

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



please ask for Jonathon Partridge

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date 19 July 2012

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 30 July 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), D Bowater,
P A Duckett, Mrs R B Gammons, Mrs S A Goodchild, P Hollick, K Janes and
M A Smith

[Named Substitutes:

P N Aldis, C C Gomm, Mrs D B Gurney, R W Johnstone, I A MacKilligan and
J Murray]

All other Members of the Council - on request

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

AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 18 June 2012 and to note actions taken since that meeting.

3. **Members' Interests**

To receive from Members any declarations of interest and of 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	Executive Member update To receive a verbal update from the Executive Member for Social Care, Health and Housing.	* verbal
10	LINK update To receive an update from Bedfordshire LINK on health matters affecting LINK activity.	* 15 - 18
11	Update on the introduction of charging for Telecare services To receive an update on the introduction of a charge for Telecare services by the Council.	* 19 - 26
12	Substantial developments or variations of services To receive a report outlining potential criteria to determine if a development or variation of service is substantial and thus requires further consideration by the Overview and Scrutiny Committee.	* 27 - 34
13	Consultation on local authority health scrutiny To receive a report and respond to a Department of Health consultation on local authority health scrutiny.	* 35 - 64
14	Revenue budget management report for 2011/12 To receive the Social Care, Health and Housing directorate revenue financial outturn position for 2011/2012.	* 65 - 82
15	Capital budget management 2011/12 To receive the Social Care, Health and Housing directorate capital financial position as at the end of March 2012.	* 83 - 90
16	Quarter 4 performance monitoring report To receive the Q4 performance position for the Social Care, Health and Housing directorate.	* 91 - 98
17	Work Programme 2012/13 and Executive Forward Plan To receive the currently drafted committee work programme and Executive Forward Plan.	* 99 - 126

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Room 14, Priory House, Monks Walk, Shefford on Monday, 18 June 2012.

PRESENT

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

Cllrs P A Duckett
Mrs R B Gammons

Cllrs Mrs S A Goodchild
M A Smith

Apologies for Absence: Cllrs D Bowater
P Hollick
K Janes

Substitutes: Cllrs Mrs D B Gurney (In place of D Bowater)

Members in Attendance: Cllrs P N Aldis
Mrs C Hegley
D J Lawrence
Executive Member for
Social Care, Health &
Housing

Officers in Attendance: Mr N Costin – Head of Private Sector Housing
Ms S Marsh – Housing Services Manager
Mrs J Ogley – Director of Social Care, Health and
Housing
Mr B Queen – Interim Head of Operations -
Housing Service

Others in Attendance Mrs C Bonser Bedfordshire Local Involvement
Network
Mr M Coleman Chairman, Bedfordshire LINK
Dr D Gray Assigned Director of Strategy and
System Redesign, Bedfordshire
Clinical Commissioning Group
Ms N Patel Head of System Redesign, BCCG
Mrs C Shohet Assistant Director for Public Health,
NHS Bedfordshire

SCHH/12/1 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 12 April 2012 be confirmed and signed by the Chairman as a correct record.

SCHH/12/2 **Members' Interests**

(a) **Personal Interests:-**

Cllr Mrs S Goodchild as a member of her family is a service user, Cllr Goodchild had a specific personal interest in relation to Item 10.

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

None.

(c) **Political Whip:-**

None.

SCHH/12/3 **Chairman's Announcements and Communications**

The Chairman updated the Committee on the following:-

1. The Quality Accounts for Luton and Dunstable Hospital and the South Essex Partnership University NHS Foundation Trust (SEPT) were circulated to Members of the Committee for comment. A nil response had been received, which was circulated to those organisations.
2. Members were invited to attend the next meeting of the Joint Health Overview and Scrutiny Committee from 4pm on 12 July 2012 in the Council Chamber at Priory House, Chicksands, the meeting was to be held in public.
3. Members were invited to attend a meeting from 10am on 2 July 2012 in the Council Chamber at Priory House, Chicksands in relation to the health and social care reforms. The meeting would discuss the implications of the health reforms for Central Bedfordshire and consider the manner in which the Council undertook scrutiny of health and social care matters.

NOTED the update.

SCHH/12/4 **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/12/5 **Questions, Statements or Deputations**

The Committee was informed that 1 person had registered to speak in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution. It was agreed that the speaker would be invited to address the Committee at the beginning of Item 11 (**Minute SCHH/12/10 refers**).

SCHH/12/6 **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/12/7 **Requested Items**

The Committee was advised that Cllr Ms C Maudlin had requested an item in relation to Biggleswade Hospital. Cllr Ms N Sheppard commented that concerns had been raised by residents in relation to the low numbers of admissions at Biggleswade Hospital. Poor communication had resulted in a lack of clarity regarding the current situation of admissions.

In response the Director for Social Care, Health and Housing stated that she had discussed the issue with appropriate health professionals and no decision had been taken in relation to the use of Biggleswade Hospital. The NHS would be required to consult the Overview and Scrutiny Committee on any substantial variation of service at Biggleswade Hospital. The Director undertook to ensure that the item was received by the Overview and Scrutiny Committee at an appropriate meeting.

RESOLVED

That an item in relation to Biggleswade Hospital be considered at a future meeting of the Social Care, Health and Housing Overview and Scrutiny Committee.

SCHH/12/8 **Executive Member Update**

Cllr Mrs C Hegley, Executive Member for Social Care, Health and Housing updated the Committee on several issues that were not included on the agenda, these included:-

- The improvements in performance demonstrated in the directorate outturn for 2011/12. Performance criteria were presently being revised to reflect the new Medium Term Plan.
- The implications of decisions in relation to telecare services continued to be monitored and a progress report would be provided to a future meeting.
- Carers week took place from 18 to 24 June and the Council had issued a press release publicising local activities.
- The Executive Member for Social Care, Health and Housing recently attended their quarterly meeting with local Members of Parliament.
- The Town and Parish Council Conference, which had been well attended and received a presentation on ageing well and the Arlesey Village Agent.
- A recent seminar for Members on public health in Central Bedfordshire that had been well attended. It was proposed that a further seminar be held in the future to update Members on developments.

- Meetings, which the Council continued to attend as part of their involvement in the national learning set for Health and Wellbeing Boards. It was also reported that the first meeting of the Shadow Health and Wellbeing Board had taken place and was positive.
- An event the Executive Member had attended being run by Research in Practice for Adults (ripfa), which promotes the use of evidence informed policy and practice in adults health and social care.
- The recommendations of the Committee in relation to the Empty Homes Strategy review of performance had been considered and accepted by the Executive.
- Cllr A Turner, the Deputy Executive Member for Social Care, Health and Housing had attended the opening of homes for residents with learning disabilities as a result of the NHS Campus Closure Programme. Cllr A Turner had also attended a meeting of the Older People's Reference Group recently.

In response to the issues raised by Executive Member the Chairman of the Committee requested that an update on progress be provided to the Committee in 6 months relating to the Arlesey Village Agent. The Committee also commented that it would welcome another seminar for Members on public health in Central Bedfordshire.

NOTED the update

SCHH/12/9 **LINK Update**

The Committee received a report from Charlotte Bonser, Bedfordshire LINK Operations Manager highlighting the following issues:-

1. encouragement of GP surgeries to establish patient participation groups (PPGs); and
2. feedback on LINK visits to three wards at Luton and Dunstable Hospital.

In addition to the report the Committee were informed that a copy of the PPG survey report had been circulated to Members. The Bedfordshire LINK Operations Manager commented that PPGs were an effective means of empowering patients to provide their views on services and should be retained during the transition to Healthwatch. The principle concerns resulting from the visits at Luton and Dunstable Hospital related to wards 16 and 18. In response to a Member question it was confirmed that a planned visit to Bedford Hospital had been rescheduled.

A Member of the Committee commented on the importance of encouraging family and friends to support the delivery of care for those in hospital. The Waterlow System of risk assessment of pressure sores/ulcers was also very important and should be encouraged. The Member also commented on difficulties relating to hospital discharge in the Central Bedfordshire area that resulted from there being several hospitals that discharged into the area.

It was also commented that Members should encourage PPGs to be established within their ward and to ensure they were reflective of the local community. The Deputy Director of Communications and Public Engagement,

NHS Bedfordshire and NHS Luton Cluster commented that clinical commissioning groups (CCGs) would have a strong focus on gathering the views of local communities and would continue to develop engagement with patients.

NOTED the update

SCHH/12/10 **Future options for the provision of housing for older people in Toddington (Crescent Court)**

In accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution one speaker was invited to speak in relation to this item on behalf of Friends for Crescent Court. The speaker raised issues including the following:-

- More detailed analysis of issues relating to Crescent Court and clearer explanation of issues to residents had been undertaken by the Council, this had resulted in a clearer explanation of the proposals being discussed.
- Friends of Crescent Court supported the proposals that had been submitted to the Committee.
- The importance of ongoing clear communication and the avoidance of mixed messages during the period of developing a Neighbourhood Plan for Toddington if the preferred proposal was approved.

The Committee received the report of the Executive Member for Social Care, Health and Housing in relation to the provision of housing for older people in Toddington (Crescent Court). The Committee also received a presentation regarding the outcomes of a feasibility study of the proposals and the preferred option in relation to Crescent Court.

In response to the public speaker officers agreed that the Council should avoid mixed messages and communicate clearly with residents. It was clarified by officers that those currently living in Crescent Court would be guaranteed a place in any new development if they desired it. All other applications for a place in any new development would be subject to the Council's Local Lettings Policy, which was currently under review

In response to the issues raised by the public speaker and the clarification provided by officers the Committee discussed the following issues in detail:-

- Concerns regarding the risk of the Neighbourhood Plan not being approved and the effect this would have on the proposal to deliver a new Extra Care Scheme. It was suggested that a contingency be considered in case the Neighbourhood Plan was rejected.
- The positive communication and work that had been undertaken to empower residents to comment on and help develop proposals. It was suggested that this experience be used to inform the way in which proposals for such schemes were developed in the future.

- The manner in which demand for additional Extra Care Schemes was identified and delivered by the Council, which could be considered at a future meeting.
- The allocations policy that would be applied to the proposed new Extra Care Scheme in Toddington. Officers confirmed that current residents of Crescent Court would have priority for accommodation in any new development.

RECOMMENDED TO EXECUTIVE

That the Council seek to provide housing for older people on a new site in Toddington, to be identified and brought forward through the Neighbourhood Planning process.

SCHH/12/11 Joint Strategic Needs Assessment

The Committee received the report of the Executive Member for Social Care, Health and Housing that presented the executive summary of the refreshed Joint Strategic Needs Assessment (JSNA) for Central Bedfordshire. The Committee also received a presentation from the Assistant Director for Public Health that drew attention to the transition of responsibilities for public health to the Council; a focus on early intervention and prevention.

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

- The implications of social isolation and 'loneliness' on a person's mental health and how this was monitored by the Council. Officers commented that there was a high prevalence of depression in older people, which the ageing well programme aimed to address.
- The critical importance of educational attainment in relation to health outcomes, which needed to be stressed throughout the JSNA.
- The importance of a cross-cutting approach to promote healthy eating.
- The importance of the Council's Leisure Strategy feeding into the JSNA as a means of improving health outcomes. Links also needed to be made to the various voluntary groups who could support the improvement of health outcomes.
- A greater level of uptake of physical activity needed to be encouraged in Central Bedfordshire. Only 11% of adults in Central Bedfordshire were physically active enough to benefit their health, which was similar in comparison to the remainder of the region.
- The importance of encouraging people aged between 40-74 years to take up the offer of free NHS Health checks.
- The importance of empowering residents to take responsibility for their own healthy lifestyle, which should start with education in schools.

- The activity undertaken by the Council to address the prevalence of problem drug users aged 15-24 years, which was significantly higher than the regional average.
- Whether the graph presented to the Committee regarding the relationship between health behaviours and life expectancy could be used to promote the uptake of NHS Healthchecks and adopting healthy lifestyles.

RESOLVED

1. **That an item relating to the implications of social isolation and loneliness on a persons mental health be considered at a future meeting.**
2. **That an item relating to the prevalence of problem drug users be considered by the appropriate Overview and Scrutiny Committee.**
3. **That officers be requested not to lose sight of the critical importance of a cross-cutting approach and improving education attainment as a means of improving health outcomes.**

SCHH/12/12 **Bedfordshire Clinical Commissioning Group Strategic Commissioning Plan**

The Committee received the report of the Assigned Director of Strategy and System Redesign for Bedfordshire Clinical Commissioning Group (BCCG) that set out the executive summary of the strategic commissioning plan for BCCG. In addition the Committee received a short presentation that outlined BCCG's mission, what they would do and how they would do it.

In response to the issues highlighted in the report and the presentation of the Assigned Director of Strategy and System Redesign for BCCG Members raised and discussed the following issues in detail:-

- The rationale behind performance targets and why some targets (such as that for 'increase the proportion of people with a long term condition who feel they have had enough support from local services to help manage their condition', which had been set at 80% by 2015) were not set to 100%. In response officers commented that the targets were based on benchmarking data with other areas but were also aspirational.
- GP practices would be expected to sign up to the CCG's Constitution to demonstrate their membership of the CCG and therefore their ability to operate as clinical commissioners.
- The importance of patient experience and the delivery of services relevant to the demand in a local area.
- The importance of providing a greater level of awareness to encourage best use of urgent care and providing additional support to parents.

- Whether the Healthier Together programme would have a significant impact on BCCG and the way that patients received care in the region. In response officers commented that final recommendations are still awaited on what hospitals involved were willing to provide and what CCGs would commission. The nature of community-based care and primary care would have to evolve in response to the recommendations. The CCG would need to ensure that residents were aware any changes in services were to achieve better outcomes and, whilst some services might be delivered elsewhere they, they would not cease to be delivered, and other services might be delivered more locally.

NOTED the report

SCHH/12/13 Urgent Care: developments around Poplars and Greenacre

The Committee received the report of the Executive Member for Social Care, Health and Housing that described two pilot approaches to deliver health and social care services at the Short Stay Medical Unit at Houghton Regis (previously known as Poplars) and the Greenacre Step Up, Step Down reablement service in Dunstable. The Head of System Redesign (BCCG) also commented that the pilots aimed to achieve value for money and officers were closely monitoring outcomes and performance.

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

- Whether it was planned to deliver a similar scheme in the north of Central Bedfordshire. In response officers commented that a similar scheme could be developed in the north but it would need to be considered as part of the review of community bed use. The development of a further scheme would need to deliver value for money.
- Discussion was currently underway with BUPA about the care model that was required at the Step up, Step down facility and this included whether there needed to be 24/7 access to nursing care at the unit. Members queried whether alternative proposals at the facility not to provide on-site 24/7 nursing support would have a detrimental impact on the success of the pilot.
- Concerns that staff were not available to provide support to patients during the night at the Greenacre Step up Step down facility and the impact this would have on patients.
- The importance of ensuring that these and subsequent pilot schemes were affordable and provided value for money.

NOTED the report

SCHH/12/14 Private Sector Housing Renewal Policy

The Committee received the report of the Executive Member for Social Care, Health and Housing that proposed the draft revised Renewal Policy and the outcomes of previous public consultation. In addition to the report the Head of

Private Sector Housing informed the Committee that paragraph 3.1 of the draft policy relating to the “contribution towards Vision and Priorities of Central Bedfordshire Council” would be amended to reflect the new Medium Term Plan.

In response to questions from Members the Head of Private Sector Housing confirmed the following:-

- The proposed policy resulted in no change in relation to land registry charges.
- The Council would continue to publicise the loan assistance that was available to residents and would seek financial support from external sources to enhance this.
- Loan assistance would be provided to residents interest-free.
- The Council will continue to provide Disabled Facilities Grants to eligible residents with disabilities, to adapt their homes and make them safer and more accessible.

RECOMMENDED TO EXECUTIVE

- 1. That the change in policy approach to provide loan assistance rather than grant assistance in most cases be supported.**
- 2. That the revised Renewal Policy be approved.**

SCHH/12/15 Work Programme 2012/13 and Executive Forward Plan

Members considered the draft work programme for 2012/13 and Executive Forward Plan. It was noted that several items had been requested during the meeting that would be added to the work programme for consideration as appropriate.

RESOLVED

That subject to the addition of those items requested by the Committee during the meeting the draft work programme be approved.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.30 p.m.)

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 30 July 2012
Subject: BEDFORDSHIRE LINK Report
Report of: Operations Manager, Bedfordshire LINK (covering Central Bedfordshire)
Summary: The report is to update members on the key work items and issues the LINK is engaged with for consideration and note as required.

Advising Officer: Bob Smith and Charlotte Bonser, LINK Chairman and Host
Contact Officer: Charlotte Bonser
Public/Exempt: Public
Wards Affected: All

CORPORATE IMPLICATIONS

Council Priorities:

1. Promote health and wellbeing and protecting the vulnerable

Financial:

2. Not applicable

Legal:

3. Not applicable

Risk Management:

4. Not applicable

Staffing (including Trades Unions):
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5. Not applicable.

Equalities/Human Rights:

6. Not applicable

Community Safety:

7. Not applicable.

Sustainability:

8. Not applicable.

Procurement:

9. Not applicable.

RECOMMENDATION:

The Committee is asked to note the report.

