

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



please ask for Jonathon Partridge
direct line 0300 300 4634
date 11 October 2012

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 22 October 2012 10.00 a.m.

Venue at

Council Chamber, 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,
Mrs D B Gurney, P Hollick and M A Smith

[Named Substitutes:

P N Aldis, C C Gomm, R W Johnstone 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 10 September 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.

The Committee will receive a petition that was referred from Council on 13 September 2012 that 'protests against any threat of closure of the Biggleswade Hospital'

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 for information a verbal update from the Executive Member for Social Care, Health and Housing.	*
10	LINK Update To receive for information an update from Bedfordshire LINK on health matters affecting LINK activity.	* 13 - 20
11	Health and Wellbeing Strategy for Central Bedfordshire To consider the draft Health and Wellbeing Strategy for Central Bedfordshire and comment as part of a public consultation.	* 21 - 50
12	Continuing Healthcare To receive an update in relation to Continuing Healthcare.	* 51 - 76
13	Central Bedfordshire Tenancy Strategy To receive a report regarding the Central Bedfordshire Tenancy Strategy.	* report to follow
14	Value for Money Strategy for Landlord Services To receive a presentation regarding the Value for Money Strategy for Landlord Services.	* verbal
15	Annual report of Bedford and Central Bedfordshire Adult Safeguarding Board To receive the annual report of Bedford and Central Bedfordshire Adult Safeguarding Board.	* 77 - 134
16	Work Programme 2012/13 and Executive Forward Plan To consider the currently drafted Committee work programme for 2012/13 and the Executive Forward Plan.	* 135 - 166

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Room 15, Priory House, Monks Walk, Shefford on Monday, 10 September 2012.

PRESENT

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

Cllrs D Bowater
P A Duckett
Mrs S A Goodchild

Cllrs Mrs D B Gurney
P Hollick

Apologies for Absence: Cllrs Mrs R B Gammons
M A Smith

Substitutes: Cllrs C C Gomm (In place of Mrs R B Gammons)

Members in Attendance: Cllrs Mrs C Hegley
Executive Member for
Social Care, Health &
Housing

Officers in Attendance: Mr N Murley – Assistant Director Business &
Performance
Mrs J Ogley – Director of Social Care, Health and
Housing
Mr J Partridge – Scrutiny Policy Adviser
Elizabeth Saunders – Assistant Director Commissioning

Others in Attendance Mrs C Bonser Bedfordshire Local Involvement
Network
Mr T O'Donovan MSK Service Redesign Manager
Mr J Rooke Chief Operating Officer Bedfordshire
Clinical Commissioning Group
Mr B Smith Chairman, Bedfordshire LINK

SCHH/12/32 Minutes

In relation to Minute SCHH/12/25 the Assistant Director for Business & Performance commented that the council had put in place arrangements to ensure that, as far as possible, no customer was placed at additional risk as a result of the introduction of charging for telecare services. Neither the Council nor the operator of the telecare service had presently received any reports or feedback to indicate that any former customers had suffered as a result of giving up the service. It was also commented that all returned equipment would be cleaned and disinfected using appropriate materials. A small number of items which were not easy to disinfect, such as pull cords, were being replaced as a matter of course before being reissued. A continuous process of

promotion for telecare services was targeted at potential customers, voluntary groups and professionals. Specific information would be provided to carers at forthcoming meetings of the council's Carer's Delivery Partnership and Carers Forum.

It was also noted that Mr Bob Smith should be listed in the list of those who also attended the meeting on 20 July.

RESOLVED

That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 30 July be confirmed and signed by the Chairman as a correct record subject to the addition of Mr B Smith in the list of attendees.

SCHH/12/33 Members' Interests

There were no interests or any political whip declared in relation to any agenda items.

SCHH/12/34 Chairman's Announcements and Communications

The Chairman informed the Committee that progress was being made in relation to the task force reviews on leaving hospital and changes in the approach to housing. Further updates on progress would be provided to the Committee as appropriate.

SCHH/12/35 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/12/36 Questions, Statements or Deputations

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

SCHH/12/37 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/12/38 Requested Items

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

SCHH/12/39 **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:-

- A recent Member seminar on the changes in the Council's future approach to housing, which had been well attended. A Member of the Committee congratulated officers on the organisation of this event, which had been very useful.
- Regular performance meetings that the Executive Member attended. The directorate was currently involved in discussion relating to the budget setting process. Work was also underway on the development of future plans and strategies.
- The launch of the Bedford Foodbank scheme, which had been positive. In response to a question from a Member the Executive Member agreed to report back to the Committee on whether there were other foodbank schemes in neighbouring local authorities. It was further commented that the Council would monitor how many individuals and families had been supported by this scheme and provide information to the Committee at a future date.

In response to a question from a Member of the Committee the Executive Member agreed to look into concerns relating to staffing levels in the north of Central Bedfordshire. The Executive Member agreed to provide any further information to the Committee as appropriate.

NOTED the update and that further information relating to concerns raised would be provided to the Committee as appropriate.

SCHH/12/40 **LINK Update**

The Committee received a report from the Chairman of the Bedfordshire LINK that provided an update on the key work and issues the LINK was presently engaged with. These issues included progress with visits to care/nursing homes in Central Bedfordshire and guidance that the LINK has sought from Bedfordshire Clinical Commissioning Group in relation to patient choice and local commissioning.

NOTED the update

SCHH/12/41 **Healthier Together Programme**

The Committee received a report from Mr John Rooke, Chief Operating Officer for Bedfordshire Clinical Commissioning Group (BCCG). The report updated progress in relation to the Healthier Together Programme in the South East Midlands Region. J Rooke also outlined the importance of changing the way that acute services were delivered in the region as a result of demographic changes and the deficit in which some trusts were currently operating.

In response to the issues highlighted in the report the Committee discussed the following issues:-

- The partnership approach that had been undertaken between NHS Bedfordshire and BCCG in developing the evidence base for the Healthier Together review.
- The importance of effective communication and handover to ensure that services were properly coordinated, particularly in relation to services in local community settings for the frail elderly.
- The rationale for a 50% increase in hospital workloads over the next 30 years if things remained the same, which included factors related to 'sex' and 'age' of the population.
- The growing need to make decisions regarding those services and drugs that should be provided as a priority, particularly in relation to cancer services. Due to budgetary constraints the BCCG needed to be guided by clinical guidance regarding the provision of services and drugs that were the most cost effective.
- Not losing sight of the need to provide high quality services. It was commented that patients would be willing to travel further for services that were higher in quality.
- Whilst BCCG had a free hand to develop proposals for the delivery of acute services in the south east midlands those proposals were consistently communicated to relevant national bodies for information.
- The importance of the Council engaging in consultation on proposals to ensure effective outcomes for Central Bedfordshire residents.
- The importance of continuing to build on the examples of successfully integrated services throughout Central Bedfordshire.

NOTED the update

SCHH/12/42 Any Qualified Provider

The Committee received a presentation from Timothy O'Donovan, System Redesign Manager BCCG, that informed Members of the principles of Any Qualified Provider (AQP). The presentation also informed Members of the three services that had been selected for AQP implementation in Central Bedfordshire in 2012/13, which were:-

1. Diagnostics (Non-obstetric ultrasound, MRI)
2. Adult Hearing (Age-acquired 55+ and GP referral only)
3. Wheelchairs (Wheelchair services for adults and children – access, assessment, provision and on-going support)

In response to the issues highlighted in the report the Committee discussed the following issues:-

- The application process for providers to become accredited for AQP was demanding and could discourage some providers from applying.
- The rationale behind selecting only three services for implementation to AQP in 2012/13, which was the result of a national trend in the first transitional year. The three services for implementation in 2012/13 were

selected based on the performance of these services. Officers accepted that more work was necessary to consider the implications of AQP for the three services to be implemented in 2012/13.

- The provision of additional MRI scanners, which would occur mainly in acute hospitals.
- There were currently no plans to change the locations in which blood tests or eye exams were be provided in Central Bedfordshire. These services could be reviewed in the future as part of AQP depending on the quality of care.
- The difficulty of predicting how many services would be provided outside of the NHS by other providers under AQP in 15-20 years time.

NOTED the presentation

SCHH/12/43 Fee Levels and Standards and Quality of Dementia Care

The Committee received a presentation from E Saunders, the Assistant Director for Commissioning regarding fee levels and standards and quality of dementia care. In particular the presentation informed Members of the emergence of a new approach in relation to:-

- introducing outcome based commissioning;
- a disciplined approach to project management for all major change programmes;
- capturing learning; and
- the separation of strategic commissioning contracting functions.

The presentation also outlined the phased approach to outcome based commissioning and the next steps to be taken by the Council. It was emphasised that the changing role of the Care Quality Commission gave the Council a more pronounced role in relation monitoring and challenging performance, developing market intelligence and developing a clear vision for the area. In addition J Ogle, the Director of Social Care, Health and Housing emphasised the importance of joint and integrated commissioning.

In response to the presentation and further information provided the committee discussed the following issues:-

- The importance of enhancing awareness of dementia and disseminating information relating to the services and support that were available locally.
- The Committee challenged the target to achieve 60% of dementia care in the good or excellent bracket. The Committee also queried what an excellent dementia care service might looked like. In response officers commented that the target needed to be realistic and the Council would focus on providing an accurate picture of the care that was provided.
- The importance of monitoring and enhancing performance in relation to domiciliary care.

- Challenges in relation to providing more access to dementia care services and stimulating the market in the north. The Director commented that a market position statement for Central Bedfordshire would support the Council in steering development towards the north of Central Bedfordshire.
- The use of the Development Strategy and rural exception sites to enhance the development of housing for older people.

In addition the Executive Member for Social Care, Health and Housing congratulated the directorate for the hard work that was underway, particularly taking into account the current challenges relating to changes in approach.

RECOMMENDED

That the Executive Member for Social Care, Health and Housing revisit the target to achieve 60% of dementia care in the good or excellent bracket to consider if it could be uplifted.

SCHH/12/44 Quarter 1 Capital Budget Monitoring Report

The Committee received the quarter 1 capital budget monitoring report for the Social Care, Health and Housing Directorate. In response to the issues highlighted in the report the Committee discussed the following:-

- It was positive that the directorate was spending the capital budget.
- Discussions that were ongoing relating to influencing sheltered housing development in Ampthill/Flitwick.

The Executive Member also commented on the significant amount of accommodation that had been delivered as a result of the NHS campus closure. It was agreed that Members should be informed of the projects that had been delivered as a result of the NHS campus closure. The Assistant Director for Business and Performance commented that a briefing had been arranged for Members on 12 October where further details could be provided.

NOTED the Social Care, Health and Housing General Fund Capital Budget position at the end of June 2012.

SCHH/12/45 Quarter 1 Revenue Budget Monitoring Report

The Committee received the Quarter 1 revenue budget monitoring report for the Social Care, Health and Housing Directorate. In response to questions from the Committee it was clarified that 'external care packages' referred to independent providers rather than placements outside of Central Bedfordshire. It was also confirmed that block beds, i.e. those that were provided by the BUPA contract, were allocated to patients prior to seeking to allocate any spot beds.

NOTED the General Fund outturn of £57.3m, which shows a £0.259m under spend against budget

SCHH/12/46 Quarter 1 Housing Revenue Account Budget Monitoring Report

The Committee received the quarter 1 housing revenue account and capital budget management report for period ended 30 June 2012. Officers clarified that the figures identified in capital programme summary were £000's, and not £millions.

NOTED the forecast outturn position for the Housing Revenue Account as at the end of June 2012.

SCHH/12/47 Quarter 1 Performance Monitoring Report

The Committee received the quarter 1 performance monitoring report for the Social Care, Health and Housing directorate. The Director of Social Care, Health and Housing commented that the monitoring of the Medium Term Plan would be included in subsequent reports. The directorate would ensure a focus on quality rather than just meeting performance targets.

In response to a question from a Member it was clarified that the loss of a face to face customer service would not impact to a large extent on the directorate. Much of the face to face contact for social care, health and housing took place through the social worker and not through the customer service team.

It was suggested by the Committee that the directorate should review why residents did not want to receive self-directed support.

NOTED the quarter 1 performance monitoring report for the Social Care, Health and Housing directorate.

SCHH/12/48 Work Programme 2012/13

RESOLVED that the Social Care, Health and Housing Overview and Scrutiny Committee work programme be approved.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.31 p.m.)

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 22 October 2012
Subject: LINK Report
Report of: Bob Smith, Chairman of Bedfordshire LINK
Summary: The report is to update Members on the key work items and issues the LINK is engaged with for consideration and information as required.

Contact Officer: Charlotte Bonser (Bedfordshire LINK Operations Manager)
Public/Exempt: Public
Wards Affected: All

CORPORATE IMPLICATIONS

Council Priorities:

1. Promote health and wellbeing and protecting the vulnerable.
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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.

Public Health

7. Not applicable.

Community Safety:

8. Not applicable.

Sustainability:

9. Not applicable.

Procurement:

10. Not applicable.

RECOMMENDATION:

The Committee is asked to consider and comment on the report as appropriate.

Background

11. The LINK report is an update on work items in progress or issues that have come to light over the course of the last year; the findings of which will be passed to Healthwatch.
12. The report gives feedback on visits to two care homes in Central Bedfordshire, findings from the visit to the Acute Adult Trauma – Reginald Hart Ward: Elective Orthopaedic and Women’s Health bay – Richard Wells Ward at Bedford Hospital and feedback from the Hospital, and a summary of the main themes from the LINK legacy review.

Feedback from visits to care/nursing homes in Central Bedfordshire

13. Four visits out of the six to care and nursing home have been completed. Two planned visits have had to be scheduled for October because of the co-ordination of volunteer and home schedules. The purpose of LINK visits is to observe:
 - The quality of the service provided for residents
 - To obtain the views of the residents, staff on the service provided
 - To complete a report on the outcomes of Enter and View visit.

Prior to visits LINK members check out the care/nursing home website, look at the last Local Authority Compliance Visit Report and the latest CQC report.

16. The LINK is now able to share summaries and recommendations from two care/residential home visits, that is from the Woodside Residential Home, Slip End and The Paddocks, near Dunstable.

Woodside Residential Home, Slip End – the majority of residents have some level of dementia

“During the course of our visit we noted that all the areas that were in use were clean and there were no undue odours. The food produced for lunch looked appetising. Systems are in place for the administration of medication and security. Disabled access is available to the majority of the buildings. Information is on display or available on request. There are a range of services and activities available for the residents and the opportunity to continue with external activities. We observed how the staff respected and treated the residents as human beings, speaking softly and using prompts without rushing the residents. The residents and staff that we spoke to made positive comments about the Woodside Home as a service provider and employer.

We recommended:

- That as part of the building refurbishment the home owners go ahead with their plans to update their website. They could consider the possibility of providing a small separate area for visitors where they can also consider locating paper information.
- Following the building refurbishment and the commencement of the registration as a residential/nursing care home, that another visit take place by Bedfordshire LINK or HealthWatch in one year’s time.”

The Paddocks, Nr Dunstable is a home specialising in dementia, stroke care, general fragility and other disabling conditions for the over 65 age group.

LINK members had the opportunity to speak to staff and residents but found that not all residents could be responsive.

The general impression was of a well-run, happy home with both residents and staff appearing relaxed and contented, interacting happily. Several visitors popped in whilst we were there.

Meals were not observed as it seemed in-appropriate to stay longer in what is a confined space.

A feature of The Paddocks is its spacious and attractive grounds. It would be good to improve access (e.g. for wheelchairs) and to provide shelter (? a summer-house) and perhaps some bird-feeders to provide interest all year round.

There does seem to be a need for extra space, perhaps a room for the use of residents (quiet activity, reading and private conversation), visitors and possibly staff breaks.

Staff appeared to have time to pay respectful and affectionate attention to the small number of residents.

17. LINK visits to Greenacre Care Home and Meppershall Nursing Home have also taken place, and the visit reports are currently with the respective homes for the checking of factual accuracy.

The full LINK visit reports are available if members would like copies, and will be placed on the LINK website in due course.

LINK Findings from visits to Bedford Hospital Acute Adult Trauma, Elective Orthopaedics and Women's Health Bay

18. Follows an extract from the executive summary of the report:

“It was a pleasure to visit these busy areas, particularly the Reginald Hart Ward, that were clean and run very effectively.

It was evident that there was some pressure on the acute trauma ward, Reginald Hart, over the smooth running of discharges although the Discharge Lounge was proving an advantage.

It was understood that patients, who had a fractured femur, were arriving by Ambulance from areas that would have normally have gone to The Lister Hospital at Stevenage. This additional work-load had not been officially notified to staff.”

19. *Comments from the report regarding discharge*

It was noted, in the trauma unit, that there were a number of patients waiting for discharge to be completed. It was clear that a close watch is maintained on all patients who are at this stage of their stay. Mention was made of the difficulties encountered with discharge of those patients following ankle fracture – non-weight bearing is a challenge.

20. Bedford Hospital has now received the LINK reports for this and the previous visit to the Coronary Care Ward, and have added their comments. The hospital was pleased with the outcome of the visits and have asked the LINK to do a joint press release about some of the findings.

Findings from the LINKs Legacy : 360 Degree Review of LINK Board Members

21. This review is part of a key element in the LINK Exit and Legacy Strategy in the transition from LINK to Healthwatch. The interviews were conducted by a LINK member from the wider LINK membership undertaking one-to-one interviews with the LINK Board members. Views have also been sought from the wider LINK membership, the voluntary sector and other key stakeholders through a questionnaire
22. Generally Board members felt that they had been effective in helping to shape the way that LINK prioritises and undertakes work and were particularly proud of the work around gathering information on experiences of discharge from hospital, progressing work on enter and view visits and generally raising relevant issues and awareness. But expressed concern that there were a few volunteers trying to do a considerable job, and just touching the surface on some issues in health and social care.

The Board members wanted to ensure that the skills and expertise of volunteers were not lost during the transition. They felt that Healthwatch needed a clear marketing strategy to ensure that its existence and aims and objectives are well known and clear. They commented that getting information from commissioners and providers was sometimes a challenge saying that “they receive very little regular information back from providers or commissioners of health and social care and that it would be helpful to regularly share information so that everyone can understand what the key issues and areas of concern are across the board.” Members welcomed the opportunity to comment and felt it had been a useful exercise.

The LINK Chairman has also reflected on the work of the LINK and the issues faced over the last three years, and his report is attached as an appendix.

23. The process for transition to Healthwatch is continuing in parallel with the LINK concluding its workplan. LINK colleagues were involved in a workshop with the Voluntary Sector on 25 September to look at the possibility of a consortia approach to delivering a Healthwatch Central Bedfordshire Pathfinder. Discussions on this are progressing.

Appendix:

Appendix - Report of the LINK Chairman regarding recent review activities.

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

None

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Appendix

As Chair of Bedfordshire LINK I have recently carried out a review of the LINK activities and in particular attempted to summarise some of the challenges in order to deliver a quality service to our population in Central Bedfordshire. These are seen as part of the LINK legacy in the move to Central Bedfordshire Healthwatch.

1 **Integration**, not only between health and social care providers but also within each domain (inter as well as intra). The key to this is cross-border, as well as cross-function, commissioning. There is also a tension between commissioning and patient choice (mantra "No decision without me"). Competition, as introduced is understood as 'who can avoid the responsibility for that particular patient/client'. This is particularly evident in mental health conditions, including learning disabilities, where there is a reluctance to diagnose early and ease the transition from childhood to adulthood in such cases.

2 **Quality**¹ of service that is consistent and sustainable. There is clear evidence that driving quality results in better value: reduction in rates of re-admission to hospital; avoidance of frequent hospital spells; reduction in 999 calls that are seen as the 'default' position by many establishments.

3 **Consistency** not just to get it right every time but the retention of functional staff who are seen to change roles frequently. This also applies to staff changes who visit those in care - relationships are very important to the older person.

4 **Government** initiatives are: too frequent; introduced without evidence of improvement over time; frustrating to volunteers who

¹ The NHS is organising itself around a single definition of quality: care that is effective, safe and provides as positive an experience as possible. Quality in the new health system- Maintaining and improving quality from April 2013 (A draft report from the National Quality Board)

are just about becoming effective with the previous initiative; and the use of 'catch' phrases with initiatives that are just old ideas redressed. This 'tinkering' is justified and rationalised by repeated statements that the principles of the NHS of 1948 must be retained and are still relevant today - 64+ years of advancement in medicine, population growth and ageing, dramatic increase in metabolic syndrome (obesity and diabetes) show this to be hard to defend.

