Health and Housing directorate.</p> <p>This item is scheduled for 5 minutes.</p>	* 67 - 74

15 **Work Programme 2011-12 and Executive Forward Plan** * 75 - 98

To consider details of the currently draft Committee work programme and the Executive Forward Plan.

This item is scheduled for 5 minutes.

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, 12 December 2011.

PRESENT

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

Cllrs A L Dodwell
Mrs S A Goodchild
K Janes

Cllrs I A MacKilligan
M A Smith

Apologies for Absence: Cllrs Mrs R B Gammons
Mrs D B Gurney

Members in Attendance: Cllrs A D Brown
Mrs C Hegley
D Jones
M R Jones
Deputy Executive
Member for Children's
Services
Executive Member for
Social Care, Health &
Housing
Deputy Leader and
Executive Member for
Corporate Resources

Officers in Attendance: Mr T Hoyle – Head of Business Systems
Mr T Keaveney – Assistant Director Housing
Services
Mr N Murley – Assistant Director Business &
Performance
Mrs J Ogley – Director of Social Care, Health and
Housing
Mr J Partridge – Scrutiny Policy Adviser

Others in Attendance Mr M Coleman Chairman, Bedfordshire LINK

SCHH/11/51 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 24 October 2011 be confirmed and signed by the Chairman as a correct record.

SCHH/11/52 **Members' Interests**

(a) **Personal Interests:-**

Cllr Goodchild (Item 18 – Review of Fairer Charging: Phase 2 Telecare Charging) as a member of her family received telecare services.

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

Cllr Drinkwater (Item 17 – Harmonisation of Housing Needs) as a board member for Aragon Housing. Cllr Drinkwater left the meeting during consideration of this item.

SCHH/11/53 **Chairman's Announcements and Communications**

The Chairman informed the Committee that a housing briefing had been arranged to take place following the meeting on 23 January 2012 to which all Members would be invited. Members were asked to keep the afternoon of 23 January available so they could attend.

SCHH/11/54 **Petitions**

No petitions were received from members of the public in accordance with the Public Participation Procedure as set out in Part D2 of the Constitution.

SCHH/11/55 **Questions, Statements or Deputations**

No questions, statements or deputations were received from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution.

SCHH/11/56 **Call-In**

The Panel was advised that no decisions of the Executive had been referred to the Panel under the Call-in Procedures set out in Appendix "A" to Rule No. S18 of the Overview and Scrutiny Procedure Rules.

SCHH/11/57 **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/11/58 **Executive Member Update**

Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing informed the Committee of the following:-

- The launch of the Houghton Regis Helpers scheme.
- A consultation was to be undertaken on the Local Lettings Policy.
- Progress in relation to the (shadow) Health and Wellbeing Board.
- The success of the recent staff awards event.

SCHH/11/59 **LINK Update**

Charlotte Bonser, Bedfordshire LINK Operations Manager informed the Committee that the Bedfordshire LINK was currently focusing on work in relation to Mental Health Community Services and Luton and Dunstable Patient Experience. Bedfordshire LINK was also planning a series of “enter and view” visits to care/nursing homes to be undertaken in the next 6-8 months.

In response to a Member question it was stated there would be full terms of reference agreed prior to any visits to care/nursing homes taking place. Residents and family members would be informed of the visits in advance.

Concerns were also raised by the Chairman of Bedfordshire LINK that Bedford Hospital were failing to review concerns of the LINK within statutory timescales.

SCHH/11/60 **The Care Quality Commission**

The Committee received a presentation from Maggie Hannelly, Care Quality Commission (CQC) Compliance Manager for the East region. The presentation outlined the services that CQC monitors and how they carried out checks. The presentation also introduced guides for scrutiny committees and local councillors in relation to CQC.

Following the presentation Members discussed how CQC and the Committee might work in partnership. It was agreed that a process was required for the OSC to submit comments to the CQC and vice-versa. This process should also involve Bedfordshire LINK and other care providers. The OSC would continue to be a forum for discussion on health and social care issues and a means by which Members could refer comments to the Commission.

Resolved

That a report be presented to a future meeting containing proposals as to how the Committee and the CQC might work more effectively in partnership to raise concerns and provide information to Members.

SCHH/11/61 **Acute Services Review**

The Committee received an update from Ed Neale, Bedford Hospital Medical Director, on proposals for a review of South East Midlands Acute Services. In addition to the presentation Simon Wood, Director of Commissioning for Bedford and Luton PCT, informed the Committee that phase 1 of the public engagement detailed in the report had been completed. It was proposed that a Joint Health Overview and Scrutiny Committee (JHOSC) be established with other local authorities in order to scrutinise the proposals and engage in future consultations.

In response to the issues highlighted in the report Members raised and discussed the following issues in detail:-

- The need to be mindful throughout the review of the stress caused to patients by having to travel to receive treatment.
- The importance of retaining patient choice whilst also improving service quality.
- There were presently no plans to include tertiary services within the review.
- The importance of family support as a key principle of the review.

The Committee considered whether or not a JHOSC should be established. Whilst the Committee agreed that a JHOSC was necessary Members felt it was essential that feedback from the group be provided to this OSC. It was also felt the Council should not be prevented from submitting its own comments in response to the review despite the outcomes of the JHOSC.

Resolved

- 1. That the Social Care, Health and Housing Overview and Scrutiny Committee considers the South East Midlands Acute Services Review to be a substantial variation or development of services and therefore a formal public consultation is required.**
- 2. That the Social Care, Health and Housing Overview and Scrutiny Committee agree in principle that a Joint Health Overview and Scrutiny Committee be established in order to consider the South East Midlands Acute Services Review.**

SCHH/11/62 **Transition of Bedfordshire Community Health Services to the South Essex Partnership University NHS Foundation Trust (SEPT)**

The Committee received a presentation from Richard Winter, Executive Director of SEPT Community Health Services, Bedfordshire on the progress of transition from Bedfordshire Community Health Services to SEPT, which took effect on 1 September 2011.

In response to the presentation Members raised and discussed the following issues in detail:-

- The importance of exploring partnership working opportunities across services in order to reduce duplication, contribute to the cost saving agenda and improve patient outcomes.
- The importance of a clear pathway of care.
- To date the feedback received from patients following the changes had been positive.
- The development of an Autism Strategy, which Bedfordshire LINK wished to be involved in.
- The importance of patient choice and consulting with patients on the most effective means of delivering services locally.

The Committee commented that they would welcome a further update on progress with the transition at a future meeting.

Noted the report

(Note: The Committee adjourned at 11.30am for a short break and reconvened at 11.40am)

SCHH/11/63 2012/13 Draft Budget

The Committee received a report from the Deputy Leader and Executive Member for Corporate Resources relating to the Draft Budget 2012/13, Medium Term Financial Plan 2012 – 2016 and the Capital Programme 2012/13 to 2015/16. The Committee were asked to consider the draft budget proposals and provide their comments for consideration by the Customer and Central Services OSC and the Executive.

In response to the proposals the Committee commented as follows:-

Draft Budget 2012/13 and Medium Term Financial Plan 2012-2016

- The need for a further report on “EA37 Direct Services” at a future OSC meeting to consider any future delivery model.
- Challenges in relation to the 100% delivery of personal budgets.
- Challenges in relation to “EA51 Commissioned services” and reducing the amount of funding in residential care placements.
- The importance of enhancing communication with residents who self fund their residential care so as those residents achieve value for money for the services they receive.

Capital Programme 2012/13 to 2015/16

The Committee discussed issues in relation to the asbestos management scheme contained in the Housing Revenue Account (HRA). It was proposed by a Councillor that schemes within the HRA should be amended to permit the earlier removal of asbestos and that the health and safety aspects of asbestos should be fully considered. The Committee did not agree with this proposal but did request that a further technical report be provided to Members in the future.

In addition to these comments Members also requested that a market position statement be submitted to a future meeting of the Committee.

Noted

The Draft Budget 2012/13, Medium Term Financial Plan 2012-16 and the Capital Programme 2012/13 to 2015/16.

Recommended

That the issues considered by the Committee be brought to the attention of the Customer and Central Services OSC and the Executive during their consideration of these reports.

SCHH/11/64 Draft Fees and Charges 2012/13

The Committee received a report from the Deputy Leader and Executive Member for Corporate Resources that proposed revised fees and charges for the Council to be effective from 1 April 2012.

In response to questions from Members it was commented that the 2% increase in fees and charges was advised by the consumer price index. It was also confirmed that the proposed charge for 2012/13 of £1,863.20 per week in relation to Linsell House was the charge for the whole service.

Resolved

That the report and schedule of proposed fees and charges be noted.

SCHH/11/65 Implementing Self-Financing of Council Housing

The Committee received a report that sought their comments on the Housing Revenue Account (HRA) within the new self-financing regime. The introduction of the new regime resulted in the Council taking on a debt of £165m but enabled the Council to retain its rental income in order to repay this. In addition to the report the Committee heard that the Council would take a flexible approach to the debt so that some money from rental income could be reinvested elsewhere. The new regime presented the Council with an opportunity where there was also close monitoring within the financial management strategy. Due to the good standard of the housing stock the Council should retain approximately £11m in rental income that had previously been paid to the Government.

In response to the report and comments of Member the Committee raised and discussed the following issues in detail:-

- Further reports to the Executive should identify any changes in interest rates.
- The Council should consider if there was an opportunity to reinvest rental income by purchasing additional property. It was noted it would be important to discuss the use of any rental income with local tenants.

- The Council was awaiting further guidance on the implications of 'right to buy' schemes, projections had been made in the HRA based on current information.

The Committee considered the future role they should undertake in order to examine opportunities, issues and risks related to the HRA under the self-financing regime. The Committee agreed that a further briefing by email on this would be welcome. Updates and further proposals should be provided to the Committee in a timely manner prior to the approval of a policy by the Executive.

Resolved

That a briefing be provided to Members in relation to the future financial model. A further report was also to be presented to the Committee to consider how it might examine opportunities, issues and risks related to the HRA under the self-financing regime.

Recommended to the Executive

That the comments of the Social Care, Health and Housing OSC be considered and that the draft budget report for the Housing Revenue Account within the new Self-Financing Regime be approved.

SCHH/11/66 **Harmonisation of Housing Needs**

The Committee received a report that set out proposals to harmonise housing needs across Central Bedfordshire, with the Council operating an in-house service from April 2012 to allow for a £200k efficiency saving from 2012-13 onwards. The Assistant Director for Housing drew the attention of the Committee to the primary reason for harmonising the Housing Needs Service in order to achieve a coherent and consistent service across Central Bedfordshire.

In response to the report Members commented on the importance of ensuring that residents were able to access all of the benefits they were entitled to. It was also commented that partnership working between Aragon and Council officers in the past had been good.

Recommended to the Executive

That proposals to harmonise the Housing Needs Service across Central Bedfordshire as a single and coherent "in house service from 1 April 2012" be adopted.

(Cllr Drinkwater left the room during consideration of this item only and the Vice-Chairman, Cllr Sheppard took the Chair).

SCHH/11/67 Review of Fairer Charging: Phase 2 Telecare Charging

The Committee received a report that set out proposals to introduce a charge for Telecare Services provided by the Council. The proposals would deliver an additional £192k of gross income to the Council in a full year. The Head of Business Systems drew the attention of the Committee to the recommendations of the previous Task Force review of the Social Care, Health and Housing OSC, which recommended the introduction of a charge for Telecare Services.

In addition to the report it was highlighted that charges for Telecare Services would be included in current packages for those that already received locality services. Those currently outside of the needs analysis group would pay a £4 charge per installation per week (plus VAT).

In response to the report and the outcomes of a public consultation, which were detailed in the body of that report the Committee raised and discussed the following issues in detail:

- The importance of carrying out risk assessments with those residents who leave the service due to their inability to pay charges. The additional charge should not create a health and safety risk for residents. It was commented that the majority of current service users would not pay any additional charge as it was already incorporated into their current contribution.
- The potential need to assist residents who were unable to complete VAT exemption forms.
- The Council provided a relatively cheap service when compared to other local authorities.
- The means by which the Council would pursue unpaid fees.
- The Council needed to be mindful of the marketing of this additional charge to ensure residents were informed in an appropriate manner.

Recommended to the Executive

That the comments of the Social Care, Health and Housing OSC be considered and that proposals to introduce a charge for Telecare Services provided by the Council be adopted.

SCHH/11/68 Revenue Budget Management Report for the period Ended 30 September 2011 for Social Care, Health and Housing

The Committee received a report that set out the financial position for the year 2011/12.

Noted

- 1. The General Fund Outturn of £56.453m and £0.379m overspend.**
- 2. The Housing Revenue Account financial position.**

SCHH/11/69 **Capital Budget Management 2011/12**

The Committee received a report that set out the Directorate capital financial position as at the end of September 2011.

Noted

The Capital position as at the end of September.

SCHH/11/70 **Work Programme 2011/12 and Executive Forward Plan**

Members considered the Committee's draft work programme for 2011/12 and the Executive Forward Plan. In addition to the report it was noted that the item on "improving the experience of people leaving hospital through more effective practice and partnerships", which had been scheduled for 23 January 2012 would now be considered on 5 March 2012.

Resolved

That subject to amendments in relation to the item on "improving the experience of people leaving hospital through more effective practice and partnerships" the draft work programme be approved.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.42 p.m.)