Background

10. This report is to update on the LINK's final workplan before Healthwatch emerges in April 2013. As detailed in the LINK's Annual Report 2011-2012 <http://www.bedfordshirelink.co.uk/Pages/AnnualReport20112.aspx>, which was presented at its AGM held on 21 June, the LINK will be focusing on preparing for Healthwatch, continuing to look at the area of inappropriate hospital discharge and standards of nursing care, enter and view visits to six care/nursing residential homes, to continue to monitor the effects of the transformation of inpatient mental health beds and to undertake initial work on encouraging the participation of children and young people in the LINK/Healthwatch.
11. Training and development of members has been an important aspect for the LINK and over the year members have been involved in Carers Awareness, Safeguarding of Vulnerable Adults, regional and local enter and view training and autism awareness. All this training will be valuable for Healthwatch.

LINK involvement in the Transition to Healthwatch

12. Members of LINK and the host organisation are working with the Council and NHS partners to ensure, through such vehicles as the Healthwatch Steering Group and the 360 degree reviews which are being conducted with the LINK Board, the LINK membership and a questionnaire to stakeholders and the general public, that LINK best practice is captured. The membership have been asked in writing for permission to pass their details to the new Healthwatch organisation.

Continuing to look at patient experience on hospital discharge and standards of nursing care

13. The work on hospital issues, both in terms of discharge and nursing care is still being progressed. Following the LINK enter and view visits to the L&D Hospital, visits to Bedford Hospital are planned for August. Discussions have also taken place with the Hertfordshire LINK about patient concerns raised by Central Bedfordshire patients admitted to Lister Hospital. However, because the patients do not wish to make formal complaints, we could only raise the general points.

Looking at residents/patients experience in care and nursing residential homes

14. At the LINK Social Care Working group meeting held on 13 July, teams have been agreed to visit six care/nursing homes in Central Bedfordshire. The visits will take place in August and September 2012. The homes will be notified by telephone and then the visit will be confirmed by letter. A poster notifying residents/carers and relatives of the visit will also be supplied to the care/nursing home for display. The LINK visiting teams will familiarise themselves with the work undertaken by the Bedfordshire Falls and Fracture Prevention Steering Group in developing a Falls Care Home Information Pack. The LINK Chairman, participated in this work.

15. The homes have been randomly selected, but there will be a mixture of BUPA run and privately run homes covering care for those with dementia and other mental health and neurological impairments, learning difficulties, physical difficulties, specialist care and so on.
16. The reports findings with recommendations will be shared with the Council and the NHS for appropriate consideration and action.

Developing an understanding of mental health pathways in order to help service users access the right support in a timely manner

17. The LINK identified the need to understand better the process for someone trying to access mental health services. After several presentations from the providers, SEPT, the new Chair/Lead for the LINK Mental Health & Learning Disabilities working group suggested a presentation from the NHS Commissioner for Mental Health. This has resulted in a better understanding of the "Stepped Care Model" which underpins the pathway a patient follows through when accessing mental health services.
18. The LINK has logged concerns on aspects of mental health care to do with crisis calls and pathways for recovery following discharge from acute mental health care. In order to ensure these issues are being addressed, the LINK has asked the commissioners and provider if it can be involved in the Mental Health launch planned for early September 2012. It is also looking at the action plan for the Mental Health Strategy.

Appendices:

None

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

None

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 30 July 2012
Subject: Update on the Introduction of Charging for Telecare Services
Report of: Councillor Carole Hegley, Executive Member for Social Care, Health and Housing
Summary: This report updates the Committee on the introduction of a charge for Telecare Services provided by the Council.

Advising Officer(s): Julie Ogley, Director of Social Care, Health and Housing
Contact Officer: Tim Hoyle, Head of Business Systems
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The development of Telecare services is part of the council's priority to promote health and wellbeing and protect the vulnerable.

Financial:

1. The introduction of charging for Telecare, it is estimated, will deliver a £0.114m net efficiency for the council in 2012/13.

Legal:

2. No implications

Risk Management:

3. No implications

Staffing (including Trades Unions):

4. No implications.

Equalities/Human Rights:

5. An Equality Impact Assessment was prepared during the development of the proposals. This identified that these proposals will impact adversely on older and disabled people, particularly those on low incomes.
6. Proposals were set out in the report of 12 December 2012 which attempted to mitigate these impacts.

Public Health

7. No implications

Community Safety:

8. No implications

Sustainability:

9. No implications

Procurement

10. No implications

RECOMMENDATION:

That the Social Care, Health and Housing Overview and Scrutiny Committee note the outcome of the introduction of a charge for Telecare Services and comment as appropriate.

Background

11. At its meeting on 10 January 2012 the Executive approved revisions to the Charging Policy for Non-residential Social Care Services which included a charge for Telecare Services provided by the council.
12. The charge was set at £4.00 (plus VAT, where applicable) per installation per week, chargeable on a quarterly basis in arrears.
13. It was also agreed that where Telecare was contributing to meeting the needs of a person who meets the Council's eligibility criteria, then the cost becomes part of the person's package of care services. In these circumstances the customer is financially assessed and the effect of introducing a charge for Telecare would be as follows:
 - a) Customers that have previously been assessed and do not currently pay for services (a nil charge) would still not have to pay.
 - b) Customers who pay a contribution to the cost of their services based on their disposable income would not have an increase in their charge.
 - c) Customers who pay the 'full cost' of services would pay the additional charge for Telecare.
14. The effect of these arrangements mean that the council subsidises the Telecare service for people who are in the greatest need (as determined by a community needs assessment) and who also lacked the ability to pay (based on the assessment of their financial circumstances).

Process and Outcomes

15. Following the decision on 10 January 2012, a list of all current Telecare customers was obtained. This list was compared with records on the council’s social care system of those customers that received other types of care service. These customers were divided into three groups:-

- a) People who were not receiving other types of care service – these people would be charged at the flat rate.
- b) People who were receiving other types of care service and who had been assessed not to pay a contribution or a partial contribution to the cost – these people would not have an increase in their contribution.
- c) People who were receiving other types of care service and who had been assessed to pay the full cost – these people would have an increase in their contribution.

16. It was also noted that a small number of customers were deceased (i.e. the council had been advised of their death but the Telecare provider had not) and that some of the customers were children (who are outside of the scope of this policy). In addition, during the period in which this analysis was being undertaken, a number of customers ceased the use of the service.

17. The 865 customers at the start of the process breaks down as follows:

Type	Additional Charge?	Number	%
Social Care Client: Contribution	No	272	31.4%
Social Care Client: Full Cost	Yes	34	3.9%
Flat Rate Client	Yes	534	61.7%
Child	No	3	0.3%
Equipment due to be collected	No	17	2.0%
Client Deceased	No	5	0.6%
Total		865	

18. All customers who would have to pay an additional charge were contacted by letter and given notice of the intention to introduce a charge. This letter advised customers of the payment process and also explained how customers could apply for exemption from the VAT element of the charge.

19. In the period immediately following this notification the council was contacted by a number of customers who asked for the equipment to be removed. The reasons given by these customers were analysed and appear in the table below:

Reason	Number	%
Considered service not worth the cost	68	62.4%
No longer required: Equipment no longer used	17	15.6%
No longer required: Customer has moved	10	9.2%
No longer required: Customer deceased	6	5.5%
No longer required: Support needs changed	2	1.8%
Will not pay on principle	6	5.5%
Total	109	

20. Where a customer requested to cease the service and there were concerns that the person would be at risk without it then this was considered and the options discussed with the customer. Twenty customers fell into this category and these cases have now been explored further. Just over half have been referred for a financial assessment as they met eligibility criteria. Around a quarter subsequently agreed to continue with the service and to pay for it. For the remainder (5) the decision was to cease the service.
21. There is anecdotal information that some of the customers who stated that they would not pay 'on principle' decided to transfer to another Telecare provider. Other providers are generally more expensive than the CBC Telecare so the number doing this is likely to be very low – no more than one or two people.
22. In the period from January to May 2012 there has also been a normal turnover of customers commencing and ceasing the service. An additional 102 customers have commenced the service and a similar number have ceased for reasons not connected to the introduction of charging.
23. Around 20 new customers per month are commencing the service. This is similar to the numbers that were starting the service prior to the introduction of charging.

24. As of 1 June 2012 there were 756 customers in receipt Telecare. This number breaks down was as follows:

Type	Number	%
Social Care Client: Contribution	294	38.9%
Social Care Client: Full Cost	34	4.5%
Flat Rate Client	418	55.3%
Child	3	0.4%
Due to be collected	7	0.9%
Total	756	

VAT Exemption

25. All flat rate customers are offered the opportunity to claim exemption from the VAT element of the charge. Of the 418 flat rate customers 373 (89%) have claimed exemption. This has no financial impact on the council.

Financial Impact

26. When the introduction of charging was first proposed the saving to the council was estimated to be £0.138m per annum. This was based on assumptions about the rate of charge, the number of customers who would pay the flat rate and overall the number of customers using the service.
27. The financial impact of the introduction can now be estimated more accurately. The income forecast is set out in the table below:

Type	Number	Est. Income 2012/13 £
Social Care Client: Contribution	294	0
Social Care Client: Full Cost	34	7,072
Flat Rate Client	418	86,944
Child	3	0
Due to be collected	7	0
Total	756	94,016

28. The income is lower than the figure originally estimated for the following reasons:
- a) The original model assumed that 10% of Telecare customers would be social care clients whereas in practice this number is over 40%.
 - b) The original model did not make any allowance for customers giving up Telecare because of the introduction of a charge.
 - c) The fact that the service was previously free of charge meant that customers who no longer needed Telecare did not have a strong incentive to return equipment. Therefore over the years the number of people actually using the service had gradually become over-estimated. The introduction of charging corrected this.
29. Whilst these effects have had a negative impact on the additional income collectable, the last two have a positive impact on the costs in two areas: firstly the weekly monitoring charge of £1 per installation is being saved and secondly much of the returned equipment can be reused and this will save the considerable cost of purchasing new equipment. This saving is estimated to be £0.020m for 2012/13.
30. The net saving is therefore forecast to be £0.114m for 2012/13.

Summary and Conclusions

31. From the evidence it is reasonable to draw the following conclusions:
- a) The introduction of charging is now completed and is part of 'business as usual' for the directorate.
 - b) The introduction of charging has not had any significant impact on the take up of Telecare.
 - c) The introduction of charging resulted in a number of people who no longer needed the service returning equipment.
 - d) The introduction of charging resulted in around 10% of customers deciding that they did not want the service.
 - e) Whilst the savings estimate is lower than that originally forecast the saving of £0.114m per annum is still a significant sum which indicates that the undertaking was worthwhile.
 - f) An effect of the introduction of charging has been to increase the proportion of Telecare customers who also have other social care services from 35% to 43%

Appendices:

None

Background Papers: (open to public inspection)

1. Review of Fairer Charging: Phase 2 Telecare Charging, Social Care Health and Housing Overview & Scrutiny Committee, 12 December 2011

2. Review of Fairer Charging: Phase 2 Telecare Charging, Executive, 10 January 2012

Location of papers: Priory House, Chicksands

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

Date: 30 July 2012

Subject: Substantial Variations and Development of Services

Report of: Cllr Drinkwater, Chairman of the Social Care, Health and Housing Overview and Scrutiny Committee

Summary: The report proposes the use of standard questions to help the Committee determine whether a variation or development of an NHS service is substantial and thus requires further consideration.

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

Contact Officer: Jonathon Partridge, Scrutiny Policy Adviser

Public/Exempt: Public

Wards Affected: All

Function of: Overview and Scrutiny Committee

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|--|
| <ol style="list-style-type: none">1. The work programme of the Social Care, Health and Housing Overview and Scrutiny Committee supports the development of each of the Council's objectives but particularly supports the promotion of health and wellbeing and protecting the vulnerable. |
|--|

Financial:

- | |
|--|
| <ol style="list-style-type: none">2. There are no financial implications directly arising from this report |
|--|

Legal:

- | |
|--|
| <ol style="list-style-type: none">3. There are no legal implications directly arising from this report |
|--|

Risk Management:

- | |
|---|
| <ol style="list-style-type: none">4. Not applicable |
|---|

Staffing (including Trades Unions):
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- | |
|---|
| <ol style="list-style-type: none">5. Not Applicable |
|---|

Equalities/Human Rights:

- | |
|--|
| <ol style="list-style-type: none">6. All public bodies have a statutory duty to advance equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Decisions should be made in a way which minimises unfairness and inequality. |
|--|

7. Whilst there are no direct equalities or human rights implications arising from this report, it is important that Councillors are aware of this duty before decisions are made with regard to a variation or development of service and can ascertain that proposals have been subject to a rigorous equality impact assessment. This includes requirements to undertake appropriate consultation with all affected parties. The Public Sector Equality Duty is very exacting and must always be considered in addition to the Duty to Involve.
8. The requirement to undertake rigorous equality impact assessment and consultation is particularly onerous in relation to proposals to achieve efficiencies or to vary and redevelop services. Consideration should always be given to whether a proposal will have a substantial impact on a particular protected characteristic even if the numbers of people involved may be small.

Public Health

9. There are no public health implications directly arising from this report

Community Safety:

10. Not Applicable

Sustainability:

11. Not Applicable

Procurement:

12. Not applicable

RECOMMENDATION(s):

That the Social Care, Health and Housing Overview and Scrutiny Committee supports the use of the questions set out in the Appendix to assist in the determination of whether a variation or development of service is 'substantial'.

Duty to Involve in changes to health services

13. Legislation requires the NHS to involve and consult service users on proposals to change the way that services are delivered. Involving service users can help to determine whether services will be delivered appropriately following any changes. To fulfil the 'duty to involve' service providers will discuss proposals with clinicians, patients, carers and other partners.
14. As part of the duty to involve health commissioners and providers are required to inform the relevant local Overview and Scrutiny Committee of 'substantial' variations or developments of health services. In Central Bedfordshire the relevant Committee is the Social Care, Health and Housing Overview and Scrutiny Committee (SCHHOSC). At present service providers generally inform the Scrutiny Policy Adviser of any variations or developments in services. A briefing is circulated outside of the meeting to Members of the SCHHOSC so that Members can determine:-
 - 14.1 whether engagement with clinicians, patients, carers and other key partners has provided suitable information to inform the redesign; and or
 - 14.2 whether Members consider the variation or development to be substantial in nature.

What is a substantial variation or development of service?

15. Regulations do not define what constitutes a 'substantial' variation or development of service. It is suggested that health commissioners and the relevant Overview and Scrutiny Committee reach a mutual agreement of what they consider to be substantial.
16. To support Members determination of whether a proposal is substantial the appendix has been developed with health commissioners. The responses to these questions may identify aspects of the proposals that may lead to them being considered substantial, such as:-
 - the proposals affect a large number of service users;
 - the affected services are used regularly by patients; or
 - the proposals effect the location or accessibility of the service.
17. If approved these questions would be used by health commissioners and providers when developing proposals to redesign services. The questions would assist the development of both communication and engagement plans. The implementation of these questions will encourage commissioners to provide the SCHHOSC with the information that is necessary to support effective overview and scrutiny of any proposals in a timely manner.

What if proposals are substantial?

18. Following the receipt of a briefing if any Member feels that the proposals are substantial and require further consideration an item will be added to the agenda of the next available SCHHOSC.
19. At the SCHHOSC meeting Members of the Committee will be invited to discuss the proposals and following consideration will be asked to determine if the proposals are:-
 - 19.1 not substantial in nature in which case the Committee can determine whether or not they wish to be kept informed as appropriate; or
 - 19.2 substantial in nature, but the Committee is satisfied that adequate engagement with stakeholders is planned and therefore no additional formal consultation is required; or
 - 19.3 substantial in nature and the Committee feels that due to insufficient engagement a formal public consultation (12 weeks) is necessary to inform proposals. During the consultation the OSC would be consulted as a stakeholder.
20. The duty to involve requires health commissioners and providers to consult the relevant local Overview and Scrutiny Committee. Where proposals are substantial and they relate to more than one area the Committees are required to form a Joint Health Overview and Scrutiny Committee to be consulted on the proposals. Central Bedfordshire Council has formed various Joint Committees with other authorities such as Bedford Borough, Luton Borough, Milton Keynes and Northamptonshire.
21. Several proposals for variations or development of health services have been considered by the SCHHOSC. The following scenarios demonstrate how these approaches have been applied:-

Scenario 1: Developing 24/7 vascular services

22. A consultation was launched proposing a variation in the delivery of vascular services in the Bedfordshire and Milton Keynes region. A briefing was circulated to Members inviting comments and asking Members to notify the Scrutiny Policy Adviser if they would like an agenda item to be added to a future Committee meeting. Members did not consider the proposed variation to be substantial in nature and no further action was taken.

Scenario 2: Bedford Hospital Transforming for Excellence Programme

23. The Committee received a briefing relating to Bedford Hospital's Transforming for Excellence programme. The programme aimed to enhance efficiency and sustainability and support the delivery of £20m savings by 2014. The Committee considered the proposals at a Committee meeting and determined that although the proposals were substantial they did not feel that any further consultation was required. Updates continue to be received for information by Members of the Committee outside of the meetings on a monthly basis.

Scenario 3: South Midlands Healthier Together Review

24. The Committee received NHS proposals relating to the delivery of acute health services throughout the South East Midlands region and considered them to be substantial. As the proposals related to services both in and outside Central Bedfordshire a Joint Health Overview and Scrutiny Committee was established with representatives from five local authorities to operate throughout the process of redesigning the services.

Conclusion and Next Steps

25. The Committee is asked to consider the appendix for further use with health commissioners to assist in determining whether a variation or development of service is substantial. The appendix will be used to assist Members in determining whether an item should be added to the work programme of the Committee.