5 Resources within the volunteer membership of LINK. There is a chronic shortage of members who are willing to attend meetings and report on those meetings. It is acknowledged that it takes time to become effective at representing the patients and public at meetings. This shortage has been compounded by the increasing demands on the LINK to make contributions to service delivery, design and maintain pace with the changes.

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 18 October 2012
Subject: Draft Health and Wellbeing Strategy
Report of: Cllr Hegley, Executive Member for Social Care, Health and Housing
Summary: The report presents the draft Health and Wellbeing Strategy (HWBS) for Central Bedfordshire. The report seeks the views of the Committee as part of a 12 week public consultation that concludes on 29 October 2012.

Contact Officer: Celia Shohet, Assistant Director of Public Health
Public/Exempt: Public
Wards Affected: All
Function of: Shadow Health and Wellbeing Board

CORPORATE IMPLICATIONS

Council Priorities:

1. The Health and Wellbeing Strategy (HWBS) will contribute to improving the health wellbeing of all residents of Central Bedfordshire and will support the delivery of the Council priority to Promote health and wellbeing and protect the vulnerable.

Financial:

2. None directly arising from this report.

Legal:

3. None directly arising from this report.

Risk Management:

4. None directly arising from this report.

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 HWBS has been subject to an equality impact assessment and Members will want to consider whether the priorities contained in the Strategy will have a substantial impact on a particular protected characteristic even if the numbers of people may be small.

Public Health

8. The HWBS sets out nine priority outcomes that will make a real difference to the health and wellbeing of residents in Central Bedfordshire. These outcomes, which are detailed in the Strategy's appendix will have a significant impact on the public's health. The HWBS will also contribute to two themes of the Joint Strategic Needs Assessment which are:-
- Investing in early intervention and prevention (for both adults and children) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support later in life.
 - There is no health without mental health, therefore improving mental health and wellbeing remains a priority.

Community Safety:

9. Not Applicable.

Sustainability:

10. Not Applicable.

Procurement:

11. Not applicable.

RECOMMENDATION(S):

The Social Care, Health and Housing Overview and Scrutiny Committee is asked to consider the Draft Health and Wellbeing Strategy and comment as appropriate.

Background

12. Central Bedfordshire Council and the Bedfordshire Clinical Commissioning Group are currently consulting on a draft Health and Wellbeing Strategy for Central Bedfordshire.
13. Central Bedfordshire's Shadow Health and Wellbeing Board, established in 2011, brings together representatives of health, local authorities including elected members, service users and patients to ensure that decisions about services meet local needs and are informed by local people.
14. The work of the Shadow Board will be underpinned by the Health and Wellbeing Strategy which tackles the needs identified within the Joint Strategic Needs Assessment. This strategy outlines the proposed top priorities for improving the health and wellbeing of people in Central Bedfordshire.

Consultation on the Draft Health and Wellbeing Strategy for Central Bedfordshire

15. The Shadow Board is currently seeking views on the draft strategy and the priorities contained within it. The Board is consulting with a number of different stakeholders, including their statutory and third sector partners and the public who are central to their vision. It is vital to the development of the strategy that stakeholders and members of the public give their views on the proposals, so that the Board produces a fit for purpose strategy.

16. Responses will be considered by members of the Shadow Health and Wellbeing Board on conclusion of the consultation period on 29 October 2012. The responses to the consultation and recommendations to amend the strategy accordingly will then be considered by the Board at the meeting held in public on 8th November 2012
17. A copy of the consultation report is available on the Council's website and electronic copies are be available on request.

Conclusion

18. The Committee is asked to consider the draft Health and Wellbeing Strategy (Appendix A) and the associated questionnaire (Appendix B) with a view to providing a response that can be provided as part of the consultation process.

Appendices:

Appendix A: Draft Health and Wellbeing Strategy for Central Bedfordshire

Appendix B: Questionnaire on the Draft Health and Wellbeing Strategy for Central Bedfordshire

Background papers and their location: None

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Central Bedfordshire Health & Wellbeing Strategy 2012-2016



August 2012
(Consultation Draft)

Foreword

We are delighted to launch this consultation of our first Health and Wellbeing Strategy for Central Bedfordshire

This strategy outlines our vision for improving health and wellbeing and reducing health inequalities in Central Bedfordshire. Through working together in partnership we believe that we can make a real difference to the lives of local people.

Whilst the health and wellbeing of Central Bedfordshire's residents is generally good, we are determined to make it better and importantly to ensure that everyone has the opportunity for improved health and wellbeing.

The responsibility to improve health and wellbeing rests with the health and wellbeing board but does not sit with the public sector alone. Our health and wellbeing is determined by the conditions in which we live such as our housing, employment, education and the environment, as well as by the services provided by the public sector. We will therefore be working closely with our partners in the voluntary sector, employers, and retailers and of course local communities.

We have recently looked in some depth at the health and wellbeing needs in the area (captured in the Joint Strategic Needs Assessment - <http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/joint-strategic-needs-assessment-jsna.aspx>) which has been used to identify the priorities contained within this strategy. In the current economic climate we need to be sure that we are making the biggest difference to health and wellbeing with the available resources, hence the priorities identified for particular focus initially.

To ensure that we can see the difference we are making to people's lives, we have also identified how we will assure and measure progress.

Cllr Tricia Turner,
Chair of Central Bedfordshire Health and Wellbeing Board

Dr Paul Hassan
Vice Chair of Central Bedfordshire Health and Wellbeing Board and Chair of Bedfordshire Clinical Commissioning Group

Health and Wellbeing in Central Bedfordshire

Central Bedfordshire, a mainly rural location was, in 2010, home to about 255,200 residents, an increase of 9.2% since 2001. Central Bedfordshire has a growing and ageing population which is expected to increase to 274,400 by 2016. The biggest increase of around 30% will be in the number of people aged 65 and over, which has implications for future health and social care needs.

The population of Central Bedfordshire is growing due to increasing life expectancy, a rising birth rate and inward migration.

Average life expectancy at birth in Central Bedfordshire is increasing and is currently 79.5 years for men and 83.0 years for women. These are similar to East of England and better than the England averages. Life expectancy is increasing at the rate of about 2.5 years for men and 1.5 years for women every decade.

Geographically there is a range of life expectancy within Central Bedfordshire: the gap between the most affluent and most deprived areas is on average 5.5 years for women and 7.4 years for men. Also, some disadvantaged groups have low life expectancy. People in the more deprived areas die earlier predominantly due to diseases of the circulatory system, cancers, especially lung cancer; diseases of the respiratory system and diseases of the digestive system.

There are a number of common themes which emerged from the recent re-fresh of the Joint Strategic Needs Assessment:

- Investing in early intervention and prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority
- Improving educational attainment and all-age skills will have a significant impact upon health and wellbeing
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

These themes have been used to inform the priorities within the strategy. The responsibility for improving educational attainment rests with schools and is a priority within the Children and Young People's Plan overseen by the Children's Trust. Action to address educational attainment has therefore not been included within this strategy.

The responsibility for improving the social determinants of health rests predominantly with Central Bedfordshire Council in conjunction with its partners. Whilst improving the social determinants of health is not currently a priority work programme within the HWBS, it remains a high priority locally with action being delivered through strategies such as all-age skills strategy, transport strategy, leisure strategy and the housing strategy.

Vision

What will health and wellbeing look like for the residents of Central Bedfordshire?

Our vision is to ensure that Central Bedfordshire is:

A place where everyone can enjoy a healthy, safe and fulfilling life and is recognised for its outstanding and sustainable quality of life

We will do this by working in partnership with our communities and residents to improve the opportunities open to them to improve their health and wellbeing

Our Priorities

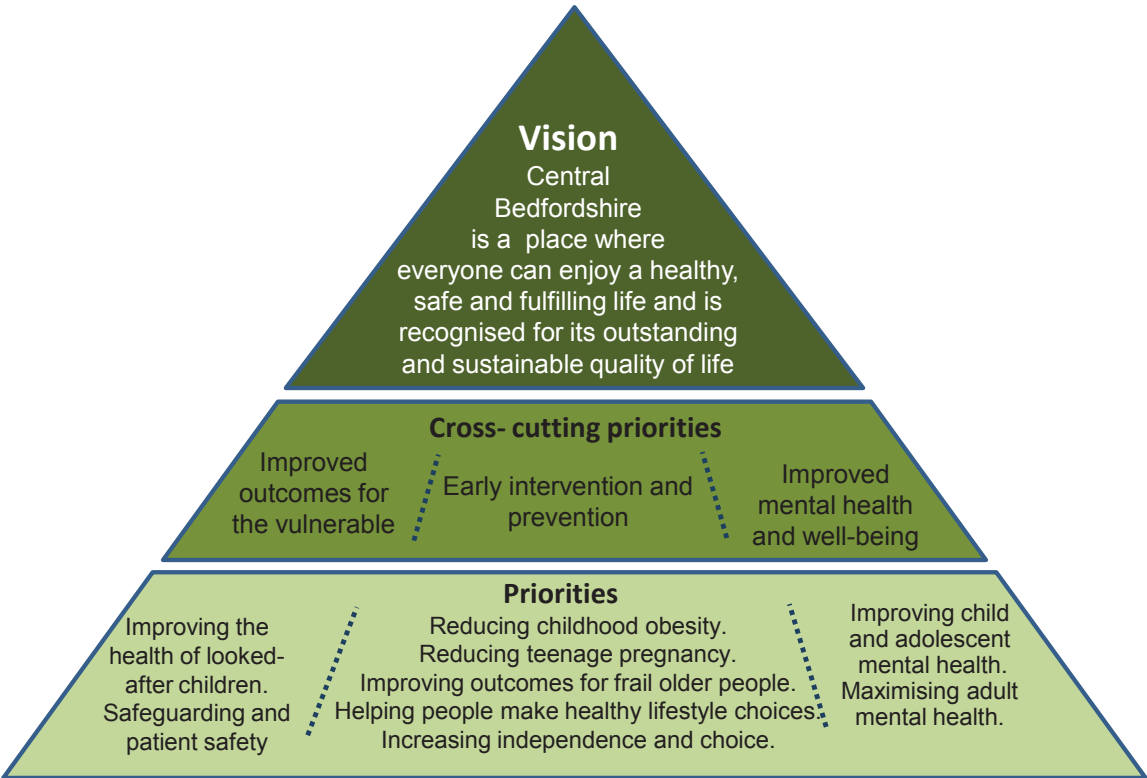
Informed by the JSNA we have identified three cross cutting priorities where we want to make progress fastest:

- Improved outcomes for those who are vulnerable
- Early Intervention and Prevention
- Improved mental health and wellbeing

These are underpinned by nine priority work programmes all of which have indicators to measure our progress. These priorities will be reviewed annually to ensure that they remain the right priorities to deliver improved health and wellbeing in Central Bedfordshire. The relationship between the vision, priorities and how we will measure the difference we make is illustrated in figure 1.

The constituent members of the Health and Wellbeing Board have a responsibility to hold each other account for delivery, ensure that the interventions proposed are effective and are configured to deliver the best possible outcomes. We know that improved outcomes will be achieved through using current resources together and more effectively.

Figure 1: Health and Wellbeing: The vision, priorities and Indicators



The rationale for choosing each priority, what we will do to improve outcomes and how we will measure our progress is set out in the following part of the strategy.

Cross Cutting Priority: Improved outcomes for the vulnerable

Priority 1: Improving the health of looked after children

Why it's important

Looked After Children (LAC) are amongst the most vulnerable groups in society and they are at an increased risk of poor outcomes during the early years of life onwards. LAC and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect.

Numbers of looked after children in Central Bedfordshire have increased by 45% over the last 3 years and health outcomes for looked after children in Central Bedfordshire are poor compared to the East of England and England averages. A recent Ofsted/CQC Inspection reported that health services for looked after children in Central Bedfordshire are inadequate and outlined a number of specific areas to be addressed.

What we will do

- Redesign LAC health services to meet the needs of LAC and care leavers in Central Bedfordshire, shaped by clinicians, partners, LAC and care leavers.
- Ensure all looked after children have prompt access to appropriate services which promote good outcomes for them, including their emotional health and well-being.
- Ensure that all looked after children and young people have access to age appropriate health education and promotion information.
- Work with the Eastern Region on a peer support and challenge programme to ensure sustainable improvement.

How we will measure our progress

- Increased percentage of LAC who received their initial and review health assessment within the statutory time frames
- Increased percentage of LAC whose immunisations are up to date and whose teeth have been checked.
- Improved scores from the Strengths and Difficulties Questionnaire (SDQ) used during review assessments of LAC
- Improved LAC and young people's evaluations of the health services they receive which demonstrate that services are improving and meeting their needs

Priority 2: Safeguarding and Patient Safety

Why it's important

Safety is fundamental to the wellbeing and independence of people using health and social care. As more people are enabled to live more independently with support in the community, it is important to guard against the potential for abuse and neglect and to ensure sustained high quality services. Abuse in any form can impact on a person's physical and mental health, finances and social interactions. People are more likely to become unwell, socially isolated or may find it difficult to make important decisions in their lives due to stress or coercion.

Ensuring that people receive high quality care, are treated with dignity and respect and have their care needs met is essential to achieving good outcomes and is one of the highest priorities for the public and professionals alike.

What we will do

- Protect people when they are unable to protect themselves, including ensuring advocacy services are available for people who are unable to challenge or change circumstances that they experience.
- Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused.
- Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse
- Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults.
- Increased public awareness of safeguarding and improved systems for reporting of possible abuse.

How we will measure our progress

- More people who use services who say that those services have made them feel safe and secure
- Reduced incidence of newly-acquired category 3 and 4 pressure ulcers.
- Reduced Incidence of healthcare associated infection – MRSA and C difficile
- Improved patient experience of hospital care

Cross Cutting Priority: Early intervention and prevention

Intervening early and as soon as possible to tackle emerging problems for children, young people and their families or when a population of developing further problems, is critical if health and wellbeing is to be maximised. It is never too early and never too late to take a preventative approach; hence this theme crosses all age groups. There are however some areas where an increased focus on early intervention and prevention is required, hence the five priorities identified.

Priority 3: Reducing childhood obesity

Why it's important

Currently 1 in 5 children in the most deprived areas are obese by the time they reach the age of 11. In the rest of Central Bedfordshire 1 in 7 children are obese by the age of 11. Conditions linked with obesity in childhood include low self esteem, depression and musculo-skeletal problems. As overweight and obese children are more likely to go on to become obese adults, they are then at increased risk of type 2 diabetes, cardiovascular disease, respiratory conditions, and certain cancers. There is an exponential rise in risk as the level of obesity increases.

Preventing and reducing obesity in childhood will increase healthy life expectancy and reduce health inequalities.

What we will do

- Provide family based treatment programmes for managing childhood obesity targeted in the areas where obesity levels are highest (BeeZee Bodies and BeeZee Tots)
- Support schools to provide high quality physical activity and healthy eating through programmes such as Making the Most of Me and Change 4 Life
- Support pregnant women who are overweight or obese to introduce healthy living choices and reduce weight gain in pregnancy
- Develop the leisure strategy and active travel plan which will ensure increased opportunities for children and their families to be more physically activity.

How we will measure our progress

- Reduced levels of Obesity in children in reception (age 5) and year 6 (age 11)
- Increased number of lower schools delivering 'Making the Most of Me', an obesity and self-esteem programme
- Increased numbers of children and their families enrolled in programmes to reduce levels of obesity such as BeeZee Tots and BeeZee Bodies.

Priority 4: Reducing teenage pregnancy

Why it's important

While individual young people can be competent parents, all the evidence shows that children born to teenagers are much more likely to experience a range of negative outcomes in later life. The majority of teenage parents and their children live in deprived areas and often exhibit multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation. The links between teenage pregnancy, deprivation and poverty are inextricable with each of the teenage pregnancy hotspot wards falling within the 20% most deprived in the Central Bedfordshire area.

What we will do

- Support young people to make positive choices about their relationships and their sexual health by increasing access to high quality sexual health services and unbiased and accurate information, whilst helping young people to stay safe and recognise abusive or coercive relationships.
- Deliver specialist work with young people who may be at an increased risk of teenage pregnancy, in their schools and within their local communities to help build resilience to the pressures of modern adolescence.
- Deliver the 'Aspire' programme which aims to build the resilience of children who may be disengaging from education by working on raising their self esteem and aspirations. This approach helps the more vulnerable children realise and increase their potential
- Ensure that teenage parents access a range of individually tailored support in the antenatal period through to birth and beyond, to enable the best possible outcomes for themselves and their children.
- Help to reduce subsequent unintended pregnancies by increasing access to contraception and sexual health services after birth and post termination.

How we will measure our progress

- Reduced under 18 conception rate
- Increased numbers of young people under 20 accessing local sexual health services
- Increased numbers of under 19s mothers accessing contraception after birth of their baby to reduce second pregnancies
- Increased numbers of vulnerable young and at risk young people in receipt of targeted relationships and sexual health interventions
- Increased numbers of early intervention 'Aspire' programmes delivered in Middle Schools in high rate ward areas

Priority 5: Improving outcomes for frail older people

Why it's important

Frailty is associated with a loss of independence and vulnerability which impairs the quality of life and psychological well-being of many older people. This in turn is likely to result in increased need for health and social care support.

There are an estimated 6,500 frail older people in Central Bedfordshire currently but this is expected to double within the next 20 years.

Whilst there is some excellent local service provision, at times it can be disjointed, responding to rather than preventing crisis, with too many people losing their independence.

Improving outcomes for frail older people will allow those residents to maintain or regain their independence

What we will do

- Promote health by increasing the uptake of established screening and prevention programmes and commission self help and self management programmes
- Commission an expansion of the multi-disciplinary complex care team to deliver a case management service to reduce reliance on hospital admission.
- Commission alternative models of day services, increase the number of intensive home care packages and use of personal budgets, and improve access to telecare and telehealth.
- Commission a comprehensive information, support and advocacy and brokerage services
- Commission improved and integrated dementia services and improve access to psychological services for older people
- Commission additional Village Care schemes
- Improve housing and accommodation support by making the best use of existing extra care housing options and commission extra if required, strengthen the outcomes from floating support services, provide affordable warmth and strengthen the lettings approach by the provision of signposting and information.

How we will measure our progress

- Decreased emergency admissions for acute conditions that should not usually require hospital admission
- Reduced permanent admissions to residential and nursing care homes
- An increased proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- An increased proportion of people who use services who say that those services have made them feel safe and secure
- Reduced delayed transfers of care from hospital, and those which are attributable to adult social care
- An increased proportion of people who use services and carers who find it easy to find information and are satisfied with their care and support

Priority 6: Promoting independence and choice

Why it's important

Supporting people to live independent lives and encouraging greater choice and control is fundamental. It is important that vulnerable people should have greater choice of personalised services which promote and sustain independent living.

Securing high quality care for all in a climate of economic downturn and changing demography requires a fundamental shift in how care is provided. Early loss of independence often leads to increased social care spend e.g. residential care represents £29 million or 34% of net spend on adult social care in Central Bedfordshire. Equally, early use of residential care depletes the resources of those who fund their own care, consequently leading to greater demands for publicly funded support. Loss of independence can also mean increased use of acute care.

What we will do

- Shift the balance of care from institutional to personal solutions with more effective support for people in their own homes, including widening the use of Telecare, extra care and specialist equipment to promote independence.
- Ensure that people are able to access information and support to help them manage their care needs enabling them to regain and retain their independence.
- Ensure people are able to manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Work with Community and Voluntary organisations to enhance the support available locally to people and their carers
- Continue to support timely discharge from hospital and adopt a whole systems approach to delivering rehabilitation and reablement to promote independence.
- Ensure that Carers receive the care and support they need to enable them continue in their caring role as well as maintaining their own health and wellbeing.

How we will measure our progress

- More people with a long term condition feeling they have had enough support from local services to help manage their condition
- An increased proportion of people who use services and carers who find it easy to find information about support
- An increased proportion of people using social care who receive self directed support and those receiving direct payment.
- An increased proportion of people with learning disabilities living in their own home or with their family and an increased proportion in paid employment.

Priority 7: Helping people make healthy lifestyle choices

Why it's important

Adopting healthy lifestyles can prevent or delay ill health. On average a person who adopts a healthy lifestyle (doesn't smoke, eats 5 portions of fruit & vegetables a day, drinks moderate amounts of alcohol and is physically active) will live 14 years longer than a person who adopts none of these behaviours.