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 23 January 2012
Subject: **BEDFORDSHIRE LINK REPORT**
Report of: Operations Manager, Bedfordshire LINK
Summary: The report proposes to update members on the key work items of the LINK in Central Bedfordshire, for consideration and note as required.

Advising Officer: Max Coleman and Charlotte Bonser, Bedfordshire LINK & Host
Contact Officer: Charlotte Bonser
Public/Exempt: Public
Wards Affected: All

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|---|
| <p>1. <ul style="list-style-type: none">• Supporting and caring for an ageing population• Creating safer communities• Promoting healthier lifestyles.</p> |
|---|

Financial:

- | |
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| <p>2. Not applicable.</p> |
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Legal:

- | |
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| <p>3. Not applicable.</p> |
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Risk Management:

- | |
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| <p>4. Not applicable.</p> |
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Staffing (including Trades Unions):
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| <p>5. Not applicable.</p> |
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Equalities/Human Rights:

- | |
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| <p>6. Not applicable.</p> |
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Community Safety:

7. Not applicable.

Sustainability:

8. Not applicable.

Procurement:

9. Not applicable.

RECOMMENDATION:

The Committee is asked to:-

1. **To consider and note the report.**

Ensuring that Central Bedfordshire residents see themselves reflected in high level discussions regarding mental health provision.

10. As the acute mental health provision is based in Bedford and Luton, and most of the piloting of new proposals for MH happens in these localities, it does leave Central Bedfordshire service users and carers feeling as if they are not really provided for or important.
11. LINK has raised the issue with SEPT Directors at meetings on 20 December 2011 and 4 January 2012.
12. As outcome of this meeting, SEPT Directors have acknowledged at committed to be sensitive to how they explain provision/developments in mental health, ensuring that all localities are treated equitably.

Continuing to highlight service user and carer voice requesting improved respite provision.

13. At the last OSC meeting on 12 December, LINK raised the above issue that service users and carers had been raising at Carer's Delivery Partnership, Weller Wing Stakeholder Group and individual telephone calls to the LINK office.
14. Service users have highlighted an urgent need for more respite beds, both "step down" and respite for carers.
15. LINK raised this at an extraordinary meeting with SEPT on 20 December.
16. The outcome of the meeting was SEPT stated that it was the responsibility of the commissioners within the LA and NHS to provide respite beds.
17. LINK would ask members to note the above concerns and their relevance to current work being led by Central Bedfordshire commissioning on respite.

Service users and carers report a lack of clarity on mental health pathway.

18. Service users, carers and the voluntary sector have raised concerns about what happens to a person coming out of secondary mental health provision.
19. Through the Weller Wing Stakeholder meetings, LiNk mental health survey and calls to the LiNk office, the LiNk has become aware that there are problems with accessing the right support and knowing how to do this.
20. As an outcome of the extraordinary Weller Wing Stakeholder meeting, the LiNk and service users/carers were informed by SEPT that this is the role of the SEPT Care Co-ordinators, and that SEPT would investigate if this is not working effectively.
21. LiNk will monitor progress of the above at the regular LiNk meetings held with SEPT.

Dignity and care in the acute setting

22. The LiNk has recorded a limited number of concerns about basic nursing care and dignity issues in local hospitals from members of the public and LiNk members via written and face-to-face communication.
23. Due to confidentiality, the LiNk is not able to provide more specific information at this time, but would ask members to note these occurrences because of the distress experienced by the individuals concerned.
24. The LiNk will further explore this issue via its Health Working Group and link with the existing relevant NHS meetings.

Telecare charges – concern from older people’s groups

25. The LiNk recognises that the consultation has concluded and a decision to charge for this service has been introduced.
26. LiNk would ask members to note its dissatisfaction with this decision because of the vulnerability of many of these older people, as detailed in the consultation response and subsequent letter to Cllr Hegley sent at the request of older peoples groups in Central Bedfordshire.

Background papers and their location: None

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

Date: 23 January 2012

Subject: Review of NHS Continuing Healthcare Central Bedfordshire

Report of: Julie Ogley Director of Social Care, Health & Housing

Simon Wood, Director of Commissioning, NHS Bedfordshire

Summary: In February 2011 the Health and Housing Overview and Scrutiny Committee considered the issue of NHS Continuing Healthcare. This report has been produced by NHS Bedfordshire and Central Bedfordshire Council provides an update on activity and progress made by both organisations working in partnership to address the recommendations from an independent review by an external consultant, Jim Ledwidge which was jointly commissioned by NHS Bedfordshire and the Council. A joint action plan was developed by NHS Bedfordshire and Central Bedfordshire Council to address the recommendations. A copy of the action plan is attached for information.

Contact Officer(s): Gail Chapman, Head of Continuing and Funded Nursing Care
NHS Bedfordshire

Stuart Mitchelmore, Head of Service - Older Persons & Physical Disability

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The recommendations contribute to the Central Bedfordshire Councils aim of supporting & caring for an ageing population.

Financial:

2. Individuals who are deemed eligible for NHS CHC receive care that is fully funded by the NHS. Individuals who are not eligible for NHS CHC either fund care themselves or receive care that is provided / funded by the local authority.

3. In the latter situation the individual is likely to have to make a contribution towards the cost of their care subject to means testing

Legal:

4. It is not lawful for local authorities to provide/fund or charge for care that should be provided free of charge by the NHS.
5. Individuals who do not meet eligibility for full NHS CHC funding may challenge this decision through a local appeals process, or failing this through an independent review process operated by the Strategic Health Authority. Ultimately they may pursue their case through complaint to the ombudsman or even through legal action

Risk Management:

6. PCTs and local authorities may face legal challenge by individuals if they do not implement the law in relation to NHS CHC. They must also have regard to the guidance in the National Framework and to have very good reason for departing from it.
7. By definition, people who are eligible for NHS CHC (or are on the fringes of eligibility) have high levels of need which must be addressed. It is vital for agencies to work together to ensure that these individuals receive best possible assessment of their needs and good quality services to meet these needs.

Staffing (including Trades Unions):

8. None

Equalities/Human Rights:

9. The Continuing Care Framework applies equally to all Adults aged 18 or over.
10. Central Bedfordshire Council and the NHS have had due regard to its equalities duties in relation to the arrangements proposed in this report. The principles by which continuing healthcare eligibility is considered is to ensure that assessments of individuals are needs led, that people with similar needs have similar outcomes, that we take a non discriminatory and human rights approach, that we ensure that carers needs are taken into account and that the Council and the NHS support people who are not eligible with information, advice and alternative services, where appropriate.

Community Safety:

11. None

Sustainability:

12. None

Procurement:

13. None

RECOMMENDATION(S):

1. that the committee be requested to consider the report and;
 - (a) Note the contents of the report.
 - (b) Note the review recommendations and subsequent action taken as detailed within the joint action plan (appendix 1).

What is Continuing Healthcare?

14. The National Framework for Continuing Healthcare 2009 guidance sets out the following definitions: '**Continuing care**' means care provided over an extended period of time for a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.
15. '**NHS continuing healthcare**' means a package of continuing care that is arranged and funded solely by the NHS. An individual who needs continuing care may require services from NHS bodies and/or from Local Authorities (LAs). Both NHS bodies and LAs, therefore have a responsibility to ensure that the assessment of eligibility for continuing care and its provision take place in a timely and consistent manner.
16. If a person does not qualify for NHS continuing healthcare, the NHS may still have a responsibility to contribute to that person's health needs – either by directly providing services or by part funding the package of support. Where a package of support is provided by both LA and an NHS body, this is known as a 'joint package' of continuing healthcare and should include NHS funded nursing care and other NHS services that are beyond the powers of a LA to meet. The joint package could involve both the Primary Care Trust (PCT) and LA contributing to the cost of the care package, or the PCT commissioning and/or providing part of the package.
17. Where a person's primary need is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs.
18. The following provides a brief understanding of what is defined by a primary health need:

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

- **Nature** – this describes the particular characteristics and type of the individual's needs (which can include physical, mental health or psychological needs) and the overall effect of those needs on the individual, including the type (quality) of interventions required to manage those needs.
- **Intensity** – this relates to the extent (quantity) and severity (degree) of the needs and to the support required to meet them, including the need for sustained/ongoing care (continuity).

- **Complexity** – this is about how the individual's needs present and interact to increase the skill required to monitor the systems, treat the condition(s) and/or manage care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.
 - **Unpredictability** – this describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.
19. How decisions are made about who is eligible for NHS continuing healthcare is explained on page 6 of the Department of Health public information booklet NHS continuing healthcare and NHS-funded nursing care a copy of which has been provided.
20. NHS Bedfordshire has been working in partnership with both Local Authority Representatives to align local systems and processes to ensure compliance with the requirements of the National Framework for Continuing Health Care and Funded Nursing Care July 2009 and NHS Continuing Healthcare Practice Guidance March 2010.

Processes and Procedures

21. Over the past two years considerable work has been undertaken by NHS Bedfordshire and local authority partners to update and improve processes and procedures in relation to NHS CHC. Real progress has been made and this is reflected in the current increase in activity as detailed in section 4. However the historic data showed relatively low numbers in receipt of NHS CHC therefore it was felt necessary and timely to have an independent review of the situation.
22. The review was conducted by an independent expert in this field and was commissioned jointly by Central Bedfordshire Council and NHS Bedfordshire. Its purpose was to investigate the reasons why Central Bedfordshire has relatively few people reported as eligible for NHS CHC, and to make recommendations regarding any necessary action (by NHS Bedfordshire and/or Central Bedfordshire Council) to ensure that the citizens of the area have appropriate access to NHS CHC. It followed a similar review which the author recently undertook in relation to Bedford Borough residents. Many of the issues and recommendations from the Bedford Borough review are also relevant to Central Bedfordshire because the same PCT is involved and (in theory) the same local processes are being applied.

Review outcomes - April 2011

23. The independent review found that both NHS Bedfordshire and Central Bedfordshire Council currently lack sufficiently good quality management information in relation to NHS CHC on which to base sound strategic and operational decisions. There are difficulties with the use of the QA+ database from which the PCT reports NHS CHC activity, and the local authority SWIFT database is not currently configured to record and report information on applications for NHS CHC funding.
24. The difficulties with the QA+ system appear to have resulted in some under-reporting of NHS CHC figures, but even once adjusted it is clear that NHS Bedfordshire has awarded NHS CHC to significantly fewer people than would be expected from national trends and from comparison with PCTs of similar demography and population size. The PCT is also an outlier in terms of spending on NHS CHC, reporting a little over half the national average spend per 10,000 population. Whilst these figures do have to be treated with caution, it is clear that NHS CHC activity for Central Bedfordshire residents' needs to increase and consequently the PCT will need to make adequate financial provision. Directions and guidance do not allow budgetary considerations to affect decisions on eligibility for NHS CHC funding.
25. From the statistical information available for the 6 months from June 2010 to December 2010 it appears that, once screened in for a full assessment for NHS CHC, individuals are actually more likely to be deemed eligible than one might expect from the national average 'conversion rate'. However, the key issue appears to be the rate of referral into the system. Whilst this has been increasing over recent months it is still relatively low such that fewer people are being fully considered for NHS CHC than would be expected. Whatever may have happened in the past, this appears to now be the main factor limiting the number of people in receipt of NHS CHC, and in the author's view there are several reasons why applications are not being made.
26. Some client groups, notably individuals with a learning disability (LD), appear to be under-represented in the NHS CHC figures and specific work is needed to overcome barriers in these areas. At time of writing there were also around 76 individuals currently in nursing home provision who are in receipt of NHS-funded Nursing Care (a flat rate contribution towards the costs of registered nursing) who now require full consideration for NHS CHC. An additional member of staff has been seconded into the CHC Team to address this issue.
27. NHS Bedfordshire and its local authority partners have made considerable efforts over the past year to improve processes and procedures in relation to NHS CHC, and considerable progress has been made. However, the system is not yet working as it should and there are clearly barriers to applications for NHS CHC. The key ones identified in the current review were:
 - lack of clarity on who needs to be screened for NHS CHC, and lack of systems to ensure that this happens
 - messages that people can only be referred into the system after all the assessments and paperwork are in place
 - lack of clarity regarding who takes the role of the 'co-ordinator' in the process and how this individual is identified

- failure to disseminate and fully implement the updated Bedfordshire processes and procedures due to remaining issues around the role of 'co-ordinator'
 - lack of sufficient understanding and agreement between the LA and the PCT regarding the level and standard of evidence required to support an application for NHS CHC funding
 - national guidance (and local procedures) have not yet been fully implemented for identifying young people approaching transition from child to adult services who may be in need of NHS CHC, although work has been done on this issue by Adult Services
28. Information to the public regarding NHS CHC in Central Bedfordshire currently relies mainly on the use of the Department of Health's public information leaflet and on front-line staff explaining the process to their clients/patients/service users. It may well be beneficial to undertake some pro-active work with advocacy providers in the district to ensure adequate support to individuals, where required, in order to see them through what can be a challenging, confusing and sometimes upsetting process. Systems for ensuring that individuals receive clear written information when they are 'screened out' of consideration for NHS CHC need to be checked.
29. NHS Bedfordshire's CHC team has lost several posts over the past 18 months, and some of the staff remaining have been away on extended periods of sick leave. Morale has been low and the team is isolated and under pressure. In the recent past (for personnel reasons) the team has lacked clear on-site operational leadership, but this is being addressed. Individuals in the team are working hard and with good intent, but they still need more resources and support. In the author's view, as things stand, the service will struggle to cope with the additional referrals that it should expect to be made for NHS CHC, albeit that efforts are underway to provide additional resources to the team. Particular consideration needs to be given to the case management responsibilities of the team and whether these are best undertaken as a separate function to the assessment and eligibility processes. There may be opportunities to divide some responsibilities with LA partners to achieve a more efficient service.
30. The fact that Central Bedfordshire Council has recently identified an operational manager to provide a focused lead on NHS CHC is very positive. This has the potential to improve systems, training and the relationship with NHS partners. There is much to be done to improve current arrangements and to plan for how NHS CHC will operate under the proposed new NHS 'architecture'. In considering this, it is important to recognise the roles of Luton & Dunstable Hospital NHS Foundation Trust and Bedfordshire Community Health Services.
31. The provision of training to staff in relation to NHS CHC is fundamental to the correct operation of the Framework and Guidance. A number of concerns have been expressed about the training arrangements that are currently in place and in the author's view there is a need for the LA and PCT to jointly prepare and deliver a consistent training message to all front-line staff. In many respects this is the key mechanism by which the system can be improved.