Appendices:

Appendix: Set of questions for determining substantial variation and or development of services.

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

None

Appendix

Questions to support the determination of a “substantial variation or development of services”

1. What is the nature of the proposed change or development or service (for example are proposals for a new service model or is there a shift from acute to community/primary care)?
2. How many patients will be affected by the proposals and to what extent (for example will proposals have a major impact on a less critical service or a minor impact on a more critical service)?
3. Who will be affected by the proposals, do they affect a particular group of patients such as older people, children or other protected characteristics / vulnerable groups?
4. How regularly do patients use the service proposed to be varied or developed?
5. Will the proposals enhance services (note: a service enhancement may be no less a substantial variation than a service reduction)?
6. What engagement has there been so far in relation to the proposals (for example has there been any preliminary work in planning or development or other engagement already taken place under the duty to involve)? Have there been any changes to the proposals as a result of any engagement already undertaken?
7. What is the clinical engagement or leadership in relation to the proposals?
8. How politically sensitive are the proposals, are they high profile or likely to be controversial?
9. Will the proposals affect the location of the service and/or its accessibility?
10. Will there be several small changes as a result of the proposals, which together might be considered substantial?
11. What is the financial impact of the proposals?
12. What is the impact of the proposals on other services?
13. Will the proposals have a wider impact on the community, such as economic, regeneration or transport?
14. Has an equality impact assessment (EIA) been undertaken in relation to the proposals, if so has it been quality assured and are there any specific issues that have been identified? If an EIA has not yet been undertaken when will this be carried out?

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

Date: 30 July 2012

Subject: Consultation on local authority health scrutiny

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

Summary: The report outlines a consultation of the Department of Health in relation to health scrutiny regulations for local authorities and invites Members to comment so that a response can be provided.

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

Contact Officer: Jonathon Partridge, Scrutiny Policy Adviser

Public/Exempt: Public

Wards Affected: All

Function of: Overview and Scrutiny Committee

CORPORATE IMPLICATIONS

Council Priorities:

1. The work programme of the Social Care, Health and Housing Overview and Scrutiny Committee supports the development of each of the Council's objectives but particularly supports the promotion of health and wellbeing and protecting the vulnerable.

Financial:

2. There are no financial implications directly arising from this report

Legal:

3. There are no legal implications directly arising from this report

Risk Management:

4. Not applicable

Staffing (including Trades Unions):

5. Not Applicable

Equalities/Human Rights:

6. All public bodies have a statutory duty to advance equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Decisions should be made in a way which minimises unfairness and inequality.

7. The requirement to undertake rigorous equality impact assessment and consultation is particularly onerous in relation to proposals to achieve efficiencies or to vary and redevelop services. Consideration should always be given to whether proposals to develop or vary health services will have a substantial impact on a particular protected characteristic even if the numbers of people involved may be small.

Public Health

8. There are no public health implications directly arising from this report

Community Safety:

9. Not Applicable

Sustainability:

10. Not Applicable

Procurement:

11. Not applicable

RECOMMENDATIONS:

1. **That the Social Care, Health and Housing Overview and Scrutiny Committee considers the questions included in the consultation document (agenda page 59) and comment as appropriate.**
2. **That the Committee delegate responsibility to the Director in consultation with the Executive Member and the Chairman of the Social Care, Health and Housing OSC to agree a final response to the consultation on behalf of the Committee.**

Background

12. The Health and Social Care Act (2001) required local authorities to establish an overview and scrutiny committee (OSC) to scrutinise matters relating to health services. Further regulations specifically required NHS bodies to consult the OSC on substantial variations or developments of health services.
13. Recently the Health and Social Care Act 2012 and the “Equity and Excellence: Liberating the NHS” white paper set out proposals to strengthen and streamline local authority health scrutiny. The proposals take into account recent structural reforms including the development of Health and Wellbeing Boards, Local Healthwatch and Clinical Commissioning Groups (CCGs).
14. The Department of Health has recently published a consultation seeking the views of local authorities on proposals to change local authority health scrutiny so as to:-
 - strengthen local accountability;
 - strengthen partnership working;
 - put patient views and experience at the centre of planning health services;
 - build on current best practice;
 - reduce health inequalities;

- ensure that health scrutiny is best placed in light of national structural reforms in health.
15. In addition to the proposals under consultation there are two aspects of the Health and Social Care Act (2012) relating to local authority health scrutiny that are not for consultation and are required to be implemented by all local authorities:-
- 15.1 Local authorities can now determine how they carry out health scrutiny. There is no requirement for a specific health overview and scrutiny committee, although this approach may be considered the most appropriate. Health scrutiny functions can not be delegated to the Health and Wellbeing Board.
- 15.2 Health scrutiny powers now also cover other NHS bodies and health service providers such as the NHS Commissioning Board (NHSCB), CCGs, providers of NHS and public health services commissioned by the NHSCB, CCGs and the local authority, including independent sector providers.
16. The proposals in the Department of Health consultation are being consulted upon until 7 September 2012. The outcomes of the consultation will feed into guidance and new regulations that will come into effect from April 2013.

Proposals under consultation

17. The Department of Health has provided a list of questions (annex A to the document) on which the views of local authorities are requested. These questions cover two main areas that are summarised here, showing how the council's current structure would be amended by proposals:-

18. Referrals to the Secretary of State (SoS) (Questions 1-7)

Current	Proposal(s)
<p>The SCHHOSC are currently permitted to refer proposals directly to the SoS prior to their implementation. Referrals are usually made where it is felt that there has not been adequate consultation on proposals or they are not in the best interests of local residents.</p>	<ol style="list-style-type: none"> 1. Health providers will be required to publish a date by which it will be in a position to make a decision on proposals. 2. Councils will be required to agree and publish a date before which they would refer proposals to SoS if necessary. 3. Council must take account of financial considerations before deciding to refer proposals. 4. An intermediate referral must be made to the NHSCB. A referral would only be made to the SoS if the intermediate response was felt to be inadequate. 5. Only Full Council would have the power to refer a matter to the SoS

19. The purpose of these proposals is to encourage partnership working between local authorities and the NHS and to reduce uncertainty on whether a referral would be made. The proposals also encourage local authorities to consider whether changes are in the best interests of local residents by taking into account the manner in which other services could benefit from resulting financial savings. The proposals also put the emphasis on disputes being resolved locally in discussion with providers rather than referring proposals directly to the SoS.

20. **Joint Overview and Scrutiny (Question 8)**

Current	Proposal(s)
The SCHHOSC has the discretion of whether or not to agree the formation of a Joint Health OSC to be consulted on a substantial development or variation of service as it feels appropriate.	Local authority health scrutiny will be required to form a Joint Health OSC in order to be consulted on substantial variations or developments of services that cut across more than one local authority area, it will no longer be discretionary. Health scrutiny bodies will still have the discretion to set up Joint Committees on non-substantial matters.

21. The purpose of this proposal is to strengthen and safeguard Joint Overview and Scrutiny arrangements and to encourage clarity on when a Joint Health Committee should be formed.
22. The consultation also provides the opportunity to submit any further comments that Members may wish to make in relation to equalities issues or alternative proposals (questions 9-11).

Conclusion and next steps

23. It is proposed that the Committee provide comments that can be included in a response to be provided to the Consultation. Due to the need to respond to the consultation before the next meeting of the Committee it is suggested that the final response be agreed by the Director in consultation with the Executive Member and the Chairman of the Committee and circulated to Members of the Committee by email for information.
24. The consultation response will also be included as part of the Centre for Public Scrutiny Programme in relation to health and social care reform for which the Council is a scrutiny development area.

Appendix:

Appendix: Department of Health consultation document on local authority health scrutiny

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

Equity and Excellence: Liberating the NHS

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

Health and Social Care Act (2012)

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

Local Authority Health Scrutiny

Appendix

Local Authority Health Scrutiny

Proposals for consultation

Prepared by the Patient and Public Engagement and Experience Team

Local Authority Health Scrutiny

Contents

Introduction 5
Increasing Local Democratic Legitimacy in Health..... 7
Proposals for Consultation 11
Responding to this consultation 22
Annex A - Consultation Questions 25

Introduction

1. This document sets out the Government's intentions to strengthen and streamline the regulations on local authority health scrutiny, following amendments to the National Health Service Act 2006¹ ("NHS Act 2006") by the Health and Social Care Act 2012² ("the 2012 Act"). These enable regulations to be made in relation to health scrutiny by local authorities.
2. The proposed changes to health scrutiny by local government will strengthen local democratic legitimacy in NHS and public health services, helping to ensure that the interests of patients and the public are at the heart of the planning, delivery, and reconfiguration of health services, as part of wider Government strategy to create a patient-centred NHS.
3. In this document, we will build on proposals set out in *Equity and Excellence: Liberating the NHS*³, which set out a vision of increased accountability, and *Local Democratic legitimacy in health: a consultation on proposals*⁴, which posed a number of questions around health overview and scrutiny in particular.
4. The Government recognises that health scrutiny has been an effective means in recent years of improving both the quality of services, as well as the experiences of people who use them. There is much that is good within the existing system on which to build.
5. Our aim is to strengthen and streamline health scrutiny, and enable it to be conducted effectively, as part of local government's wider responsibility in relation to health improvement and reducing health inequalities for their area and its inhabitants.
6. We are aware from engagement to date that there are a range of related matters on which the NHS and local authorities would welcome further clarification and advice that cannot be provided within regulations. We therefore intend to produce statutory guidance to accompany the new regulations that will address some of these issues.
7. Your views on the proposed revisions to health scrutiny are critical. Your participation in this consultation will help us to ensure that the new regulations and any associated guidance will be successfully implemented.

¹ <http://www.legislation.gov.uk/ukpga/2006/41/contents>

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

⁴ http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_117586

Local Authority Health Scrutiny

8. The proposals in this document are being consulted on until 7th September 2012. The comments received will be analysed and will inform the development of new regulations for local authority health scrutiny.
9. We would welcome your comments on the proposals outlined in this document, your suggestions as to how to improve them, together with any general points you wish to make. The document sets out a number of questions on which we would particularly like your views. These are repeated as a single list at Annex A. Details of how to respond and have your say are set out on page 22.
10. Once we have considered your views, a summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at <http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>. It is our intention to bring the new Regulations into effect from April 2013.
11. The rationale for changes to the scrutiny regulations is set out in the impact assessment published alongside *Local Democratic Legitimacy in Health: a consultation on proposals*. This consultation document is published alongside an Equalities Screening that considers the impact on equalities. The Department welcomes any information or evidence that will help further analyse the impact of the proposals contained in this document.

Increasing Local Democratic Legitimacy in Health

12. *Equity and Excellence: Liberating the NHS* set out the Government's ambition to achieve significant improvements in health outcomes and the quality of patient care. These ambitions will be delivered through a new clinically-led commissioning system and a more autonomous provider sector. Underpinning the White Paper reforms is a commitment to increasing accountability by ensuring a strong local voice for patients and local communities and putting their views and experiences at the heart of care.
13. Strengthening health scrutiny is one of the mechanisms proposed to increase accountability and enhance public voice in health. In addition, health and wellbeing boards are being established within local authorities. Through health and wellbeing boards, local authorities, the NHS and local communities will work together to improve health and care services, joining them up around the needs of local people and improving the health and wellbeing of local people. By including elected representatives and patient representatives, health and wellbeing boards will significantly strengthen the local democratic legitimacy of local commissioning and will provide a forum for the involvement of local people. Overview and scrutiny committees of the local authority will be able to scrutinise the decisions and actions of the health and wellbeing board, and make reports and recommendations to the authority or its executive.
14. Health and wellbeing boards will consist of elected representatives, representatives from clinical commissioning groups (CCGs), local authority commissioners and patient and public representatives. A primary responsibility of health and wellbeing boards is to develop a comprehensive analysis of the current and future health and social care needs of local communities through Joint Strategic Needs Assessments (JSNAs). These will be translated into action through Joint Health and Wellbeing Strategies (JHWSs) as well as through CCGs' own commissioning plans for health, public health and social care, based on the priorities agreed in JHWSs. The involvement of local communities will be critical to this process and to the work of the health and wellbeing board. It will provide on-going dialogue with local people and communities, ensuring that their needs are understood, are reflected in JSNAs and JHWSs, and that priorities reflect what matters most to them as far as possible.
15. From April 2013, local authorities will also commission local Healthwatch organisations – the new consumer champion for local health and social care services. Local Healthwatch will help to ensure that the voice of local people is heard and has influence in the setting of health priorities through its statutory seat on the health and wellbeing board.
16. *Local Democratic legitimacy in health*, a joint consultation between the Department of Health and the Department of Communities and Local Government, proposed an

Local Authority Health Scrutiny

enhanced role for local authorities and asked a number of questions about how the commitment to strengthen public voice in health could be delivered. It aimed to find ways to strengthen partnership working between NHS commissioners and local authorities so that the planning and delivery of services is integrated across health, public health and social care.

17. In the light of responses to that consultation, the Government decided to expand and adapt its proposals for legislation around local democratic legitimacy. *Liberating the NHS: Legislative Framework and Next Steps*⁵ proposed extending the scope of scrutiny to include any private providers of certain NHS and public health services as well as NHS commissioners. It also accepted that its original proposition to confer health scrutiny powers onto health and wellbeing boards was flawed. It instead proposed conferring scrutiny functions on local authorities rather than on Health Overview and Scrutiny Committees (HOSCs) directly, giving them greater freedom and flexibility to discharge their health scrutiny functions in the way they deem to be most suitable. These intentions are encompassed within changes made by the 2012 Act to the health scrutiny provisions in the NHS Act 2006.

Aim of Health Overview and Scrutiny

18. This consultation document deals exclusively with health scrutiny. This is an essential mechanism to ensure that health services remain effective and are held to account. The main aims of health scrutiny are to identify whether:
 - the planning and delivery of healthcare reflects the views and aspirations of local communities;
 - all sections of a local community have equal access to health services;
 - all sections of a local community have an equal chance of a successful outcome from health services; and
 - proposals for substantial service change are in the best interests of local health services

The History of Health Scrutiny

19. The Local Government Act 2000⁶ established the basis for the arrangements that are still in place today, where there are two groups of councillors in most local authorities;
 - The Executive (sometimes called the Cabinet), responsible for implementing council policy; and

⁵ http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624

⁶ <http://www.legislation.gov.uk/ukpga/2000/22/contents>

Local Authority Health Scrutiny

- The Overview and Scrutiny Committees (sometimes called Panels or Select Committees), responsible for holding the Executive to account and scrutinising matters that affect the local area.
20. This Act established that, for the first time, democratically-elected community leaders were able to voice the views of their local constituents, and require local NHS bodies to respond, as part of the council's wider responsibilities to reduce health inequalities and support health improvement.
21. The Health and Social Care Act 2012⁷ subsequently amended the Local Government Act, to require local authorities to ensure that their overview and scrutiny committee or committees (OSC) had the power to scrutinise matters relating to health service. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2012⁸ ("the 2012 Regulations") required NHS bodies to consult formally with the HOSC on any proposals for substantial variations or developments to local services.
22. The 2012 Regulations also set out the health scrutiny functions of such committees and the other duties placed on NHS bodies. These regulations are still in force today. They:
- a. enable HOSCs to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;
 - b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee;
 - c. enable HOSCs to make reports and recommendations to local NHS bodies and to the local authority on any health matters that it scrutinises;
 - d. to require NHS bodies to respond within a fixed timescale to the HOSC's reports or recommendations, where the HOSC requests a response;
 - e. require NHS bodies to consult HOSCs on proposals for substantial developments or variations to the local health service; and
 - f. enable local authorities to appoint joint HOSCs;
 - g. enable HOSCs to refer proposals for substantial developments or variations to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service.

⁷ <http://www.legislation.gov.uk/ukpga/2012/15/contents>

⁸ <http://www.legislation.gov.uk/uksi/2012/3048/contents/made>

Local Authority Health Scrutiny

Benefits

23. The current health scrutiny functions support the accountability and transparency of public services. They provide a means for councillors to engage with commissioners, providers and local people across primary, secondary and tertiary care.
24. HOSCs set their own priorities for scrutiny to reflect the interests of the people they serve. Councillors on HOSCs have a unique democratic mandate to act across the whole health economy, using pathways of care to hear views from across the system and examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services.
25. By creating a relationship with NHS commissioners, health scrutiny can provide valuable insight into the experiences of patients and service users, and help to monitor the quality and outcomes of commissioned services. It can also provide important insight that will contribute to the process of developing JSNAs and JHWSs, on which future commissioning plans will be based.
26. Where relationships between the NHS and HOSCs are mature, health scrutiny adds value by building local support for service changes. Some HOSCs also advise the NHS on appropriate forms of public engagement, including alternatives to full public consultation, thus saving NHS resources. These effective relationships are usually a result of early engagement between the NHS and the HOSC, where there is co-operation on proposals for consultation and potential areas of dispute are surfaced and solutions agreed as part of wider consultation.

Proposals for Consultation

Why are we looking at this?