17.5% of adults in Central Bedfordshire smoke, however this increases to 22.4% in the most deprived areas. Within Central Bedfordshire 14.4% of new born babies are living in a home with at least one smoker. Impacting on smoking prevalence demands attention on the wider tobacco control agenda and not just stop smoking services.

Only 11% of adults in Central Bedfordshire are physically active enough to benefit their health.

It is estimated that 49,000 adults (25%) are obese of whom it is estimated 9,000 have high blood pressure, 4,000 have cardiovascular disease and 3,000 have diabetes as a direct result of their weight.

In 2009/10 there were over 4,000 admissions to hospital as a result of alcohol related harm, an increase of 13% from the previous year. Heavy drinking is not restricted to the young; 20% of adults aged 65 years and over are estimated to be heavy drinkers.

What we will do

- Ensure that our built environment and leisure services support people to be as physically active as possible.
- Support people to reduce their drinking to safe levels through community based support.
- Support people to stop smoking at a time and location convenient to them.
- Address tobacco control through the Bedfordshire Tobacco Free Alliance
- Provide 12 weeks free access, via General Practitioners, to accredited commercial slimming groups for people who wish to reduce their weight.
- Make Every Contact Count so that when our staff are in contact with people who wish to change their lifestyle that they are signposted to sources of help.
- Offer an NHS Health check 5- yearly to every person aged between 40-74 years who has not already been identified as at high risk of vascular disease such as heart or kidney disease. This will allow early identification and treatment which prevents or delays the consequence of disease

How we will measure our progress

- Reduced smoking prevalence and increased smoking quitters
- Reduced percentage of adults who are obese
- Reduced rates of alcohol related admissions to hospital
- Increased take up of NHS Health Checks by those who are eligible

Cross Cutting Priority: Improved mental health and well-being

Priority 8: Improving mental health for children and their parents

Why it's important

- One in ten children aged between 5 and 16 years has a mental health problem (3,682 children in Central Bedfordshire)
- Half of those with lifetime mental health problems first experience symptoms by the age of 14.
- Self-harming in young people is not uncommon (10-13% of 15-16 year olds have self harmed).
- One in ten new mothers experience postnatal depression.

What we will do

- Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems.
- We will review the service model for new mothers experiencing post natal depression.
- We will enhance local specialist services for young people with eating disorders
- Ensure that those young people with ongoing mental health problems have a smooth transition to adult mental health services
- Ensure Child and Adolescent Mental Health (CAMH) services for children with Learning Disability are integrated across health and social care
- Redesign CAMH services for Looked After Children to ensure early intervention
- Involve stakeholders and service users in the review of the integrated mental health and local authority services for children with a learning disability, against the service specification.

How we will measure our progress

- Increased number of children and young people from Central Bedfordshire seen by the newly commissioned early intervention CAMH service (CHUMS)
- Improved average Strengths and Difficulties (SDQ) scores for children and young people receiving an intervention from CHUMS

Priority 9: Improving mental health and wellbeing of adults

Why it's important

Mental well-being has been a frequently ignored aspect of health and well-being; however it often underpins and interacts with wider physical and social aspects of health and well-being. Mental health problems are common and have a significant impact upon health: One in six of the adult population experiences mental health problems at any one time and a quarter of the population will experience a mental health problem at some point in their lives.

Mental health problems are estimated to be the commonest cause of premature death and years of life lost with a disability. Poor mental health is associated with a variety of health damaging behaviours, including smoking, drug and alcohol misuse, unwanted pregnancy and poor diet.

People can benefit from work not only financially, but also in their general wellbeing. There is strong evidence that programmes to encourage and support people with mental health problems into work offer high economic and social returns.

What we will do

- Improve mental health through wellbeing and prevention services
- Reduce waiting times for assessment and treatment
- Maintain people's mental health post-treatment through better primary and community care services.
- Increase access to talking therapies.
- Improve the way care is delivered to people with dementia, and for their carers including improved access to memory clinics for people with dementia.
- Continue to support people to improve and keep their mental health, through programmes such as Change 4 Life and Making Every Contact Count.
- Improve each patients experience through mental health services.
- Ensure that more people with mental health issues are treated within GP practices/ primary Care.

How we will measure our progress

- Increased proportion of patients will be seen sooner and nearer to home.
- Increased proportion of people with mental illness will report improved experience of healthcare within specialist secondary care
- Increased percentage of people with mental illness in settled accommodation and in paid employment
- Reduction in the suicide rate

How we will report on progress and delivery

All the partners of the Health and Wellbeing Board have agreed the shared vision and priorities set out in this strategy. They are committed to working together and providing integrated care to our residents and patients as far as possible.

The Children’s Trust and the Healthier Communities and Older People’s Partnership Board have the responsibility for overseeing the delivery of the priorities. Action plans are either already in place or are being developed. Delivery against these action plans and importantly the associated indicators will be reported to the board six monthly.

The indicators which will be used to measure progress are detailed in appendix A

Priority	Partnership responsible for delivery	Lead Agency
Improving the health of looked after children	Children’s Trust	BCCG
Safeguarding and Patient Safety	Adult Safeguarding Board	CBC
Reducing childhood obesity	Children’s Trust	Public Health
Reducing Teenage Pregnancy	Children’s Trust	Public Health
Improving outcomes for frail older people	Healthier Communities and Older People’s Partnership	CBC
Promoting independence and choice	Healthier Communities and Older People’s Partnership	CBC
Helping people make healthy lifestyle choices	Healthier Communities and Older People’s Partnership	Public Health
Improving mental health for children and their parents	Children’s Trust	BCCG
Improving mental health and wellbeing of adults	Healthier Communities and Older People’s Partnership	BCCG

Key:
 BCCG - Bedfordshire Clinical Commissioning Group
 CBC - Central Bedfordshire Council

APPENDIX A – indicators to measure progress

(these are being further developed throughout the consultation period)

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Priority 1: Improving the health of looked after children				
Increased percentage of LAC who have been looked after continuously for at least 12 months and who had an annual Health Assessment during the previous 12 months.	87% (2010/11)	82.4% National) 78% (EofE)	Target in process of being agreed for 2013/14	
Increased percentage of LAC who have been looked after continuously for at least 12 months and who have had their teeth checked by a dentist during the previous 12 months.	87% (2010/11)	82.4% National) 75.2% (EofE)	Target in process of being agreed for 2013/14	
Increased percentage of LAC up to date on immunisations/ vaccinations	52.2% (2010/11)	79% (National) 55.2% (EofE)	Target in process of being agreed for 2013/14	
Priority 2: Safeguarding and Patient Safety				
More people who use services who say that those services have made them feel safe and secure	70.6% (2011/12)	70.6% (2011/12)	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
More people who use services who feel safe	66.7% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
Reduced incidence of newly-acquired category 3 and 4 pressure ulcers.	19 (2011-12)	N/A	0	This data is currently only available at a provider level

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Reduced Incidence of healthcare associated infection – MRSA and C difficile	22 cases C diff <5 cases ¹ MRSA (April – June 2012)	N/A	26 cases (April-June 2012) 2013/14 target to be agreed	This data is currently only available at a provider level
Improved patient experience of hospital care	75.6% Bedford Hospital 71.7% Luton & Dunstable (2011)	75.6%	Year on year improvement	
Priority 3: Reducing childhood obesity				
Reduced levels of Obesity in children in reception (age 4-5) and year 6 (age 10-11)	Reception: 8.1% Year 6: 6.2% 2010/11 (school year)	Reception: 9.8% (England) 9.2% (ONS) Year 6: 18.7% (England) 17.0% (ONS)	Year R 8.0% Year 6 16.0%	
Increased number of lower schools where staff have received training and delivering Making the Most of Me		N/A	48 schools	
Increased numbers of children and their families enrolled in programmes to reduce levels of obesity such as BeeZee Tots and BeeZee Bodies	33 Families in CB completed Beezee Bodies Beezee Tots 28 families (2011)	N/A	50 Families 40 Families	

¹ Actual number of cases suppressed

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Priority 4: Reducing teenage pregnancy				
Reduced under-18 conception rate	32.5 conceptions per 1000 females aged 15-18 (2009)	35.4 (England) 29.8 (East of England)	30.8 per 1,000 females aged 15-18 by 2013	There is a lag time in U18 conception data releases from ONS of over a year. 2011 annual data will be available in February 2013
Monitor the number of young people U20 accessing local contraceptive and sexual health services	As this is a new measure the baseline is currently being set.	These are locally set process measure therefore comparison not possible with other areas	Target to be agreed for 2013/14 once baseline established	
At least 75% of known under 19s continuing with pregnancy access contraception	As this is a new measure the baseline is currently being set.		Target to be agreed for 2013/14 once baseline established	
Monitor the number of vulnerable young people within hotspot wards and other settings in receipt of targeted relationships, sexual health and building esteem and aspiration interventions	2013/15 CBC unplanned pregnancy contract currently in development		To be agreed as part of contract	
Increase the number of early intervention Aspire programmes	3 programmes delivered (2011/12)		11 programmes (2012/13) Target for 2013/14 to be agreed	

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Priority 5: Improving outcomes for frail older people				
Decreased emergency admissions for acute conditions that should not usually require hospital admission				
Reduced permanent admissions of older people to residential and nursing care homes per 100,000 of population	695.5 (2011/12)	Not available for publication until 12th September 2012	Year on year decrease	
An increased proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	68.2% (2011/12)	Not available for publication until 12th September 2012	80% (Proposed target)	Data quality issues to be resolved during 2012/13
Reduced delayed transfers of care a) from hospital, and b) those which are attributable to adult social care	a) 6.1 b) 2.3 (2011/12)	Not available for publication until 12th September 2012	a) to be agreed b) 1.75 (Proposed target)	This measure applies to 18+
More people who use services are satisfied with their care and support	64.3% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
Priority 6: Promoting independence and choice				
More people with a long term condition feeling they have had enough support from local services to help manage their condition	66% (2011)		80% by 2015	BCCG target
An increased proportion of people who use services and carers who find it easy to find information about support	73.6% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
An increased proportion of people using social care a) who receive self directed support and b) those receiving direct payment	a) 53.1% b) 28.4% (2011/12)	Not available for publication until 12th September 2012	a) 100% b) To be proposed	Target of 100% is a national target, highly probability it will not be met.
More people with learning disabilities live in their own home or with their family	66.5% (2011/12)	Not available for publication until 12th September 2012	70% (Proposed target)	
More people with learning disabilities in paid employment	5.3% (2011/12)	Not available for publication until 12th September 2012	7.0% (Proposed target)	
Priority 7: Helping people make healthy lifestyle choices				
Reduced smoking prevalence and increased smoking quitters	Adult over 18's 17.5% (2010/11) Four week quitters: 1837 (2011/12 outturn)	20.7% (England)	Aspiration of 16.0% Minimum 1,800 quitters with a stretch target of 1,875	Prevalence set on national aspiration of 0.75% decrease annually. Quitter target based on stretch of gold standard 50 quitters per 1,000 smokers.
Reduced percentage of adults who are obese	24.2% (2006-08)	24.2% (England)	24%	Modelled estimate and no local trend data available. Target set to halt rise seen nationally.
Reduced rates of alcohol related admissions to hospital	384.8 (2011/12 Q1) DSR per 100,000	477.8	To be finalised	

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Increased the take up of NHS Health Checks by those who are eligible	8,939 (2011/12)	N/A	11,656	
Priority 8: Improving mental health for children and their parents				
Increased the number of children and young people from Central Bedfordshire seen by the newly commissioned early intervention CAMH service (CHUMS)	A minimum of 500 new referrals in CBC entering the CHUMS Service in 2012/13	N/A	Year on year increase	
Improved SDQ scores (%) for children and young people receiving a direct intervention by the CHUMS Service.	As this is a new service the baseline is currently being set.			
Priority 9: Improving mental health and wellbeing of adults				
Increased proportion of people with mental illness in settled accommodation	51.0% (2011/12)	Not available for publication until 12th September 2012	To be agreed	Figures being clarified with DH IC as different from the reported outturn from SEPT
Increased proportion of people with mental illness in paid employment	5.3% (2011/12)	Not available for publication until 12th September 2012	To be agreed	Figures being clarified with DH IC as different from the reported outturn from SEPT
Increased access to talking therapies				
Increased access to specialist mental health link workers in GP practices	As this is a new service the baseline is currently being established			

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Increased proportion of people with mental illness reporting improved experience of healthcare within specialist secondary care				
Increased access to memory clinic			Currently being negotiated	
Mortality from suicide and injury undetermined (DSR per 100,000)	6.5 (2008-10)	7.9 (England) 7.5 (East of England)	To be agreed	



Appendix B

Consultation on the Draft Health and Wellbeing Strategy for Central Bedfordshire

Central Bedfordshire Council and the NHS Bedfordshire Clinical Commissioning Group are consulting on a draft Health and Wellbeing Strategy for Central Bedfordshire.

The Strategy sets out the vision and priorities for improving health and well being and reducing health inequalities across the area. We would like to hear your views.

Please read the Draft strategy document and then have your say by completing this questionnaire by 29 October 2012 and return it to the address printed at the end of this form.

Alternatively you can complete this questionnaire online at www.centralbedfordshire.gov.uk/consultations

Q1 Are you: (Please tick one)

- Someone who currently receives an ongoing service from social care, health or housing (please specify)
- Central Bedfordshire Resident
- Health care professional/ organisation (please specify)
- Social care professional/ organisation (please specify)
- Other public sector organisation (please specify)
- Community/Voluntary group or organisation (please specify)
- Other (please specify)

Please specify other

Q2 How far do you agree or disagree with the following vision health and well being in Central Bedfordshire? (Please tick one)

A place where everyone can enjoy a healthy, safe and fulfilling life and is recognised for its outstanding and sustainable quality of life.

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Q3 Do you have any comments or suggestions about the vision?

Three areas of cross cutting priorities have been identified where the Health and Wellbeing Board would like to see progress made fastest. Please give us your views on these priority areas in the following questions

Cross cutting priority: Improved outcomes for vulnerable people

Please indicate how far you agree or disagree with the following priorities for improving outcomes for the vulnerable. Please tick one box for each priority

Q4 Priority 1: Improving the health of looked after children

Ensuring all Looked After Children have prompt access to services which promote good outcomes during the early years of life and onwards. (Please tick one)

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 Priority 2: Safeguarding and Patient Safety

Ensuring people using health and social care services receive high quality care, are treated with dignity and respect and their care needs are met.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Do you have any comments about these priorities or do you think we have missed anything?

Cross cutting priority: Early intervention and prevention

Please indicate how far you agree or disagree with the following priorities for early intervention and prevention. Please tick one box for each priority

Q7 Priority 3: Reducing childhood obesity

Preventing and reducing childhood obesity will increase healthy life expectancy and reduce health inequalities.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 Priority 4: Reducing teenage pregnancy

Reducing teenage pregnancies will limit the negative outcomes experienced by teenage parents and their children such as poverty, poor health, social and economic risks, and inter-generational deprivation.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Priority 5: Improving outcomes for frail older people

Improving outcomes for this group will enable them to maintain or regain their independence.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Priority 6: Promoting independence and choice

Supporting people to live independent lives and encouraging greater choice and control is fundamental. Vulnerable people should be able to have greater choice of personalised services which promote and sustain independent living.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 Priority 7: Helping people make healthy lifestyle choices

Adopting healthy lifestyles to prevent or delay ill health.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Do you have any comments about these priorities or do you think we have missed anything?

Cross Cutting Priority: Improved mental health and wellbeing

Please indicate how far you agree or disagree with the following priorities for early intervention and prevention. Please tick one box for each priority.

Q13 Priority 8: Improving mental health for children and their parents

To ensure prompt and timely support for children and young people with emerging mental health problems, and for new mothers

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Priority 9: Improving mental health and wellbeing of adults

Reducing the impact of mental health problems on the wider physical and social aspects of health and wellbeing for individuals.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Do you have any comments about these priorities or do you think we have missed anything?

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 22 October 2012
Subject: NHS Continuing Healthcare
Report of: Cllr Hegley, Executive Member for Social Care, Health and Housing
Summary: The report outlines progress and performance in relation to Continuing Healthcare

Advising Officer: John Rooke, Chief Operating Officer, Beds CCG
Contact Officer: Sonia Jordan, Head of Continuing Health Care, Beds CCG
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. Improving progress in relation to Continuing Healthcare will contribute to the Council's priority of promoting health and wellbeing and protecting the vulnerable.

Financial:

2. None directly arising from this report.

Legal:

3. None directly arising from this report.

Risk Management:

4. None directly arising from this report.

Staffing (including Trades Unions):

5. None directly arising from this report..

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.

Public Health

7. As set out in the appendix.

Community Safety:

8. None directly arising from this report.

Sustainability:

9. None directly arising from this report.

Procurement:

10. None directly arising from this report.

RECOMMENDATION(S):

The Committee is asked to consider the appended report and comment as necessary.

Appendices:

Appendix A Report to the Social Care, Health and Housing OSC regarding Continuing Healthcare

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

None

Central Bedfordshire Council Social Care, Health and Housing Overview and Scrutiny Committee - October 2012

NHS Continuing Health Care



Report By: Bedfordshire Clinical Commissioning Group
Report Author: Sonia Jordan, Head of Continuing Health Care,
Beds CCG.
Presented By; John Rooke, Chief Operating Officer, Beds CCG.

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

**Subject: Continuing Health Care Progress and Performance
update for Central Bedfordshire Council**

1. Executive Summary

- n This document from Bedfordshire Clinical Commissioning Group (BCCG) provides the Social Care, Health and Housing Overview and Scrutiny Committee with an update report in relation to NHS Continuing Health Care activity and Funding.
- n This document is the latest in a series of updates regarding this area of care the last of which was received by the Committee in March.
- n The main points to note are
 - a) Sections 2.3 and 2.4 of this report provide updated information on National and Regional Benchmarking based on the outturn position for Bedfordshire for 20/12. Bedfordshire is now approaching mid table in terms of ranking both for activity and cost.
 - b) Specific Activity and Spend for Central Bedfordshire are included in Section 6 of this document focused on activity in the first quarter of 2012/13.
 - c) Proposals are made in this document for a further joint review to ensure that the increased investment in this area of care is being used effectively and that all opportunities for close collaborative working between Health and Social Care are optimised making best use of this additional resource.

2. Recommendations

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

3. Introduction and Background

3.1 What is NHS Continuing Health Care and Funded Nursing Care?

- n “Continuing Health Care” means care provided over an extended period of time for a person aged 18 or over to meet physical and mental health needs that have arisen as a result of disability, accident or illness.
- n “NHS Continuing Health Care” means a package of continuing care that is arranged and funded solely by the NHS. When a person’s primary need is a health need, they are eligible for NHS continuing health care and this eligibility is determined by looking at the totality of the relevant needs.
- n If a person does not qualify for NHS Continuing Health Care the NHS may still have the responsibility to contribute to that individual’s health needs – either by directly providing services or by part funding the package of support. Where a package of support is provided by both Local Authority Adult Social Care and the NHS this is known as a joint package of care, which includes NHS “Funded Nursing Care” and other NHS services that are beyond the powers of a Local Authority to meet.
- n A joint package of care could involve both the Health and Local Authority contributing to the cost of the care package with Health commissioning and/or directly providing part of the package.

3.2 Strategic Reviews

- n Over the last 3 years considerable work has been undertaken to update and improve processes and procedures in relation to CHC in response to an historically low level of spend on NHS CHC in Bedfordshire.
- n Between February and April 2010 a review of NHS CHC was undertaken in the East of England region. This was funded by Improvement East and carried out by the Joint Improvement Partnership in collaboration with the Association of Directors of Adult Social Care (ADASS) and NHS East of England. The review focused on the low level of patients being funded by CHC across the Region.
- n This was followed up by a local review for Bedfordshire early in 2011 which identified a number of issues locally relating to overall level of patients funded, rate of referral through Checklist and Fast Track, and lower rates specifically for Learning Disability.

- n The principal reasons for lower access to CHC were identified by the review as –
 - Lack of clarity and systems to ensure appropriate individuals are screened;
 - Uncertainty as to which professional should take a lead role as coordinator;
 - Lack of understanding between Local Authorities and NHS regarding evidence required to support a CHC application;
 - Need to implement new DH guidance regarding children approaching transition to Adult Services who may require CHC funding.
- n A series of recommendations were made to address these issues and progress reports have been made to the Overview and Scrutiny Committee. An updated action plan is attached at Appendix 1 to this report.