32. NHS CHC impacts on many aspects of LA and NHS work with adults and is a very complex process to get right across agencies. Essentially, successful implementation is a 'whole system' issue and relies on good communication. There may well be opportunities for greater collaboration across agencies in relation to commissioning and purchasing care, and also greater clarity is required over 'funding without prejudice' arrangements in order to facilitate timely transfers of care. Overall the NHSB / LA Joint Continuing Healthcare Group has a very important function to provide a lead on all the issues raised in this review report. The group may need strengthening in order to better carry out this function, and in particular to work up plans for the expected transfer of PCT responsibilities to GP consortia.

Conclusions from the Review

33. The dividing line between care that local authorities can lawfully provide and care that the NHS should provide is governed by complex statute and case law. Local Authorities cannot lawfully purchase/provide or charge for the care of people who have ongoing nursing/healthcare needs above a certain level. The NHS is required to fully fund the care of individuals who have a 'primary health need' and are therefore eligible for NHS Continuing Healthcare (NHS CHC). Directions require that people with nursing/healthcare needs above the limits of local authority responsibility are deemed eligible for NHS CHC. This is an extremely difficult area of public policy to implement well, and at a local level successful implementation requires a collaborative approach across statutory and independent sector agencies.
34. Whilst available statistics need to be treated with great caution, it is clear that relatively few Central Bedfordshire residents are currently in receipt of NHS CHC. A great deal of work has been done by NHS Bedfordshire and its LA partners to improve systems and processes but the author has found that there remain a number of barriers which must be overcome for these systems to work well. A culture of positive engagement needs to be encouraged, underpinned by strong joint leadership across agencies.
35. The recommendations made in this review have been formulated to assist in removing systemic and cultural barriers and to strengthen the partnership approach which NHS Bedfordshire and Central Bedfordshire Council clearly intends in relation to NHS CHC

Recommendations from the Independent Review

36. **Recommendation 1**

Given current trends and the findings of this review (as well as the separate Bedford Borough review), NHS Bedfordshire should make provision for an increase in referrals for consideration of NHS CHC and for an increase in the number of people in receipt of NHS CHC. The PCT and Central Bedfordshire Council should agree on a suitable methodology for modelling and managing future demand. This should take account of young people making the transition from child to adult services.

37. **Recommendation 2**

The PCT should complete current work on the QA database as soon as possible to ensure that reports on NHS Continuing Healthcare (NHS CHC) activity are accurate. This should include mechanisms for logging information on Checklists where the individual concerned has not screened in for full NHS CHC assessment.

38. **Recommendation 3**

Central Bedfordshire Council should establish a central means to record and report information regarding NHS CHC, preferably utilising the SWIFT client database. Information collected should include whether a Checklist has been completed, the outcome of this, the outcome of NHS CHC eligibility decisions and whether the reason for a case being 'closed' is that the individual is now in receipt of NHS CHC. The information should be used to monitor whether social services staff are undertaking their responsibilities in relation to NHS CHC referrals and to identify any areas of difficulty.

39. **Recommendation 4**

The NHSB / LA Joint Continuing Healthcare Meeting should agree on the management information it requires to monitor the effectiveness of the NHS CHC system, and should make arrangements for this information to be available on a regular basis to inform operational and strategic planning.

40. **Recommendation 5**

NHS Bedfordshire and Central Bedfordshire Council should revisit the guidance given to staff regarding when and in what circumstances individuals should be screened for NHS CHC using the Checklist. Care should be taken to ensure that there are no unnecessary barriers to this happening, whilst also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.

41. **Recommendation 6**

NHS Bedfordshire and its LA partners should, as a matter of urgency, resolve the question of whether and in what circumstances LA members of staff will undertake the 'coordinator' role in relation to NHS CHC. They should ensure that the Bedfordshire Continuing Healthcare Processes reflect this agreement and are then properly disseminated throughout the relevant agencies, making sure that front-line staff are familiar with them.

42. **Recommendation 7**

NHS Bedfordshire and Central Bedfordshire should jointly develop guidance/training for staff on the level and type of evidence required to support an application for NHS CHC funding, bearing in mind national guidance and learning from Independent Review Panel experience.

43. **Recommendation 8**

NHS Bedfordshire should reconsider the staffing and structure of its Continuing Healthcare Service to ensure that it is fit for purpose. In particular it should consider with LA partners what arrangements are best as the service moves towards the proposed abolition of the PCT and the expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.

44. **Recommendation 9**

NHS Bedfordshire and Central Bedfordshire should jointly develop and jointly deliver a suitable training programme to staff across agencies (including advocacy services and provider organisations) that supports the correct implementation of the National Framework and associated guidance, incorporates a consistent message about the lawful limits of local authority responsibility, and enables staff to implement local processes and procedures. Consideration should be given to working with Bedford Borough in the preparation and delivery of this training.

45. **Recommendation 10**

NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.

46. **Recommendation 11**

NHS Bedfordshire and Central Bedfordshire Council should revisit and clarify agreements over interim funding and reimbursement, in line with the requirements of the DH Framework and the national Refunds Guidance. Once clarified, relevant staff should be made aware of and implement the agreed processes so that individuals do not experience unnecessary delay in receiving the care they require in the most appropriate location.

47. Recommendations have been addressed and are detailed in the action plan appendix 1

Activity Data

48. The data for Q2 in this report is a snapshot as at 3 October 2011. The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when the report is produced.

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

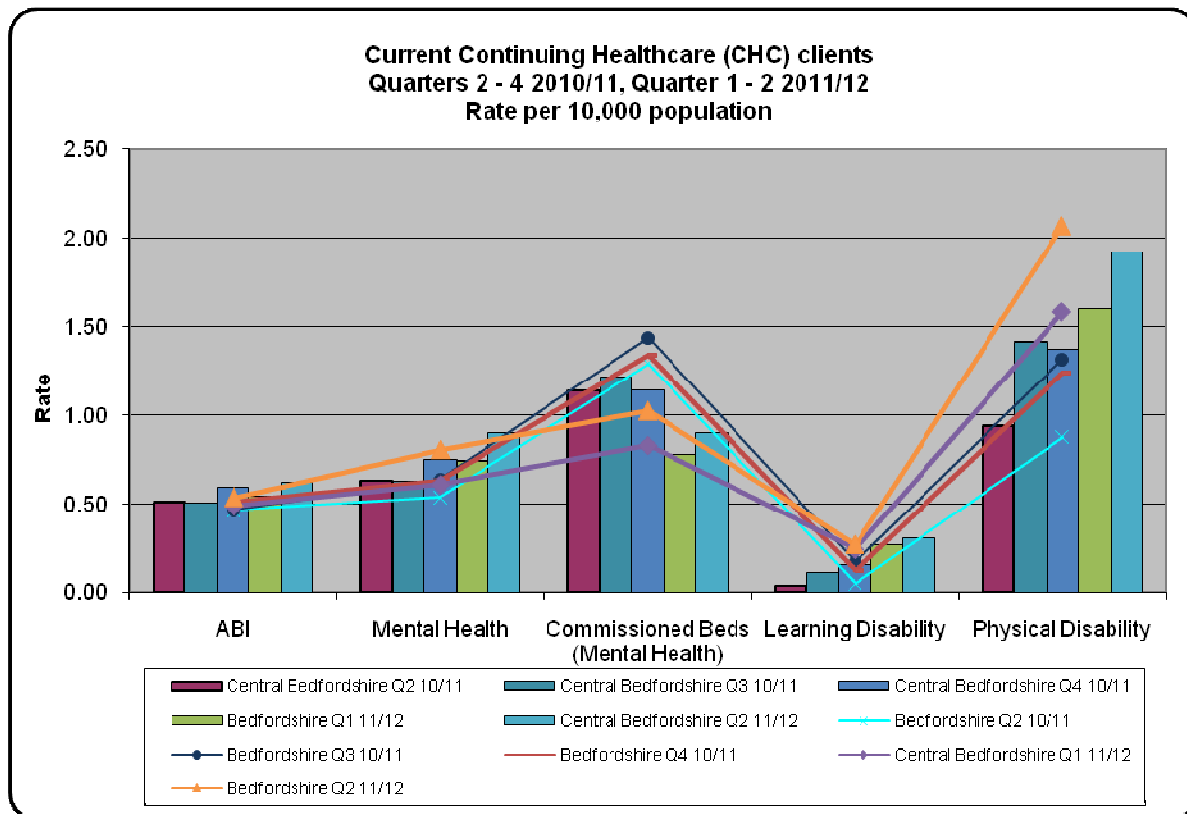
a) The breakdown in relation to Learning Disabilities/Physical Disability/Dementia and other health categories/age

Current Continuing Healthcare (CHC) clients Quarter 2 2011/12 (overleaf) :

	Activity Breakdown								Ethnicity Breakdown				
	Specialty	Bedfordshire Total	Central Beds Total	Population Rate per 10,000 *	Male	Female	Age 65 and over	Age under 65	White	Mixed	Asian or Asian British	Black or Black British	Not Stated
Q1 11/12 Total	Total	154	101	3.92	51	50	59	42	79	0	0	0	22
Q2 By Category	ABI	22	16	0.62	9	7	5	11	11	0	0	0	5
	Successful	2	2	0.07	1	1	0	2	1	0	0	0	1
	No longer eligible	1	1	0.03	0	1	1	0	0	0	0	0	1
	Mental Health	33	23	0.90	11	12	17	6	20	0	0	0	3
	Successful	4	3	0.11	0	3	3	0	3	0	0	0	0
	No longer eligible	3	3	0.11	2	1	3	0	3	0	0	0	0
	Commissioned Beds (Mental Health)	42	23	0.90	12	11	23	0	19	0	0	0	4
	Successful	6	3	0.11	2	1	3	0	3	0	0	0	0
	No longer eligible	3	1	0.03	0	1	1	0	1	0	0	0	0
	Learning Disability	11	8	0.31	8	0	8	0	7	0	0	0	1
	Successful	0	0	0	0	0	0	0	0	0	0	0	0
	No longer eligible	0	0	0	0	0	0	0	0	0	0	0	0
	Physical Disability	85	49	1.92	19	30	28	21	30	0	0	0	19
	Successful	15	7	2.74	3	4	6	1	1	0	0	0	6
	No longer eligible	6	3	0.11	1	2	3	0	2	0	0	0	1
	Fast Track	60	35	2.39	17	18	33	2	29	0	0	0	6
	Successful	103	63	2.47	30	33	57	6	56	0	0	0	7
	No longer eligible	51	33	1.29	14	19	29	4	29	0	0	0	4
	End of Life	1	0	0	0	0	0	0	0	0	0	0	0
	Successful	0	0	0	0	0	0	0	0	0	0	0	0
No longer eligible	0	0	0	0	0	0	0	0	0	0	0	0	
Total	254	154	6.04	76	78	114	40	116	0	0	0	38	

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

- 49.1 The above table shows that overall Q2 2011/12 is showing a 65% increase in activity for Central Bedfordshire from Q1 2011/12. This is due to an increase in referrals and will continue to be monitored throughout 2011/12.
- 49.2 The chart below shows the breakdown of the current continuing care clients for 2010/11 by quarter for Central Bedfordshire compared to Bedfordshire as a whole.



- 49.3. The overall rate per 10,000 clients for Central Bedfordshire has increased from 3.92 at Q1 2011/12 to 6.04 at Q2 2011/12. The increase is with the following specialties; Learning Disability and Physical Disability. However, the overall activity trend is comparable to that of Bedfordshire as a whole and there are no significant differences between the activity rates for Bedfordshire and Central Bedfordshire.

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

2011/12 Fast Track and End of Life applications Quarter 2 2011/12:

		Activity Breakdown						Ethnicity Breakdown		
	Specialty	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	Fast Track	113	58	28	30	50	8	51	0	7
	End of Life	1	1	1	0	1	0	0	0	1
	Total	114	59	29	30	51	8	51	0	8
Q2	Fast Track	119	74	37	37	70	4	66	0	8
	End of Life	1	0	0	0	0	0	0	0	0
	Total	120	74	37	37	70	4	66	0	8

49.4 NHS Bedfordshire has experienced an increase in the total number of Fast Track applications received during Q2 2011/12 compared with quarter one 2011/12, Central Bedfordshire activity is 62% of the total applications received in Q2. The majority of clients at quarter two 2011/12 remain aged 65 and over and are recorded as white ethnicity.