27. The current reform programme is underpinned by a commitment to increasing local democratic legitimacy in health. Strengthening health scrutiny is one element of this.
28. These important reforms are taking place against a backdrop of a very challenging financial environment for public services. The need to deliver improved quality and outcomes in this economic context will be a significant challenge for both NHS commissioners and local authorities. Commissioners will need to focus on achieving the very best outcomes for every pound of health spend, meaning that complex decisions over the current and future shape of services are likely to be required. In a tax-funded system, it is important that such decisions are grounded with effective local accountability and discussed across local health economies. The role and importance of effective health scrutiny will therefore become more prominent.
29. Since the scrutiny provisions were implemented in 2003, NHS organisations, health services and local authorities have changed substantially. The 2012 Act will bring about further structural reforms with the introduction of the NHS Commissioning Board, CCGs, health and wellbeing boards and Healthwatch.
30. The Government recognises that the current arrangements for health scrutiny need to be updated to ensure the scrutiny provisions reflect the new structure and are appropriate to the new system. It is important that the new NHS bodies are made subject to effective scrutiny and held to account.
31. In updating the scrutiny regulations, we propose to retain the best of the existing system but take this opportunity to address some of the challenges that have been experienced by both local authorities and NHS bodies since 2003.
32. The 2012 Act has made changes to the regulation-making powers in the 2006 Act around health scrutiny. In future, regulations will:
 - a. confer health scrutiny functions on the local authority itself, rather than on an overview and scrutiny committee specifically. This will give local authorities greater flexibility and freedom over the way they exercise these functions in future, in line with the localism agenda. Local authorities will no longer be obliged to have an overview and scrutiny committee through which to discharge their health scrutiny functions, but will be able to discharge these functions in different ways through suitable alternative arrangements, including through overview and scrutiny committees. It will be for the full council of each local authority to determine which arrangement is adopted;

Local Authority Health Scrutiny

- b. extend the scope of health scrutiny to “relevant NHS bodies” and “relevant health service providers”. This includes the NHS Commissioning Board, CCGs and providers of NHS and public health services commissioned by the NHS Commissioning Board, CCGs and the local authority, including independent sector providers.
- 33. These important changes to health scrutiny regulations were consulted upon widely through the White Paper, *Liberating the NHS*, and throughout the passage of the 2012 Act in Parliament. This document does not consult further upon the merits of these changes.
- 34. The Government recognises that the existing health scrutiny regulations have, on the whole, served the system well. Some elements of the regulations, for example around the provision of information and attendance at scrutiny meetings, are fundamental to the effective operation of health scrutiny, and will need to be retained. We propose therefore to preserve those provisions which:
 - a. enable health scrutiny functions to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority’s area;
 - b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
 - c. enable health scrutiny functions to make reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
 - d. require NHS bodies to respond within a fixed timescale to the HOSC’s reports or recommendations;
 - e. require NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
- 35. The provisions will be modified in accordance with amendments to the 2006 Act by the 2012 Act so, for example, they will apply in relation to the NHS Commissioning Board, CCGs and providers of NHS and public health services commissioned by the NHS Commissioning Board, CCGs and local authorities, in line with paragraph 32 b) above.
- 36. The Health Act 2009⁹ introduced the Unsustainable Providers Regime for NHS trusts and NHS foundation trusts. The purpose of this regime is to deliver a swift resolution in the unlikely event that an NHS provider is unsustainable, to ensure patients are not put at risk. Parliament accepted the principle that under these exceptional circumstances, public consultation and local authority scrutiny should be restricted to a truncated 30-working day consultation period. Therefore, the provisions in the 2002 Regulations on

⁹ <http://www.legislation.gov.uk/ukpga/2009/21/contents>

Local Authority Health Scrutiny

consultation of HOSC and referrals by them, and on provision of information to them and attendance before them, do not apply in relation to a Trust Special Administrator's report.

37. The 2012 Act introduced a framework to secure continued access to NHS services, which included a modified and improved version of the 2009 Act failure regime for NHS foundation trusts. We intend to retain the exemption from the need to consult local authority scrutiny functions on proposals contained in a Trust Special Administrator's report and the other exceptions mentioned above. In line with paragraph 32 b) above, we also intend to extend this exemption to Health Special Administration¹⁰ proposals, which will provide equivalent continuity of service protection to patients receiving NHS care from corporate providers in the unlikely event that one such provider becomes insolvent.

Proposals under consultation

The current position on service reconfiguration and referrals

38. Throughout its history, the NHS has changed to meet new health challenges, take advantage of new technologies and new medicines, improve safety, and modernise facilities. The redesign and reconfiguration of services is an important way of delivering improvements in the quality, safety and effectiveness of healthcare.
39. The Government's policy is that service reconfigurations should be locally-led, clinically driven and with decisions made in the best interest of patients. The spirit of 'no decision about me, without me' should apply, with patients and local communities having a genuine opportunity to participate in the decision-making process.
40. Reconfigurations should also demonstrate robust evidence against the Secretary of State's four tests for major service change¹¹. This means all proposals should be able to demonstrate evidence against the following criteria.
 - a clear clinical evidence base, which focuses on improved outcomes for patients;
 - support for proposals from the commissioners of local services;
 - strengthened arrangements for patient and public engagement, including consultation with local authorities; and
 - support for the development of patient choice.
41. Effective patient and public engagement is at the heart of any successful reconfiguration. NHS bodies have a legal duty to make arrangements that secure the involvement of patients and the public in the planning of service provision, the development and consideration of proposals for changes in the way services are provided and decisions to be made affecting the operation of those services.

¹⁰ Chapter 5 of Part 3 of the 2012 Act

¹¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118085.pdf

Local Authority Health Scrutiny

42. Under the current system, NHS bodies must consult the HOSC on any proposals for “a substantial variation” in the provision of the health service or “a substantial development” of the health service. The existing health scrutiny regulations do not define what constitutes ‘substantial’. The Government’s view, taking into account previous consultation on this issue, is that this is a matter on which NHS bodies should aim to reach a local understanding or definition with their HOSC.
43. It is normal for local stakeholders and communities to have different views on how best to reorganise and reshape services to best meet patient needs within available resources. In the majority of cases, these differences of opinion are reconciled locally through effective partnership working and engagement.
44. However, there may be occasions where a local authority scrutiny body does not feel able to support a particular set of proposals for service change or feels that consultation has been inadequate. Under the 2002 Regulations, a HOSC or a joint HOSC can refer proposals to the Secretary of State if they:
 - a. do not feel that they have been adequately consulted by the NHS body proposing the service change, or
 - b. do not believe that the changes being proposed are in the interests of the local health service
45. Upon receiving a referral, the Secretary of State will then usually approach the Independent Reconfiguration Panel (IRP) for advice. The IRP is an independent, advisory non-departmental public body that was established in 2003 to provide Ministers with expert advice on proposed reconfigurations. In providing advice, the IRP will consider whether the proposals will provide safe, sustainable and accessible services for the local population.

Proposed changes

46. The Government is aware through conversations with stakeholders from the NHS, local government and patient groups that existing dispute resolution and referral mechanisms do not always work in the best interests of improving services for patients. Moreover, the current referral process was developed in 2002, which pre-dates considerably the current raft of reforms and structural changes underway across the health and social care system. It is essential that the system changes so that local conversations on service reconfiguration are embedded into commissioning and local accountability mechanisms.
47. More integrated working between clinical commissioners, local authorities and local patient representatives will help to move the focus of discussions about future health services much earlier in the planning process, strengthening local engagement and helping build consensus on the case for any change.

Local Authority Health Scrutiny

48. The introduction of health and wellbeing boards will significantly improve joint working and planning between local authorities and the NHS across health services, social care and public health. Whilst the 2012 Act is very clear that health scrutiny remains a separate function of the local authority (and cannot be delegated to health and wellbeing boards), health and wellbeing boards provide a forum for local commissioners (NHS and local authority) to explain and discuss how they are involving patients and the public in the design of care pathways and development of their commissioning plans.
49. It is sensible, therefore, that we look further at how a balance can continue to be struck between allowing services to change and providing proportionate democratic challenge that ensures those changes are in the best interests of local people.
50. We are proposing a number of changes around service reconfiguration and referral which are designed to clarify and streamline the process in the future. Our proposals on referrals break down into four main areas:
 - a. requiring local authorities to publish a timescale for making a decision on whether a proposal will be referred;
 - b. requiring local authorities to take account of financial considerations when considering a referral;
 - c. introducing a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations;
 - d. requiring the full council of a local authority to discharge the function of making a referral.

Publication of timescales

51. Under the 2002 Regulations, an HOSC can decide to refer a reconfiguration proposal at any point during the planning or development of that proposal. The 2002 Regulations do not specify a time by which an HOSC must make this decision. Most referrals are done at the point where the NHS has concluded its engagement and consultation and decided on the preferred option to deliver the proposal. Where referrals have been made earlier in the process, the IRP have usually advised the Secretary of State against a full review and advised that the NHS and HOSC should maintain an on-going dialogue as options are developed.
52. We are aware from feedback from both the NHS and local authorities, that the absence of clear locally agreed timetables can lead to considerable uncertainty about when key decisions will be taken during the lifetime of a reconfiguration programme. Some have expressed a view that timescales should be specified in regulations but we believe that imposing fixed timescales in this way would be of limited value. Each reconfiguration

Local Authority Health Scrutiny

scheme is different and it is right to allow local flexibility for the adoption of timetables that are appropriate to the nature and complexity of any change.

53. We therefore propose introducing a requirement in regulations that, in relation to proposals on which the local authority scrutiny function must be consulted, the NHS commissioner or provider must publish the date by which it believes it will be in a position to take a decision on the proposal, and notify the local authority accordingly. We propose that on receipt of that notification, local authorities must notify the NHS commissioner or provider of the date by which they intend to make a decision as to whether to refer the proposal.
54. If the timescales subsequently need to change – for example, where additional complexity emerges as part of the planning process – then it would be for the NHS body proposing the change to notify the local authority of revised dates as may be necessary, and for the local authority to notify the NHS organisation of any consequential change in the date by which it will decide whether to refer the proposal. The regulations will provide that the NHS commissioner or provider should provide a definitive decision point against which the local authority can commence any decisions on referral.

Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons

Q2 Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Financial sustainability of services

55. Under present regulations, an HOSC can make a referral if it considers the proposal would not be in the best interest of the local health service. The regulations do not define what constitutes 'best interest' but evidence from previous referrals indicates that local authorities interpret this in terms of the perceived quality and accessibility of services that will be made available to patients, users and the public under the new proposals.
56. The Government protected the NHS in the Spending Review settlement with health spending rising in real terms. However, this does not mean that the NHS is exempt from delivering efficiency improvements - it will need to play its part alongside the rest of the public services. Delivery of these efficiencies will be essential if the NHS is to deliver improved health outcomes while continuing to meet rapidly rising demands.
57. As local authorities and the NHS will increasingly work together to identify opportunities to improve services, we believe it is right that health scrutiny be asked to consider whether proposals will be financially sustainable, as part of its deliberations on whether to support or refer a proposed service change.

Local Authority Health Scrutiny

58. It would not be right for a local authority to refer a reconfiguration proposal to the Secretary of State without considering whether the proposal is both clinically and financially sustainable, within the existing resources available locally. We believe health scrutiny would be improved in it was specifically asked to look at the opportunities the change offered to save money for use elsewhere in improving health services.
59. We therefore propose that in considering whether a proposal is in the best interests of the local health service, the local authority has to have regard to financial and resource considerations. Local authorities will need support and information to make this assessment and the regulations will enable them to require relevant information be provided by NHS bodies and relevant service providers. We will address this further in guidance.
60. Where local authorities are not assured that plans are in the best interests of the local health services, and believe that alternative proposals should be considered that are viable within the same financial envelope as available to local commissioners, they should offer alternatives to the NHS. They should also indicate how they have undertaken this engagement to support any subsequent referral. This will be set out in guidance rather than in regulations.

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your views.

Referral to the NHS Commissioning Board

61. The 2012 Act ensures the Secretary of State's duty to promote a comprehensive health service remains unchanged in legislation, as it has since the founding NHS Act 1946. The NHS Commissioning Board has a parallel duty. The 2012 Act also makes clear that the Secretary of State remains ultimately accountable for the health service. However, the Secretary of State will no longer have general powers to direct the NHS. Instead, NHS bodies and the Secretary of State will have specific powers that are defined in legislation, enabling proper transparency and accountability. For example, Ministers will be responsible, not for direct operational management, but for overseeing and holding to account the national bodies in the system, backed by extensive powers of intervention in the event of significant failure. The NHS Commissioning Board and CCGs will have direct responsibility for commissioning services. The NHS Commissioning Board will help develop and support CCGs, and hold them to account for improving outcomes for patients and obtaining the best value for money from the public's investment.
62. We believe that where service reconfiguration proposals concern services commissioned by CCGs, the NHS Commissioning Board can play an important role in supporting resolution of any disputes over a proposal between the proposer of the change and the local authority, particularly where the local authority is considering a referral.

Local Authority Health Scrutiny

63. We are seeking views on how the NHS Commissioning Board could provide this support and help with dispute resolution. One option is to introduce an intermediate referral stage, where local authorities make an initial referral application to the NHS Commissioning Board. Upon receiving a referral, the NHS Commissioning Board could be required by regulations to take certain steps, which could include working with local commissioners to resolve the concerns raised by the local authority. The NHS Commissioning Board would be required to respond to the local authority setting out its response and any action that it had taken or proposed to take.
64. If the local authority was not content with the response from the NHS Commissioning Board, it would continue to have the option to refer the proposal to the Secretary of State for a decision, setting out in support of its application where the NHS Commissioning Board's response fell short in addressing the concerns of the authority.
65. The exception to this referral intermediate stage would be where the reconfiguration proposals relate to services commissioned directly by the NHS Commissioning Board. In such a case, any referral would be made directly to the Secretary of State.
66. The Government believes this option holds most true to the spirit of a more autonomous clinical commissioning system, strengthening independence from Ministers, and putting further emphasis on local dispute resolution. However, we are aware through testing this option with NHS and local authority groups that it is not without complexities. It may be difficult for the NHS Commissioning Board to both support CCGs with the early development of reconfiguration proposals (where CCGs request this support) and also to be able to act sufficiently independently if asked at a later date by a local authority to review those same plans. Furthermore, this additional stage could lengthen the decision-making timetable for service change, which could delay higher quality services to patients coming on stream.
67. An alternative approach would be for the NHS Commissioning Board to play a more informal role, helping CCGs (and through them, providers) and the local authority to maintain an on-going and constructive dialogue. Local authorities would be able to raise their concerns about a CCG's reconfiguration proposals with the NHS Commissioning Board and seek advice. However, that would be at the local authority's discretion rather than a formal step in advance of referral to the Secretary of State.
68. If a local authority chose to engage the NHS Commissioning Board in this way, the Board would need to determine whether it was able to facilitate further discussion and resolution, and respond to the CCG and local authority accordingly. If following the Board's intervention the local authority's concerns remained, the local authority would continue to have the option as under current regulations to refer the proposal to the Secretary of State for review.
69. The Government does not have a preference between the formal and informal methods set out above, and would welcome comments from interested stakeholders on the

Local Authority Health Scrutiny

advantages and disadvantages of both approaches. Irrespective of the referral route any informal dispute resolution process that may be put in place, we do not propose to fundamentally remove a local authority's power of referral to the Secretary of State. This ability to refer to Secretary of State is unique within local authority scrutiny and provides a very strong power for local authorities within the new landscape, where the Secretary of State will have fewer powers to direct NHS commissioners and providers.

- Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?**
- Q5. Would there be any additional benefits or drawbacks of establishing this intermediate referral?**
- Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?**

Full council agreement for referrals

70. Under existing regulations, it is for the HOSC to determine whether to make a referral to the Secretary of State for Health. A referral to the Secretary of State in many ways represents the break down in the dialogue between local authorities and the NHS. It should be regarded as a last resort and the decision itself should be open to debate.
71. Given the enhanced leadership role for local authorities in health and social care, we believe it is right that the full council should support any decision to refer a proposed service change, either to the NHS Commissioning Board or to Secretary of State. We propose that referrals are not something that the full council should be able to delegate to a committee, and that the referral function should be exercised only by the full council.
72. This will enhance the democratic legitimacy of any referral and assure the council that all attempts at local resolution have been exhausted. It is potentially undesirable for one part of the council (the health and wellbeing board) to play a part in providing the over-arching strategic framework for the commissioning of health and social care services and then for another part of the council to have a power to refer to the Secretary of State.
73. This change would mean scrutiny functions would need to assemble a full suite of evidence to support any referral recommendation. It is important that all councillors should be able to contribute their views, to allow them to safeguard the interests of their constituents. This will also bring health oversight and scrutiny functions in line with other local authority scrutiny functions, which also require the agreement of a full council. The Government believes that this additional assurance would help encourage local resolution, and further support closer working and integration across the NHS and local government.

Local Authority Health Scrutiny

Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

Joint Overview and Scrutiny

74. There are many occasions when scrutiny functions from more than one local authority area will need to work together to ensure an effective scrutiny process. Joint scrutiny is an important aspect of existing health scrutiny practice, and has been very successful in a number of places. Some regions have established standing joint OSCs, or robust arrangements for introducing joint OSCs on specific regional issues. Joint scrutiny arrangements are important in that they enable scrutineers to hear the full range of views about a consultation, and not just those of one geographical area.
75. The Government is aware from its engagement with patients and the public, the NHS and with local authorities, that there are differences of opinion as to when a joint scrutiny arrangement should be formed. The current regulations enable the formation of joint scrutiny arrangements, but do not require them to be formed. We propose to make further provision within the regulations on this issue.
76. Under the 2003 Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions)¹² where a local NHS body consults more than one HOSC on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, local authorities of those HOSCs must appoint a joint HOSC for the purposes of the consultation. Only that joint HOSC may make comments on the proposal, require information from the NHS body, require an officer of that NHS body to attend before the joint HOSC to answer questions and produce a single set of comments in relation to the proposals put before them. This is fundamental to the effective operation of joint scrutiny and we propose that it should be incorporated into the new regulations.