4. Current Position

4.1 The CHC Team and Joint Working

- n The NHS Continuing Health Care and Funded Nursing Care Team are in the process of being established within Bedfordshire Clinical Commissioning Group.
- n The team has worked hard in response to the reviews described above to improve service delivery and address the historically low number of referrals.
- n Although the CHC and FNC spend combined is approximately 3% of the overall PCT budget, the complexity attached to delivery and the risks are disproportionate to the level of spend.
- n The process of assessment, review, monitoring and evaluation requires a high level of partnership working and effective patient/family engagement. Each partner organisation needs to participate in the process in a well informed and evidence based way.
- n Joint Health and Local Authority processes are in place for CHC and FNC which reflect the requirements of the National Framework 2009 and Practice Guidance 2010.
- n A CHC Joint Group has been established attended by Senior Managers from Health, Bedford Borough and Central Bedfordshire Councils which provides a forum for managers to discuss the ongoing development of systems and processes, joint funding packages and other service development issues.

4.2 Appeals and Retrospective Claims

- n Meeting the rising expectations of service users and their families is becoming increasingly complex. There is automatic right of appeal, both if the individual and family believe that Health has not considered eligibility using the correct process and also if the individual and family does not agree with the decision made.
- n Appeals have to be re-examined at local level and may then be escalated to NHS Regional level or to the Health Service Ombudsman. Local health systems may be asked to overturn their original decision at any point in this appeal process or be asked to do further work and review their decision again.
- n NHS Bedfordshire has seen a very significant increase in workload regarding retrospective claims for NHS CHC funding. This follows a Department of Health led national programme which invited individuals and families who have been in care situations in the past and have not been assessed for CHC to request retrospective consideration of this right to funding. The CHC team are obliged to review this.
- n There was a national deadline of the 30th September for submitting retrospective claims for the period between April 2004 and March 201. Based on claims received at the time of preparing this report, the overall number received within the Bedfordshire system submitted by that date was 470. This is completely consistent with the scale of claims being received by neighbouring health systems but is much higher than that anticipated by the Department of Health.
- n Many of the retrospective claims are managed on behalf of patients and families by solicitors and other independent agencies set up as experts in CHC to support claimants. This requires the CHC team to be knowledgeable and skilled in terms of the changing systems and regulations for CHC going back to 2004. These regulations have changed three times during that period.
- n The workload associated with the retrospective assessment of 470 claims is considerable and will almost certainly require a dedicated resource of assessors and administrative support to address them within a reasonable time-frame. Details of the Department of Health expectations in this regard are awaited.
- n The Strategic Health Authority are considering setting up support mechanisms for local systems including legal advice to ensure there is a high level of consistency in the way claims are dealt with across the East of England.
- n Responding to these retrospective claims will require a very careful and considered approach particularly with regard to collecting information on the care needs and actual care provided in the past. A Multidisciplinary Team will then need to consider the information is collected to establish whether a claim against CHC funds is appropriate. Supporting this process is likely to be a considerable challenge to the system.

- n An initial appraisal of retrospective claims is underway which will provide an indication of the financial risk to the BCCG.

4.3 Bedfordshire Benchmarking Position – National and Regional

- n The reviews undertaken in 2010 and 2011 were in response to an apparent low level of spend and low level of patients supported when measured against national benchmarks.
- n The NHS CHC team with Social Care partners have worked hard over the last two years to improve service delivery and increase the numbers of individuals being supported in response to the referrals and assessments performed. Table 1 below provides a summary of the changing rank position for Bedfordshire from Q1 2010/11 to Q1 2012/13.

Table 1 Bedfordshire National and Regional Ranking NHS CHC cases and spend/10,000 population (weighted)

Source: National Benchmarking Analysis

Period	CHC Cases per 10,000 population		CHC Spend per 10,000 population	
	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)	National Ranking (150 PCTs)	East of England Ranking (13 PCTs)
Q1 2010/11	150	13	136	8
Q1 2011/12	139	12	141	11
Q1 2012/13	94	8	86	5

- n This table indicates that there has been a significant change and improvement in the national and Regional position of Bedfordshire both in terms of numbers of individuals receiving NHS CHC and associated spending.
- n The position at Quarter 1 for 2012/13 shows steady progress towards the national average for the 150 former PCT areas (i.e. pre-cluster arrangements) upon which the national benchmarking is based.
- n National benchmarking forecasts also indicate that if sustained, the pattern of increased spending will result in Bedfordshire being ranked 5th out of 13 former PCT areas in East of England by the end of 2012/13.

4.4 Bedfordshire Benchmarking by Care Group – Regional Comparison

- n The National Benchmarking Information enables Bedfordshire to make a comparison of activity and spend by care group for the East of England. The equivalent care group analysis at national level is not readily available.
- n The information in Table 2 provides information on overall activity and spend for the financial year 2011/12. This indicates that for some patient groups there are

significant variations between Bedfordshire activity and cost and the Regional average. Also that within some care groups in Bedfordshire there is an apparent high level of spend compared to the numbers of individuals supported.

- n It is important that the local Health and Social Care system understands these variations to ensure that the resource committed is being used appropriately and effectively.

Table 2 Bedfordshire NHS Continuing Health Care Activity and Costs – Bedfordshire & East of England

Source: National Benchmarking Analysis – 2011/12

Care Group	Spend/10,000 population (weighted)			Cases/10,000 population (weighted)		
	Beds	EoE	Variation	Beds	EoE	Variation
Fast Track	33.2	28.1	+18%	13.5	11.5	+17%
LD (<65)	58.6	26.6	+120%	0.4	0.6	- 33%
LD (>65)	0.8	2.0	-60%	0.1	0.1	-
MH (<65)	19.7	10.1	+95%	0.3	0.3	-
MH (>65)	79.8	96.9	-17%	2.4	3.9	-38%
PD (<65)	90.6	57.8	+75%	1.6	1.7	-6%
PD (>65)	31.6	66.5	-52%	2.6	4.3	-39%

Note:

LD – Learning Disability

MH – Mental Health

PD – Physical Disability

- n Table 3 provides a breakdown of Bedfordshire’s position for Funded Nursing Care and Joint Funded Care Packages.

Table 3 Bedfordshire Funded Nursing Care and Jointly Funded Packages – Outturn 2011/12

Source: National Benchmarking Analysis – 2011/12

Category	Cases/10,000 population				Spend/10,000 population			
	Beds	EoE	EoE Rank	National	Beds	EoE	EoE Rank	National
Funded Nursing Care	19	22	7	98	77	78	5	86
Joint Packages	0.7	0.8	4	N/A	13.8	18.7	3	N/A

- n The table indicates that activity and spend on Funded Nursing Care by Bedfordshire is in line with the regional average and progress is being made toward national average.
- n The position for Joint Packages of Care indicates that activity is in line with the Regional Average but spending is ranked third within the Region. The regional average spend is influenced however by two Local systems (Cambridgeshire & Luton) which spend 4-5 times as much as other systems in East of England `on Joint Packages.

5. Effective Working Arrangements for CHC in Bedfordshire

- n Continuing Health Care and to a lesser extent Funded Nursing Care are areas that are largely governed by national policy and guidance and are both complex and litigious requiring a skilled workforce to ensure operational issues are managed effectively. There are significant risks, particularly financial risks, associated with retrospective claims, appeals and litigation.
- n The BCCG Continuing Health Care Team has the responsibility for managing the CHC system for Adults. Their responsibilities include –
 - Commissioning services from care organisations;
 - Responding to referrals and ensuring that assessments are undertaken;
 - Coordination of the assessment and ensuring the care commissioned is delivered;
 - Monitoring care provided and reviews of patient needs;
 - Retrospective claims, appeals and litigation.
- n Close working arrangements with Local Authorities are extremely important both in the management of CHC processes and the delivery of effective services. The resources available to both Health & Social Care to support individuals with complex care needs are becoming increasingly pressured and close cooperation between Health and Social Care will ensure the best use of resources.
- n Closer joint working between Health and Social Care might enable –
 - Improved procurement of commissioned services both in terms of cost and quality;
 - Improved coordination of the assessment process;
 - More integrated approach to monitoring and review of individual care needs, particularly joint care packages, and the quality of care provided.
- n To ensure the Bedfordshire system is working in an effective way it is proposed that a further joint review is undertaken. This scope of this review would include.
 - Taking stock and responding to any issues which remain outstanding from previous reviews.
 - Identifying and addressing current issues such as activity levels, timeliness of assessment and decision making.
 - Developing proposals for a new model for Continuing Health Care which is robust, fair, consistent, person outlined and cost effective and in line with National guidance, to include
 - Assessment in relation to eligibility
 - Decision making on eligibility
 - Commissioning care and support including Personal Health Budgets
 - Case management arrangements

- Governance, performance management and system issues.
- n All care groups supported through CHC arrangements will need to be considered but specific focus will be required for End of Life care Pathways, Acute and Urgent Care Pathways and transition from Children's Services.
- n It is anticipated that the review will be supported and facilitated by Jim Ledwidge an acknowledged national expert in CHC who was been previously involved in earlier CHC reviews in Bedfordshire. This will help to ensure both consistency in the review process and also greater awareness of national best practice that might be introduced into the local Bedfordshire system.

6. Activity Data – Central Bedfordshire Council

- n The information in this section of the report is based largely upon a snapshot of CHC activity for the First Quarter of 2012/13
- n The CHC database (QA+ system) is populated with 'live' client data and as such is liable to change each quarter when reports are produced retrospectively.

1. How many NHS Continuing Healthcare clients are there in Central Bedfordshire, both as a total and number per 10,000 population?

- n The table below provides information on the current year. Rates are based on the Mid-2010 population estimate of 255,000 for Central Bedfordshire.

Period	Number of Clients	Rate/10 population
2010/11 Qtr 1	83	3.25
Qtr 2	97	3.80
Qtr 3	99	3.88
Qtr 4	97	3.80
2011/12 Qtr 1	101	3.92
Qtr 2	154	6.04
Qtr 3	143	5.61
Qtr 4	-	-
2011/12 Qtr 1	155	6.07

- n The increased number of individuals supported by CHC evident in the figures above underpins the shift in national benchmarking position described in section 4.3. of this report
- n There are data quality issues with Q4 2011/12

2. What is the breakdown in relation to health categories?

- n The break down by client group for Qr 1 and Qtrs for previous two years is provided below.

Health category	Q1 2012/13	Q1 2011/12	Q3 2010/11
Fast-track	52	58	29*
Learning Disability	12	7	3
Mental Health	36	19	16
Physical Disability	54	41	36
Total	155	125	84

*estimate

3. How many of the clients are in NHS commissioned Continuing Care beds?

- n 11 CHC clients from Central Beds area are in commissioned beds.

4. How many CHC applications were there in the Central Bedfordshire area?

- n This information will be available from Quarter 2 2012/13. Processes have been put into place to ensure this information is entered onto the QA+ system. In total there were 159 new CHC applications for Bedfordshire as a whole.

5. How many CHC applications were successful?

- n During Quarter 1 2012/13 the number of successful CHC applications for Central Bedfordshire area totalled 104.

6. How many CHC applications led to an appeal by the individual?

- n The position for Central Bedfordshire in the twelve month period July 2010 to June 2011 was that 8 individuals made appeals.

7. What is the ethnicity, gender and age breakdown for questions 1-4?

n CHC:

Gender	Age Group	Ethnicity	Number of Clients
Female	65 & Over	Asian	1
		Black	1
		Chinese	1
		Unrecorded	11
		White	50
	Under 65	Unrecorded	2
		White	12
Male	65 & Over	Unrecorded	9
		White	37
	Under 65	Unrecorded	5
White		26	
Grand Total			155

Fast Track:

Gender	Age Group	Ethnicity	Number of Clients
Female	65 & Over	Chinese	1
		Unrecorded	3
		White	23
	Under 65	White	1
Male	65 & Over	Unrecorded	5
		White	18
	Under 65	White	1
Grand Total			52

Learning Disabilities Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	White	1
Male	White	11
Grand Total		12

Mental Health Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	White	1
Male	White	5
Grand Total		6

Mental Health Adult over 65 years old:

Gender	Ethnicity	Number of Clients
Female	Asian	1
	Unrecorded	1
	White	17
Male	Unrecorded	1
	White	11
Grand Total		31

Physical Disabilities Adult under 65 years old:

Gender	Ethnicity	Number of Clients
Female	Unrecorded	2
	White	9
Male	Unrecorded	5
	White	9
Grand Total		25

Physical Disabilities Adult over 65 years old:

Gender	Ethnicity	Number of Clients
Female	Black	1
	Unrecorded	7
	White	10
Male	Unrecorded	3
	White	8
Grand Total		29

Mental Health Commissioned Beds:

Gender	Age Group	Ethnicity	Number of Clients
Female	65 & Over	Unrecorded	1
		White	4
Male	65 & Over	White	6
Grand Total			11

8. How long does the whole process take, on average, from identification of a potential client?

- n The process varies in terms of timescales. Fast track assessments, usually associated with End of Life care which account for approximately 30% of all claims, are processed within 24hours of receipt in CHC office.
- n The process of dealing with mainstream Checklists, follow-up Decision Support Tool assessments and MDT panels can take 6 – 8 weeks from start to finish although the National Framework process sets a target of 4 weeks. This situation has come about partly through the rapid increase in the volume of applications being made for CHC support over the last year and also the complexity of gathering all necessary information together to enable the MDT to make a decision. New CHC office staffing structures and review of operating processes will be key to reducing the timescales to the target level.
- n This current situation does not mean individual's care needs are not being met as those with an urgent need e.g. hospital patients which may need to be discharged to Nursing Home type provision can be discharged 'without prejudice' as longer-term funding arrangements are determined through the CHC process.

9. Is there a waiting list for applications, both at pre-screening and assessment stage? If so, what are the numbers?

- n The CHC office is not aware of a waiting-list for applications. The Checklist, which is the first stage of an application, can be completed by appropriate Health and Social care professionals in all care sectors.
- n Time-scales for collecting information for Decision Support Tools and MDTs are described above.

10. In relation to appeals by individuals, what have been the grounds for appeal?

- n The number of appeals compared to overall numbers supported by CHC is relatively small (see 7 above).
- n The principal reason for appeals is disputes over the level of assessed need within the DST process and dissatisfaction with the resultant MDT decision.

11. Have there been complaints about the process and have any been upheld?

- n The CHC team is not aware of any complaints about the CHC assessment process

12. How much is the PCT allocated budget for CHC, and what is the allocation for the Central Bedfordshire area?

- n As stated in the main document, the anticipated expenditure for Bedfordshire as a whole is estimated at £16m in 2012/13 and budgetary reviews are under way to support this.
- n The CHC team does not hold a discreet budget for the Central Beds Area but an indicative capitation based share based on anticipated outturn would be approximately £9.8m.

13. How much is the PCT actual spend on CHC, in the Central Bedfordshire area and as a whole?

- n Answered above

14. How does this compare as a share of total spend with other PCTs for 2008/9 and 2009/10?

- n Information for these years is not readily available, however the level of spend in the current year is rapidly moving Bedfordshire to mid-table using National benchmarking information.

15. How does the PCT explain the wide variation in the NHS CHC client numbers between PCTs both nationally and with our comparator authorities?

- n As explained above the variation previously apparent is reducing rapidly.

16. How many cases are in dispute with the local authority in 2011/12 and to date? How many were resolved so that the client received CHC?

- n The CHC team is not aware of any disputes with the Local Authority

17. How many people were assessed 'out' of CHC and how many then appealed and what was the outcome?

- n As stated above there were 8 appeals during the twelve month period July 2010 to June 2011. During that same period there were two successful appeals.

18. What is being done to ensure continuity and improvement in relation to CHC during the transition from the PCT to the CCG?

- n Section 5 of the report identifies the need for a further review of working arrangements to both ensure a smooth transition from PCT to BCCG management and also ensure there is effective collaborative working between Health and Social Care Services to ensure the best use of overall resources for Continuing Care

19. What is the target for CHC? The Committee was informed in March 2012 that the aim was to get the PCT to mid-table out of 153 PCTs. Is this going to be achieved and by when?

- n As stated above and set out in section 4.3 of the document, the Bedfordshire area is moving rapidly to mid table position nationally. Updates can be provided to further meetings of the committee.

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	Recommendation	Comments	Action	Lead Officer	Update
			<p>captured on a geographical basis</p> <ul style="list-style-type: none"> • Review QA system to establish if additional fields can be added to capture source of referral • Identify IT support • Acute Trusts to ensure information forwarded to NHSB • LA colleagues to review internal processes/systems to ensure information is forwarded to NHSB on monthly basis to allow for auditing to ensure consistency and quality of decision making 		<p>Further Updates to QA system to be taken forward following strategic and operational review. (see 4)</p>
<p>3 (G)</p>	<p>Central Bedfordshire Council should establish a central means to record and report information regarding NHS CHC, preferably utilising the SWIFT client database. Information collected should include whether a Checklist has been completed, the outcome of this, the outcome of NHS CHC eligibility</p>		<ul style="list-style-type: none"> • Investigations will take place on the appropriate recording on Swift. The proposal will be to set up a new questionnaire to record the CHC 	<p>S Mitchelmore, Central Bedfordshire Council</p>	<p>Work has commenced looking at the recording of CHC on the swift system. Initial issues have been identified and resolved. Further work required in relation to the inception of a questionnaire</p>

	Recommendation	Comments	Action	Lead Officer	Update
	decisions and whether the reason for a case being 'closed' is that the individual is now in receipt of NHS CHC. The information should be used to monitor whether social services staff are undertaking their responsibilities in relation to NHS CHC referrals and to identify any areas of difficulty.		<p>checklist and outcomes. Investigation will include the identification of the appropriate process to attach the questionnaire to.</p> <ul style="list-style-type: none"> • A process mapping session will be held to ensure all processes in relation to CHC are captured. 		Workshop on Swift development taking place in October focused on improving the recording of application, decision making and reporting.
4 (R)	The NHSB / LA Joint Continuing Healthcare Meeting should agree on the management information it requires to monitor the effectiveness of the NHS CHC system, and should make arrangements for this information to be available on a regular basis to inform operational and strategic planning.	Joint CHC Group consist of attendees from both LA's and NHSB.	Agenda for meeting will include appropriate data set	S.Jordan	<p>Following changes in CHC Team Leadership within BCCG the Joint CHC Group is now being re-established and will meet regularly to lead both Strategic reviews of CHC funded care and ensure effective operational systems</p> <p>Joint CHC Group to take forward follow-up review of CHC arrangements. Review to be externally facilitated.</p>

	Recommendation	Comments	Action	Lead Officer	Update
					<p>Review will need to include</p> <ul style="list-style-type: none"> -Strategic Commissioning of services. -Effectiveness of assessment processes, -decision making re eligibility, -case management and co-ordination -Performance and governance, -Training programmes <p>Review programme to be completed by March 2013</p>
5 (A)	NHS Bedfordshire and Central Bedfordshire Council should revisit the guidance given to staff regarding when and in what circumstances individuals should be screened for NHS CHC using the Checklist. Care should be taken to ensure that there are no unnecessary barriers to this happening, whilst also ensuring that the Checklist is undertaken at a time when ongoing needs are sufficiently clear.	Discussions are taking place with LA's to agree and implement joint training to meet the needs of individual staff groups. Currently training is delivered by NHSB across all disciplines health/social care.	<ul style="list-style-type: none"> • Develop training strategy • Develop training programme and deliver in partnership • Approach Jim Ledwidge to consider delivering suitable training package for both Health and Social Care 	S.Jordan, BCCG S. Mitchelmore, Central Bedfordshire Council	<p>JL agreed in principle to deliver training package.</p> <p>Training delivered December 2011.</p> <p>New Training programme to be commissioned</p>
6 (A)	NHS Bedfordshire and its LA partners should, as a matter of urgency, resolve the question of whether and in what circumstances LA members of staff will	The CHC lead nurses act as coordinator however on occasions the role of	<ul style="list-style-type: none"> • The role of the coordinator is detailed in job 	S.Jordan,BCCG S Mitchelmore, Central	Review process needs to ensure that the Coordinator role is clearly defined with line managers ensuring that