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

Number of Continuing Healthcare (CHC) applications Quarter 2 - 2011/12

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	165	84	43	41	72	12	69	1	14
Q2	229	130	64	66	115	15	107	0	23

50.1 The number of Continuing Healthcare applications includes Fast track, General, Mental Health and Learning Disability. Overall there has been increase in applications between Q1 and Q2, Central Bedfordshire is 57% in Q2 of the overall activity breakdown. The ethnicity of new applications for Q2 2011/12 is predominately white.

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

Number of successful CHC applications Quarter 2 2011/12

	Activity Breakdown						Ethnicity Breakdown		
	Bedfordshire Total	Central Beds Total	Male	Female	Age 65 and over	Age under 65	White	Other Ethnic Groups	Not Stated
Q1	165	66	33	33	56	10	55	0	11
Q2	166	95	46	49	86	9	81	0	14

51.1 The number of successful Continuing Healthcare applications includes Fast Track, General, Mental Health and Learning Disability. 73% of applications received have gone on to be successful in Q2 - 2011/12.

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

52. The number of CHC applications leading to appeal by the individual

a) 2010/11 CHC applications leading to an appeal Quarter 2 - 2011/12:

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

52.1 In Q2 2011/12 there are two appeals and the outcome of the appeal decision was as above. Both of these clients are in Central Bedfordshire. The appeals above are restricted to those applications made in 2011/12 which resulted in an appeal. Appeals made in earlier financial years which continued in 2011/12 or retrospective appeals are not included. The reasons for appeal could be:

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

The number of successful CHC appeals

b) 2011/12 CHC applications leading to a successful appeal Quarter 2 2011/12

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

52.2 To date there has been one successful appeal in Q2 - 2011/12.

52.3 NHS Bedfordshire has received two complaints regarding the CHC process during Q2 2011/12, neither of which relates to Central Bedfordshire.

53. **Benchmarking Analysis**

	CHC Cases per 10,000 population YTD		CHC Costs (£'000) per 10,000 population YTD	
	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)
Q1	140	12	143	11
Q2 Draft	126	11	133	7

Source: National Funded Care Benchmarking Report.

- 53.1. The above table shows the ranking for NHS Bedfordshire both nationally and regionally for the number of CHC cases per 10,000 population and for CHC costs per 10,000 population.
- 53.2 For the number of CHC cases per 10,000 population there has been improvement nationally in ranking from Q1 2010/11 to Q2 2011/12. Within the East of England there has also been an improvement and the ranking is now at 11 out of 13 PCTs.
- 53.3 There has been a further improvement in the ranking from Q1 2010/11 to Q2 2011/12 for CHC costs per 10,000 population nationally, NHS Bedfordshire is now positioned as 7th out of 13 PCTs across the East of England.
- 53.4 The benchmarking analysis data is sourced from the National Funded Benchmarking report managed by NHS North Somerset. NHS North Somerset advise that data rankings should be for information only and form a starting point to try and understand how Funded Care is delivered regionally and nationally.

Conclusion

54. The independent review information reflects the position as at April 2010. The detailed analysis from paragraph 48 onwards shows an increase in activity and the attached action plan appendix 1 evidences a clear commitment from senior staff within NHS Bedfordshire and the Central Bedfordshire Council to address all of the recommendations outlined above and that considerable improvements have and will continue to be made in this important area of service.

Tables:

The number of NHS Continuing Healthcare clients as a total and number per 10,000 population (para 49)

Table 49a) shows a cumulative breakdown of clients in relation to the following specialties:

- **Learning Disabilities Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a learning disability need.
- **Mental Health Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a mental health need, inclusive of dementias.
- **Physical Disabilities Adult** - Covers individuals, aged 18 years of age and over, whose eligibility is attributed to a physical disability. This category also includes physically frail, acquired brain injury, and any end of life care or palliative care which is not fast track.

Fast Track pathway applications and End of Life applications (para 49b)

Para 49b shows the number of Fast Track and End of life applications and is a snapshot as at the end of the relevant quarter. Where an individual does not currently receive NHS Continuing Healthcare (CHC) on the basis of need and now has a rapidly deteriorating condition which may be entering a terminal phase. They may need CHC to enable their needs to be urgently met (e.g. to allow them to go home to die or to allow appropriate end of life support to be put into place). Any end of life care which is not fast track is recorded under physical disabilities. This includes anyone who has gone through the fast track process regardless of their health need. Also included are End of Life or Palliative care patients who fall outside the CHC criteria.

The number of NHS Continuing Healthcare (CHC) applications (para 50)

Para 50 shows the number of Continuing Healthcare applications as a snapshot as at the end of the relevant quarter. Included is the number of applications received in the quarter for all specialties (Fast Track, Physical Disability, Mental Health, Learning Disability and Commissioned Beds).

The number of successful NHS Continuing Care (CHC) applications (para 51)

Para 51 shows the number of successful Continuing Healthcare applications as a snapshot as at the end of the relevant quarter. Included is the number of successful applications received in the quarter for all specialties (Fast Track, Physical Disability, Mental Health, Learning Disability and Commissioned Beds). As the data is captured as a snapshot, applications being processed will appear in the figures for the following quarter.

The number of NHS Continuing Healthcare (CHC) applications leading to an appeal by the individual (Para 52)

Para 52a) shows the number of CHC applications leading to an appeal by the individual and is shown as a snapshot at the end of the relevant quarter. These include cases which have gone through local resolution or the Strategic Health Authority Independent Review Panel.

Appeals made in earlier financial years which continued in 2010/11 or retrospective appeals are not included. The reasons for appeal could be:

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

The number of successful NHS Continuing Healthcare (CHC) appeals (Para 52b)

Para 52b) shows the number of CHC applications leading to a successful appeal and resulting in CHC funding. The number is shown as a snapshot at the end of the relevant quarter

Ethnicity

The information recorded about Ethnic categories is obtained by asking the client. Ethnicity is divided into the following categories:

- **White** – includes British, Irish and any other White background
- **Asian or Asian British** – includes Indian, Pakistani, Bangladeshi and any other Asian background
- **Black or Black British** – includes Caribbean, African and any other Black background
- **Other Ethnic Groups** – Includes White and Black Caribbean, White and Black African, White and Black Asian, any other mixed background, Chinese or any other ethnic group
- **Not Stated** – Where ethnicity was **not disclosed** or **unrecorded**

Activity

Snapshot Activity is an isolated observation of numbers eligible as *at* a specific date e.g. the last day of the quarter. It only includes those eligible on that day and does not include anyone who became no longer eligible before that date due to death, discharge or being no longer eligible for any other reason. For example, snapshot activity at the end of quarter two is all those eligible on 30th September.

Cumulative Activity is the running total of all people who have been eligible *for any period* within the year to date even if they also become no longer eligible within the year to date. The figure includes those who were already eligible at the beginning of the financial year in addition to anyone newly eligible within the year to date up to the last day of the current reporting quarter. For example, cumulative activity at the end of quarter two is all those eligible for **any** period between 1st April and 30th September.

	Recommendation	Comments	Action	Lead Officer	Update
			<p>captured on a geographical basis</p> <ul style="list-style-type: none"> • Review QA system to establish if additional fields can be added to capture source of referral • Identify IT support • Acute Trusts to ensure information forwarded to NHSB • LA colleagues to review internal processes/systems to ensure information is forwarded to NHSB on monthly basis to allow for auditing to ensure consistency and quality of decision making 		
3 (A)	<p>Central Bedfordshire Council should establish a central means to record and report information regarding NHS CHC, preferably utilising the SWIFT client database. Information collected should include whether a Checklist has been completed, the outcome of this, the outcome of NHS CHC eligibility decisions and whether the reason for a case being 'closed' is that the individual is now in</p>		<ul style="list-style-type: none"> • Investigations will take place on the appropriate recording on Swift. The proposal will be to set up a new questionnaire to record the CHC checklist and 	S Mitchelmore, Central Bedfordshire Council	Work has commenced looking at the recording of CHC on the swift system. Initial issues have been identified and resolved. Further

	Recommendation	Comments	Action	Lead Officer	Update
	receipt of NHS CHC. The information should be used to monitor whether social services staff are undertaking their responsibilities in relation to NHS CHC referrals and to identify any areas of difficulty.		<p>outcomes. Investigation will include the identification of the appropriate process to attach the questionnaire to.</p> <ul style="list-style-type: none"> • A process mapping session will be held to ensure all processes in relation to CHC are captured. 		work required in relation to the inception of a questionnaire
4 (G)	The NHSB / LA Joint Continuing Healthcare Meeting should agree on the management information it requires to monitor the effectiveness of the NHS CHC system, and should make arrangements for this information to be available on a regular basis to inform operational and strategic planning.	Joint Funding group consist of attendees from both LA's and NHSB.	Agenda for meeting will include dataset as indicated by author: Section 3.15	G Chapman, NHSB	<p>Full group meets for consideration of management information and cases (approx 6 weekly)</p> <p>Appropriate representatives meet when considering cases only (as required)</p>
5 (G)	NHS Bedfordshire and Central Bedfordshire Council should revisit the guidance given to staff regarding when and in what circumstances individuals should be screened for NHS CHC using the Checklist. Care should be taken to ensure that there are no unnecessary barriers to this happening, whilst	Discussions are taking place with LA's to agree and implement joint training to meet the needs of individual staff groups. Currently training is delivered by NHSB across all disciplines health/social	<ul style="list-style-type: none"> • Develop training strategy • Develop training programme and deliver in partnership 	<p>G Chapman, NHSB</p> <p>S Mitchelmore, Central Bedfordshire Council</p>	<p>JL agreed in principle to deliver training package.</p> <p>Training delivered December 2011.</p>

	Recommendation	Comments	Action	Lead Officer	Update
	also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.	care.	<ul style="list-style-type: none"> Approach Jim Ledwidge to consider delivering suitable training package for both Health and Social Care 		
6 (G)	NHS Bedfordshire and its LA partners should, as a matter of urgency, resolve the question of whether and in what circumstances LA members of staff will undertake the 'coordinator' role in relation to NHS CHC. They should ensure that the Bedfordshire Continuing Healthcare Processes reflect this agreement and are then properly disseminated throughout the relevant agencies, making sure that front-line staff are familiar with them.	The CHC lead nurses act as coordinator however on occasions the role of coordinator could (by agreement) be a staff member from another organisation such as the LA, an NHS Trust or independent sector organisation. This may need to be negotiated in specific cases due to the skills or responsibilities that the practitioner(s) have in relation to a client group or individual.	<ul style="list-style-type: none"> The role of the coordinator is detailed in job descriptions of CHC lead nurses and reflected within process documents. Agreement to be disseminated to front line staff 	G Chapman, NHSB S Mitchelmore, Central Bedfordshire Council	Coordinator role clearly defined and line managers ensuring staff have full understanding Coordinator identified aligned to Lead Commissioner if appropriate
7 (G)	NHS Bedfordshire and Central Bedfordshire should jointly develop guidance/training for staff on the level and type of evidence required to support an application for NHS CHC funding, bearing in mind national guidance and learning from Independent Review Panel experience.	Develop and deliver a joint training package	Jim Ledwidge approached to take on role due to his extensive knowledge of NHS CHC	G Chapman, NHSB S Mitchelmore, Central Bedfordshire Council	Training programme developed by Jim Ledwidge(JL) Two days joint training delivered

	Recommendation	Comments	Action	Lead Officer	Update
	(Links to Recommendation 9)				December 2011
8 (G)	NHS Bedfordshire should reconsider the staffing and structure of its Continuing Healthcare Service to ensure that it is fit for purpose. In particular it should consider with LA partners what arrangements are best as the service moves towards the proposed abolition of the PCT and the expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.	CHC structure reviewed and staff recruited to current identified posts. CHC team will continue to be reviewed during ongoing transition to clinical commissioning group.	Arranging meetings with colleagues in LA to look at service delivery in Nursing homes, value for money	G Chapman, NHSB	
9 (G)	NHS Bedfordshire and Central Bedfordshire should jointly develop and jointly deliver a suitable training programme to staff across agencies (including advocacy services and provider organisations) that supports the correct implementation of the National Framework and associated guidance, incorporates a consistent message about the lawful limits of local authority responsibility, and enables staff to implement local processes and procedures. Consideration should be given to working with Bedford Borough in the preparation and delivery of this training. (link to Number 5)	Course identified to deliver training on the core competencies required by specialist health and social care staff to successfully implement the National Framework	Course approved in partnership with University of Essex. First course commenced January 2011	G Chapman, NHSB	Two days joint training delivered December 2011 with attendance of staff from NHSB, Central Bedfordshire Council and Bedford Borough.
10 (A)	NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-	Identify stakeholders in Bedford Borough and Central	Contacts to be identified for Central	G Chapman, NHSB	

	Recommendation	Comments	Action	Lead Officer	Update
	operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.	<p>Bedfordshire and explore potential opportunities for joint working within this area.</p> <p>Further discussion/work to be undertaken during transition to clinical commissioning groups.</p>	<p>Bedford via the Joint Funding Group.</p> <p>Joint work in place with regards to monitoring nursing homes with Central contract and compliance team.</p> <p>Initial discussions have taken place in relation to potential options for joint contracting. Further discussion and will be required with the procurement teams members of each organisation as part of transition to clinical commissioning groups.</p>	S Mitchelmore, Central Bedfordshire Council	
11 (G)	NHS Bedfordshire and Central Bedfordshire Council should revisit and clarify agreements over interim funding and reimbursement, in line with the requirements of the DH Framework and the national Refunds Guidance. Once clarified, relevant staff should be made aware of and implement the agreed processes so that individuals do not experience unnecessary delay in receiving the care they require in the most appropriate location.	Appropriate contact to be identified and meeting to be arranged to discuss and agree process including roles and responsibilities	Contact to be made with Stuart Mitchelmore agree stakeholders to be involved in agreeing arrangements in relation to interim funding meeting to be arranged by end of July 2011.	G Chapman, NHSB S Mitchelmore, Central Bedfordshire Council	See response to 5 and 7

Meeting: Social Care Health and Housing Overview and Scrutiny Committee

Date: 23 January 2012

Subject: Private Sector Property Accreditation Scheme

Report of: Cllr Carole Hegley , Executive Member for Social Care Health and Housing

Summary: The report outlines the proposed approach and content of a Property Accreditation scheme for Central Bedfordshire. This is not a Key Decision but the development of an operational approach to improving quality of private rented accommodation. The report aims to seek views and comment from Overview and Scrutiny in relation to the scheme

Advising Officer: Julie Ogley, 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. The actions support the Council priorities: <ul style="list-style-type: none">• Supporting and caring for an ageing population,• Managing growth effectively,• Creating safer communities.
Financial:
2. The proposed scheme is to be administered within existing resources.
3. Improving the quality of rented accommodation in partnership with landlords is more cost effective in comparison to enforcement led approaches.