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

77. The ability of individual local authorities to refer proposals to the Secretary of State for review has been an important enabler of local democratic legitimacy. It is important that this ability to refer is preserved, where a joint health scrutiny arrangement is formed. Should a local authority participating in a joint health scrutiny arrangement wish separately to refer a proposal either to the NHS Commissioning Board or to the Secretary of State, they will still be required to secure the backing of their full council in order to make the referral.

¹² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4006257

Local Authority Health Scrutiny

78. There are a range of circumstances beyond service variation or development in which two or more local authorities may wish to come together to scrutinise health matters, for example where a CCG or NHS foundation trust spans two local authority boundaries. In such circumstances, the formation of a joint scrutiny arrangement would be discretionary.

Responding to this consultation

79. The Government is proposing a number of measures to strengthen and improve health scrutiny.
80. The Government wants to hear your views on the questions posed in this document, to help inform the development of the health overview and scrutiny regulations. We are also seeking your views on the following questions:
- Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?**
- Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?**
- Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?**

Deadline for comments

81. This document asks for your views on various questions surrounding the issue of local authority health overview and scrutiny.
82. This is an 8 week consultation, running from 12th July 2012 to 7th September 2012 and building on earlier consultation on *Liberating the NHS, Local Democratic Legitimacy in Health*. In order for them to be considered, all comments must be received by 7th September 2012. Your comments may be shared with colleagues in the Department of Health, and/or be published in a summary of responses. Unless you specifically indicate otherwise in your response, we will assume that you consent to this and that your consent overrides any confidentiality notice generated by your organisation's email system.
83. There is a full list of the questions we are asking in this consultation on page 25. You can respond online at http://consultations.dh.gov.uk/public-patient-engagement-experience/http-consultations-dh-gov-uk-ppe-local-authority/consult_view by email to scrutiny.consultation@dh.gsi.gov.uk or by post to:

Scrutiny Consultation
Room 5E62
Quarry House

Local Authority Health Scrutiny

Quarry Hill
Leeds LS2 7UE

84. When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation, please make it clear whom the organisation represents and, where applicable, how the views of the members were assembled.
85. It will help us to analyse the responses if respondents fill in the questionnaire, but responses that do not follow the structure of the questionnaire will be considered equally. It would also help if responses were sent in Word format, rather than pdf.

Criteria for consultation

86. This consultation follows the Cabinet Office Code of Practice for Consultations. In particular, we aim to:
 - formally consult at a stage where there is scope to influence the policy outcome;
 - follow as closely as possible the recommendation duration of a consultation which is at least 12 weeks (with consideration given to longer timescales where feasible and sensible) but in some instances may be shorter. In this case, it is 8-weeks in light of previous consultation referred to in paragraph 82 above and engagement undertaken by the Department throughout passage of the 2012 Act.
 - be clear about the consultation process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
 - ensure the consultation exercise is designed to be accessible to, and clearly targeted at those people it is intended to reach;
 - keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' "buy-in" to the process;
 - analyse responses carefully and give clear feedback to participants following the consultation;
 - ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.
87. The full text of the code of practice is on the Better Regulation website at www.bis.gov.uk/policies/better-regulation/consultation-guidance

Comments on the consultation process itself

88. If you have any concerns or comments which you would like to make relating specifically to the consultation process itself, please contact

Consultations Coordinator
Department of Health
Room 3E48
Quarry House

Local Authority Health Scrutiny

Quarry Hill
Leeds LS2 7UE

Email: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address

Confidentiality of information

89. We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.
90. Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
91. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a Statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
92. The Department will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to third parties.

After the consultation

93. Once the consultation period is complete, the Department will consider the comments that it has received, and the response will be published in the Autumn
94. The consultation and public engagement process will help inform Ministers of the public opinion, enabling them to make their final decision on the content of the health scrutiny regulations.
95. A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the consultations website at <http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>

Annex A - Consultation Questions

- Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons
- Q2. Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?
- Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.
- Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?
- Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?
- Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?
- Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.
- Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?
- Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?
- Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?
- Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 30 July 2012
Subject: Revenue Budget Management Report for 2011/12 for Social Care, Health and Housing.
Report of: Cllr Carole Hegley, Executive Member for Social Care, Health & Housing.
Summary: The report sets out the financial outturn for 2011/12

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

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|---|
| 1. Sound financial management contributes to the delivery of the Council's value for money, enabling the Council to successfully deliver its priorities |
|---|

Financial:

- | |
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| 2. The financial implications are set out in the report |
|---|

Legal:

- | |
|--------------------|
| 3. Not applicable. |
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Risk Management:

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

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| 6. Not applicable. |
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Community Safety:

- | |
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| 7. Not applicable. |
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Sustainability:

- | |
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| 8. Not applicable. |
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Procurement:

- | |
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| 9. Not applicable. |
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RECOMMENDATION(S):

The Social Care, Health and Housing Overview and Scrutiny Committee is asked to:-

- a. Note the General Fund outturn of £53.907m and £1.8m under spend.
- b. Note the Housing Revenue Account financial position.

Introduction

10. The report sets out the final outturn for 2011/12.

General Fund Executive Summary Revenue

- 11. The **General Fund** outturn for the directorate is an under spend of £1.8m or 3.2% (£0.255m under spend for December).
- 12. The following table 'A' shows a summary position analysed by the Director and Assistant Director, with more detailed commentary in the following paragraphs.

Appendix 'A' provides a more detailed analysis by Service.

Assistant Director	Approved Budget	Actual Outturn Spend for Year	Full Year Variance (-under)/ overspend	Full Year Variance after transfers to/from reserves (-under)/ overspend
	£000	£000	£000	£000
Director	184	221	37	37
AD Housing (GF)	4,168	4,131	(37)	(41)
AD Adult Social Care	53,446	52,599	(847)	524
AD Commissioning	5,073	3,734	(1,339)	(1,344)
AD Business & Performance	(7,152)	(8,071)	(919)	(988)
Total General Fund	55,719	52,614	(3,105)	(1,812)

13. Table 'B' – Subjective Analysis for the General Fund is as follows:

Expenditure type	Forecast Outturn (Before use of Reserves) £000
Staffing Costs	17,087
Premises and Transport	1,356
Supplies and Services	5,577
Third Party Payments	50,312
Other Payments	12,126
Total Expenditure	86,458
Income	(17,656)
Grants	(16,188)
Total Income	(33,844)
Net Expenditure	52,614

14. The **Adult Social Care** service had an over spend of £0.524m (£1.005m over spend for December). The main pressure however within this area was from Older People package costs which included an over spend of £0.363m. People are living longer and the costs of dementia are on the increase. In addition assumptions made in the budget setting process included an increase in demography of 4% but the financial implications suggested an increase in numbers of older people by 5%. This is a combination of increasing demography and self funders requiring local authority support.
15. To quantify the impact of self funders, 30 have required council support during the 2011/12 in residential and nursing care at an estimated additional full year cost of £0.546m. Given the current financial climate this trend is unlikely to diminish and will continue to put pressure on the Council's budget.
16. Challenging efficiency targets were set against the Older People service area and whilst they were not fully achieved good progress is being made. A positive example of this was the Reablement service which achieved reductions in care hours during 2011/12 of 3,134 which is equivalent to a saving of £0.323m. It is evident that whilst this activity is reducing costs to the Council it is not able to completely mitigate the costs of the above

17. The Learning Disabilities service area was within budget although package costs are under spent by of £0.478m (£0.272m projected over spend for December) this was offset by an over spend of £0.479m in cross boundary charging that was identified in 2010/11. The movement in this service area represents one of the main changes from that of the last quarter and was as a consequence of late notification of funding from health and other local authorities but also late start up of care packages.
18. The **Commissioning** service under spent by £1.344m (£0.712m for December) and relate to the further efficiencies made against the Learning Disability & Public Health Reform Grant £0.659m and mental health contracts £0.422m. Customer income over achieved by £0.915m against budget within the **Business & Performance** service area, an increase of £0.300m as forecast in quarter 3.

Executive Summary Housing Revenue Account

19. The final outturn for the **Housing Revenue Account (HRA)** is a contribution to the HRA reserve of £0.161m. The original budget and December forecast was a £0.195m contribution from the reserve.
20. The variance is the result of improved rental income, reduced insurance costs, a small under spend in the Capital programme and as a consequence reduced revenue financing costs.

Detailed Commentaries

Director

21. There was an over spend of £0.037m resulting from unachieved managed vacancy factor and additional administration support costs.

Assistant Director – Housing (GF)

22. Across Housing Operations, there was a positive variance of £0.037m (over spend of £0.110m in December).
 - 22.1 Within Prevention, Options, and Inclusion there was an over spend of £0.079m (£0.026m in December). This related to additional interim costs leading up to the harmonisation of the Housing Needs service.
 - 22.2 This was offset by an under spend of £0.069m in the Supporting People service, where the staffing costs were reduced due to a half year vacancy for the post of interim Housing Support Services Manager. There was also a small saving on contract costs with suppliers.
 - 22.3 At the Traveller sites, higher than anticipated rental and service charge income has resulted in an under spend of £0.034m (over spend of £0.071m in December).

Assistant Director – Adult Social Care

23. The overall position was an over spend of £0.524m (£1.005m over spend for December). The highest risk areas within this service area are for external care packages which reported over spends of £0.363m for Older People, £0.130m for People with Physical Disabilities and an under spend of £0.478m for People with Learning Disabilities. Further details are provided below.

23.1 **Older people**

The packages budget for older people included demographic growth of £1.0m but also efficiencies of £1.4m relating to reductions in residential placements together with savings from the activity around reablement and personal budgets.

23.2 **Residential Care**

There was an over spend of £0.626m. The number of service users reduced by 26 since the end of March 2011. For 2011/12, there were 48 cases relating to a 12 week disregard period and 23 former self funders requiring local authority support. At the end of 2011/12 residential placements numbers stood at 534 of which 264 were in residential block beds (95% occupancy versus 87% at the end of March 2011) and 270 in spot purchased beds (318 at the end of March 2011).

23.3 **Nursing care**

There was an over spend of £0.415m reflecting a corresponding increase in service user numbers of 11 placements since March 2011. For 2011/12 there were 11 cases relating to a 12 week disregard period and 7 former self funders requiring local authority support.

23.4 **Home care**

There was an under spend on external home care packages of £0.429m; there has been an increase in home care service users of 165 since the end of March 2011. The average weekly package cost has decreased since 1 April 2011 reflecting a reduction in average weekly support hours and a very small reduction in the average hourly price. The Reablement service has achieved reductions in hours for 2011/12 of 3,134 which is equivalent to a saving of £0.323m for the year.

23.5 **Physical Disabilities**

The overall position on care packages was an over spend of £0.130m. The budget in this area has increased by £0.473m between years to reflect the potential loss of Independent Living Fund (ILF) funding and the full year effect of 2010/11 care packages. It also included funded pressures of £0.075m for Transitions and an efficiency of £0.100m in relation to the renegotiation of high cost packages.

23.6 There were variances within this over spend as residential care was over spent by £0.229m although there was reduction in customers of 7 since March 2011, nursing care an over spend of £0.088m with an associated reduction in service users of 14 and Home Care an under spend of £0.236m against an reduction of 87 customers since March 2011. An over spend of £0.110m occurred on direct payments although the number of service users decreased by 107 since the end of March 2011.

23.7 **Learning Disability**

The outturn was on budget (£0.601m over-spend for December) however there were significant variances within this position. Care packages under spent by £0.461m and the key reasons were as a consequence of late notification of funding from health and other local authorities but also late start up of care packages. Offsetting this under spend was a £0.436m over spend in relation to an unachievable other local authority income target. There were significant variances within care package lines including an over spend of £0.248m on cross boundary placements reflecting increased bed prices advised by other local authorities and an over spend of £0.230m on direct payments reflecting an increase in client numbers since March 2011. These are offset by under spends on other care package lines totalling £0.948m

23.8 For Learning Disabilities direct services there is an over spend of £0.132m comprising an under spend on pay of £0.173m against an income shortfall of £0.309m.

23.9 **Other variances**

There were a number of other variances that are explained below:

- Savings were achieved around the residential care block contract and cross boundary placements budget of £0.226m and £0.077m respectively.
- The Reablement Service under spent on pay by £0.168m due to phased recruitment to the new Support Planner/Broker teams, vacant posts and the externalisation of the Courts
- Learning Disabilities and Mental Health Management over spent by £0.171m reflecting partial non achievement of efficiency targets within the in-house domiciliary care service of £0.250m.

Assistant Director – Commissioning

24. The under spend of £1.344m (£0.712m for December) within Commissioning relates primarily to the under spend on the Learning Disabilities & Health Reform Grant of £0.659m and on contracts of £1.1m (see Para 25.2).
- 24.1 The Campus Closure re-provision programme for people with learning disabilities was over spent by £0.143m but, as planned, an earmarked reserve was utilised to support the costs of voids, one-off entry and exit costs associated with the new schemes opening during 2011/12.
- 24.2 The under spend on contracts of £1.1m relates mainly to Mental Health services £0.626m of which £0.200m represents a compensatory efficiency saving. An improvement plan was agreed with a provider as a means to increase the amount of investment made to mental health services within Central Bedfordshire but was never fully utilised in the year. The application of grant funding to support the spend on community equipment and Telecare has also contributed £0.628m to the under spend position.

Assistant Director – Business and Performance

25. The outturn under spend of £0.988m (£0.577m for December) predominately relates to the over achievement of customer income. Most of this, £0.934m, related to long stay residential and nursing care contributions.

Assistant Director – Housing (HRA)

26. The Housing Revenue Account (HRA) annual expenditure budget was £25.002m and income budget was £24.807m with a contribution of £0.195m from HRA reserves to present a net budget of zero. A subjective breakdown of this budget and outturn is shown below:

2011/12	Budget	Outturn
	£m	£m
TOTAL Income (Rents & Service Charges)	(24.807)	(25.034)
Staffing Costs	3.014	3.498
Repairs and Maintenance Costs	4.697	4.285
Stock Investment Programme	4.825	4.469
Corporate / Directorate Recharges	1.272	1.319
Supplies & Contracted Services	1.300	1.409
Housing Subsidy payment	9.894	9.893
TOTAL Expenditure	25.002	24.873
Contribution to / (from) reserve	(0.195)	0.161
Net Expenditure	0	0

- 26.1 The 2011/12 outturn for the Housing Revenue Account (HRA) enables a contribution to the HRA reserve of £0.161m. A contribution from reserves of £0.195m was anticipated in the budget and the December forecast.
- 26.2 A favourable variance of £0.093m is accounted for by reduced insurance costs, resulting from reduced premiums and the refund of part of the insurance provision. The provision related to claims prior to the creation of Central Bedfordshire Council, which have now reduced to a de minimus level.
- 26.3 In addition a further positive variance £0.090m was as a result of a minor under spend on the HRA Capital programme. As the HRA capital programme is financed predominantly by direct revenue financing, together with a small amount of capital receipts, less revenue was required to fund the programme.
- 26.4 The final part of the favourable variance (£0.174m) was accounted for by increased rental income. During 2011/12 the Council adopted a policy of re-letting new Council tenants at formula rent. Formula rent represents a level playing field for social housing tenancies so that tenants pay the same level of rent for similar properties, whether they rent from Housing Associations or the Council. During the year approximately 250 tenancies were let in this way, enhancing the Council's rent receipts.

Revenue Virement Requests

27. There were no virements over £0.100m to report

Achieving Efficiencies

28. A number of efficiencies were built into the 2011/12 base budget.
- 28.1 For 2011/12 the efficiencies amounted to £4.694m. Of this £4.753m was achieved.
- 28.2 Within the directorate efficiencies, there were two efficiencies that did not achieve their target. The first related to services in Learning Disabilities of £0.179m and the second around the reduction in demand for residential care due to reablement and efficiencies following the introduction of personal budgets of £0.271m. However a combination of some efficiencies achieving above target and some one off compensatory efficiencies helped the directorate achieve target.
- 28.3 Appendix B shows the Efficiency Tracker summary for the Directorate.

Reserves position

29. Appendix C shows the full list of reserves for the directorate. The total General Fund reserves available as at April 2011 were £2.617m.
- 29.1 In respect of the Campus Closure capital project, £0.143m has been drawn down from the reserve leaving £0.601m to meet the costs of the final schemes in 2012/13 and 2013/14.
- 29.2 £0.084m was drawn down from the Social Care Reform reserve leaving £0.331m to finalise Personalisation projects and the Recovery & Improvement Programme.
- 29.3 The Deregistration of Care Homes Reserve is being utilised to meet the costs of new Learning Disabilities cases arising from Ordinary Residence. An amount of £0.017m was used from the reserve to meet these new costs in 2011/12.
- 29.4 A new reserve has been established for £0.475m The purpose of the reserve is to ensure that service users requiring major adaptations to remain in their own homes can do so including those who have been discharged from hospital or would otherwise be at risk of hospital admission.

- 29.5 Further new reserves are as follows:
- £0.347m to take forward work on the Residential Futures project and smaller commissioning schemes.
 - £0.138m to deliver further improvements in mental health services
 - £0.674m to maintain funding of the Greenacres Step up Step down facility.
- 29.6 The Supporting People Reserve was not used to manage the transitional costs of renegotiating housing and care contracts in Learning Disabilities which were previously partially dependent on Supporting People income. The reserve will now be applied to enhance Supported Housing.
- 29.7 In respect of the Housing Revenue Account, the total reserves available as at April 2011 were £3.989m and the outturn indicates that a net contribution of £0.115m to the HRA reserves will occur in 2011/12. This will leave a balance of £4,104m.