	Recommendation	Comments	Action	Lead Officer	Update
	undertake the 'coordinator' role in relation to NHS CHC. They should ensure that the Bedfordshire Continuing Healthcare Processes reflect this agreement and are then properly disseminated throughout the relevant agencies, making sure that front-line staff are familiar with them.	coordinator could (by agreement) be a staff member from another organisation such as the LA, an NHS Trust or independent sector organisation. This may need to be negotiated in specific cases due to the skills or responsibilities that the practitioner(s) have in relation to a client group or individual.	descriptions of CHC lead nurses and reflected within process documents. <ul style="list-style-type: none"> • Agreement to be disseminated to front line staff 	Bedfordshire Council	staff have full understanding (see 4) Coordinator identified aligned to Lead Commissioner if appropriate
7 (G)	NHS Bedfordshire and Central Bedfordshire should jointly develop guidance/training for staff on the level and type of evidence required to support an application for NHS CHC funding, bearing in mind national guidance and learning from Independent Review Panel experience. (Links to Recommendation 9)	Develop and deliver a joint training package	Jim Ledwidge approached to take on role due to his extensive knowledge of NHS CHC	S.Jordan BCCG S Mitchelmore, Central Bedfordshire Council	Training programme developed by Jim Ledwidge(JL) Two days joint training delivered December 2011 New training programme to be Commissioned as part of Review process
8 (G)	NHS Bedfordshire should reconsider the staffing and structure of its Continuing Healthcare Service to ensure that it is fit for purpose. In particular it should consider with LA partners what arrangements are best as the service moves towards the proposed abolition of the PCT and the	CHC structure reviewed and staff recruited to current identified posts. CHC team will continue to be reviewed during ongoing transition to clinical commissioning group.	Arranging meetings with colleagues in LA to look at service delivery in Nursing homes, value for money	S.Jordan, BCCG	CHC Team has been recently re-structured and a successful recruitment programme taken forward. Operational arrangement re the working of the team will be considered in the context

	Recommendation	Comments	Action	Lead Officer	Update
	expected handover of responsibilities to GP consortia. Opportunities for further work across agency boundaries should be explored, for example with regard to case management.				of the review process over future months.
9 (A)	NHS Bedfordshire and Central Bedfordshire should jointly develop and jointly deliver a suitable training programme to staff across agencies (including advocacy services and provider organisations) that supports the correct implementation of the National Framework and associated guidance, incorporates a consistent message about the lawful limits of local authority responsibility, and enables staff to implement local processes and procedures. Consideration should be given to working with Bedford Borough in the preparation and delivery of this training. (link to Number 5)	Course identified to deliver training on the core competencies required by specialist health and social care staff to successfully implement the National Framework	Course approved in partnership with University of Essex. First course commenced January 2011	S, Jordan BCCG	Two days joint training delivered December 2011 with attendance of staff from NHSB, Central Bedfordshire Council and Bedford Borough. New training programme to be commissioned (see 5 and 7 above)
10 (A)	NHS Bedfordshire and Central Bedfordshire Council should explore opportunities for co-operating over systems for commissioning and purchasing care packages/placements where individuals are in receipt of NHS Continuing Healthcare Funding.	Identify stakeholders in Bedford Borough and Central Bedfordshire and explore potential opportunities for joint working within this area. Further discussion/work to be undertaken during transition to clinical commissioning groups.	Contacts to be identified for Central Bedford via the Joint Funding Group. Joint work in place with regards to monitoring nursing homes with Central contract and	S. Jordan, BCCG S Mitchelmore, Central Bedfordshire Council	A collaborative strategic and operational commissioning programme should be taken forward as part of the review process (see 4)

	Recommendation	Comments	Action	Lead Officer	Update
			<p>compliance team.</p> <p>Initial discussions have taken place in relation to potential options for joint contracting. Further discussion and will be required with the procurement teams members of each organisation as part of transition to clinical commissioning groups.</p>		
11 (A)	NHS Bedfordshire and Central Bedfordshire Council should revisit and clarify agreements over interim funding and reimbursement, in line with the requirements of the DH Framework and the national Refunds Guidance. Once clarified, relevant staff should be made aware of and implement the agreed processes so that individuals do not experience unnecessary delay in receiving the care they require in the most appropriate location.	Appropriate contact to be identified and meeting to be arranged to discuss and agree process including roles and responsibilities	Stakeholders to be involved in agreeing arrangements in relation to interim funding meeting	S.Jordan, BCCG S Mitchelmore, Central Bedfordshire Council	Interim funding arrangements to be clarified as part of the strategic review process.

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Meeting: Overview and Scrutiny Committee
Date: 22 October 2012
Subject: Annual Report of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board
Report of: Cllr Hegley, Executive Member for Adult Social Care Health and Housing
Summary: The report informs Members of the annual report of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board prior to consideration by Executive.

Advising Officer: Julie Ogley, Director of Adult Social Care Health and Housing
Contact Officer: Stuart Rees
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. This report contributes to the achievement of the Council priority 'Promote health and wellbeing and protecting the vulnerable'.

Financial:

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

Legal:

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

Risk Management:

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

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. Abuse is a violation of an individual's human and civil rights by another person or persons. The council's duty is to safeguard all vulnerable citizens from all forms of abuse.
7. All Local Authorities are required to implement a range of equality legislation which requires the Council to:
- Understand issues relating to disability, gender, gender reassignment, race, religion or belief, age, and sexual orientation.
 - Engage with service users, local communities, staff, stakeholders and contractors to identify and implement improvements
8. Abuse of vulnerable adults can include discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Public Health

9. The work of the Safeguarding Board contributes to the public health agenda through prevention and raising awareness on keeping safe.

Community Safety:

10. The Council's duty is to safeguard its most vulnerable citizens from all forms of abuse which may include anti social behaviour, hate crime and other forms of criminal activity. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm.

Sustainability:

11. Not Applicable.

Procurement:

12. Not applicable.

RECOMMENDATION(S):

The Committee is asked to receive the Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board as attached in appendix A and comment as appropriate.

Executive Summary

13. This annual report covers the third year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2011 to March 2012.
14. During the past 12 months, all agencies that are signed up as members of the Safeguarding Board continued to deliver their improvement programmes. These programmes are based on the previous years annual report and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding.

15. During the past 12 months the Board focussed on the areas of prevention of abuse and significant harm and empowerment and proportionality. The aim was to ensure improved outcomes for all vulnerable adults involved in a safeguarding incident. Strong foundations have been laid in the development of the Board, which through partnership working has developed a strategic approach to safeguarding.
16. Over the coming 12 months the Board will be focussing on:- ,
- improvements in safeguarding practice as a result of independent audit and Peer Review
 - improvements in our approach to learning and development
 - reviewing and addressing the reasons for varying alerting patterns from different sections of the community
 - safeguarding and the role of informal carers
 - the vulnerability of people with disabilities to abuse and harassment; and
 - quality of services for people with learning disabilities.

The Developing Context for Safeguarding

17. The Department of Health released a statement in May 2011 which set out the Government's policy on safeguarding vulnerable adults. It included a statement of principles for use by Local Authority Social Services, housing, health, the police and other agencies for developing and assessing the effectiveness of their local safeguarding arrangements. The policy statement defines a set of principles to benchmark existing adult safeguarding arrangements to see how far they support the government's aim and to measure future improvements: These principles are as follows:-
- (a) **Empowerment** - Person led decisions and informed consent.
 - (b) **Protection** - Support and representation for those in greatest need.
 - (c) **Prevention** - It is better to take action before harm occurs.
 - (d) **Proportionality** – Proportionate and least intrusive response appropriate to the risk
 - (e) **Partnership** - Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - (f) **Accountability** - Accountability and transparency in delivering safeguarding.
18. During the past 12 months issues in relation to quality of care and safeguarding have been well reported in the public domain. Since May 2011 there has been a raft of guidance documents and reports issued including a focus on safeguarding and carers and disability related harassment.
19. There has been particular focus on quality of care in learning disability services following the BBC Panorama programme exposing abuse at Winterbourne View hospital. The Care Quality Commission has since published a report of 150 inspections of learning disability services and set up a dedicated whistle blowing helpline.

The work of the Adult Safeguarding Board in Central Bedfordshire

20. In June 2011 the Local Government Association undertook a peer challenge of safeguarding arrangements within the Central Bedfordshire Council locality. The review team found that the functioning of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board demonstrated:
21. (a) All the key partners at a senior level show a high level of commitment
22. (b) The Board has driven and delivered good policies and processes
23. (c) The Board has raised the profile of safeguarding within the services and the wider community
24. (d) The Board has dealt with individual and organisational service failures
25. The Board has continued to work to the six strategic aims identified in 2011, which are broadly aligned to the Government's priorities as follows:- .
- prevention and raising awareness
 - workforce development
 - partnership working
 - quality assurance
 - involving people in the development of safeguarding services; and
 - outcomes and improving people's experiences

Within Central Bedfordshire, examples of developments in these areas during the past year include:

26. (a) Producing a community "keeping safe" handbook that covers safeguarding information as well as community safety, internet safety and other useful contacts. This is designed to raise awareness with those people who may only require adult social care support for a short time such as those who have been through re-ablement services
27. (b) Developing weekly practice surgeries which involve a senior practitioner visiting each team for a day. Feedback from these sessions informs practice development. These have been welcomed by social workers and their team managers in assisting with the improvement of practice.
28. (c) There have been three meetings of the pan-Bedfordshire safeguarding sub groups. This has established stronger links with the Luton Safeguarding Adults Board and has streamlined the work for the benefit of partners who work across Bedfordshire. This sub group continues to look at training and development, quality and activity, and policies and procedures.
29. (d) The Safeguarding team undertake quarterly audits of case files from all teams including the mental health trust and has commissioned three independent external audits during the year. The results of these audits are fed back to managers and staff, and used to inform practice development work and action planning.
30. (e) Developing a method of seeking feedback from people who have undergone safeguarding interventions. This involves visits from safeguarding support workers and involves advocacy services. All feedback from these visits is incorporated in to service development work and action planning.

31. (f) The safeguarding team have received a one off grant from the Social Care Institute for Excellence to become a “social work practice pioneer”. The pilot is developing the practice of “family group conferencing” widely used in children’s services, with the aim of putting the individual at the centre of a safeguarding process and enabling them to define their safeguarding plan with their family or advocates.

Safeguarding Activity April 2011 – March 2012

32. Central Bedfordshire Council received 1348 alerts during the year. 515 (38%) progressed to a referral. This is an increase from the previous year by 262 alerts. This increase has doubled from the year 2009/10, showing an upward trend over three years. The number of alerts progressing to referral has doubled from 265, and represents a greater proportion in percentage terms – from 24% to 38%. This is showing increasing appropriateness of alerts. Higher numbers and higher proportion of alerts progressing to investigation suggests that the significant awareness raising that has been carried out since 2010 is having an effect.
33. Central Bedfordshire received 833 alerts which did not progress to formal investigation. Half of these resulted in information and advice being provided. A further quarter were referred to care management teams for a response. This is similar in number and pattern to the previous year. The majority, 62% of alerts, do not progress to investigation, and the safeguarding team continues to identify areas where understanding of what constitutes a safeguarding alert could be developed.

Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

34. Central Bedfordshire Council received 25 applications for Deprivation of Liberty in 2011-12, compared with 25 in 2010-11 and 42 in 2009-10. Of the 25 applications, 7 were authorised and 18 were not. This compares with 2 authorised and 22 not authorised in 2010-11 and 21 authorised and 21 not authorised in 2009-10.

Conclusion and Next Steps: Learning from Safeguarding Activity

35. The annual report has identified a number of learning points which have generated an action plan for the year:
36. (a) Following independent audit and Peer Review the Board will continue to make improvements in safeguarding practice
37. (b) The approach to learning and development in safeguarding will develop from focusing on the process to a more practice orientated format.
38. (c) There is a high volume of alerts which do not require a formal safeguarding investigation, which requires targeting.
39. (d) There are low numbers of alerts relating to hard to reach communities such as ethnic minority groups and the travelling community, which requires targeting.
40. (e) There are low numbers of alerts from members of the public, which requires targeting.
41. (f) Safeguarding services have improved throughout the year due to the sharing of learning with other organisations and councils, which will continue.

42. (g) Supporting the role of informal carers is a priority in promoting safeguarding awareness to keep both the carer and cared for safe.
43. (h) National reports and analysis of local safeguarding information has shown that people with disabilities remain vulnerable to abuse and harassment, self neglect and financial abuse which may become an increasing issue in relation to safeguarding.
44. (i) Television and national Care Quality Commission reports have shown the need for a renewed focus on the quality of services for people with learning disabilities
45. The draft care and support Bill makes provision for Safeguarding Adults Boards to become statutory from 2013, with the local authority retaining the lead for safeguarding. The Bill also makes provision for a duty for local authorities to make enquiries, and is consulting on whether a specific power of entry is required alongside the duty to make enquiries. The Board is well placed to ensure that these new duties are met within the coming 12 months.

Appendices:

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

Background papers and their location: None

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



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

April 2011- March 2012

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

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Abuse is Everybody's Business

This annual report covers the third year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2011 to March 2012 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire.

During the past 12 months, all agencies signed up as members of the Board continued their improvement programmes based on the previous years annual report and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding but we recognise that achieving excellence in this area requires sustained improvement on the part of all partner agencies

During the past 12 months we focussed on the areas of prevention of abuse and significant harm, empowerment and proportionality to ensure improved outcomes for all vulnerable adults involved in a safeguarding incident. Strong foundations have been laid in the development of the safeguarding board, and we have been working together as partners to develop our strategic approach to safeguarding. We have been building on our focus on prevention to move towards a focus on improving outcomes for individuals. However, much work still remains to be done to take us to our safeguarding goals.

Over the coming 12 months we will be focussing on

- Improvements in safeguarding practice as a result of independent audit and Peer Review, and improvements in our approach to learning and development;
- Reviewing and addressing the reasons for the high volume of alerts received which do not require a formal investigation, the low number of alerts relating to hard to reach communities, and the low number of alerts from members of the public;
- Safeguarding and the role of informal carers; the vulnerability of people with disabilities to abuse and harassment, and quality of services for people with learning disabilities

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



Julie Ogley

Director of Adult Social Care, Health and
Housing Central Bedfordshire Council
*Chair of the Bedford Borough and
Central Bedfordshire Safeguarding Board*



Frank Toner

Executive Director of Adult and
Community Services
Bedford Borough Council

Safeguarding is our Responsibility

1. The Developing Context for Safeguarding

1.1 Statement of Government Policy on Adult Safeguarding

The Department of Health released a statement in May 2011 which set out the Government's policy on safeguarding vulnerable adults. It included a statement of principles for use by Local Authority Social Services, housing, health, the police and other agencies for developing and assessing the effectiveness of their local safeguarding arrangements. The policy statement define a set of principles to benchmark existing adult safeguarding arrangements to see how far they support the government's aim and to measure future improvements:

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

1.2 Carers and Safeguarding Adults – Working Together To Improve Outcomes

The Association for Directors of Adult Social Services (ADASS) released a document in July 2011 which considered issues around carers and safeguarding adults. It linked to government policies including the Vision for Adult Social Care, the priorities of the national strategy for carers: Recognised Valued and Supported and the 2011 statement of policy on adult safeguarding (see1.1). It used the principles identified in 1.1 to explore issues around improving practice and securing desired outcomes for:

- Carers speaking up about abuse or neglect within the community or within different care settings.
- Carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations
- Carers who may unintentionally or intentionally harm or neglect the person they support.

1.3 Hidden in Plain Sight, Inquiry into Disability Related Harassment

The Equality and Human Rights Commission produced a report in September 2011 following several serious cases of abuse of disabled people. The inquiry showed that harassment of disabled people is a serious problem which needs to be better understood. The evidence indicates that, for many disabled people, harassment is a commonplace experience. Disabled people often do not report harassment, for a number of reasons:

- it may be unclear who to report it to
- they may fear the consequences of reporting
- or they may fear that the police or other authorities will not believe them.

The inquiry found that there is a systemic failure by public authorities to recognise the extent and impact of harassment and abuse of disabled people, take action to prevent it happening in the first place and intervene effectively when it does.

1.4 SCIE Guidance

During the year the Social Care Institute for Excellence released a number of guidance documents including:

- SCIE Report 41: *Prevention in adult safeguarding* - this report shares findings from research, policy and practice on prevention in adult safeguarding and presents a wide range of approaches that can help prevent abuse.
- SCIE Report 45: *The governance of adult safeguarding: findings from research into Safeguarding Adults Boards* - the research for this report explored the governance arrangements for safeguarding adults. The findings focus on five key features of Safeguarding Adults Boards: strategic goals and purpose, structures, board membership, board functions, and accountability.
- SCIE Report 46: *Self-neglect and adult safeguarding: findings from research* - this report was commissioned by the Department of Health (DH) and examines the concept of self-neglect. The relationship between self-neglect and safeguarding in the UK is a difficult one, partly because the current definition of abuse specifies harmful actions by someone other than the individual at risk.
- SCIE Report 50: *Safeguarding adults at risk of harm: A legal guide for practitioners* - this guide is aimed at practitioners working in various settings for organisations involved in safeguarding and it may also be useful for volunteers and family. It aims to equip practitioners with information about how to assist and safeguard people by using case scenarios.
- SCIE Guide: *Safeguarding and quality in commissioning care homes* - this guide aims to support the NHS and local authorities who commission services from care homes to ensure that safeguarding is central and a primary concern for residential and nursing care home providers.
- SCIE Guide: *Commissioning care homes: Common safeguarding challenges* - this guide aims to identify the issues that commonly lead to safeguarding referrals from care homes. Prevention checklists are provided to help both commissioners and providers to work towards a reduction in occurrence of these issues. There are additional links to resources.

1.5 NHS Guidance

During the year health organisations released a number of guidance documents including:

- Department of Health – “Safeguarding Adults - the role of the health service”.
- British Medical Association – “Safeguarding vulnerable adults – a tool kit for general practitioners”.
- Department of Health – “Building Partnerships, Staying Safe: The health sector contribution to HM Government’s PREVENT strategy” which seeks to stop vulnerable people becoming terrorists or supporting terrorism.

1.6 Vetting and Barring Scheme (VBS)

The outcome of the review of the Vetting and Barring Scheme will be enshrined in legislation during 2012 with the introduction of the Protection of Freedoms Act (2012)

The key future changes include:

- abolishing the registration and monitoring requirements of the Vetting and Barring Scheme
- redefining the scope of 'regulated activities' – involving contact with children or vulnerable adults and is frequently, intensively and / or overnight
- abolishing 'controlled activities' - Frequent or intensive support work in general health settings, the NHS, further education and adult social care settings.

The provisions also mean that the services of the Criminal Records Bureau and Independent Safeguarding Authority will be merged and a single public body created. The new organisation will be called the Disclosure and Barring Service (DBS).

1.7 Personalisation and Outcomes in Safeguarding Adults

The Local Government Association and Association for Directors of Adult Social Services (ADASS) have worked together throughout the year to assist local authorities in reporting on and developing a more personalised outcomes focus in adult safeguarding. This includes guidance, toolkits and advice notes.

1.8 Learning Disability Services following the abuses at Winterbourne View hospital

In June 2011, the Care Quality Commission (CQC) stated that they would carry out a programme of unannounced inspections of services providing care for people with learning disabilities and challenging behaviours. This was in direct response to the BBC Panorama programme (May 2011) which exposed the abuses that had taken place at Winterbourne View hospital.

The inspections found that:

- Good quality commissioning and provision of care are central to ensuring people's wishes, needs and aspirations can be met so they can live fulfilling lives
- Care planning and care delivery need to be highly individualised with clear objectives that help people manage their complex needs over time
- There is poor staff understanding of restraint, a lack of monitoring of the usage of restraint leading to increased risk of restraint being used inappropriately.
- Public policy planning is being inconsistently implemented. Commissioners need to collaborate at a local level. They need to involve family carers in defining need. They must commission innovative and locally based services that are developed with clear measures of success and represent the needs and aspirations of people with learning disabilities.

1.9 All of the above findings will be incorporated into the review of the multi agency policy and guidance to reflect best practice.

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

2.1 An Overview of Safeguarding Improvement Work in 2011/12

2.1.1 Partners continued to provide robust quarterly reports which were monitored through the operational sub group and safeguarding board, building on the lessons learnt from the previous year.