Legal:

4. The proposed scheme will help ensure that more rented accommodation meets the legal requirements of the Housing Act 2004. The Council has responsibilities where high risk hazards are found in rented accommodation. A property accreditation scheme can help the Council meet those responsibilities through partnership and prevention, rather than enforcement.

Risk Management:

5. Reputational Risk:

There could be a reputational risk if properties are not of good quality with satisfactory management arrangements.

Financial Risks:

There could be a financial risk if costs are not contained within existing budgets.

Legal Risks:

Failure to comply with the requirements of the Housing Act 2004 and the Localism Act, including failure to discharge legal responsibilities where high risk hazards are found in rented accommodation.

The identified risks will be managed as part of the development of the scheme.

Staffing (including Trades Unions):

6. Not applicable.

Equalities/Human Rights:

7. The aim of the scheme is to improve quality of accommodation for private tenants and will not result in a disproportionately negative impact on people from different ethnic groups, disabled people, women or men. The scheme should help provide more good quality accommodation as an option to vulnerable families potentially facing homelessness.
8. An equality impact assessment has been completed.

Community Safety:

9. The Code of Standards applicable to the scheme will include landlords' management responsibilities, which may help reduce incidences of unacceptable or antisocial behaviour from tenants.

Sustainability:

10. The Code of Standards applicable to the scheme will include requirements around the energy performance of the property to help prevent fuel poverty and high risk Excess Cold hazards.

Procurement:

11. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. **Review and comment on the approach to development of the Property Accreditation Scheme for Central Bedfordshire**
2. **Review and comment on the content of the scheme, in particular the Code of Standards intended to quality assure accredited properties**

BACKGROUND INFORMATION

12. The private rented sector has a higher proportion of poorer quality properties than other housing tenures, evidenced through national stock condition surveys. However, the private rented sector could provide a more significant role in the future if the Council decides to discharge homeless duty to this sector under new provisions in the Localism Act. A property accreditation scheme provides a proactive approach to improve quality of accommodation in this sector.
13. The Audit Commission inspection of strategic housing services in 2010 recognised that property accreditation was only applicable to Lets Rent. The resulting Improvement Plan included a commitment to develop an accreditation scheme beyond Lets Rent. This is consistent with recommendations around Partnerships, and Promoting Sustainable Neighbourhoods included in the Audit Commission findings.
14. The Council's Lets Rent scheme contains a Housing Standards requirement. However, the "self certification" element resulted in some poor quality properties being identified in early stages of Lets Rent. Lessons learned will be incorporated in a new accreditation scheme.

PROPERTY ACCREDITATION SCHEMES – BENCHMARKING

15. In benchmarking, twelve of fifteen similar type authorities to Central Bedfordshire Council have implemented property or landlord accreditation schemes. Some are cross boarder (such as a Cheshire based scheme). The schemes include a variety of conditions and incentives, which have helped form proposals for a Central Bedfordshire scheme.
16. Wider national research indicates that 80% of all schemes offer accreditation free of charge, including Luton Borough Council. Schemes that impose a charge generally offer a higher level of incentives, including discounts on licensing fees and/or grants.

17. Locally, a scheme was developed in Hertfordshire and Bedfordshire that was aligned to guidelines from the Accreditation Network UK and the risk assessment process in the Housing Act 2004. Former Mid Beds District Council operated this scheme but had little demand. Neither Bedford nor Milton Keynes Councils currently operate accreditation schemes.

PROPOSED OPTIONS

18. The primary aim for a scheme is the improvement in quality of private rented accommodation through working with landlords, a partnership approach rather than enforcement led. Under this aim are objectives:
- To raise tenant and landlord awareness about standards required in private rented accommodation,
 - To raise standards of private rented accommodation,
 - To inform and provide guidance for all involved (including Council Officers from a landlord's perspective),
 - To enable tenants to gain access to good quality accommodation.
19. To enable a potential scheme to be successful and meet its objectives, the incentives for landlords need to be identified, and whether there is interest in a scheme in general. Consultation would look to identify incentives that are of interest to local landlords. Examples include "fast track" entry to Lets Rent, training, publication of accredited properties on Council website. Initial consultation began at the Landlords' forum on 16 November 11.
20. Initially it is proposed that the scheme is at no cost to landlords. The scheme should be a more effective use of existing resources as the costs of improving quality of accommodation in partnership with landlords are lower than costs of enforcing standards under Housing Act 2004, mainly in officer time and associated legal costs. This approach also builds better relations with landlords.
21. The scheme will focus on improving quality of accommodation above minimum standards. Consequently, clear guidelines will be communicated to landlords through a Code of Standards expected for accredited property. This code is attached as appendix A. Applications for accreditation will commence with an assessment of the property.
22. To ensure that properties meet quality standards, the intention is to accredit the property rather than the landlord, even though tenancy management is one aspect with the Code of Standards. Consultation may result in preference for Landlords' Accreditation, where the landlord is accredited for all properties managed. However, it is proposed that the Council needs to ensure the quality of each property accredited.
23. New provisions in the Localism Act, which give discretion to local authorities to discharge homelessness duty to the private rented sector, will be examined to help develop the accreditation scheme. An established accreditation scheme would be beneficial if the Council decided to discharge homelessness duty only to "higher quality" private rented properties in the future.

24. The proposed scheme is subject to an equalities impact assessment.
Accreditation material (certificates etc) will meet corporate branding guidelines.

FINANCIAL AND OTHER OPTIONS

25. It is proposed that accreditation is provided at no cost to landlords as an incentive to apply for accreditation status. The scheme should be a more effective use of resources as costs of improving quality of accommodation in partnership with landlords are lower than costs of enforcing standards.
26. To reduce costs it is proposed that after initial property inspection, accredited properties are re-inspected annually on a 10% sample basis. If re-inspection indicates deterioration in condition, a larger sample size will be inspected to ensure that quality is maintained.

Conclusion and Next Steps

27. The scheme is currently subject to consultation, primarily with private landlords and letting agents who are the major stakeholders. Responses from consultation and the views from Overview and Scrutiny will shape the final scheme.
28. The aim is for a Central Bedfordshire Property Accreditation scheme to commence in April 12 having considered views and comments during development of the scheme.

Appendices:

Appendix A – Code of Standards expected for accredited property

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

None

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Appendix A



Central Bedfordshire Council

Accreditation Code of Standards for
Privately Rented Housing
(Draft)

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Introduction to the Accreditation Scheme

The private landlords and agents in the region play a vital role in providing accommodation and the Council appreciates that many landlords are doing a good job. This is why it has introduced the Private Rented Sector Accreditation Scheme.

The aims of the Accreditation Scheme are to:

- Establish standards for the private rented sector
- Promote awareness of those standards with landlords and tenants
- Encourage and assist landlords to meet accreditation standards
- Give recognition to properties and landlords meeting these standards
- Enable potential tenants to choose accredited accommodation

What is accreditation trying to achieve?

Accreditation provides a way of giving recognition to landlords who take a responsible approach to renting and a means of identifying those properties which meet recommended standards and enables owners and tenants to acknowledge their respective responsibility towards one another. The Accreditation Scheme plays an important part in the Council's plans to work more constructively with those landlords who are providing good quality housing.

To achieve Accreditation in HMOs and single dwellings, the property standards that we consider are reasonable and realistic include gas, electricity and furniture standards, adequate kitchens, bathrooms and WC facilities and good management practices. Fire safety in HMOs has a high priority. The award also includes other measures such as security, energy efficiency and fire precautions in single dwellings.

These standards represent a balance of common sense obligations and responsibilities between owners and tenants. Some should already be a routine part of any letting, such as ensuring that furniture complies with fire safety regulations, making sure that the gas and electrical systems are safe and the provision of fire precautions in HMOs.

Overall the Accreditation Code requires that the physical condition of the property and the level of provision of basic amenities are reasonable and satisfactory and not liable to be prejudicial to health and safety of the occupiers.

Joining the Accreditation Scheme is voluntary and free but it does mean that the owner/managing agent have confirmed that they meet the criteria of the Scheme and have agreed to abide by the contents of this Accreditation Code.

How to join the Scheme

Properties may not be eligible under this scheme if any of the following apply to the owner(s) or managing agent(s) of the property in question:

- Conviction for illegal eviction or harassment of tenants within the last 10 years
- Conviction for violence or intimidating behaviour towards any persons within the last 10 years
- Having been responsible for failure to comply with the requirements of any statutory notice or House in Multiple Occupation requirements served by the Council which has resulted in prosecution or works being carried out in default within the last 10 years.
- Any other convictions relating to conduct or business practices which are considered by the Council to indicate their unsuitability to be the owner or managing agent for properties accredited under the scheme.

Landlords and agents wishing to become members of the Council's Accreditation Scheme should complete the application form and return it to the Council together with copies of current safety certificates.

Landlords and agents will be asked to make their properties available for inspection and their tenants may be asked to confirm that any problems or complaints are dealt with in a satisfactory manner.

Once a property has become accredited, the details will be recorded on a register that the Council will publish on their website.

Upon being accepted as a member of the Scheme, the landlord or landlord's agent will receive a certificate which they can display in the property and use when advertising the house to let.

Accreditation Code of Standards for Private Rented Housing

1. Equal Opportunities

Owners and Agents will ensure that:

In the provision and letting of housing or associated services and in the letting of contracts for services, no person or group of persons applying will be treated less favourably than any other person or group of persons because of their race, colour, ethnic or national origin, gender, disability or sexual orientation.

2. Marketing – Prior to Letting Property to Tenants

Owners and Agents will ensure that:

- a) All property details are reported accurately and without misrepresentation to prospective tenants.
- b) All prospective tenants are granted an opportunity to view the property having due regard to the rights of existing tenants.
- c) Prospective tenants are provided with a copy of any contractual terms under which a property is offered and where requested are permitted not less than 24 hours within which to seek independent advice regarding those contractual terms.
- d) A copy of the current energy performance certificate for the property will be made available for prospective tenants.
- e) A full set of agreement/s are issued to the tenant/s at the grant of the tenancy written in type size of not less 12 point.

3. At the Time of Letting the Property

Owners and Agents will ensure that:

- a) Tenants are issued with a clear statement of the rent due to be paid including the dates, amounts and method of payments due to be made during the contract.
- b) Tenants are informed about their responsibility, if any, for payment of water rates, utility charges and Council Tax

- c) Where service charges are levied by the owner, such services and charges are properly specified and detailed in the letting contract.
- d) Letting agreements will be written in clear English in type size of not less than 12 point containing no contractual terms in conflict with any statutory or common law entitlement of the tenant or the terms of this Accreditation Code.
- e) That where a fee is charged for arranging a letting agreement, then prospective tenants should be clearly informed of this.
- f) Any damage deposit taken is lodged with an approved tenancy deposit protection scheme.
- g) That the name and the current registered address of the owner/agent are stated on the agreement together with the address and telephone numbers of any managing agent or person acting on behalf of the owner.
- h) That at the commencement of the tenancy or other date mutually agreed with the tenants, all obligations on the part of the owner in regard to the repairs and property maintenance and improvements have been fully discharged.
- i) That any agreed pre-tenancy repairs or any intentions on the part of the owner to undertake improvements should be confirmed in writing.
- j) For each property, owners/managing agents will be expected to have adequate buildings insurance to cover the accommodation, accidental damage and injury to tenants or third parties caused by circumstances for which the landlords may be held liable and to provide proof of this to the Council if so required.

4. During the Tenancy

Owners and Agents will ensure:

- a) That they will not purport to let a property which is already let without taking appropriate steps (including the issue of all relevant notices) to determine the existing tenancy in order to mitigate any potential delay or hardship.
- b) That (subject to reasonable performance by tenants of their obligations under the terms of the preceding tenancy), the incumbent tenant/s are offered first refusal for any subsequent letting of property.