Debt Analysis

30. Housing Revenue Account

- 30.1 Total current and former tenant arrears were £0.886m at the end of the financial year (£0.905m at the end of December). Current arrears are £0.571m or 2.28% of the annual rent debit of £25.01m (£0.623m or 2.5% at the end of December). The figure of 2.28% is a 0.13% adverse variance against a target of 2.15%. Performance on Former Tenant Arrears is 1.26% against a target of 1.0%, leaving a balance of £0.315m.

There have been write offs of £0.056m.

30.2 General Fund

- 30.3 General Fund debt at the end of 2011/12 stood at £6.5m (£5.8m for December) of which £2.2m is house sales debt, £2.3m Health Service debt, £0.1m other Local Authorities. Of the remaining general debt of £1.9m, £0.6m (48%) is more than one year old. This includes legacy debt as well as Central Bedfordshire debt.

Appendices:

Appendix A Net Revenue Position Full Analysis

Appendix B Efficiencies

Appendix C Reserves

Appendix D Debt Analysis

Background papers: None

Location of papers: Technology House

Appendix A1

	Year				Outturn Variance	Planned Transfer to Reserves	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.	Outturn as % of Budget	RAG	Risk	Activity level Medium/High risk budgets (COMMENTARY)
	Approved Budget	P1-14 Outturn	Outturn Variance	Planned Transfer to Reserves								
	£000	£000	£000	£000	£000	£000	£000					
Director of Social Care, Health, Housing	184	221	37			0	37	20%	red	Low	Overspend on pay due to additional admin support & unachieved Managed Vacancy Factor.	
Housing Management (GF)	4,168	4,131	-37		0	-4	-41	-1%	green			
Supporting People	2,471	2,402	-69				-69	-3%	green	Low	Under spend on staffing costs	
Prevention, Options & Inclusion (GF)	930	1,010	80				80	9%	amber	High	Over spend on agency staff funded by under spend on Supporting People contracts	
Private Sector Housing Options (GF)	633	623	-10			-4	-14	-2%	green	Medium		
Housing Management (GF)	134	96	-38				-38	-28%	amber	Low	Rental Income for Travellers' sites higher than anticipated	
Adult Social Care	53,446	52,599	-847		1,496	-125	524	1%	green			
Asst Director Adult Social Care	518	-1,621	-2,139		1,496		-643	-124%	amber	Low	Over spend on AD and HoS pay £59k, underspend on SoVA of £6k and on IM/CA of £12k. Transfer to reserve relates to Step-up, Step Down scheme developed with health, DFGs and Residential Futures. Balance of underspend relates to allocation of NHS Grant fund for reablement, care packages, minor works and social work staff	
Older People and Physical Disability Mgt	488	483	-5			-15	-20	-4%	green	Low		
Older People - Day Care	598	594	-4				-4	-1%	green	Low		
Enablement	2,768	2,609	-159				-159	-6%	green	Low	Underspend on Support Planner/Broker teams £37k. Courts outturn net under spend of £177k. Reablement outturn is an overspend of £55k mainly due to new day care reablement posts	
OPPD - Care Management Central	1,053	1,230	177				177	17%	red	High	Overspend on pay on the Review Team £61k but this is offset by allocation of NHS Grant funding of £76k, OT team underspend of £72k due to vacancies.	
OPPD - Care Management North	13,097	13,518	421			-17	404	3%	amber	High	Pay over spend of £33k, over spend on packages of £363k across North and South before application of NHS Grant of £582k, over spend on Phys Dis packages of £130k before application of NHS Grant of £87k.	
OPPD - Care Management South	12,662	13,329	667			-64	603	5%	amber	High	See above	
LD & MH Management	85	256	171				171	201%	red	Low	Efficiency shortfall of £171k re direct services restructure - day care and domiciliary care.	
Under 65 Mental Health Packages	474	537	63				63	13%	red		Over spend of packages	
Learning Disabilities - Assessment and Care Mgmt	11,301	11,316	15			-16	-1	0%	green	High	Shortfall of £478k OLA income (budget build error), underspend of £69k on pay due to vacancies, under spend after reserves on care packages of £461k, underspend on Supported Living schemes of £8k	
Learning Disabilities - Direct Services	3,804	3,962	158			-26	132	3%	amber	Low	Outturn underspend on pay of £173k partially offsetting shortfall of £309k of withdrawn Supporting People income	
Sheltered Employment	-27	35	62			13	75	-278%	amber	Low	Full year efficiency on LuDun not achieved due to closure date being in year & one-off security costs £23k, £31k shortfall on Workstep due to over-stated income target	
Emergency Duty Team	119	146	27				27	23%	red	Medium	£34k of income from other local authorities supporting ICT and telephony costs met in corporate services	

Appendix A

		Year									
		Approved Budget	P1-14 Outturn	Outturn Variance	Planned Transfer to Reserves	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.	Outturn as % of Budget	RAG	Risk	Activity/level Medium/High risk budgets (COMMENTARY)
		£000	£000	£000	£000	£000	£000	£000			
BUPA		6,506	6,205	-301			-301	-5%	green	Medium	Underspend on the block contract £228k and on cross-boundary placements £77k
Commissioning		5,073	3,734	-1,339	138	-143	-1,344	-26%	amber		
Asst Director Commissioning		-240	255	495			495	-206%	amber	Low	Over spend on pay due to use of interims £73k. EA25 efficiency target balance of saving of £333k re special and specific grants held here and forecast to be achieved below in Contracts, LD Transfer and in Personalisation, one-off project costs of £120k
Contracts		4,197	2,928	-1,269	138		-1,131	-27%	amber	Low	Section 75 Mental Health with SEPT underspend of £560k, mental health contracts £66k under spend, NHS grant funding of £628k
LD Transfer		-106	-765	-659			-659	622%	amber	Medium	Government grants exceeds expenditure commitments, contract savings achieved in year
Bedfordshire Drug Action Team		82	47	-35			-35	-43%	amber	Low	Substance Misuse packages under spend of £32k
Personalisation		578	599	21			21	4%	amber	Low	
Commissioning		562	670	108		-143	-35	-6%	green	Medium	Forecast over spend of £143k on Campus Closure revenue offset by reserve
Business and Performance		-7,152	-8,071	-919	0	-69	-988	14%	green		
Asst Director Business & Performance		193	197	4		-69	-65	-34%	amber	Low	Contribution towards Special and Specific Grants efficiency offset by projected overspend on pay of £25k due to unachieved efficiency on PA/admin support
Business Systems		950	956	6			6	1%	green	Low	
Business Infrastructure		673	659	-14			-14	-2%	green	Low	Under spend on training
Customer Contributions		-8,968	-9,883	-915			-915	10%	green	Medium	Financially assessed income exceeding target
Sub-total Social Care, Health and Housing General Fund		55,719	52,614	-3,105	1,634	-341	-1,812	-3.25%	green		

Appendix B

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

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

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

1. EA51 - The reduction in usage of residential and nursing care has delivered £1.129M vs target £1.4m.
2. EA40 Direct Services streamlining of domiciliary care and A&R services; a shortfall of £0.179m is the outturn position

Compensatory initiatives have been identified to mitigate for the current shortfall.

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Earmarked Reserves - 2011/12 Outturn

Description	Opening Balance 2011/12	Planned Transfer to Reserves	Spend against reserves	Release of reserves	Proposed Closing Balance 2011/12
	£000	£000	£000	£000	£000
Social Care Health and Housing Reserves					
Social Care Reform Grant	415	0	84	0	331
Deregistration of Care Homes	583	0	17	0	566
LD Campus Closure	744	0	143	0	601
Supporting People	305	0	0	0	305
Reablement 10/11	222	0	0	0	222
Winter Pressure 10/11	348	0	0	0	348
Residential Futures and Commissioning	0	347	0	0	347
Mental Health Action Plan	0	138	0	0	138
Step up/Step down	0	674	0	0	674
Disabled Facilities Grant revenue funding	0	475	0	0	475
	2,617	1,634	244	0	4,007
Housing Revenue Account Reserves					
HRA	3,743	162	0	0	3,905
Business Process Re-engineering	46	0	46	0	0
Major Repairs (HRA)	200	0	0	0	200
	3,989	162	46	0	4,105
GRAND TOTAL	6,606	1,796	290	0	8,112

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Meeting: Social Care, Health & Housing Overview and Scrutiny Committee
Date: 30 July 2012
Subject: Capital Budget Management 2011/12
Report of: Cllr Carole Hegley, Executive Member for Social Care, Health & Housing.
Summary: The report provides information on the Directorate capital financial position as at the end of March 2012

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

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|--|
| 1. Sound financial management contributes to the delivery of the Council's value for money, enabling the Council to successfully deliver its priorities. |
|--|

Financial:

- | |
|--|
| 2. The financial implications are set out in the report. |
|--|

Legal:

- | |
|--------------------|
| 3. Not applicable. |
|--------------------|

Risk Management:

- | |
|--------------------|
| 4. Not applicable. |
|--------------------|

Staffing (including Trades Unions):
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- | |
|--------------------|
| 5. Not applicable. |
|--------------------|

Equalities/Human Rights:

- | |
|--------------------|
| 6. Not applicable. |
|--------------------|

Community Safety:

- | |
|--------------------|
| 7. Not applicable. |
|--------------------|

Sustainability:

- | |
|--------------------|
| 8. Not applicable. |
|--------------------|

Procurement:

- | |
|--------------------|
| 9. Not applicable. |
|--------------------|

RECOMMENDATION:

The Social Care, Health and Housing Overview and Scrutiny Committee is asked to note and consider this report.

Status of the Programme

10. The following table summarises the position as at the end of the financial year 2011-12.

11. Table 1 Capital programme summary

	Full Year Outturn						
	Gross Expend. Budget	Gross Income Budget	Net Total	Gross Expend. Outturn	Gross Income Outturn	Net Total	Variance
Project	£m	£m	£m	£m	£m	£m	£m
Disabled Facility Grants (DFG)	3.370	(0.588)	2.782	3.066	(0.704)	2.362	(0.420)
Renewal Assistance	0.244	(0.044)	0.200	0.131	(0.020)	0.111	(0.089)
NHS Campus Closure	4.430	(4.430)	0	1.803	(1.803)	0	0
Timberlands	0.931	(0.699)	0.232	0	(0)	0	(0.232)
Empty Homes	0.200	(0.040)	0.160	0.048	(0)	0.048	(0.112)
Adult Social Care ICT Projects	0.280	(0.280)	0	0.161	(0.161)	0	0
Step Up/Step Down refurbishment	0.050	(0.050)	0	0	(0)	0	0
Sheltered Housing	0.020	(0.020)	0	0	(0)	0	0
Sub Total	9.525	(6.151)	3.374	5.209	(2.688)	2.521	(0.853)
HRA	5.056	0	5.056	4.766	0	4.766	(0.290)
Total	14.583	(6.153)	8.430	9.975	(2.688)	7.287	(1.143)

General Fund Programme

12. As part of the capital programme review (November 2011) a successful bid was made to increase the resources allocated to **Disabled Facility Grants** (DFG), as shown in the gross expenditure budget above. The expenditure outturn was slightly lower than expected and income, including a late additional amount of grant received from Department for Communities & Local Government, was higher than anticipated. This resulted in a net under spend of £0.420m.
13. In the year 2011/12, 397 DFG cases were completed which resulted in 513 major adaptations. These are as follows:

Type of adaptation	No completed
Level access shower/wet room	279
Straight stair lift	70
Curved stair lift	20
Toilet alterations	18
Access ramps	22
Dropped kerb and hard standing	6
Wheelchair/step lift	5
Through floor lift	11
Major extension	7
Kitchen alterations	7
Access alterations (doors etc)	34
Heating improvements	7
Garage conversions	7
Safety repairs/improvements	8
Other	12
Total	513

14. The grants provided to residents through the DFG programme assist some of the poorer and most vulnerable members of the community. Without these grants in many cases the properties involved would be unsuitable for the needs of the occupiers.
15. By providing such residents with the facilities required to enable them to remain in their current homes, the DFG programme is helping to enhance the quality of their lives. This also reduces pressure on health service resources and residential care, as without these improvements more residents would require emergency or longer term care solutions.
16. The **Renewals Assistance** programme includes Safety Security Emergency Repair assistance and is an “emergency” type of assistance for the most vulnerable households, for example dangerous wiring, a condemned boiler, etc.
17. In addition Home Improvement Assistance will remedy hazardous and/or non decent homes occupied by vulnerable households, for example leaking roofs, rotten windows, etc. Most defects remedied were likely to have affected the health of occupants.
18. The Affordable Warmth Assistance remedies fuel poverty, usually in association with external funding.

19. All types of assistance provided normally result in improvements to homes that could previously have been affecting the health of the occupants. Assistance is related to improved health outcomes.
20. In the year 2011/12, 48 Renewals cases were completed and are broken down as follows:

Type of Assistance	Number
Safety Security Emergency Repair	15
Home Improvement Assistance	27
Affordable Warmth Assistance	5
Legacy Empty Homes Grant	1

21. Expenditure on **Empty Homes** related to Empty Dwelling Management Orders (EDMOs) for two properties in Hockliffe Street in Leighton Buzzard. Two further properties were progressed but due to the legal and administrative requirements it was not possible to start works before the end of the financial year. A further five properties have been earmarked for EDMO/Compulsory Purchase Order (CPO) and will be progressed during 2012/13. This has resulted in an under spend for 2011/12 of £0.112m.
22. The **Campus Closure Programme** outturn has resulted in slippage into 2012/13 of £2.627m although there will be no impact on the overall capital programme as it is fully grant funded. Since the beginning of the scheme the authority has spent nearly £5.3m on refurbishing and building new properties. At 31 March 2012, the programme had completed/delivered 10 properties across Bedfordshire. A further 6 schemes are in development or planned with 2 expected to complete in 2012/13 and 4 in 2013/14.
23. Slippage of £0.160m has been identified on **Social Care ICT** projects. The projects will now take place in 2012/13.
24. Whilst the work on the **Step Up/Step Down** facility in one of the Councils residential homes was completed, it did not meet the requirements of capital expenditure and therefore the capital funds were not utilised.
25. The **Sheltered Housing** project has slipped into 2012/13, although there will be no impact on the overall capital programme as it is fully grant funded.

Housing Revenue Account Programme

26. There was an under spend of £0.290m in the HRA capital programme due to efficiencies in delivery of the Estates Improvements and Energy Conservation programmes for 2011/12. As a result the revenue contribution to finance capital expenditure has been reduced by this amount, which contributed to the under spend for the HRA revenue outturn.

Appendices:

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

Background papers and their location: None

Appendix A

Appendix A - General Fund Position by Capital Project

CENTRAL BEDFORDSHIRE CAPITAL PROGRAMME 2011/2012
2011/12 Capital Programmes
Social Care Health and Housing

Title and Description of the Scheme	Category	Review of Capital Programme Approved by Executive 18th November 2011				Period 13				Full Year Variance				Over/under spend				Slippage into 2012/13				Explanation of significant variances (Actual compared with the budget) and justification for approving slippage.
		ACTUAL		ACTUAL		ACTUAL		ACTUAL		ACTUAL		ACTUAL		ACTUAL		ACTUAL		ACTUAL				
		Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s	Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s	Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s	Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s	Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s	Gross Expenditure £000s	Expend Funding £000s	Net Expenditure £000s			
Disabled Facilities Grants Scheme The project is the provision of mandatory Disabled Facilities Grants (DFGs) to adapt homes of people with disabilities to meet their specific needs.	B	3,370	(588)	2,782	3,066	(704)	2,362	(420)	(116)	(304)	0	(294)	(420)	(116)	0	(304)	(420)	(116)	0	(294)	(420)	Increased grant income and contributions from subsidised properties as a result of scheme approvals whilst budget was approved.
Renewal Assistance The project is the provision of grant or loan assistance in accordance with Central Housing Renewal Policy, to help the most vulnerable people in the area to repair or improve their homes to make them safe, warm and healthy.	C	244	(44)	200	131	(20)	111	(89)	24	(113)	0	(113)	(89)	24	0	(113)	(89)	24	0	(113)	(89)	Difficult to gauge demand for what is often emergency assistance. Following promotion of the Wanner Homes Scheme in 11/12 it is anticipated that demand will increase and for Home Improvement Assistance in 12/13.
NHS Central Closure The NHS Central Closure Programme is a programme of temporary closures, to provide up to date and future proofed accommodation for people with severe mental health problems, which will be commissioned by the former Bedfordshire Health Authority in the early 1990s. Due to the limitations of these premises, the programme aims to provide a supported living model and alternative tenancy based accommodation is being provided by the former Bedfordshire County Council. CBC now acts as the agent for the programme of temporary closures in Luton Borough and Central Bedfordshire. The scheme is intended to provide much more individual living space, enabling people to live more independently and achieve measurable increases in practical independence of individuals such as their own space within their flats with support. Premises have been converted to the above flats.	A	4,430	(4,430)	0	1,803	(1,803)	0	(2,627)	2,627	0	0	(2,627)	2,627	0	0	(2,627)	2,627	0	0	(2,627)	2,627	Slippage relates to abortive schemes, delays in securing planning permission.
Leisure Sites Leisure Sites Timberlands is in 'poor condition'; there are public health issues and safety concerns. The programme aims to address these issues relating to site management. Grant has been secured for 75% of proposed costs.	C	931	(69)	232	0	0	0	(931)	699	(232)	0	(931)	699	(232)	0	(931)	699	(232)	0	(931)	699	No spend at site as final tenants were not removed until Jan/ delay in decision on number of pitches. Contractor currently being procured.
IT Systems The project is the provision of funding to undertake capital works to long term empty premises. The project is funded by the action by the Council. The enforcement action would be compulsory purchase or empty dwelling management orders.	C	200	(40)	160	48	0	48	(152)	40	(112)	4.0	(152)	40	(112)	0	(160)	160	0	0	(160)	160	Delays due to legal process and challenge by owner.
Social Care IT Infrastructure Social Care Single Capital Pool Mental Health Single Capital Pool Mental Health Single Capital Pool The project includes RFP203, AS/FACE, Web, Site development & Electronic Social Care record development.	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Site Use, Site Design, Refurbishment Works The project is the provision of a facility to by and reduce the number of people admitted or re-admitted to hospital.	A	50	(50)	0	0	0	0	(50)	50	0	13	(13)	0	0	0	0	0	0	0	0	0	
Statutory Duties The project is the provision of support to improve the assets and support enhanced housing.	A	20	(20)	0	0	0	0	(20)	20	0	0	(20)	20	0	0	(20)	20	0	0	(20)	20	
DLA Renovation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Social Care, Health and Housing:		9,525	(6,151)	3,374	5,209	(2,688)	2,521	(4,316)	3,483	(883)	27	(1,130)	(4,159)	3,414	(741)							