2.1.2 The training and development, quality and audit and policy and procedure sub groups were amalgamated with those of the Luton Safeguarding Board, into a quarterly forum which has allowed partners to report on their own activity across the county of Bedfordshire. This has included:

- the implementation by health partners of the Department of Health's standards in safeguarding;
- the reporting of individual agency audit and quality assurance programmes;
- a multi agency quality audit undertaken each quarter which reviews the responses of all agencies involved in a particular safeguarding case
- reporting on the implementation of the Mental Capacity Act including best interests
- consideration of risk, unwise decision making and self neglect
- continuation of the health sector focus on the Harm Free Care programme, with a focus on pressure care via the County Wide Pressure Ulcer Steering Group as well as on falls and catheter care and sharing good practice
- joint learning across all three local authorities and partners

2.1.3 In June 2011 The Local Government Association undertook a peer challenge of safeguarding arrangements within the Central Bedfordshire Council locality. The review team found that the functioning of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board demonstrated that:

- All the key partners at a senior level show a high level of commitment
- The Board has driven and delivered good policies and processes
- The Board has raised the profile of safeguarding within the services and the wider community
- The Board has dealt with individual and organisational service failures

2.1.4 At the end of 2010/11 partnership agencies identified six key strategic aims under which they would focus their safeguarding improvement work and report to the Safeguarding Board. These six aims are broadly aligned to the ADASS six principles outlined in 1.1 above. The work undertaken during 2011/12 in relation to these areas is summarised below.

2.2 Prevention / raising awareness

2.2.1 Both Councils have produced a community "keeping safe" handbook that covers safeguarding information as well as community safety, internet safety and other useful contacts. This is designed to raise awareness with those people who may only require adult social care support for a short time such as those who have been through re-ablement services

2.2.2 Both Councils in conjunction with Luton Borough Council held a Safeguarding Board Conference in February 2012 which was well attended by all partners across Bedfordshire. The conference identified some themes for the Board to address in the coming year, which includes training, thresholds, communication, and policy review.

2.2.3 Both councils have continued ongoing safeguarding publicity campaigns including:

- a biannual mail out and letter to service providers
- attendance at community outreach events, Council forums and partnership boards
- promoting the national dignity in care campaign and the ADASS guidance
- engagement with mobile Library services to distribute Safeguarding information leaflets to rural communities and to reach people who may not be mobile within the community

Safeguarding alerts continue to steadily increase and this is as a result of ongoing awareness raising.

- 2.2.4 Both Councils have continued to build effective links with the community safety teams, children's services and adult social care commissioning teams through a variety of strategic, monitoring and operational groups. Safeguarding information is shared with these teams and a number of cases have resulted in improved joint working arrangements.
- 2.2.5 The safeguarding teams have contributed to the refresh of Central Bedfordshire Council's and Bedford Borough Council's Joint Strategic Needs Assessment with comprehensive information on safeguarding adults. This ensures that safeguarding of adults is a key part of the area's assessment of current and future health and wellbeing needs and part of future service planning.
- 2.2.6 Both councils have identified that work needs to be done to raise awareness and the profile of safeguarding issues in hard to reach communities such as ethnic minorities and traveller communities.
- 2.2.7 Central Bedfordshire Council has redeveloped its website which includes a facility to make safeguarding alerts anonymously online. This facility has been used and has resulted in an increase in "hits" to the safeguarding pages of the website. This facility is already established within Bedford Borough Council.

2.3 Workforce development

- 2.3.1 Both Councils have undertaken a range of initiatives to develop the workforce in respect of safeguarding which have been targeted at areas of need for relevant staff. These include:
- Developing guidance documents for staff which includes the links between social work models and safeguarding practice, and quality and safety monitoring which form part of a staff resource pack on the Council's intranet.
 - Holding workshops and focus groups with staff to test their level of understanding and confidence with safeguarding.
 - Undertaking an assessment of the use and uptake of the competency framework and outcomes. The framework is widely used among care providers and form part of the contracts monitoring and quality assurance work with care providers. The assessment has led to an acknowledgement by the training and development sub group of the safeguarding board, that the competencies will be re-launched in 2012/13 within our social care teams.
 - Developing weekly practice surgeries which involve a senior practitioner visiting each team for a day. Feedback from these sessions informs practice development. These have been welcomed by social workers and their team managers in assisting with the improvement of practice.
 - Attending every training session on offer for safeguarding and the Mental Capacity Act to evaluate the training. This evaluation has been used to identify gaps in training and those service areas that need to be targeted for training.
 - Developing two sets of E learning for safeguarding, for the SWIFT electronic recording system and for contact centre staff. This will assist in improving the recording of safeguarding cases and in raising awareness.
 - Developing quarterly peer group reflection sessions for workers to share good practice across all teams.
 - Commissioning and implementing a number of safeguarding training courses in a result of feedback from the independent auditor which includes Charing Safeguarding Case Conferences, Safeguarding Minute Taking, Safeguarding Risk Assessment and Interviewing Alleged Perpetrators.
 - Putting in place a programme of observation of chairing and minuting of Safeguarding Case Conferences to improve standards and consistency, by feedback, reflection and analysis.

- Providing 1:1 training/mentoring sessions for individual workers and teams in relation to safeguarding practice. Clear feedback is given and learning outcomes are identified to improve performance.
- Regular meetings are held with the Learning and Development Team and the Safeguarding trainers to ensure the training is meeting the needs of workers and the required standard.

2.4 Partnership working

- 2.4.1 Both Councils, South Essex Partnership Trust (SEPT) and NHS Bedfordshire have worked together to review Serious Incident reporting. This has involved the drafting of a protocol and regular serious incident review meetings which are used to review the outcomes and to gather trends and patterns within health services and subsequently inform the work of the safeguarding board.
- 2.4.2 The Operational sub group has reviewed its terms of reference to ensure its ability to hold partners to account regarding their reporting and action plans. This is to ensure reporting remains robust and accurate information is supplied to the safeguarding board.
- 2.4.3 There have been three meetings of the pan-Bedfordshire safeguarding sub groups. This has established stronger links with the Luton Safeguarding Adults Board and has streamlined the work for the benefit of partners who work across Bedfordshire. This sub group continues to look at training and development, quality and activity, and policies and procedures.
- 2.4.4 The three local authorities and health partners have established a task and finish group to respond to concerns arising from a Care Quality Commission compliance inspection of the Luton and Dunstable Hospital. This has ensured progress is reported through to the safeguarding board and partners are aware of developments in response to the inspection.
- 2.4.5 Both Councils have worked with South Essex Partnership Trust to improve performance reporting on safeguarding. This includes regular safeguarding reports from SEPT and meeting with the Safeguarding Lead for SEPT to review all alerts received and the timeliness of responses. SEPT has invested in data inputting to enhance the quality of their data. This ensures that patterns, trends and any concerns can be identified early and ensures a coordinated response.
- 2.4.6 Both Councils have met with community safety teams, the East of England Ambulance Trust and the Public Protection Referral Unit to discuss thresholds of abuse and appropriateness of alerts. Discussions have aided closer links and a better understanding of roles between safeguarding and community safety, the use of data and intelligence to understand themes and trends and publicity and communication. Following these links being established there have been joint training days, regular sharing of data and communications regarding publicity events.
- 2.4.7 Both Councils facilitate a Providers Forum as a platform for information sharing and to raise topics. A recent forum included presentations on End of Life care and the national Dignity in Care campaign.
- 2.4.8 Both Councils have attend forums, partnership working groups and meetings including, The Hate Crime partnership, Her Majesty's Prison Bedford Safeguarding Group, County Wide Pressure Ulcer group, Harm Free Care Group, Safer Communities Thematic Partnership, Domestic Violence Sub Group and the Integrated Clinical Governance group to promote joint partnership working.

2.5 Quality Assurance

- 2.5.1 Both Councils have implemented a case tracking tool to assist team managers in monitoring the progress of their safeguarding cases
- 2.5.2 The Central Bedfordshire Safeguarding team undertake quarterly audits of case files from all teams including SEPT and has commissioned three independent external audits during the year. The results of these audits are fed back to managers and staff, and used to inform practice development work and action planning.

2.5.3 Common strengths arising from the audit work include:

- Multi agency working including working with the regulator where relevant
- Focusing on the views of the person concerned
- Proportionate response ensuring the person is safeguarded
- Concise reporting at the end of safeguarding work

2.5.4 Common areas for development arising from the audit work include:

- The use of risk assessment and protection planning as “live” documents that should be regularly updated
- Focusing on the strengths of the person concerned to safeguard themselves and involvement of family members/ advocates to assist
- The robustness of strategy meetings including follow up of actions
- The ability and confidence of staff to challenge and hold care providers to account
- The sharing the outcomes of safeguarding work with partner organisations

2.5.5 Bedford Borough Council has commissioned three independent audits from an ex regulatory inspector of Safeguarding cases over the last year with the next audit due at the end of July 2012. The audits have recognised the increase in the effectiveness and improvements in safeguarding within Bedford Borough due to:

- The introduction of a case tracking tool
- Good multi agency approach to safeguarding
- Appropriate application of Mental Capacity Assessments
- Robust managerial oversight
- Most of the safeguarding casework is in the range of good to excellent and there are some very good outcomes for service users

Comments from the independent auditor included

‘Cases evidenced a multi-agency approach, very sensitive social work, and appropriate application of the Mental Capacity Act’,

‘The combination of skilled staff, high expectations, a strong team work ethic and really robust managerial oversight, all helps to explain such good outcomes for the service users,

2.5.6 Areas of improvement and development were identified, including

- A review of safeguarding paperwork to support practice
- The introduction of effective risk assessment
- The introduction of person centred protection plans clearly identifying the views and wishes of the individual
- Streamlining the decision making tool at the point of the initial alert
- A task group has revised all the current safeguarding paperwork in line with the recommendations from the independent auditor including detailed guidance for staff who will be using the revised paperwork. Draft paperwork to be trialled across the teams in July 2012

2.5.7 Central Bedfordshire Council have developed a safeguarding audit tool which has taken into consideration the LGA outcomes audit. This tool also focuses on clear documentation in protection planning and changes in the risk assessment, the balance between personal choice and discriminatory views, unwise decisions and the timeliness of investigation. The audit tool aims to improve practice in safeguarding adults’ investigation work.

2.5.8 In Bedford Borough all Safeguarding cases are audited by team managers using the Bedford Borough audit tool which incorporates reflective learning and identifies areas for improvement.

2.5.9 Central Bedfordshire Council have incorporated all the findings and areas for development from the peer challenge in June 2011 into a comprehensive action plan. 85% of the action plan was achieved by March 2011 and the remainder will be transferred into the action plan for 2012/13.

2.5.10 Bedford Borough Council implemented an improvement plan for 2011/12 and the majority of the actions were achieved with 5 actions being carried over to the following year.

2.6 Involving people in development of safeguarding services

2.6.1 Both Councils have developed a method of seeking feedback from people who have undergone safeguarding interventions. This involves visits from safeguarding support workers and involves advocacy services. All feedback from these visits is incorporated in to service development work and action planning. Comments arising from these visits have included:

- “The social worker went to visit him a few times, said she was very helpful and easy to talk to. He felt that he was fully informed of what was going on with the investigation and that his views were listened to. At the end of our meeting he said that he would feel happy to contact social services anytime he felt he needed something”
- “When I asked him if he felt safer as a result of the investigation, he responded that he did - he was in a position to change the care agency if he wanted to i.e. felt more empowered.”
- “She felt that she was very well supported by her social worker through the whole investigation and was very pleased with her social worker. She felt that she would be able to approach her worker with anything and also would feel comfortable in doing so, and that she would be listened to and taken seriously.”
- Service user moved to supported living as a result of the safeguarding investigation. Service user stated that she “felt much safer and is happier now has more friends and is living with other people”.
- Service user keeps a copy of action points from the case conference on her wall as a daily reminder of how to keep herself safe
- Service user felt listened to and considered, he was invited to attend the case conference but chose not to but was kept up to date with what was going on.

2.6.2 In Bedford Borough and Central Bedfordshire Council's decision making, the involvement of service users and advocacy services have been the focus of practice development work, best interest's audits and case file audit. While further work is required in this area, the Independent Mental Capacity Advocacy service (IMCA) and advocacy services providers have stated they have seen an increase in referrals to their services.

2.6.3 Central Bedfordshire Council has held three focus groups with people using services to discuss safeguarding and what it means to them. This was combined with the results from the first six months of feedback visits to identify areas for improvement in involving people in safeguarding service development.

2.6.4 Bedford Borough Council has commissioned a ‘Keep Safe Course’ course for service users with a learning disability to promote personal safety. This course is being facilitated by POhWER Advocacy services.

2.6.5 A workshop has been held with the Central Bedfordshire carers’ delivery partnership to look at local arrangements in the context of the ADASS guidance on carers and safeguarding (see 1.2). A number of areas for development were identified and built into the action planning for the next year.

2.7 Outcomes and improving people’s experience

2.7.1 Both Councils have developed a risk enablement forum, chaired by the safeguarding manager or assistant director, to examine issues where service users appear to be making unwise decisions with regard to their support plan. The forum examines ways in which decisions can be supported and provides a link between personalised support planning and preventing safeguarding incidents.

- 2.7.2 The Central Bedfordshire safeguarding process now includes an information leaflet which can be personalised to the individual. This contains simple information about what to expect from the safeguarding process and definitions of terms such as “strategy meeting”. The purpose of this is to ensure people understand the safeguarding process.
- 2.7.3 Initial feedback from Bedford Borough Service user’s who have completed the Service User Feedback form has indicated a need to develop user friendly information leaflet explaining the Safeguarding process and what to expect. A draft leaflet is being compiled.
- 2.7.4 Central Bedfordshire Council has developed a one day mandatory training course for social workers entitled “Safeguarding – planning a personalised response”. This training course was developed with the assistance of an “expert by experience” and focuses on communication and involvement of service users and their families and advocates throughout the safeguarding process.
- 2.7.5 Central Bedfordshire Council has been successful in obtaining funding from the Social Care Institute for Excellence to run a year long pilot under the Social Work Practice Pioneer Project. This looks at the concept of family group conferences in adult safeguarding (called “Network Meetings”). This enables individuals and their network of family or friends to meet together in a supported environment to develop their own plan to address safeguarding concerns. At the time of writing three of these meetings have been held with positive outcomes for individuals concerned.

Comments from people who have used a network meeting included:

- *I would like to express my gratitude for the chance to talk, I wouldn't change any of it*
- *I feel more happy and content now we have sorted things out*
- *I would recommend a network meeting to other people*
- *Longest time I can remember that we had sat face to face and had a conversation*

The learning and outcomes from this work is being shared with Bedford Borough to ensure learning across the partnership.

2.8 Use of the Serious Concerns Procedure

- 2.8.1 The purpose of the Serious Concerns procedure is to adopt a consistent and proportionate response when serious, non compliance with minimum care standards is raised about a care provider.
- 2.8.2 Central Bedfordshire Council has initiated the serious concerns procedure in relation to four services during 2011/12. These concerned three nursing homes for older people including dementia and one service for people with learning disabilities.
- 2.8.3 The concerns for all of these services arose from reported safeguarding alerts that in turn revealed wider issues with service provision. Common to all of the concerns was the service response to safeguarding investigations. This included the standard of care and support for people with very complex needs, people at the end of life, people showing challenging behaviour as a result of dementia and mental ill health and people with severe learning disability and complex physical health needs.
- 2.8.4 As a result of these serious concerns individual actions plans were set up with each service in order to address their specific development needs. In addition, NHS Bedfordshire and Central Bedfordshire Council learning and development team have worked together to look at nursing competencies in care homes in the area, and are working with local care homes to offer training and support for nursing homes.
- 2.8.5 Bedford Borough Council has temporarily suspended services from several providers due to concerns about the standard of service delivery. The Care Standards Monitoring Team has actively worked with these providers to improve standards by implementing an improvement plan to address the specific issues. None have gone to Serious Concerns and all resolved in partnership with the local organisation.

2.8.6 Bedford Borough Council has developed a new Suspension of Care Services Protocol. The quality of care provided or commissioned by Bedford Borough Council is monitored by Bedford Borough Council in partnership with the Care Quality Commission and takes the form of specific contractual conditions and routine monitoring. Where any care provider continues to fall short of their duty of care, despite increased intervention and support from the various inspections/monitoring bodies the protocol will be used to place a suspension on the provider which will remain in place until improvements have been addressed.

2.9 Serious Case Reviews

2.9.1 The purpose of a Serious Case Review is to establish the lessons learnt from a case about the way in which local professionals and organisations work together to safeguard and promote the welfare of adults at risk. It is used to identify clearly what those lessons are, how they will be acted on, and what is expected to change as a result. As a consequence the outcomes are to improve inter-agency working and better safeguard and promote the welfare of adults at risk.

2.9.2 Central Bedfordshire Council initiated one serious case review during 2011/12. D was admitted to Hospital with a suspected stroke. Examinations revealed that she was suffering from advanced stage cancer and given a poor prognosis, it was decided that she would be provided with palliative care. It was arranged that this would be provided in a local nursing home, where her husband had been admitted when D was taken into hospital. She had been his carer, as he suffered from dementia. She was admitted to the same care home and died three days later.

2.9.3 The family and some professionals raised concerns about the care that D had received and a safeguarding investigation was commenced. The outcome of the safeguarding investigation was 'not determined/ inconclusive' and a recommendation was made to the Safeguarding Adults Board that they consider commissioning a Serious Case Review in order to give further consideration to the circumstances of D's care.

2.9.4 The Serious Case Review found that:

- There was not complete clarity about the overall leadership and accountability for the detailed elements of D's care and this led to some differences in expectations.
- Feedback and conversations were not always well documented, well coordinated or subject to the same understanding by all concerned.
- Recording was not always consistent within and across the agencies. Some important documents were not provided, not available at the time, or were incomplete.
- There was no multidisciplinary care planning meeting involving all the relevant agencies outside the hospital and linked disciplines.
- Placement options were limited, given the lack of available, suitable places and the wish to place D close to her husband.
- The nursing home's known lack of experience in palliative care meant that they did not understand the external support that could be made available.

2.9.5 All agencies involved have developed comprehensive action plans which are being monitored through quarterly reports to the safeguarding board. A local End of Life Strategy has been initiated since this review by NHS Bedfordshire which addresses many of the communication and coordination concerns across the locality.

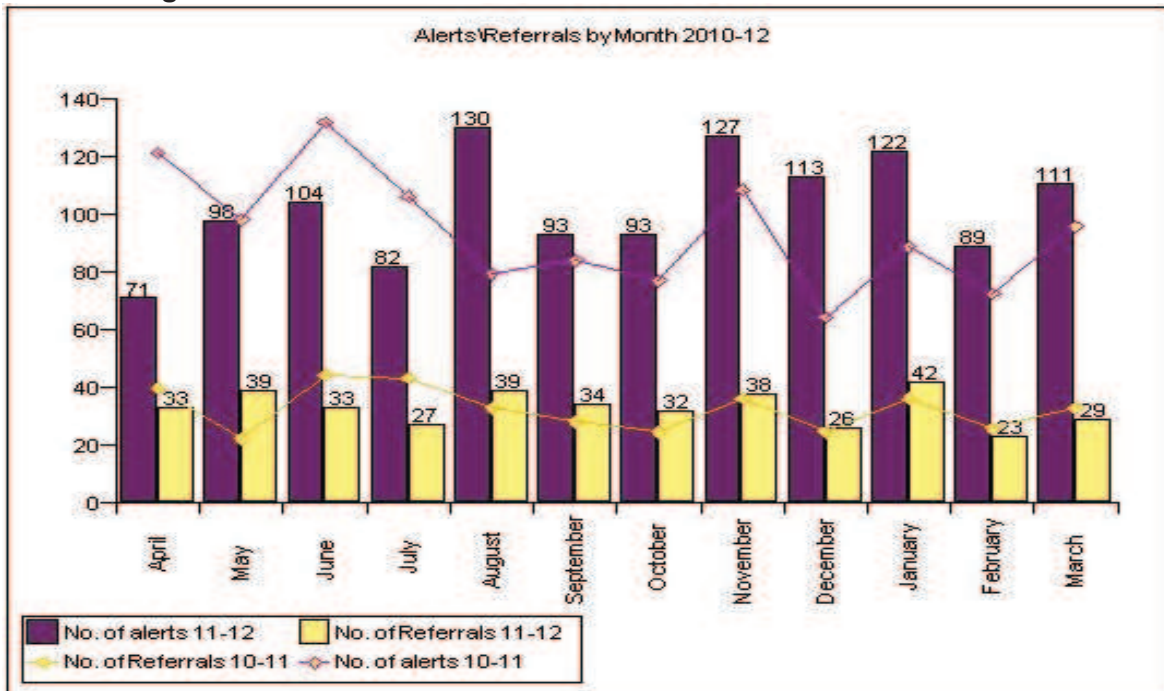
2.9.6 Bedford Borough Council has had no Serious Case Reviews.