- c) That where access is required for routine inspections, the tenants receive a notification of the date, time and purpose of the visit not less than 24 hours in advance save in circumstances where issuance of such notice is impracticable and that tenant privacy and entitlement to freedom from unnecessary intrusion is respected.
- d) That business is pursued by him/her in a professional, courteous and diligent manner at all times.
- e) Full compliance with the provisions of (a) Section 11 of the Landlord and Tenant Act 1985 which relates to landlord/agents repair obligations, (b) Part 1 of the Housing Act 2004 relates to the Housing Health and Safety Rating System. (c) Sections 1 and 3 of the Defective Premises Act 1972 relating to duties in connection with the liability for injury or damage caused to persons through defects in the state of the premises. The landlord and agent must also comply with statutory powers relating to overcrowding and owners of properties in multiple occupation shall comply with their statutory duties to keep premises fit for the number of occupants. Advice is available from the Private Sector Housing Service.
- f) Where reasonable and practical to provide notification to occupants prior to attendance by contractors to undertake repairs.
- g) That contractors and trades persons are requested to remove all redundant components and debris from site on completion of works in a reasonable time and behave in a professional and courteous manner at all times whilst at the premises.
- h) All furnishings and furniture are clean and in reasonable condition at the commencement of the tenancy and comply as appropriate with the Furniture and Furnishings (Fire) (Safety) Regulations. *See Appendix 2.*
- i) Each kitchen contains facilities for the storage and preparation of food suitable for the number of occupants using the kitchen and will be capable of cleaning with suitable products. If a cooker is not supplied, the kitchen should have either an electric cooker point or a mains gas point supplied.
- j) All floor coverings in kitchens, bathrooms and WC's are capable of cleaning with suitable products.
- k) An adequate number of suitable located WC's bath and/or showers and washbasins are provided with constant hot and cold water supplies as appropriate, which are suitable for the number of occupants.
- l) All properties will be provided with refuse disposal facilities sufficient for the number of occupants.

- m) Decorative finishes for which owners/agents have responsibility should be made good within a reasonable timescale.

Repairs Performance

Landlords are responsible for carrying out repairs and maintenance to properties and for operating a repairs reporting service for tenants. Repairs are to be classed into three categories as follows:

Priority A (Emergency Repairs) - Repairs required in order to avoid a danger to health and safety of residents or serious damage to buildings or residents belongings.

- o Maximum time for completion or provision of an alternative will be 24 hours from report of defect, or no later than the next working day.
- o Procedures must be in place by the landlord to meet emergency repairs that may occur outside normal working hours, on weekends or public holidays
- o If an emergency arises outside normal working hours, it is the responsibility of the landlord to ensure that appropriate repairs are carried out in line with health and safety standards.

Priority B (Urgent Repairs) - Repairs to defects, which materially affect the comfort or convenience of the residents.

- o Maximum time for completion will be 10 days from report of defect.

Priority C (General Repairs) - Non-Urgent day to day repairs that do not fall within the categories above.

- o Maximum time for completion will be 28 days from report of defect.

The following three lists show examples of Priority A, B and C repairs and should not be considered exhaustive lists.

Priority A

- o Interruption of supply of drinking water (this can be mitigated by another source of drinking water)
- o Provision of temporary heating and hot water to tenants whilst system defects are being remedied
- o Electrics unsafe
- o Defective drains and sanitation
- o No lighting to communal areas (complete failure)

- Burst pipes, defective tanks or serious leaks causing flooding
- Gas leaks (normally reported to National Grid)
- Dangerous structures – floors, ceilings, walls etc.
- Defective fire detection and protection measures
- Broken glazing
- Defects to security measures
- Dangerous staircase, balustrade, guarding etc

Priority B

- Heating and hot water (between 1st Nov and 30th April)
- Temporary repairs to cover defective flat at or pitched roofs where there is water penetration
- Mending minor leaks on water pipes
- Repairing leaking cone/soil joints to toilets
- Repairing leaks to soil pipes/soil vent pipes generally
- Repairing or renewing ball valves (overflows, water hammer)
- Repairing defective extractor fan (internal bathroom/kitchen only)
- Replacing broken wash hand basin
- Repairing defective entry-phone system
- Broken fridge/freezer (if provided by landlord)
- Infestations (Begin remedial action)
- Blocked down pipes/guttering

Priority C

- Replacing fittings to windows and /or external doors
- Repairing faulty taps, stop valves, drain down cocks etc.
- Replacing rotten or defective flooring
- Replacing defective bath
- Replacing kitchen units (including sink units/taps)
- Repairing or replacing wall tiling/splash backs
- Fixing or replacing air bricks
- General brickwork repairs (rebuilding piers, boundary walls)
- Replacing or repairing external fascia/soffit/barge boards
- Repairing or replacing fencing/gates
- Redecoration following repair works
- Non-Urgent drainage work
- Plaster repairs to ceilings or walls
- External rendering
- Repairing external paving

Planned programmes of repair/ improvement and cyclical repair

programmes - Maintenance and Servicing tasks which can be carried out in a planned and cyclical manner such as gas appliance servicing, gutter and window cleaning, exterior and interior painting are carried out with due regard to the convenience of the occupants.

Where a dispute occurs between the owner and the tenant as to when a repair has been reported, then the date on which the repair was reported to the owner in writing shall be the accepted date.

5. Health and Safety

Owners will ensure that:

- a) All means of use and supply of mains gas and alterations and repairs to gas installations shall comply with current Gas Safety (Installation and Use) Regulations.
- b) Documentation giving verification of servicing will be provided to tenants and shown or made available to prospective tenants on request.
- c) Clear, written instructions are available on request for the safe use of all central heating and hot water systems.
- d) Portable bottled gas or paraffin heaters will not be provided as a heating source and will not be permitted in any accredited property.
- e) All electrical installations provided by the owner are certified as safe by an approved electrician in accordance with the current relevant Electrical Regulations. A document in the form of a periodic inspection report shall be obtained every five years showing that the electrical wiring of all properties are in a safe and satisfactory condition.
- f) All repairs and improvements in electrical installations should comply with the current Institute of Electrical Engineers Wiring Regulations and all components used in electrical wiring installations and repairs should comply with the relevant international standards and all appliances will be installed in accordance with manufacturers instructions.
- g) All reasonable steps are taken to ensure that all electrical appliances provided by them are functioning effectively and in a safe manner. Appliances should be regularly visually inspected for wear and tear and any defects remedied. Portable Appliance Testing (PAT) is one way of making sure of this.

6. At the end of the Tenancy

Owners will ensure that:

- a) Deposits are administered efficiently and responsibly by the landlord or their nominee and are not withheld for any purpose other than for which they were levied.
- b) Tenants are issued with clear written guidelines regarding the standard of cleaning and other arrangements for bringing the tenancy to an end so as to avoid misunderstandings regarding the standard of cleanliness and condition of the property expected at the end of the tenancy.
- c) Once fully receipted invoice accounts have been provided to tenants, it should be confirmed in writing, within 2 weeks, that the deposits (or balances on deposits) shall be returned to the tenants within 6 weeks of the end of the tenancy.
- d) Where monies from a deposit have been retained to off set owners reasonable incurred costs such balances that are remaining shall be returned within 6 weeks together with a written statement of account providing reasonable details of any and all deductions to the former tenant.

7. Disputes

Owners undertake to:

- a) Respond reasonably and promptly to tenants or tenant representatives in regard to any complaints or difficulties raised by tenants.
- b) Make written response to correspondence from tenants or their chosen representative within two weeks.
- c) Ensure that all settlements and agreements reached are honoured within two weeks of such settlement being agreed.
- d) Maintain courteous professional relations with tenants during any dispute.

8. Complaints

Owners and Agents undertake to:

- a) Within two weeks of receipt of any written complaint from a tenant (or their representatives) rectify any breach of this Accreditation Code or in the alternative enter into correspondence with any tenants or their representative where such an allegation is contested.

- b) Recognise in the case of a contested breach of the Accreditation Code, or where rectification is not made in accordance with (a) above, the authority of the Private Sector Housing Service. Any breach of the Accreditation Code will be made public to prospective tenants and the Council will have the ultimate authority to exclude any owner from the Accreditation Scheme for a period as determined or indefinitely.

The Council will seek to promote details of the Accreditation Scheme amongst current and prospective tenants searching for housing. New tenants should be given a copy of the Accreditation Code by the owner at the commencement of the tenancy. The Accreditation code is supported by private landlords, letting and managing agents. The business reputation of those that maintain compliance will be enhanced in contrast to those that either choose not to operate within the Accreditation Code or fail to honour their agreement to work within it.

The Council, in administering the Accreditation Scheme reserves the right to refuse to accept any application, subject to a right of representation to a review panel and final appeal.

9. Fire Detection and Alarm Systems

For Houses in Multiple Occupation Only – does not apply to single dwellings

Owners and Agents will ensure that:

- a) All Houses in Multiple Occupation will be fitted with a form of fire detection incorporating an audible alarm and detection system to the satisfaction of the Local Authority and in accordance with LACORS National fire safety guidance.
- b) A fire blanket to BS6575 should be provided in each kitchen.
- c) All exit routes within a property such as hallways, landings and staircases, so far as they are under the control of the owner/landlord, as far as reasonably practicable, will be maintained safe, unobstructed and free of fixtures and fittings to enable the evacuation of the property in the event of a fire.
- d) Clear guidance of basic fire safety issues will be provided to residents at the commencement of the tenancy.

10. Harassment

The Council can take action under the Protection from Eviction Act 1977 where things are done deliberately in order to interfere with someone's peaceful occupation of their home, knowing that the likely effect will be for the

occupier to leave or stop making demands (e.g. for repairs to be made). Properties relating to any landlords, agents etc found guilty under this legislation will be excluded from the Accreditation Scheme.

11. Antisocial Behaviour

The landlord/agent should take all reasonable measures to deal with antisocial behaviour or hate crime committed by their tenants or guests of their tenants in and around the property. Particular vigilance should be shown with regards houses in multiple occupation and multiple lets. The landlord/agent should involve the relevant organisations (e.g. Police, Council etc) where necessary.

12. Important Notes

Adoption of the Accreditation Code and compliance or non-compliance with the provisions of this Code do not affect the statutory rights of people seeking housing. The Council reserves the right at any time to amend the content of the Accreditation Code or its operation subject to consultation with the relevant parties.

The Council shall not be liable to any person or persons for any information contained in the Accreditation Code or supplemental document or reliance upon it or for any loss, damage or injury or any disputes proceedings or claims by or between any person or persons (and whether or not including or against the Council) whatsoever or howsoever arising from any information herein containing or any supplemental document.

Appendix 1

Certificate of Accreditation

In order to achieve certificate of accreditation, the property must meet the following standards set out in Appendix 1 and must also meet the additional requirements set out in Appendix 2-4:

Free from Category One Hazards

All rented property must be free from category ones hazards as specified under part one of the Housing Act 2004.

The Housing Health and Safety Rating System (HHSRS) is used to assess hazards, and sets out standards relating to aspects such as stability, repair, dampness, water supply, lighting, heating, ventilation, facilities for the preparation and cooking of food, provision of W.C. washbasin, bath or shower and drainage and applies to both HMOs and single dwellings.

If you are unsure whether or not your property has any category one hazards, please contact the Private Sector Housing Service who will advise you.

Further information relating to HHSRS can be obtained from <http://www.communities.gov.uk/publications/housing/hhsrsoperatingguidance>

Appendix 2

Furniture and Furnishings

The Furniture and Furnishings (Fire) (Safety) Regulations 1988 and as amended in 1989 apply to upholstered furniture which is supplied in conjunction with let accommodation. This includes armchairs, sofas and dining chairs, beds, divans and mattresses, sofa beds, pillows and cushions and nursery furniture such as playpens, cots and high chairs.

They do not apply to bedclothes including duvets, loose covers for mattresses, pillowcases, curtains, carpets sleeping bags or goods made before 1st January 1950 and the materials used to re-upholster or re-cover them.

The Regulations require:-

- Furniture to pass a cigarette resistance test;

- Cover fabric, whether for use in permanent or loose covers, to pass a match resistance test and:
- Filling materials for all furniture to pass ignitability tests as specified in the regulations.

New furniture bought since 1st March 1990 should already meet these standards, as should second hand furniture bought after 31st December 1996 to ensure that their upholstered furniture meets the requirements of the 1988 Regulations.

Any replacement and additional furniture bought on or after 1st March 1993 will have to comply with these requirements immediately. All properties let for the first time after 1st March 1993 may only be supplied with furniture which complies with the 1988 Regulations.

Although it should not be possible to buy new or used furniture from a shop which does not comply, it is still possible to obtain such furniture through private sales. It is, of course, illegal to supply such furniture in your accommodation. Agents, as well as owners, may be liable for compliance with these Regulations and will therefore need to check with the owner that the furniture complies.

More information is available in the booklet published by the Department of Trade and Industry, "A Guide to the Furniture and Furnishings (Fire) (Safety) Regulations" and is available from the Trading Standards Department who enforce these Regulations.

Appendix 3

Security

Security is a major concern to both owners and tenants alike. Security precautions are important and should be designed to make getting into the house as difficult as possible. Once inside an occupied house any internal lock will make no difference to the burglar and breaking through locked internal doors or cupboards will simply increase damage during the burglary.