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Appendix B

CAPITAL PROGRAMME - CENTRAL BEDFORDSHIRE COUNCIL 2011/12
HOUSING REVENUE ACCOUNT

Appendix B - HRA Position by Capital Project

Title and Description of the Scheme	Category	Revised Capital Programme- Approved by Executive 16th November 2011			Period 13			Full Year Variance			Over / under spend			Slippage into 2012/13		
		Gross Expenditure	External Funding	Net Expenditure	ACTUAL			Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure	Gross Expenditure	External Funding	Net Expenditure
					£000s	£000s	£000s									
General Enhancements (formerly Minor Works)	HRA	260	0	260	216	0	216	(34)	0	(34)	(34)	0	(34)	0	0	0
Various one-off projects required on an ad hoc basis for the purpose of a specific capital project, eg defective damp-proof.																
Drainage & Water Supply	HRA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A programme of improvements to water mains and sewerage systems where these systems have deteriorated due to age.																
Stock Remodelling	HRA	200	0	200	83	0	83	(117)	0	(117)	(117)	0	(117)	0	0	0
Various projects that have been identified to enhance the stock: eg. improve insulation, convert basins to flats, convert flat to pitch roads, construct lift shafts, etc.																
Garage Redesign/Install	HRA	50	0	50	33	0	33	(17)	0	(17)	(17)	0	(17)	0	0	0
To ensure our garage back sites are in a safe and secure condition.																
Paints & Finishes Schemes	HRA	60	0	60	97	0	97	37	0	37	37	0	37	0	0	0
Identification of defects and design, plan and install improvements.																
Estate Improvements	HRA	260	0	260	154	0	154	(96)	0	(96)	(96)	0	(96)	0	0	0
Improvement to the amenities and appearance of our neighbourhood.																
Energy Conservation	HRA	260	0	260	56	0	56	(194)	0	(194)	(194)	0	(194)	0	0	0
Improve the energy efficiency of the housing stock.																
Roof Replacement	HRA	234	0	234	232	0	232	(2)	0	(2)	(2)	0	(2)	0	0	0
A programme of replacement where the roof is damaged or leaking.																
Central Heating Installation	HRA	1,100	0	1,100	1,215	0	1,215	115	0	115	115	0	115	0	0	0
Delivery of affordable warmth and improvement to thermal comfort while reducing harmful emissions.																
Re-wiring	HRA	340	0	340	346	0	346	6	0	6	6	0	6	0	0	0
Improvement to wiring for efficiency and safety reasons.																
Kitchens and Bathrooms	HRA	1,100	0	1,100	1,253	0	1,253	153	0	153	153	0	153	0	0	0
Identify properties that will fail the Decent Home Standard and institute remedial action.																
Central Heating communal	HRA	172	0	172	95	0	95	(77)	0	(77)	(77)	0	(77)	0	0	0
To deliver affordable warmth and improve thermal comfort while reducing harmful emissions.																
Stairdoor entry	HRA	350	0	350	292	0	292	(58)	0	(58)	(58)	0	(58)	0	0	0
Replacement of front and rear doors with quality composite doors.																
Structural repairs	HRA	150	0	150	143	0	143	(7)	0	(7)	(7)	0	(7)	0	0	0
Correction of structural defects arising from subsidence.																
Asbs and adaptations	HRA	150	0	150	135	0	135	(15)	0	(15)	(15)	0	(15)	0	0	0
Where it is not possible to relocate to adapted properties the resource enables us to adapt the clients current property.																
Asbestos management	HRA	57	0	57	109	0	109	52	0	52	52	0	52	0	0	0
Asbestos monitor, and dispose of asbestos correctly.																
Capitalised Salaries	HRA	343	0	343	307	0	307	(36)	0	(36)	(36)	0	(36)	0	0	0
Capitalise salary costs within Asset Management for time spent on the capital																
Window Replacement	HRA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		5,056	0	5,056	4,766	0	4,766	(290)	0	(290)	(290)	0	(290)	0	0	0

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Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date: 30 July 2012
Subject: Quarter Four Performance Monitoring Report
Report of: Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing
Summary: The report highlights the performance for the Social Care, Health and Housing Directorate for Quarter 4 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, more specifically promoting health and wellbeing and protecting the vulnerable.

Financial:

2. There are no direct financial implications.

Legal:

3. There are no direct legal 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. There are no direct staffing 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.

Public Health

8. The report highlights performance against a range of Adult Social Care indicators that are currently in the corporate indicator set. The indicator set will change in the future when aspects of Public Health transfers to Council responsibility.

Community Safety:

9. There are no direct community safety implications. Safeguarding of Vulnerable Adults (SOVA) investigations completed within 35 days is reported.

Sustainability:

10. There are no direct sustainability implications. The number of households living in temporary accommodation and the percentage of non decent homes are reported.

Procurement:

11. There are no direct procurement implications.

RECOMMENDATION(S):

The Social Care, Health and Housing Overview and Scrutiny Committee is asked to note and consider this report.

Overview

12. Social Care, Health and Housing have been able to improve performance for the majority of indicators in the corporate set during 2011/12, against a difficult economic climate and whilst making changes to structures and services.
13. There have been noticeable improvements in the latter part of the year much due to planned management actions.
14. Performance in Quarter 4 has improved in comparison to Quarter 3. Four indicators were rated green in Quarter 4 as opposed to two in Quarter 3, two indicators were rated red as opposed to five in Quarter 3 and one indicator was rated amber.

15. Of the two indicators rated as red, the first, Clients receiving self directed support, achieved a positive outcome given there is a challenging national target of achieving 100% by the end of 2012/13. The year end result of 52.9% is below the local target set of 60% but shows a third successive year of improvement. A total of 2,430 customers were receiving a personal budget, 1,257 of those via a direct payment, 41 a combination of a direct payment and services arranged and paid for by the Council, with 1,132 solely receiving services arranged and paid for by the Council.
16. The second indicator rated as red was SOVA investigations completed within 35 days. Performance of this indicator improved in Quarter 4 to 59% and although this is below the target of 80%, is in line with the year end result for 2010/11.
17. The indicator rated as amber was the number of households living in temporary accommodation. This increased in Quarter 4 as more households have been directly affected by the tough economic conditions. The year end result of 46 households is within 10% of the target of 43 households and has therefore been reported as amber.
18. Performance of the indicator for the percentage of clients receiving a review (SCHH6) saw significant improvement in quarter 4, exceeding its target for the year of 80% with an end result of 82.65%.

Director's Summary

19. Although another challenging year for Adult Social Care, there has been a continued improvement in performance. The target for both carers' assessments (SCHH 3) and reviews (SCHH 6) have been exceeded and whilst outturn for self-directed support (SCHH 2) was not achieved, this is the third successive year of improvement. The improvement in performance can be attributed to the management action put in place to re-profile targets and proactively manage performance and productivity of staff, together with the additional resources secured to assist with the annual review of client's care packages.
20. Performance in relation to safeguarding (SCHH 4) has improved in the last quarter of the year, with an outturn similar to that of 2010/11. 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.
21. The Housing Service achieved the decent homes target (SCHH 9) with no properties being non-decent as at the 31 March. The target set for households living in temporary accommodation, with dependent children, was also achieved, against a backdrop in which there has been an increase in the overall number of households living in temporary accommodation, where the target was narrowly missed. There is pressure on the Service, mainly due to the prevailing economic environment.

Appendix:

Appendix – Quarter 4 Performance Indicators

Background papers and their location:

None

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SCHH 1 People supported to live independently (NI 136)															
Unit	2009/10 Outturn	2010/11				2011/12				Latest comparator group average	3.588 CIPEA 2009/10	Report comparison	Quarter on Quarter	Performance Judgement	Not scored
		Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1						
High	3,435	4,295	3,668	3,809.4	3,328	3,042.6	3,042.6	3,042.6	3,042.6	3,033.7	3,015.3	2,920.7	2,840.2	2,840.2	
						No target set									

Comment: Performance continues to remain 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)															
Unit	2009/10 Outturn	2010/11				2011/12				Latest comparator group average	29.8 CIPEA 2010/11	Report comparison	Quarter on Quarter	Performance Judgement	Not scored
		Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1						
High	14.40	30.0	15.91	15.80	23.60	30.42	30.42	30.42	30.42	32.20	35.3	40.0	52.9	52.9	

Comment: A challenging national target has been set for this indicator. Management action put in place during the year, to re-profile the target and proactively manage the performance and productivity of staff has resulted in a significant increase in performance in the latter part of the year. Whilst new customers are receiving self-directed support, through personal budgets/direct payments, at the end of the Reablement process, the challenge was 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. Additional resources were secured to assist with the annual reviews, which along with the management action has contributed to the final outturn. Whilst the target was not achieved, this is the third year of sustained improvement for this measure. Processes have been put in place to improve performance of our Mental Health partner and to achieve the ambitious target of 100% of clients receiving self-directed support by March 2013.

SCHH 3 Carers receiving needs assessment or review and a specific carer's service or advice and information (NI 135)															
Unit	2009/10 Outturn	2010/11				2011/12				Latest comparator group average	23.8 CIPEA 2010/11	Report comparison	Quarter on Quarter	Performance Judgement	Not scored
		Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1						
High	23.90	30.0	22.21	18.90	21.40	31.39	31.39	31.39	31.39	31.40	30.4	29.1	43.7	43.7	

Comment: Performance for this measure is heavily dependent upon sustained activity on reviews and improved performance has been achieved tackling staff productivity and redirecting resources to assist with annual reviews. Data recording has also been identified as an issue and processes are being put in place to ensure recording issues are identified at an earlier stage.

SCHH 4 SOVA investigations completed within 35 days											
Unit	Good is	High	2010/11 Outturn	2011/12				Latest comparator group average	Report comparison	Quarter on Quarter	Performance Judgement
				Target (Outturn)	Qu 1	Qu 2	Qu 3				
			59.0	80.0	67.2	69.0	55.8	59.7	59.7	59.7	R

Comment: This is a locally set measure, and the target of 35 days is in line with good practise. Performance improved during the last quarter and although below target, is in line with the outturn for 2010/11. Of the 237 referrals to investigation completed during 2011/12, 96 took longer than 35 days to close. These are generally complex cases which require interventions involving other agencies. 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.

New, more sophisticated performance measures are under consideration for 2012/13, as an alternative to the 35 days threshold.

SCHH 5 Achieving independence for older people through rehabilitation / intermediate care (NI 125)																
Unit	Good is	High	2009/10 Outturn	2010/11		2011/12				Latest comparator group average	82.3 CIPFA 2010/11	Report comparison	Annual	Performance Judgement	Not available	
				Target	No target set	Outturn	Target	Qu 1	Qu 2							Qu 3
			50.30	No target set	79.59	No target set	No target set	No target set	No target set	No target set	No target set	No target set	No target set	No target set	No target set	Not available

Comment: Information is currently unavailable.

SCHH 6 Clients receiving a review (D40)																	
Unit	Good is	High	2009/10 Outturn	2010/11				2011/12				Latest comparator group average	Report comparison	Quarter on quarter	Performance Judgement		
				Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1					Qu 2	Qu 3
			76.2	80	-	73.40	71.90	73.80	73.80	73.80	80	72.80	72.2	72.90	82.65	82.65	G

Comment: Significant improvement in the performance of this measure has been achieved by management action in the latter part of the year focusing on the productivity of staff and supported by the redirection of resources to this area of activity.

SCHH 7 Number of households living in temporary accommodation (NI 156a)																	
Unit	Good is	Low	2009/10 Outturn	2010/11				2011/12				Latest comparator group average	107 CIPFA 2009/10	Report comparison	Quarter on quarter	Performance Judgement	
				Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1						Qu 2
			32	47	26	39	37	37	37	37	43	35	33	28	46	46	A

Comment: The increases in temporary accommodation have increased due to a combination of factors. The increase in demand for housing advice has been a consistent pattern over the last year. Many households are now being directly affected by the tough economic conditions.. The upward pressure will continue, although the Council is still successful in preventing homelessness.

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	Performance Judgement	
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4					Outturn
Number	Low	22	30	18	32	26	32	32	32	35	23	20	21	29	29	-	↕	G
<p>Comment: The target set for households living in temporary accommodation, with dependent children, was achieved, against a backdrop in which there has been an increase in the overall number of households living in temporary accommodation, where the target was narrowly missed. There is pressure on the Service, mainly due to the prevailing economic environment.</p>																		

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)	Performance Judgement
		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	0.6	0	0	0	↕	G
<p>Comment: The properties identified as being non-decent as part of the 40% stock condition survey conducted by Savills in early 2011/12 were scheduled for inclusion in the decent homes contract and all works were completed by the end of the financial year. The remaining housing stock will be surveyed during early 2012/13 and it is anticipated that a similar proportion of properties will be identified as being non-decent. These properties will then be scheduled for inclusion in the decent homes contract, for all works to be completed by March 2013.</p>																		

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 30 July 2012
Subject: Work Programme 2012/2013 & 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 of the Council priorities.

Financial:

1. Not applicable.

Legal:

2. Not applicable.

Risk Management:

3. Not applicable.

Staffing (including Trades Unions):

4. Not applicable.

Equalities/Human Rights:

5. Not applicable.

Public Health

6. Not applicable.

Community Safety:

7. Not applicable.

Sustainability:

8. Not applicable.

Procurement:

9. Not applicable.

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.

Work Programme

10. 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.
11. 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

12. The Committee has currently established Task Forces to cover the following:-
 - A Joint Health Overview and Scrutiny Task Force to consider the review of acute services in the South East Midlands region (the Healthier Together programme);
 - hospital discharge in Central Bedfordshire; and
 - the strategic change agenda for housing.