2.9.7 The Luton and Dunstable Hospital in conjunction with Luton Borough Council safeguarding adults' board initiated a review following a number of allegations by patients during early 2011. Bedfordshire Police began an investigation into alleged serious sexual offences on former patients of Ward 17 at the hospital; a member of staff was arrested, questioned and released on police bail pending further enquiries. In September 2011 the suspect, who was due to appear at Luton Crown Court in respect of these offences, was found dead at his home. The review has been commissioned to examine the lessons to be learned from this case, and a report is due in the autumn of 2012.

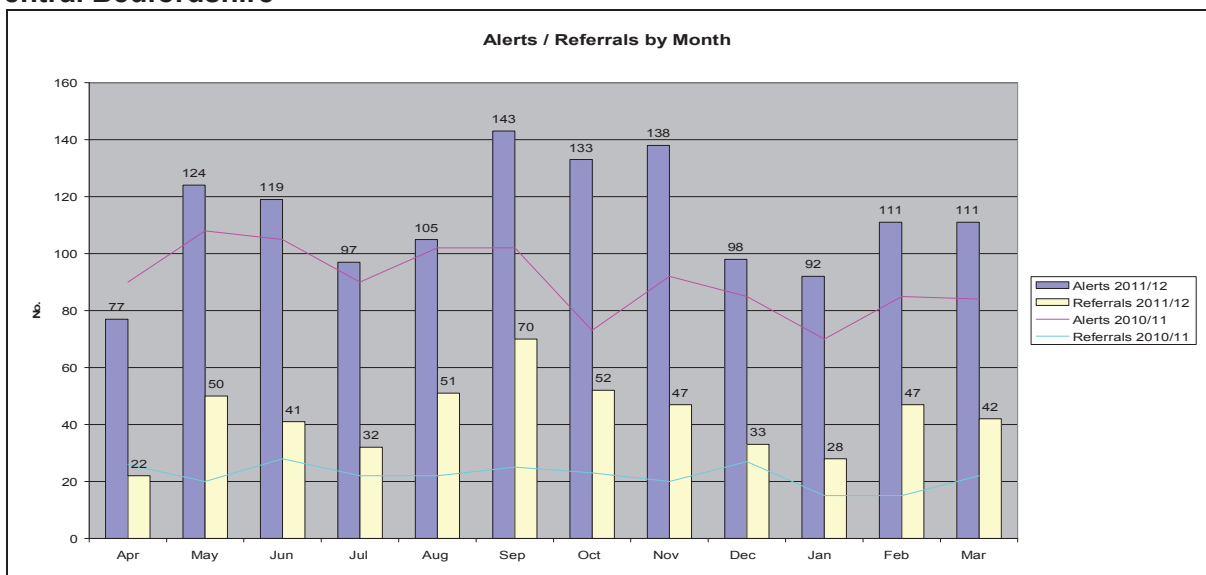
3. Safeguarding Activity April 2011 – March 2012

3.1 Number of alerts and referrals

Bedford Borough



Central Bedfordshire

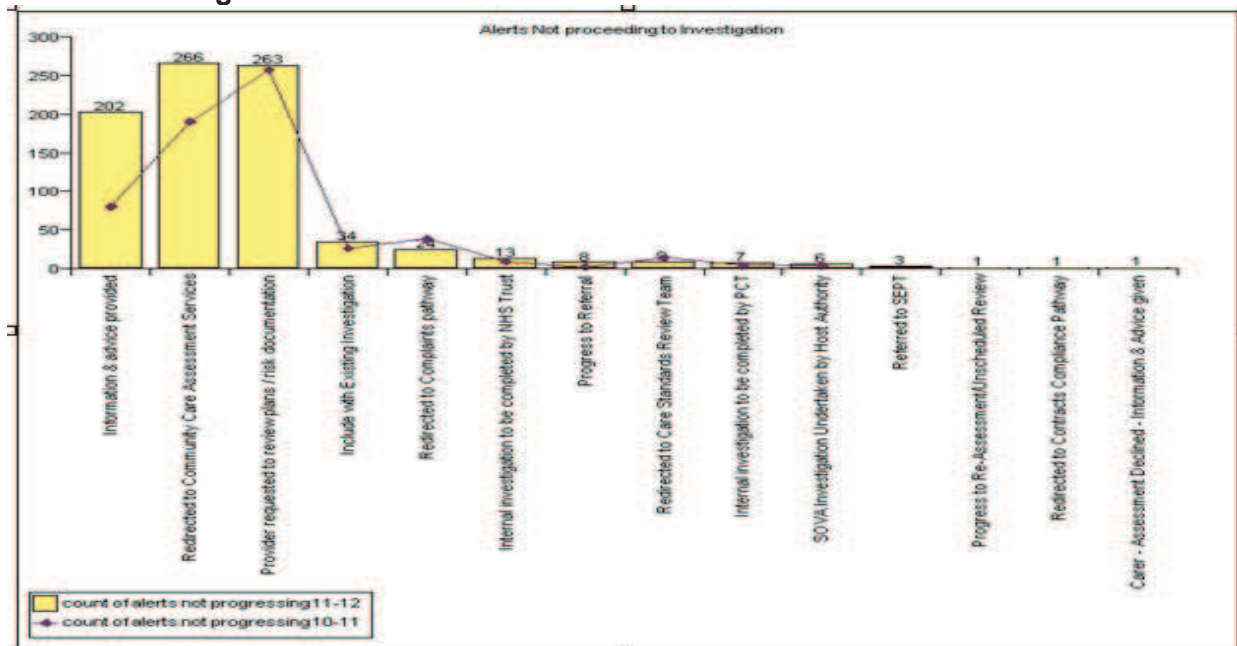


4.1.1 Bedford Borough Council received 1233 alerts in comparison to 966 in 2010-2011, an increase of 267 alerts. In comparing month for month between both years, August and December are reflecting significant increases. During 2011-2012 the total number alerts which progressed to an investigation were 395, an increase of 61 from 2010-2011. This is the third year of continued increases in the number of alerts and referrals which can be attributed to the ongoing safeguarding awareness campaign which commenced in 2010.

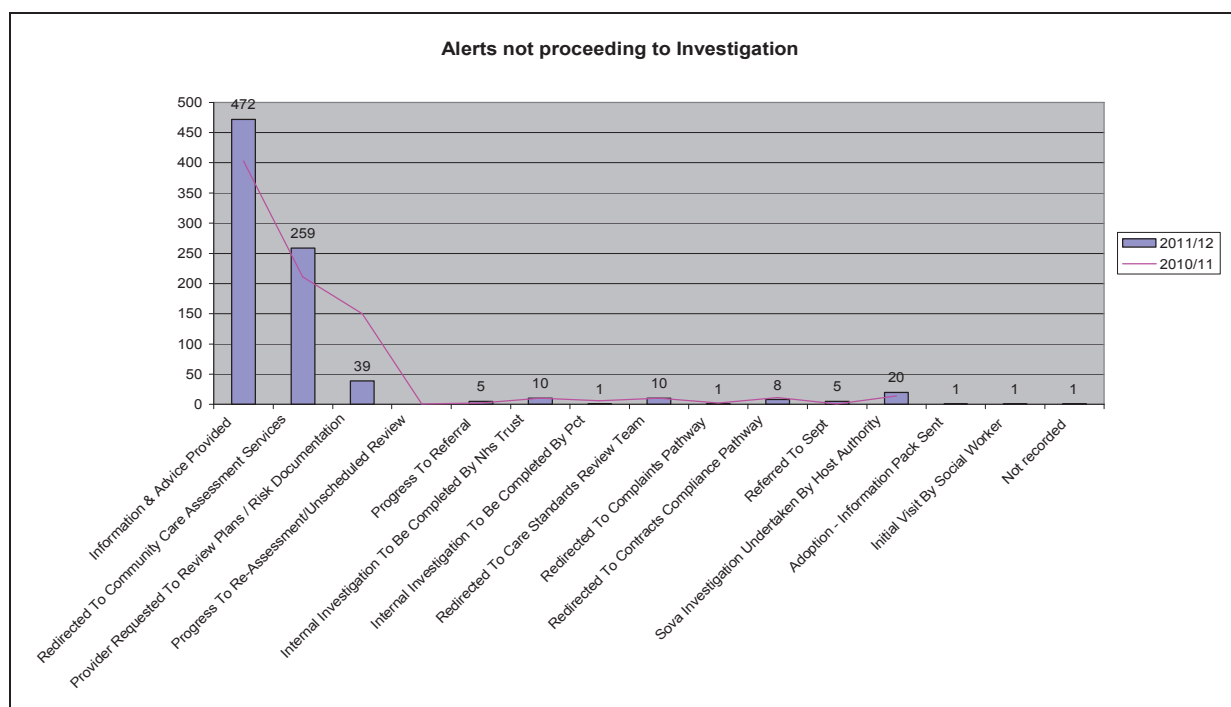
4.1.2 Central Bedfordshire Council received 1348 alerts during the year. 515 (38%) progressed to a referral. This is an increase from the previous year by 262 alerts. This increase has doubled from the year 2009/10, showing an upward trend over three years. The number of alerts progressing to referral has doubled from 265, and represents a greater proportion in percentage terms – from 24% to 38%. This is showing increasing appropriateness of alerts. Higher numbers and higher proportion of alerts progressing to investigation suggests that the significant awareness raising that has been carried out since 2010 is having an effect.

4.2 Alerts not proceeding to referral (investigation)

Bedford Borough

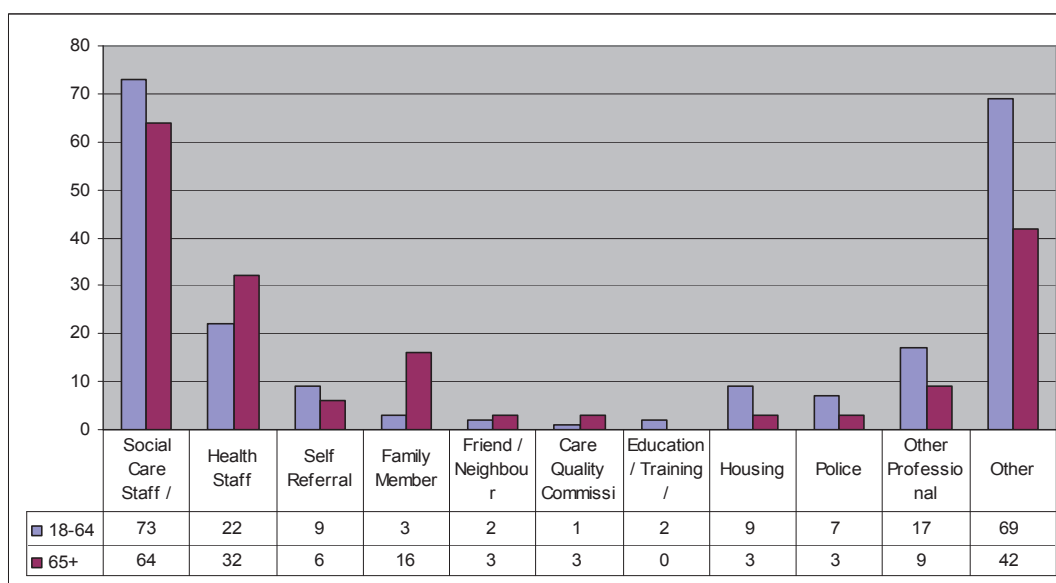


Central Bedfordshire

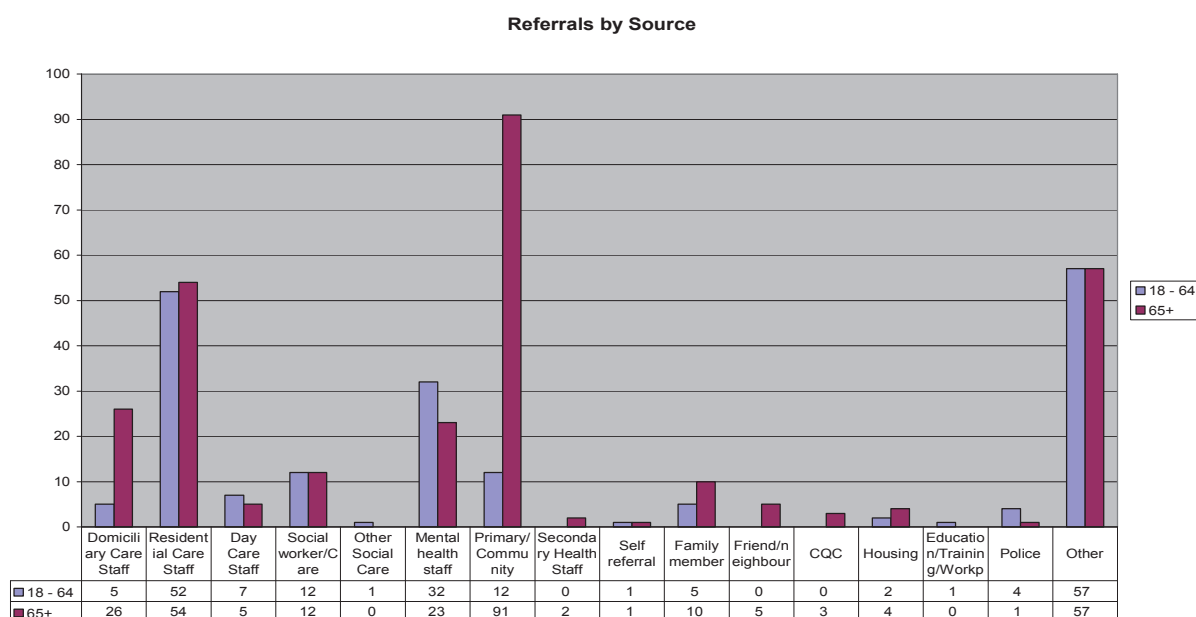


- 4.2.1 The number of alerts received which did not result in an investigation totalled 838 in 2011-2012, an increase of 206 from the previous reporting year. It is worth noting that of the 838 alerts received:
- 202 resulted in information and advice being provided, an increase of 123 from the previous reporting year
 - 263 alerts resulted in providers being requested to reviews plans and risk documentation, an increase of 6 from the previous reporting year
 - 266 alerts were re-directed to community assessments team, an increase of 76 from the previous reporting year
- 4.2.2 Over half of the safeguarding outcomes make up information and advice as well as requesting providers to review risk assessments. The fact that the safeguarding outcomes consume a significant amount of time to process also demonstrates a high level of alerts being raised of a low key nature which are being managed by routes other than safeguarding. This requires a review of the current safeguarding thresholds in order to establish whether the thresholds are causing the high volume of alerts not requiring a formal safeguarding investigation.
- 4.2.3 In addition to this a review of the 266 alerts re-directed to community assessment teams requires further analysis as most of these alerts should have been directed towards first point of contact. Brief analyses so far indicate over reporting on what constitutes a safeguarding alert and inappropriate use of safeguarding procedures.
- 4.2.4 Central Bedfordshire received 833 alerts which did not progress to formal investigation. Half of these resulted in information and advice being provided. A further quarter were referred to care management teams for a response. This is similar in number and pattern to the previous year. The majority, 62% of alerts, do not progress to investigation, and the safeguarding team continues to identify areas where understanding of what constitutes a safeguarding alert could be developed.
- 4.2.5 A significant number of alerts are made by social work or related professional staff. A relatively low proportion of these alerts progress to a referral. A significant factor in these referrals is that safety or vulnerability concerns have been correctly identified by the worker who has responded appropriately to the issue, but may be using the safeguarding alert system as a “safety net” to record concerns.

4.3 Source of referral Bedford Borough



Central Bedfordshire

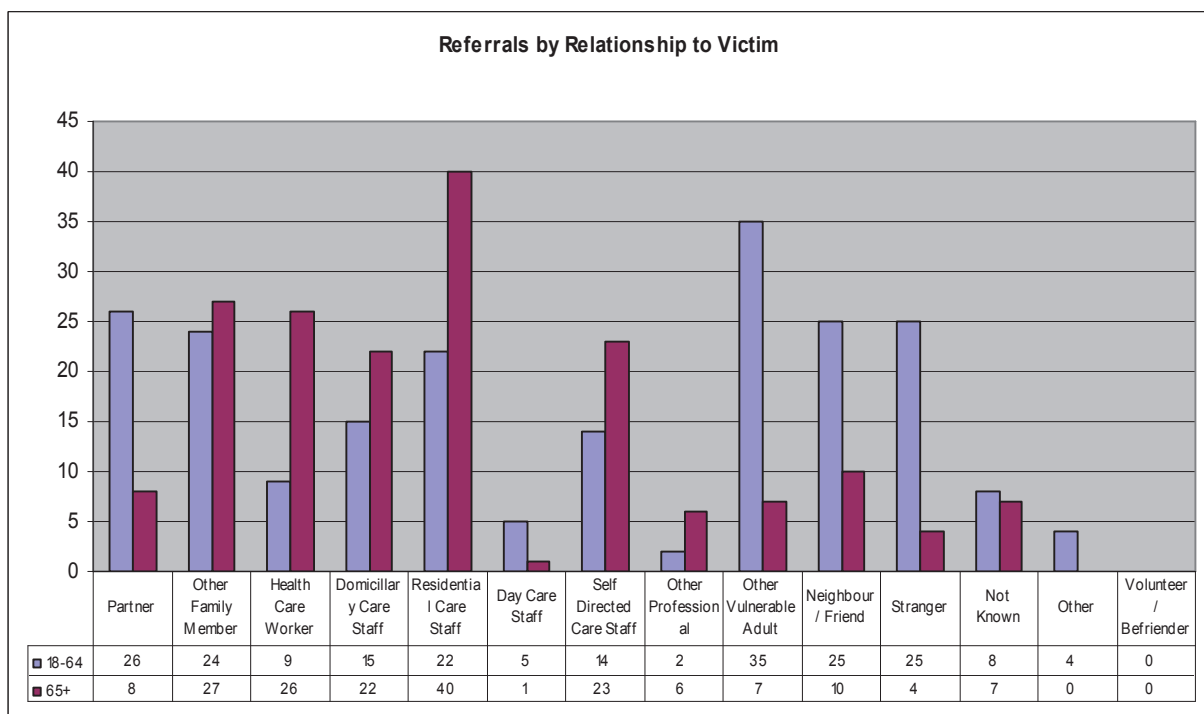


- 4.3.1 In Bedford Borough it is evident that the majority of referrals are sourced from social care staff (as defined, in the “*Abuse of Vulnerable Adults Collection (AVA)*”). The breakdown of social care staff range from residential, day care, domiciliary and social workers reporting an alert. This is not surprising as Bedford Borough currently hosts 149 regulated social care providers within its area. Figures for this report show a slight reduction in the number of referrals for alerts raised from Social Care Staff from last year, 146 reduced to 137; this is likely to be as a result of more robust screening at the alert stage from the Safeguarding Team, where alerts not progressing to the referral stage are signposted through other routes. These figures also demonstrate a clear awareness of reporting an alert within the social care provider arena but it is the nature of the reported alerts as previously mentioned requires further analysis as to the constant high volume of alerts that do not require a formal investigation.
- 4.3.2 The social care staff category includes 16 alerts from day care staff, 38 alerts from domiciliary staff, 96 alerts from residential staff, 10 alerts from social worker/care manager and 3 alerts from social services/other. This is followed by alerts from health care professionals and others, which would include voluntary organisations, probation and other local authorities. The main source of referrals within social care is predominantly from residential staff and nursing care staff and domiciliary care staff, which equates to 137 referrals out of the 163 for the social care category. A high proportion of referrals relate to the over 65 age group, this is not surprising given that the majority of people in residential care will be from the over 65 age group, and a significant proportion of people receiving care in their own home will be over 65. The increased level of reporting is likely to be a result of ongoing training and the impact of the Dignity in care campaign.
- 4.3.3 However it is worth noting the low number of 24 alerts received from individuals in the community signifies that more community work is required to raise safeguarding awareness to marginalised communities in Bedford with a clear focus on more outreach work in terms of awareness and accessibility should be considered for action in 2012-2013.