Owners will ensure that:

- a) **For single households**_ external doors are of a strong, solid, safe construction and fitted with a five lever mortice deadlock conforming to BS 3621 or is of an equivalent standard. The doorframes should be strong and well secured to the jambs.
- b) **For Houses in Multiple Occupation**_to help avoid delay in escaping in case of fire, all accommodation doors, final exits doors and any other doors through which a person may have to pass on their way out of the premises in the case of fire should be so fastened and maintained that they can be easily and immediately opened from the inside **without the**

use of a key. To combine fire safety with security requirements, a 6 pin cylinder mortice lock or night latches are recommended, operated by thumb turns or level handles on the inside.

For All Properties

- **Window Locks** - Ground floor and upper storey windows accessible from ground level should be of sound construction and with the exception of windows used for means of escape from fire, fitted with window locks. Keys should be kept permanently available near the windows.
- **Burglar alarm systems** – where fitted, should have a 20 minute cut out, a nominated key holder, and details of this key holder passed to the Council.
- **Hedges** - around external doors and windows will be kept trimmed low wherever practicable to avoid screening for burglars.
- **External security lighting** – where deemed necessary by the Council, side and rear main entrances used for access should be illuminated at night.

Energy Efficiency Measures

A requirement of the basic award is that owners will commit themselves in principle to improving the overall energy efficiency of their houses. A procedure used in assessing the energy efficiency of a property is known as a Standard Assessment Procedure Rating (SAP). A SAP rating of 55 on the whole property is required for the basic award.

The general requirements are:

- An efficient and economic system of heating must be provided throughout. Hot water must be a piped supply either heated instantly from a gas multipoint or combination boiler or stored in a well insulated tank with good thermostatic control.
- Owners should provide tenants with instructions and advice on how heating and hot water controls should be used.
- Minimum 300mm loft insulation to loft and eaves, forming access where necessary.
- Effective lagging to pipe work and water tanks in roof spaces and to any central heating and hot water pipe work in unheated spaces.

- Draught stripping to doors and windows, except windows in kitchens and bathrooms.

Properties should be insulated to retain heat efficiently. Insulation and energy efficiency improvements should be incorporated wherever practicable when properties are being improved or converted. A list of improvement measures can bring about significant energy savings in a cost effective way and are available from your Local Council or Energy Efficiency Advice Centre.

Visual Appearance

The external visual appearance of a property can contribute to the character of an area. Peeling paint, rotten window frames and doors and an unkempt garden can have a detrimental effect on an area. The property owner should ensure that the external appearance of a property is maintained and regularly decorated and that the garden is kept in a neat and tidy condition.

Fire Safety

Houses in Multiple Occupation should comply with the Means of Escape from Fire and other Fire Precautions as set out in Appendix 4.

Single Occupied Dwellings should have:-

- Mains smoke detectors with a battery back up fitted one per floor level (hallway & landings)
- Fire Blanket in kitchen

In 4 or more storeys, any doors that provide access between the stairway and the ground floor rooms are to be fitted with fire resisting, self-closing doors. Further advice on fire safety can be obtained from the Private Sector Housing Service.

Appendix 4

Means of Escape from Fire and other Fire Precautions for HMOs (This section relates only to houses in multiple occupation).

All Houses in Multiple Occupation shall be provided with an adequate means of escape from fire and other fire precautions including detection and warning system to the satisfaction of the Local Authority and in accordance with LACORS Fire Safety Guidance which gives advice on means of escape in

case of fire. Further details can be obtained from the Private Sector Housing Service.

The means of escape from fire will generally consist of a protected escape route, the level of protection depending on the size and layout of the building and type of occupancy, fire resistance between units of accommodation, a restriction on storage within the escape route, walls and ceiling linings to be of a low combustibility and restrictions on travel distances within escape routes and lettings.

Flat layouts need to be such that escape is possible without having to pass through a room of higher risk. This usually means access from any other room within a flat, other than a bathroom and kitchen, should be to a flat entrance lobby or protected escape route.

The common protected escape route should be adequately lit and it is recommended that the light fittings be of the bulkhead, fluorescent or Edison Screw type to reduce the incidence of theft of light bulbs. In certain types of house in multiple occupation, emergency lighting is required to the escape route.

Automatic fire detection systems are required with smoke/heat detectors within each letting and throughout the escape route, all either interlinked or monitored and with sounders capable of reaching 70dB(A) within each bedroom.

The level of protection required varies depending on the size and category of house in multiple occupation and you must consult with the Council before carrying out any works. Some type of fire fighting equipment is required in all categories of HMO.

It is important that landlords of houses in multiple occupation understand the purpose and importance of fire safety measures and that they give proper advice to tenants on the use of fire safety provisions installed.

Further advice can be obtained from the Central Bedfordshire Private Sector Housing Service on 0300 300 8007

Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date: 23 January 2012
Subject: Quarter Two Performance Report
Report of: Cllr Mrs Carole Hegley, Executive Member for Social Care and Health and Housing
Summary: The report highlights the performance for the Social Care, Health and Housing Directorate for Quarter 2 of 2011/12.

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:

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

Financial:

2. No direct implications.

Legal:

3. No direct implications.

Risk Management:

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

Staffing (including Trades Unions):

5. No direct implications.

Equalities/Human Rights:

6. 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.

7. 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:

8. No direct implications.

Sustainability:

9. No direct implications.

Procurement

10. No direct implications.

RECOMMENDATION:

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

Introduction

11. The Council's framework for performance management supports the delivery of the Council's priorities.
 - 11.1 The Directorate continues to perform well across a wide range of services.
 - 11.2 There has been a continued fall in the number of households living in temporary accommodation, which is down from 35 in Quarter 1 to 33 in Quarter 2. This is good performance and is the second successive fall in numbers despite the difficult economic position.
 - 11.3 In respect of the Council's housing stock only 34 properties have been identified as non decent and the work to rectify this position is included in the Decent Homes programme for this financial year.
 - 11.4 Within Adult Social Care there has been a slight dip in performance of customers receiving a review from 72.8% to 72.2%. This is due to a combination of staffing capacity, restructuring and an increase in Safeguarding of Vulnerable Adult (SOVA) alerts and referrals. This is being addressed through management action and re-profiling of monthly targets.
 - 11.5 Three indicators for the directorate are reported as red. Whilst there has been an increase in the percentage of clients receiving self directed support in this

quarter this is still off target. Performance has been affected by staffing capacity although this has now been addressed and we are expecting improved performance in the last quarter of the year.

- 11.6 There has been an improvement in the percentage of SOVA investigations completed within 35 days over the quarter 1 position although again this is still off target. There has been a large increase in the number of alerts and referrals although there are no evidence of any trends which need any direct attention. Close monitoring continues to be in place.
- 11.7 Whilst performance in respect of the percentage of carers receiving a needs assessment or review and a specific carer's service or advice, is up 11.5% on the same quarter in 2010/11, it is down by 1% when compared to Quarter 1 for 2011/12. Management action aimed at increasing reviewing activity has been agreed and it is anticipated that performance will improve.
- 11.8 Appendix A provides the detailed performance data.

Director's Summary

- 12.0 Performance in relation to Adult Social Care continues to be challenging. The planned changes to the skill mix of the workforce, as previously mentioned, continues to have impacted on the performance of self-directed support (SCHH 2), carers' assessments (SCHH 3) and reviews (SCHH 6), as recruitment to the support planner posts has been slower than anticipated. The role of the support planner is vital in achieving the challenging target of 60% for self-directed support, as existing customers need to be converted from traditional packages to self-directed support through the review process. Management action has been agreed to re-profile the target for teams and individuals and proactively manage the performance and productivity of staff. This action should also deliver an improvement in the review and carers' assessments measures.
- 12.1 Whilst still below the target, the direction of travel for the safeguarding measure still continues to be positive. As previously reported, 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.
- 12.2 Performance in Housing continues to be strong with the number of households in temporary accommodation continuing to fall, despite the current pressures on the service. The works to the small number of non-decent homes, identified through the recent Stock Condition Survey has been scheduled and will be completed in this financial year.

Conclusion and Next Steps

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

Appendices:

Appendix A – (Quarter 2 Performance Indicators)

Background Papers:

None

Location of papers: Priory House, Chicksands, Bedfordshire

SCHH 1		People supported to live independently (NI 136)												Report comparison		Performance Judgement		Not scored	
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	3.568 CIPFA 2009/10	Quarter on Quarter	Report comparison	Performance Judgement	Not scored
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4						
Number of people per 100,000 population	High	3,435	4,295	3,668	3,809.4	3,328	3,042.6	3,042.6	3,042.6	3,033.7	3,015.3								
Comment: Performance remains relatively static for this measure and is a reflection on the success of the Reablement programme, where after a period of intensive support, an individual is able to live independently without social care support.																			

SCHH 2		Clients receiving self directed support (NI 130)												Report comparison		Performance Judgement		Not scored	
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	29.8 CIPFA 2010/11	Quarter on Quarter	Report comparison	Performance Judgement	Not scored
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4						
%	High	14.40	30.0	15.91	15.80	23.60	30.42	30.42	30.42	32.20	35.3								
Comment: A challenging national target has been set for this indicator. Recruitment to support planner roles following the restructure has been slower than anticipated and the service will not be at full capacity until mid November. Whilst new customers are receiving self-directed support, through personal budgets/direct payments, at the end of the Reablement process, the challenge is to convert existing customers from traditional packages through to self-directed support. This process forms part of the annual review of the person's care package. Management action has now been agreed to re-profile the target and to proactively manage performance and the productivity of staff towards achieving these.																			

SCHH 3		Carers receiving needs assessment or review and a specific carer's service or advice and information (NI 135)												Report comparison		Performance Judgement		Not scored	
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	23.8 CIPFA 2010/11	Quarter on Quarter	Report comparison	Performance Judgement	Not scored
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4						
%	High	23.90	30.0	22.21	18.90	21.40	31.39	31.39	31.40	31.40	30.4								
Comment: This indicator is heavily dependent upon sustained activity on reviews and has been affected by a dip in performance. Staffing capacity, restructuring and an increase in SOVA work has combined to increase pressures on the teams and reviewing activity has suffered accordingly. Management action to increase reviewing activity is expected to assist in recovery of performance against this indicator.																			

SCHH 4 SOVA investigations completed within 35 days															
Unit	Good is	2010/11				2011/12				Latest comparator group average	Report comparison	Quarter on Quarter	Performance Judgement	↑	R
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Qu 1	Qu 2						
%	High	59.0	80.0	67.2	69.0										

Comment: 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. 55 out of 187 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.

SCHH 5 Achieving independence for older people through rehabilitation / intermediate care (NI 125)																
Unit	Good is	2009/10		2010/11		2011/12				Latest comparator group average	82.3 CIPFA 2010/11	Report comparison	Annual	Performance Judgement	Not scored	Not scored
		Outturn	Target	Outturn	Target	Outturn	Target	Qu 1	Qu 2							
%	High	50.30	No target set	79.59	No target set											

Comment: Annual return

SCHH 6 Clients receiving a review (D40)																			
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	Report comparison	Quarter on quarter	Performance Judgement	↓	A
		Outturn	76.2	80	-	73.40	71.90	73.80	73.80	73.80	73.80	73.80	72.2						
%	High																		

Comment: As reported above, staffing capacity, restructuring and an increase in SOVA work has combined to increase pressures on the teams and reviewing activity has suffered accordingly. Management action has been taken to re-profile monthly targets and manage performance pro-actively towards the achievement of these.

SCHH 7 Number of households living in temporary accommodation (NI 156a)																							
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	107 CIPFA 2009/10	Report comparison	Quarter on quarter	Performance Judgement	↑	G			
		Outturn	32	47	26	39	37	37	37	37	37	37	37								37	37	37
Number	Low																						

Comment: The number of households in temporary accommodation continues to fall, in a time of increasing pressure on the service, as a result of homelessness prevention activity and ensuring households move into permanent accommodation, through the CBL scheme, in a timely fashion.

SCHH 8		Number of households living in temporary accommodation (Households with dependents / pregnant) (NI 156b)													Performance Judgement		
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	Report comparison	Quarter on quarter	G
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4				
Number	Low	22	30	18	32	26	32	32	32	35	23	20					

Comment: The number of household is temporary accommodation continues to fall, in a time of increasing pressure on the service, as a result of homelessness prevention activity and ensuring households move into permanent accommodation, through the CBL scheme, in a timely fashion.

SCHH 9		Percentage of non decent homes (Council stock)													Performance Judgement			
Unit	Good is	2009/10				2010/11				2011/12				Latest comparator group average	17.6 CIPFA 2009/10	Report comparison	Annual (Quarter 4)	G
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4					
%	Low	0.6	0	4.70	1.60	0	0	0	0	0	0.7	0.6						

Comment: A number of properties (34) have been identified as being non-decent in the recent stock condition survey carried out by Savills. These properties have now been included in the Decent Homes programme for this year and will be made decent over the following months.

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 23 January 2012
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.

Contact Officer: Jonathon Partridge, Scrutiny Policy Adviser (0300 300 4634)
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

Appendix A

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

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
1.	05 March 2012	Annual account of performance in Adult Social Care 2010/11 (Local Account)	To receive a report on the annual account of performance in Adult Social Care for 2010/11.	For information
2.	05 March 2012	The Social Care Market in Central Bedfordshire Contact(s): Elizabeth Saunders	To receive a report outlining the current Adult Social Care market in Central Bedfordshire and plans for its development.	For information
3.	05 March 2012	Strategic and Change Agenda for Housing Contact(s): 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.