Conclusion

13. 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 2012 - 2013

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
1.	10 September 2012	Fee Levels and Standards and Quality of Dementia Care	To receive a report on the linking of fee levels to an accreditation scheme and the quality of dementia care	For information and comment
2.	10 September 2012	Continuing Healthcare	Update on action plan	To review progress made on the action plan.
3.	10 September 2012	NHS 111 care number Update	To provide Members with an update on the NHS 111 service and progress on the directory of services.	For information
4.	10 September 2012	Annual Adult Social Care Customer Feedback Report	To receive a report on the feedback received by Adult Social Care for 2011/12	For information and feedback
5.	10 September 2012	Q1 Budget Monitoring Report	To receive both the Q1 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 21 August 2012 Reporting by exception
6.	10 September 2012	Q1 Performance Monitoring Report	To receive the Q1 performance position for the Social Care Health and Housing Directorate.	Executive: 21 August 2012 Reporting by exception

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: 16 July 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
7.	22 October 2012	Central Bedfordshire Tenancy Strategy	To receive a report on the Tenancy Strategy for Central Bedfordshire.	For information and feedback
8.	22 October 2012	Value for Money Strategy for Landlord Services		For information and feedback
9.	22 October 2012	Base Budget Review 2013/14	To consider the Social Care, Health and Housing base budget review for 2013/14.	Executive: TBC
10.	22 October 2012	Annual report of Bedford and Central Bedfordshire Adult Safeguarding Board	To receive the annual report of Bedford and Central Bedfordshire Adult Safeguarding Board.	The board is an independent body and the consideration of this report is considered good practice.
11.	17 December 2012	Implications of the Health reforms	To receive a report relating to the implications of the health reforms for Central Bedfordshire and an update on progress	This report may also include the outcomes of the Centre for Public Scrutiny programme on health and social care reforms. For information
12.	17 December 2012	Evaluation of the Short Stay medical Unit – Houghton Regis	To consider a 6-month review of performance in relation to Poplars and proposals for the future	For comment
13.	17 December 2012	2013/14 Draft Budget	To consider the Social Care, Health and Housing draft budget for 2013/14	Executive: 05 February 2013
14.	17 December 2012	Self Directed Support	To consider a report on performance and service outcomes in relation to self-directed support	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: 16 July 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
15.	17 December 2012	Prevention Strategy	To receive a report on the prevention strategy, to include Ageing Well and the Arlesey Village Agent.	For comment
16.	17 December 2012	Q2 Budget Monitoring Report	To receive both the Q2 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 04 December 2012 Reporting by exception
17.	17 December 2012	Q2 Performance Monitoring Report	To receive the Q2 performance position for the Social Care Health and Housing Directorate.	Executive: 04 December 2012 Reporting by exception
18.	21 January 2013	Tenant Scrutiny	To consider arrangements for tenant scrutiny and their implications for the Social Care, Health and Housing OSC	For Members to inform proposals Executive: TBC
19.	04 March 2013	TBC		
20.	29 April 2013	Q3 Budget Monitoring Report	To receive both the Q3 capital and revenue budget positions for the Social Care Health and Housing Directorate	Executive: 19 March 2013 Reporting by exception
21.	29 April 2013	Q3 Performance Monitoring Report	To receive the Q3 performance position for the Social Care Health and Housing Directorate.	Executive: 19 March 2013 Reporting by exception
22.	10 June 2013	Homelessness Strategy	To consider the Homelessness Strategy	For Members to inform proposals 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: 16 July 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
23.	10 June 2013	Allocations Policy		For Members to inform proposals 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: 16 July 2012

Appendix B

Central Bedfordshire Council Forward Plan of Key Decisions 1 August 2012 to 31 July 2013

- 1) During the period from **1 August 2012 to 31 July 2013**, 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 Nigel Young	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 May 2012	3 May 2012
3 July 2012	21 June 2012
21 August 2012	9 August 2012
2 October 2012	20 September 2012
6 November 2012	25 October 2012
4 December 2012	22 November 2012
8 January 2013	20 December 2012
5 February 2013	24 January 2013
19 March 2013	7 March 2013
7 May 2013	25 April 2013
25 June 2013	13 June 2013

Central Bedfordshire Council

Forward Plan of Key Decisions for the period 1 August 2012 to 31 July 2013

Key Decisions

Date of Publication: 13 July 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.	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.	21 August 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 20/07/12 to Contact Officer: Basil Jackson, Assistant Director Highways & Transport Email: basil.jackson@centralbedfordshire.gov.uk Tel: 0300 300 6171
2.	Budget Strategy and Update on the Medium Term Financial Plan -	To receive the budget strategy and update on the Medium Term Financial Plan.	21 August 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 20/07/12 to Contact Officer: Chief Finance 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)
3.	Announced Inspection of Safeguarding and Looked After Children's Services -	To consider the response to the Ofsted Inspection which took place between 20 February and 3 March 2012 and the improvement strategy.	21 August 2012	Key strategic partners and agencies involved in developing the action plan between 23 April and 25 May 2012.	Ofsted inspection report published 10 April 2012	Executive Member for Children's Services Comments by 20/07/12 to Contact Officer: Sylvia Gibson, Health & Special Projects Co-ordinator Email: sylvia.gibson@centralbedfordshire.gov.uk Tel: 0300 300 5522
4.	Revenue and Capital Quarter 1 Budget Monitor Reports -	To consider the quarter 1 revenue and capital budget monitor reports.	21 August 2012		Reports	Deputy Leader and Executive Member for Corporate Resources Comments by 20/07/12 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
5.	Future of Crescent Court Sheltered Housing Scheme, Toddington -	To consider the results of the feasibility studies and consider a recommended way forward in relation to the development and the funding arrangements.	21 August 2012		Report	Executive Member for Social Care, Health and Housing Comments by 20/07/12 to Contact Officer: Sue Marsh, Housing Services Manager Email: sue.marsh@centralbedfordshire.gov.uk Tel: 0300 300 5662

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.	Determination of Statutory Proposals to Expand Shefford Lower, Fairfield Lower and the Leighton Buzzard Lower School -	Determination of statutory proposals to expand Shefford Lower, Fairfield Lower and the Leighton Buzzard Lower School as recommended to the Council's Executive on 27 March 2012 as the provider of lower school places on the new site known as Pratts Quarry.	21 August 2012	<ul style="list-style-type: none"> The Local MP Local Diocese Representatives The Director of Children's Services, Luton Borough Council The School Organisation Unit of the DfE The Head teachers of all CBC schools and academies – via our publication 'Central Essentials' All CBC ward members – via the CBC Members Information Bulletin <p>Statutory consultation period will be 11 June to 9 July.</p>	Report on the outcome of the statutory consultation on the proposals as originally reported to the Executive on 27 March 2012	Executive Member for Children's Services Comments by 20/07/12 to Contact Officer: Pete Dudley, Assistant Director Children's Services (Learning & Strategic Commissioning) Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203
7.	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.	2 October 2012		Report	Executive Member for Social Care, Health and Housing Comments by 20/07/12 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)
8.	Central Bedfordshire CCTV Strategy -	To agree the CCTV Strategy for Central Bedfordshire.	2 October 2012	Key strategic partners will be consulted on the draft Strategy during July 2012. Further consultation on elements of the Strategy will be undertaken once the Strategy is agreed. Sustainable Communities Overview and Scrutiny Committee will consider the draft Strategy on 26 September 2012.	Report and draft Strategy	Executive Member for Sustainable Communities - Services Comments by 01/09/12 to Contact Officer: Jeanette Keyte, Head of Community Safety Email: jeanette.keyte@centralbedfordshire.gov.uk Tel: 0300 300 5257

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
9.	Development Brief for Site Allocations Policy MA5 - Land East of Biggleswade Road, Potton -	To adopt the Development Brief for Site Allocations Policy MA5 - land east of Biggleswade Road, Potton as technical guidance for development management purposes.	2 October 2012	<p>November 2011 – A Stakeholder Group comprising ward Members, Town Councillors, residents, local interest groups and developers has been established whose purpose is to inform the emerging Development Brief. In accordance with the signed Planning Performance Agreement, consultation will take place:-</p> <p>April 2012 – The Development Brief will require sign off by Director/Portfolio Holder in order to commence consultation. Members will also be notified.</p> <p>April/May 2012 – A four week public consultation exercise will be carried out that will include a public exhibition.</p> <p>September 2012 – A presentation on the Development Brief (together with consultation responses) will be given to the Sustainable Communities Overview and Scrutiny Committee seeking Members to endorse it before the Executive take a decision.</p>	Development Brief and Statement of Community Involvement	<p>Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 01/09/12 to Contact Officer: Mark Saccoccio, Local Planning and Housing Team Leader Email: mark.saccoccio@centralbedfordshire.gov.uk Tel: 0300 300 5510</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)
10.	Statement of Community Involvement -	To adopt the Statement of Community Involvement.	2 October 2012	Statutory consultation carried out in May/June 2012. Member consideration through the Sustainable Communities Overview and Scrutiny Committee.	Statement of Community Involvement Report of Consultation Responses	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 01/09/12 to Contact Officer: Richard Fox, Head of Development Planning and Housing Strategy Email: richard.fox@centralbedfordshire.gov.uk Tel: 0300 300 4105

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)
11.	Woodside Connection -	The Woodside Connection is a key piece of infrastructure without which the proposed growth development east and north of Houghton Regis cannot go ahead. The scheme has now reached the point where the council will need to apply for planning permission to take it forward. Executive is being asked to agree to consult on this scheme prior to a planning application being made to the National Infrastructure Plan and to consider other matters relating to the scheme.	2 October 2012		Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 04/09/12 to Contact Officer: Paul Cook, Head of Transport Strategy and Countryside Access Email: paul.cook@centralbedfordshire.gov.uk Tel: 0300 300 6244
12.	Astral Park Football Project -	To approve expenditure of Section 106 funds.	2 October 2012	Consultation carried out with Leighton Linlade Town Council.	Report	Executive Member for Sustainable Communities - Services Comments by 01/09/12 to Contact Officer: Jill Dickinson, Head of Leisure Services Email: jill.dickinson@centralbedfordshire.gov.uk Tel: 0300 300 4258

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)
13.	Land at Steppingley Road and Froghall Road, Flitwick -	To endorse the masterplan for development at Land at Steppingley Road and Froghall Road, Flitwick (Policy MA2, Site Allocations Development Plan Document, 2011)	6 November 2012	Members and Officers briefed February 2012. Members and Officers briefed on 25 July 2012 at West Placemaking. Public Exhibitions on 7/8 September 2012. Public Consultation from 7 September to 5 October 2012.	Land at Steppingley Road Masterplan Site Allocations Development Plan Document (Adopted 2011)	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 05/10/12 to Contact Officer: Connie Frost-Bryant, Senior Planning Officer, Local Planning and Housing Team Email: connie.frost-bryant@centralbedfordshire.gov.uk Tel: 0300 300 4329
14.	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 recommend to Council 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 the Sustainable Communities Overview and Scrutiny Committee.	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

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
15.	Outdoor Access Improvement Plan -	To endorse the Outdoor Access Improvement Plan.	6 November 2012	The Central Bedfordshire and Luton Local Access Forum has established a sub group input into the development of the plan this will be followed by a full 13 week public consultation with both stakeholder and public engagement activities during period.	Report	Executive Member for Sustainable Communities - Services Comments by 05/10/12 to Contact Officer: Paul Cook, Head of Transport Strategy and Countryside Access Email: paul.cook@centralbedfordshire.gov.uk Tel: 0300 300 6999
16.	Award of Kitchen and Bathroom Refurbishment Contract 2013 to 2016 to Council Housing Properties -	To award the preferred contractor for this service.	6 November 2012		Report on tenders	Executive Member for Social Care, Health and Housing Comments by 04/10/12 to Contact Officers: Ian Johnson, Housing Asset Manager or Basil Quinn, Housing Asset Manager Performance Email: ian.johnson@centralbedfordshire.gov.uk and/or basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5202 and/or 0300 300 5118

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.	Revenue and Capital Quarter 2 Budget Monitor Reports -	To consider the revenue and capital quarter 2 budget monitor reports.	4 December 2012		Reports	Deputy Leader and Executive Member for Corporate Resources Comments by 03/11/12 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
18.	Delivering Superfast Broadband in Central Bedfordshire -	To approve the proposed procurement process and criteria for selecting a private sector partner in delivering superfast broadband in Central Bedfordshire.	4 December 2012	An online broadband survey has been running since February 2012. This has been widely promoted (including through the Parish Council network) and the results used in developing the Local Broadband Plan and local priorities. A formal market consultation will also be undertaken (likely in August/September) to comply with EU state aid requirements.	The adopted Joint Local Broadband Plan and the Council's Broadband Plan www.centralbedfordshire.gov.uk/local-business/business-information-and-advice/broadband.aspx set the context for intervention.	Deputy Leader and Executive Member for Corporate Resources Comments by 03/11/12 to Contact Officer: James Cushing, Economic Policy Manager Email: james.cushing@centralbedfordshire.gov.uk Tel: 0300 300 4984

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.	Contract for Refurbishment of Timberlands Gypsy and Travellers Site -	To award the contract to the preferred contractor for the refurbishment of Timberlands Gypsy and Travellers Site, Pepperstock, Slip End.	4 December 2012		Report	Executive Member for Social Care, Health and Housing Comments by 03/11/12 to Contact Officer: John Holman, Head of Housing Asset Management or Ian Johnson, Housing Asset Manager Email: john.holman@centralbedfordshire.gov.uk or ian.johnson@centralbedfordshire.gov.uk Tel: 0300 300 5069 or 0300 300 5202
20.	Community Safety Partnership Plan and Priorities 2013 - 2014 -	To recommend to Council to approve the Community Safety Partnership Plan and Priorities 2013 - 2014	8 January 2013	Strategic Assessment & Partnership Plan will be considered by the Community Safety Partnership Executive, the relevant Overview and Scrutiny Committee and the Local Strategic Partnership.	Strategic Assessment Priorities & Community Safety Partnership Plan 2013-2014	Executive Member for Sustainable Communities - Services Comments by 07/12/12 to Contact Officer: Joy Craven, CSP Manager Email: joy.craven@centralbedfordshire.gov.uk Tel: 0300 300 4649
21.	Treasury Management Policy and the Treasury Management Strategy -	To recommend to Council the adoption of the Treasury Management Policy and the Treasury Management Strategy.	8 January 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 07/12/12 to Contact Officer: Chief Finance 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)
22.	Leisure Facility Strategy -	To adopt the Leisure Facility Strategy.	8 January 2013	<p>Communication and Consultation Plan identifies stakeholders and methods of consultation at key stages.</p> <p>Consultation on emerging issues April 2012.</p> <p>Consultation on issues and options October – December 2012.</p>	Leisure Facility Strategy	<p>Executive Member for Sustainable Communities - Services</p> <p>Comments by 07/12/12 to Contact Officer:</p> <p>Jill Dickinson, Head of Leisure Services</p> <p>Email: jill.dickinson@centralbedfordshire.gov.uk</p> <p>Tel: 0300 300 4258</p>
23.	Budget 2013/14 -	<p>To recommend to Council the proposed budget for 2013/14:</p> <ul style="list-style-type: none"> • Revenue budget • Capital budget • Fees and Charges 	5 February 2013		Report	<p>Deputy Leader and Executive Member for Corporate Resources</p> <p>Comments by 04/01/13 to Contact Officer:</p> <p>Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk</p> <p>Tel: 0300 300 6147</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)
24.	Housing Revenue Account 2013/14 -	To recommend to Council the Housing Revenue Account budget 2013/14 for approval.	5 February 2013		Report	Deputy Leader and Executive Member for Corporate Resources, Director of Social Care, Health and Housing Comments by 04/01/13 to Contact Officer: Chief Finance Officer or Tony Keaveney, Assistant Director Housing Services Email: charles.warboys@centralbedfordshire.gov.uk or tony.keaveney@centralbedfordshire.gov.uk Tel: 0300 300 6147 or 0300 300 5210
25.	Revenue and Capital Quarter 3 Budget Monitor Reports -	To consider the revenue and capital quarter 3 budget monitor reports.	19 March 2013		Reports	Deputy Leader and Executive Member for Corporate Resources Comments by 18/02/13 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)
26.	Community Infrastructure Levy -	To approve the consultation and subsequent Submission of the Community Infrastructure Levy draft charging schedule.	19 March 2013		Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 18/02/13 to Contact Officer: Jonathan Baldwin, Senior Planning Officer Email: jonathan.baldwin@centralbedfordshire.gov.uk Email: 0300 300 5510
27.	Draft Gypsy and Traveller Plan -	To consider the draft Gypsy and Traveller Plan prior to submission.	7 May 2013	Consultation will have been undertaken on a draft plan which will contain options for sites and policies in autumn 2012. This report follows that consultation and will propose the preferred sites and policies for gypsy and traveller provision.	Report and draft Plan	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 06/04/12 to Contact Officer: Richard Fox, Head of Development Planning and Housing Strategy Email: richard.fox@centralbedfordshire.gov.uk Tel: 0300 300 4105

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
28.	Central Heating Installations Contract District Wide -	To award the contract to the preferred contractor for the central heating installations contract district wide for 2013 to 2016 to council housing properties.	7 May 2013		Report	Executive Member for Social Care, Health and Housing Comments by 06/04/12 to Contact Officer: Peter Joslin, Housing Asset Manager or Basil Quinn, Housing Asset Manager Performance Email: peter.joslin@centralbedfordshire.gov.uk or basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5395 or 0300 300 5118
29.	Minerals and Waste Core Strategy -	To recommend to Council the adoption of the Minerals and Waste Core Strategy.	7 May 2013	A wide range of stakeholders were involved in consultations undertaken from 2006 to 2012, using methods which include an internet portal, deposit of hard copies at points of presence, and displaying the Core Strategy on the Council website. Consultees included the Parish Councils, statutory bodies, special interest groups, minerals industry, waste management industry, and individuals who had expressed an interest at previous consultations.	Minerals and Waste Core Strategy and the Inspector's report following the Examination in public.	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 06/04/12 to Contact Officer: Roy Romans, Minerals and Waste Team Leader Email: roy.romans@centralbedfordshire.gov.uk Tel: 0300 300 6039

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)
30.	Revenue and Capital Provisional Outturn 2012/13 -	To consider the revenue and capital provisional outturn 2012/13.	25 June 2013		Reports	Deputy Leader and Executive Member for Corporate Resources Comments by 24/05/13 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147

NON KEY DECISIONS

31.	Localisation of Council Tax Support -	To consider the localisation of Council Tax support.	21 August 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 20/07/12 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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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)
32.	Quarter 1 Performance Report -	To consider the quarter 1 performance report.	21 August 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 20/07/12 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517
33.	Budget Consultation Policy -	To consider the budget consultation policy.	6 November 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 05/10/12 to Contact Officer: Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
34.	Quarter 2 Performance Report -	To consider quarter 2 performance report.	4 December 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/11/12 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517

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)
35.	Draft Revenue Budget 2013/14 -	To consider the first draft of the revenue budget for 2013/14.	4 December 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/11/12 to Contact Officer: Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
36.	Quarter 3 Performance Report -	To consider quarter 3 performance report.	19 March 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 18/02/13 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 2012/13 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 2013 when the plan will be published on the fourteenth day:

Date of Publication	Period of Plan
13.04.12	1 May 2012 – 30 April 2013
15.05.12	1 June 2012 – 31 May 2013
15.06.12	1 July 2012 – 30 June 2013
13.07.12	1 August 2012 – 31 July 2013
15.08.12	1 September 2012 – 31 August 2013
14.09.12	1 October 2012 – 30 September 2013
15.10.12	1 November 2012 – 31 October 2013
15.11.12	1 December 2012 – 30 November 2013
14.12.12	1 January 2013 – 31 December 2013
15.01.13	1 February 2013 – 31 January 2014
14.02.13	1 March 2013 – 28 February 2014
15.03.13	1 April 2013 – 31 March 2014

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