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: 05 January 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
4.	05 March 2012	Local Lettings Policy to allocate affordable housing to Rural Exception Sites in Central Bedfordshire Contact(s): Hamid Khan, Head of Housing Needs	The policy has been subject to a 12 week consultation, the Committee will receive the results of the consultation to decide future allocations to rural exception sites	For comment by the Committee Executive: 27 March 2012
5.	05 March 2012	Bedfordshire Community Health Services: medicine management Contact: Andy Cooke, Head of Medicine Management , NHS Beds	Arising from the quality account of BCHS the Committee requested an update at their meeting on 13 June 2011 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 Council's quarterly report and it should be discussed if this was a formal report or a briefing circulated separately.
6.	05 March 2012	Urgent Care – developments around Poplars and Greenacres Contact: Simon Wood, Director of Commissioning Support for NHS Bedfordshire and Luton and Julie Ogley, Director Social Care, Health and Housing	To advise Members of the work that has taken place to improve urgent care through the use of facilities at The Poplars and Greenacres.	For information
7.	05 March 2012	111 Care Number Contact: David Levitt to provide contact	To explain the new care number arrangements to Members.	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: 05 January 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
8.	05 March 2012	Map of NHS architecture Contact: Angela McNab, Chief executive, NHS Luton and Bedfordshire	Update on the NHS restructure and what it means to our customers.	For information
9.	05 March 2012	Improving the experience of people leaving hospital through more effective practice and partnerships Contact(s): Stuart Rees, Assistant Director, Adult Social Care/Pauline Phillips, Chief Executive, Luton and Dunstable Hospital	To receive a report highlighting feedback from the Care Quality Commission in hospital discharges and progress in relation to improving outcomes for cancer patients.	For information and to request approval for the formation of a Member Working Group to improve the quality of Hospital Discharges
10.	05 March 2012	End of Life Strategy for Bedfordshire Contact: Paul Groom, Head of Commissioning	To receive a report on the End of Life Strategy for Bedfordshire	For information
11.	12 April 2012	Medium Term Objectives Contact(s):	To consider the Council's draft Medium Term Objectives relating to Social Care, Health and Housing	
12.	12 April 2012	Joint Strategic Needs Assessment Contact:	To receive the updated Joint Strategic needs Assessment to provide context about health and well-being priorities	For information
13.	12 April 2012	Q3 Budget Monitoring Report Contact(s): Nick Murley, Assistant Director, Business and Performance	To receive 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: 05 January 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
14.	12 April 2012	Q3 Performance Monitoring Report Contact(s): 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: 05 January 2012

Appendix B

Central Bedfordshire Council Forward Plan of Key Decisions 1 January 2012 to 31 December 2012

- 1) During the period from **1 January 2012 to 31 December 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 January 2012 to 31 December 2012

Key Decisions

Date of Publication: 15 December 2012

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.	Harmonisation of the Housing Needs Service in Central Bedfordshire -	To approve the harmonisation of the Housing Needs Service in Central Bedfordshire.	10 January 2012		Report	Executive Member for Social Care, Health and Housing Comments by 09/12/11 to Contact Officer: Mary Goodson, Policy Advisor Email: mary.goodson@centralbedfordshire.gov.uk Tel: 0300 300 5515
2.	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.	10 January 2012	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 09/12/11 to Contact Officer: Tim Hoyle, Head of Business Systems Email: tim.hoyle@centralbedfordshire.gov.uk Tel: 0300 300 6065

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.	ICT Framework Document -	To approve the ICT Framework document.	10 January 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/12/2011 to Contact Officer: Clive Jones, Chief ICT Officer Email: clive.jones@centralbedfordshire.gov.uk Tel: 0300 300 4168
4.	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 (Acting), Children's Services Operations Email: catherine.parry@centralbedfordshire.gov.uk Tel: 0300 300 6441
5.	Treasury Management Policy and the Treasury Management Strategy -	To recommend to Council the adoption of the Treasury Management Policy and Treasury Management Strategy.	10 January 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/12/11 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk 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)
6.	Budget 2012/13 -	To recommend to Council the proposed budget for 2012/13: <ul style="list-style-type: none"> • Revenue Budget; • Capital Budget; and • Fees and Charges. 	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 & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
7.	Housing Revenue Account Budget 2012/13 -	To recommend to Council the Housing Revenue Account Budget 2012/13 for approval.	14 February 2012		Report	Deputy Leader and Executive Member for Corporate Resources, Executive Member for Social Care, Health and Housing Comments by 13/01/12 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer and/or Tony Keaveney, Assistant Director Housing Services Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147 and/or tony.keaveney@centralbedfordshire.gov.uk Tel: 0300 300 5213

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)
8.	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 & Community Engagement Email: peter.fraser@centralbedfordshire.gov.uk Tel: 0300 300 6740
9.	Corporate Asset Management Strategy -	To approve the Corporate Asset Management Strategy.	14 February 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 13/01/12 to Contact Officer: Ian Brown, Interim Chief Assets Officer Email: ian.brown@centralbedfordshire.gov.uk Tel: 0300 300 5711

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)
10.	Central Bedfordshire Local Broadband Plan -	To approve the Central Bedfordshire Local Broadband Plan, setting out the vision for broadband in the area and approval to use Council funds to enter into the Broadband Delivery UK procurement framework to deliver necessary infrastructure to deliver superfast broadband for the area.	14 February 2012	A public consultation on the vision for the area will be undertaken prior to any procurement exercises.	The draft Local Broadband Plan	Deputy Executive Member for Corporate Resources Comments by 13/01/2012 to Contact Officer: James Cushing, Head of Economic Policy Email: james.cushing@centralbedfordshire.gov.uk Tel: 0300 300 4984
11.	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 - July 2011 a series of focus groups and workshops with service users and partners and stakeholders. From October 2011 – January 2012 a formal consultation 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: kate.mcfarlane@centralbedfordshire.gov.uk 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)
12.	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: jeanette.keyte@centralbedfordshire.gov.uk Tel: 0300 300 5232
13.	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: liz.wade@centralbedfordshire.gov.uk Tel: 0300 300 6288
14.	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 & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147

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15.	Alternative Future Provision of the Pupil Referral Unit -	To consider an alternative provision free school - Pupil Referral Unit	27 March 2012		Report	Executive Member for Children's Services Comments by 26/02/12 to Contact Officer: Pete Dudley, Assistant Director Children's Service Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203
16.	Local Lettings Policy to Rural Exception Sites in Central Bedfordshire -	To agree the Local Lettings Policy to allocate affordable housing to Rural Exception Sites in Central Bedfordshire.	27 March 2012		Report Report	Executive Member for Social Care, Health and Housing Comments by 26/02/12 to Contact Officer: Hamid Khan, Head of Housing Needs Email: hamid.khan@centralbedfordshire.gov.uk Tel: 0300 300 5369

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.	All Age Skills Strategy and the Skills Role of the Local Authority -	Approval is sought to agree the All Age Skills Strategy for Central Bedfordshire and to agree on the future role of the local authority in the skills agenda.	27 March 2012	<p>The draft All Age Skills Strategy was created following a series of workshops, focus groups and interviews with partners, stakeholders and individuals, during June and July 2011. From early August to late October 2011, a formal 13 week consultation on the draft strategy was held. A follow up stakeholder workshop was held in mid October.</p> <p>Across November and December 2011, a series of one to one meetings, structured interviews and workshops will be held internally to establish the existing skills role of the local authority and to seek views on the potential future role. In January 2012 external stakeholders will be consulted with, again through workshops and interviews to examine Central Bedfordshire wide skills governance arrangements.</p>	<p>All Age Skill Strategy All Age Skills Strategy Consultation Report Report on the future role of the local authority in the skills agenda, with options analysis and implementation plan for the preferred option Equality Impact Assessment</p>	<p>Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 26/02/11 to Contact Officer: Kate McFarlane, Head of Community Regeneration & Adult Skills Email: kate.mcfarlane@centralbedfordshire.gov.uk Tel: 0300 300 5858</p>

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
18.	The Future of Special Schooling in the South of Central Bedfordshire -	To consider the responses to the statutory notices to merge Hillcrest Community Special School and Glenwood Community Special School to create a single area special school for pupils with complex educational needs (Severe Learning Difficulties (SLD), Profound and Multiple Learning Difficulties (PMLD) and Moderate Learning Difficulties (MLD) with additional needs) ages 3-19, and make a recommendation as a consequence of this process having been completed.	27 March 2012		Report	Executive Member for Children's Services Comments by 26/02/12 to Contact Officer: Pete Dudley, Assistant Director Children's Service Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203

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)
19.	Medium Term Accommodation Plan - Capital Approval -	To approve the capital for the Medium Term Accommodation Plan.	27 March 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 26/02/2012 to Contact Officer: Gillian Dent, Project Manager Email: gillian.dent@centralbedfordshire.gov.uk Tel: 0300 300 4656
20.	Award of the Housing Responsive Maintenance and Void Repairs Contract -	To award the housing responsive maintenance and void repairs contract.	27 March 2012		Report	Executive Member for Social Care, Health and Housing Comments by 26/02/12 to Contact Officer: Basil Quinn, Housing Asset Manager Performance Email: basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5118

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21.	Implementation of the School Organisation Plan: New School places programme 2011/12 - 2016/17 -	The Council's statutory duty regarding sufficiency of school places and implementation of the identified need in the previously published school organisation plan. The report will set out each proposed new place project and outline the source of funding.	27 March 2012	Consultation with Governors and parents in areas where new schemes apply.	Report	Executive Member for Children's Services Comments by 26/02/2012 to Contact Officer: Pete Dudley, Assistant Director Children's Service Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203
22.	Brewers Hill Road Sites, Dunstable Regeneration -	To adopt/endorse the plans for the Brewers Hill Road sites as a Supplementary Planning Document or endorsement as Interim Technical Guidance for Development Management Purposes.	15 May 2012	Statutory consultation procedure to be carried out in January/February 2012 using exhibitions, meetings, presentations and questionnaires.	Brewers Hill Road sites, Dunstable Planning and Development Brief	Deputy Leader and Executive Member for Corporate Resources, Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 14/04/12 to Contact Officer: Andy Lewis, Major Projects Officer or Peter Burt, MRICS, Head of Property Assets Email: peter.burt@centralbedfordshire.gov.uk Tel: 0300 300 5281 or andy.lewis@centralbedfordshire.gov.uk 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)
23.	The Approach to Central Bedfordshire Council Parking -	To consider how Central Bedfordshire Council manage parking across the district, recognising the needs of shoppers businesses, residents and new developments.	15 May 2012	The Strategy has been through a full public consultation before coming back to the Executive for approval.	Report	Executive Member for Sustainable Communities - Services Comments by 14/04/2011 to Contact Officer: Basil Jackson, Assistant Director Highways & Transport Email: basil.jackson@centralbedfordshire.gov.uk Tel: 0300 300 6171
24.	Development Strategy -	The Development Strategy will set out the broad approach to new development across Central Bedfordshire to 2031, including new housing and employment targets and new large-scale development sites. The Executive will be requested to consider and agree the Central Bedfordshire Development Strategy for the purposes of Publication and subsequent Submission to the Secretary of State.)	6 November 2012	Consultation expected in May/June 2012, Member consideration through Development Strategy Task Force/Sustainable Communities Overview and Scrutiny Panel.	Draft Development Strategy (Pre-Submission version) Sustainability Appraisal Report of consultation and other technical/evidence reports	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 05/10/12 to Contact Officer: Richard Fox, Head of Development Planning and Housing Strategy Email: richard.fox@centralbedfordshire.gov.uk Tel: 0300 300 4105

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NON KEY DECISIONS						
25.	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 (Acting), Children's Services Operations Email: catherine.parry@centralbedfordshire.gov.uk Tel: 0300 300 6441
26.	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: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517

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27.	Delegation of Powers to Provide and Operate the Markets in Dunstable and Leighton Buzzard -	To consider delegating powers for the operation of the markets in Dunstable and Leighton Buzzard to the respective Town Council.	10 January 2012	Consultation will be carried out with the Ward Members for both Dunstable and Leighton Buzzard/Leighton Linslade, Dunstable Town Council and Leighton-Linslade Town Council.	Report Specification for Market Management Letters from the Town Council's	Deputy Leader and Executive Member for Corporate Resources Comments by 15/12/2011 to Contact Officer: Peter Fraser, Head of Partnerships & Community Engagement or Mark Woolsey, Managing Solicitor Email: peter.fraser@centralbedfordshire.gov.uk Tel: 0300 300 6740 or mark.woolsey@centralbedfordshire.gov.uk Tel: 0300 300 4025
28.	Scrap Metal -	To draw attention to the Private Members Bill before Parliament in January 2012 and to seek member support for changes in legislation relating to Scrap Metal Dealers registration.	10 January 2012		Report	Deputy Executive Members for Sustainable Communities - Services Comments by 15/12/2011 to Contact Officer: Susan Childerhouse, Head of Public Protection (North) Email: susan.childerhouse@centralbedfordshire.gov.uk Tel: 0300 300 4394

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29.	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: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517
30.	Quarter 4 Performance Report -	To receive quarter 4 performance report.	3 July 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 02/06/12 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk 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:

Date of Publication	Period of Plan
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