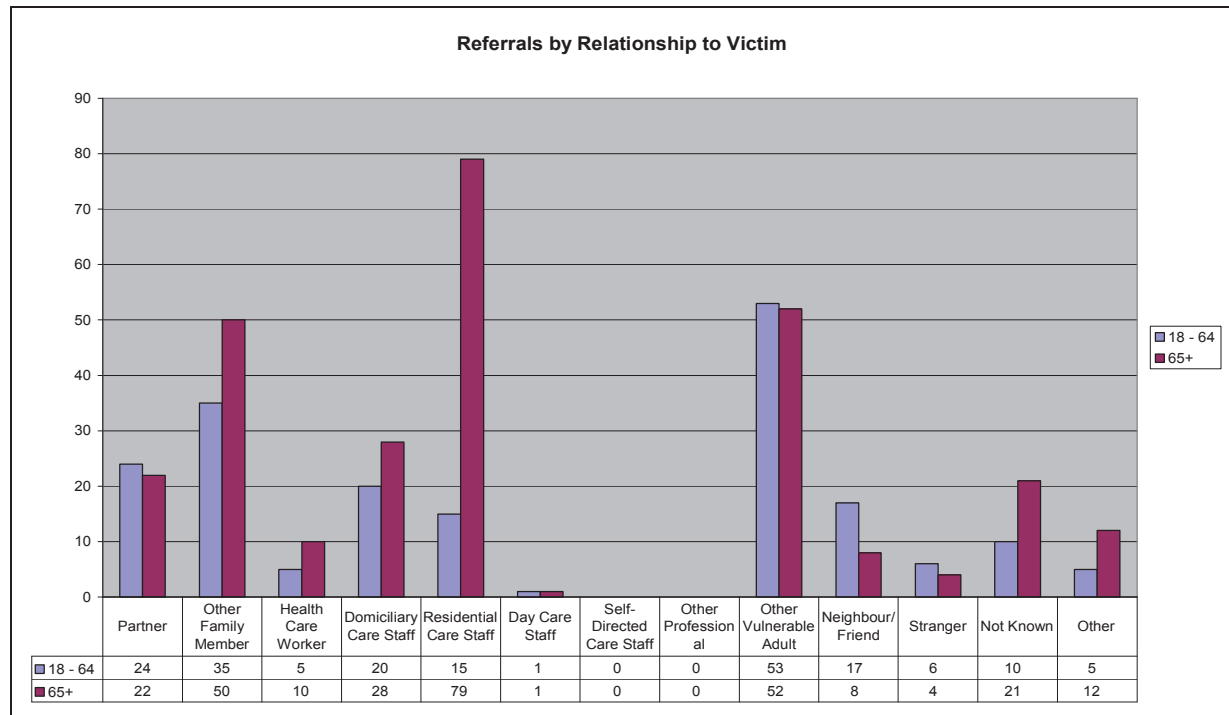
4.3.4 In Central Bedfordshire almost one quarter (22%) of referrals came from residential and nursing care staff. This is consistent with last year's trend. Half of all referrals come from community professionals, such as social workers and health care staff. A significant figure to note is the large proportion of referrals in relation to people over the age of 65, made by primary or community health care staff. This trend was notable in the previous year's figures. This is likely to be in response to the significant awareness raising undertaken within the health care sector during the past two years; also that community health care workers are likely to be those who come in to most contact with older people living in their own homes. Given that there has been a sharp increase in incidents within people's own homes, it is also notable that reports by family members remain low, meaning that social services remain reliant upon the community professionals that work with people's homes

4.4 Relationship to victim

Bedford Borough



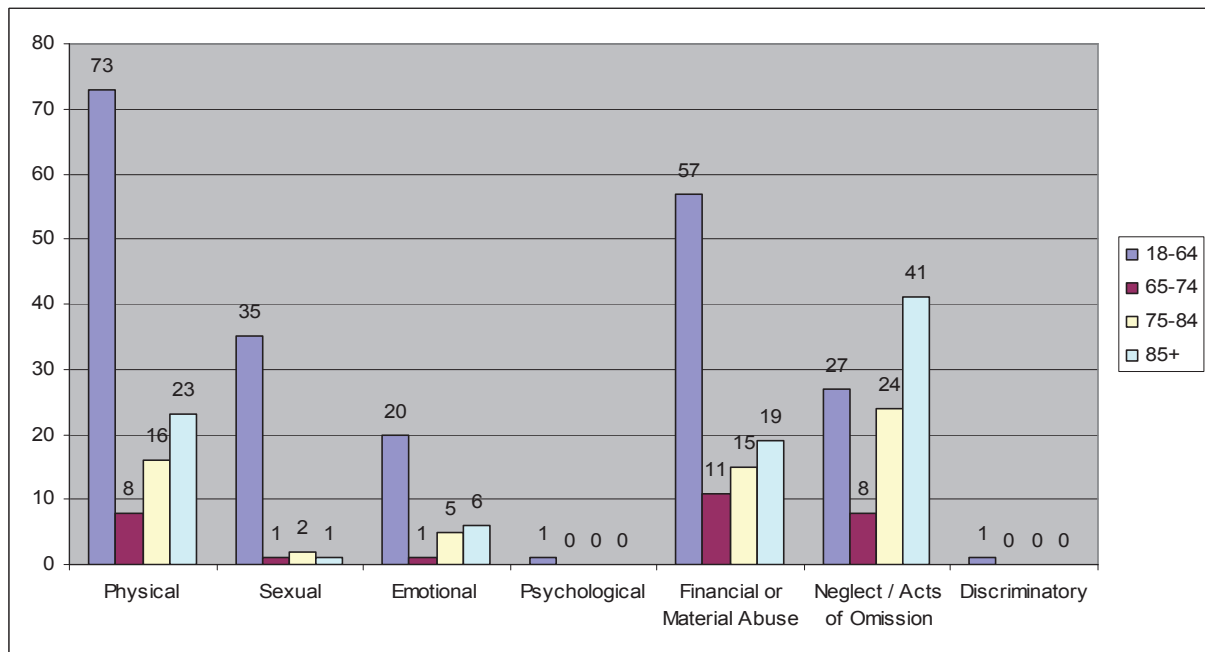
Central Bedfordshire



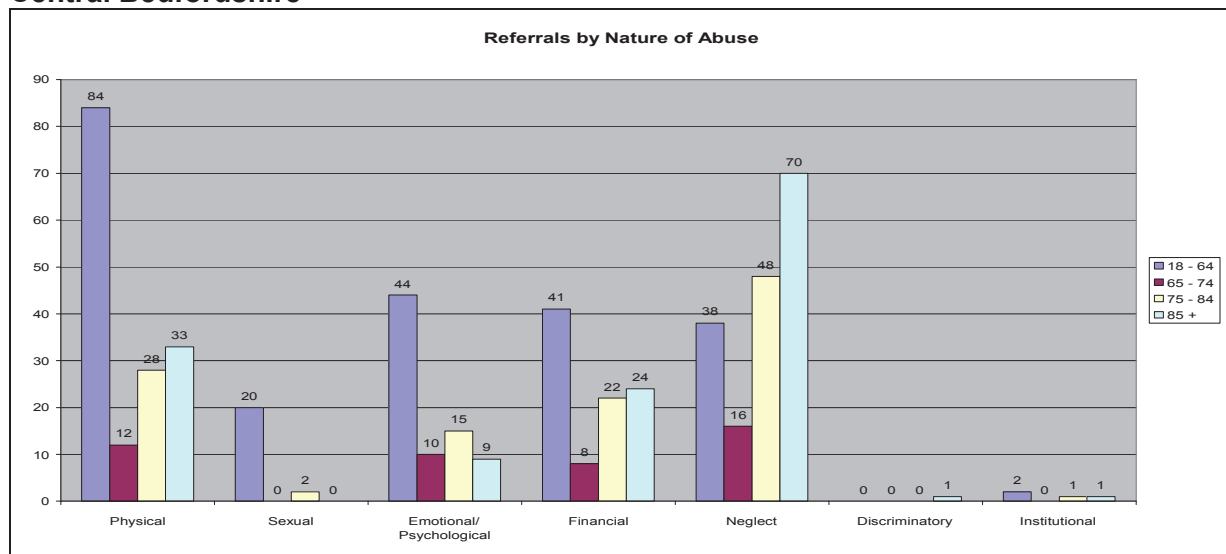
- 4.4.1 In Bedford Borough the relationship of the alleged perpetrator to the alleged victim is predominately paid carers as where the evidence suggests that the location of the abuse tends to occur more within the persons own home followed closely by care homes by paid care providers. This is not surprising as the number of individuals remaining supported in the community are supported via social care providers and through self directed support via a personal assistant who could also be a member of a family. In addition to this Bedford Borough also hosts and supports 149 regulated providers within its area through its Care Standards Monitoring and Review Service who actively work and engage with social providers through site visits, improvement plans, provider forums and safeguarding awareness. Furthermore as previously mentioned there is clear evidence linked to the number of high alerts from social care providers with an awareness of safeguarding.
- 4.4.2 In Central Bedfordshire 33% of alleged perpetrators of abuse are the family or known to the person; 33% are paid carers, and just under one quarter (22%) are other vulnerable people. This is consistent with trends from the previous year.
- 4.4.3 Both Councils note that the category of “other vulnerable person” usually refers to other people living in the same residential, nursing or supported living accommodation or user of a day service. Many of these incidents refer to incidents of violence or aggression between people living in the same place. These incidents would progress to an investigation if the incidents are severe, repeated or there are concerns about the way the care provider or supporting staff have responded to the incident.

4.5 Types of abuse

Bedford Borough



Central Bedfordshire



4.5.1 In Bedford Borough physical abuse remains the most common form of abuse reported across all age categories. This is followed closely by reported financial abuse and neglects/act omission of care. In the over 65 categories the most common forms of alleged abuse are neglect and acts of omission and examples of this include medication administration errors, poor hospital discharges, missed or poor domiciliary care support and incidents within residential care. Trends and patterns are monitored and care providers are offered a safeguarding awareness presentation if appropriate, or sign posted to further safeguarding training. Across all the types of abuse for the 85+, it is neglect that remains the biggest category. Financial abuse has increased slightly with the largest increase within the 18-64 group. As more self directed support is commissioned, the opportunity for financial concerns increases in vulnerable groups. This situation has to be taken alongside the current financial recession and the impacts on family life.

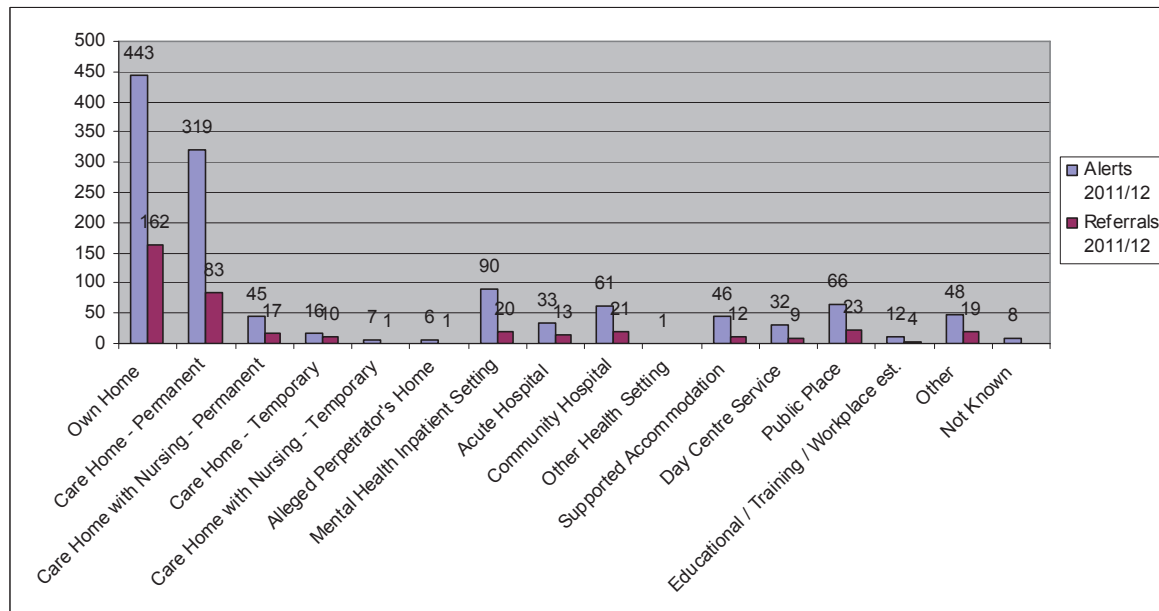
4.5.2 For people under the age of 65 in Central Bedfordshire, physical abuse is the most common form of referral, and sexual abuse is far more prevalent than with people over the age of 65. A high proportion of these figures relate to incidents between people with a learning disability living in supported living (see 4.4). Where risk is assessed to be relatively low, staff are considering more creative responses to these incidents than has previously been the case. For example: An alert

was made to report that a person with a learning disability had been hit by a peer while at church. The social worker visited the alleged victim while at home in her supported living accommodation. The alleged victim stated that she did not wish to contact the police or engage the service provider in protecting her. She stated that she wished to convene a meeting with the perpetrator who she was friends with, and some the elders from her church, and her advocate. This meeting went ahead without the social worker present, who then met the alleged victim afterwards to ensure it had gone to plan. This was documented using the safeguarding process but without the need for formal professionals meetings. The outcome was that the two people concerned were able to discuss the issue with the support of people they trusted.

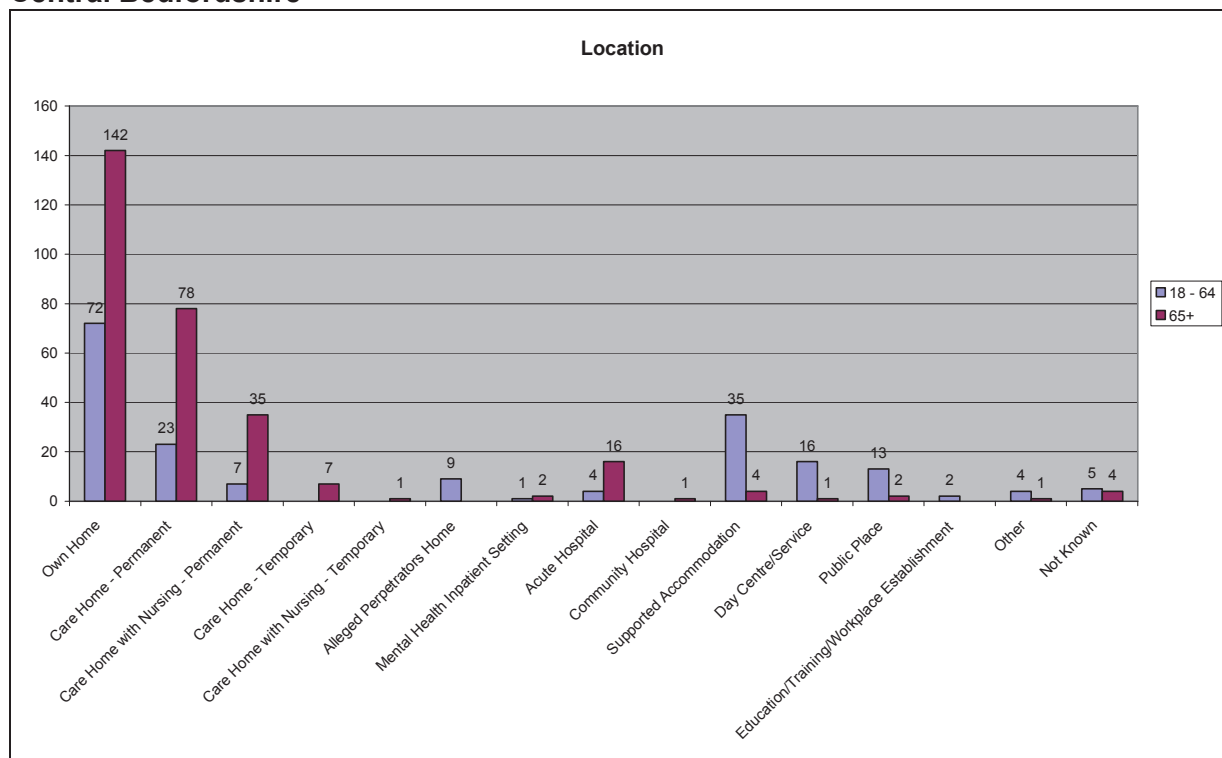
4.5.3 For people over the age of 65, neglect is the most common form of referral. This may relate to older people in care homes, as well as older people living in their own homes. There are higher incidents of physical, financial abuse and neglect for the age group over 85 than for those aged between the ages of 65-85. The figure for financial abuse has increased in this age group from the previous year. In all areas, referrals have increased, but by different proportions. It is notable that emotional/ psychological abuse and neglect have seen the greatest increase in referrals since 2010/11, with an increase of over 100%, whereas referrals for financial and physical abuse have increased by between 60-70%.

4.6 Location of abuse

Bedford Borough



Central Bedfordshire



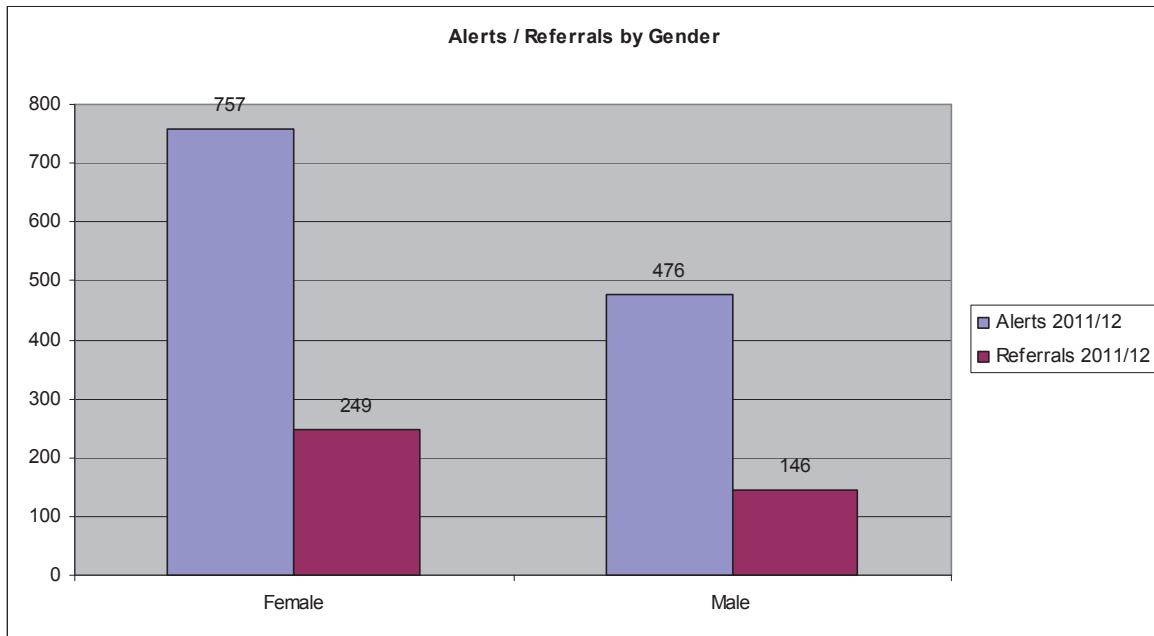
- 4.6.1 In Bedford Borough the location of alleged abuse continues to support the notion of agencies/social care staff reporting on abuse within the persons own home where the alleged perpetrator is a paid carer. In Bedford Borough in 2011-2012, the number of allegations which took in a person’s own home is 162, an increase of 34 (26.5%) on the previous reporting year. This is likely to be linked to a number of factors such as more paid support being provided within the home environment combined with a greater awareness of safeguarding by agencies and increased level of reporting. An increasing number of self neglect referrals being received where a professional has raised a concern about the environment and lifestyle choices that a person has made and is deemed to have capacity.
- 4.6.2 The number of alleged abuse which took place in care homes has risen to 111, an increase of 14 from the previous reporting year. This is likely to be linked to a number of factors such as a greater awareness of safeguarding by care home providers, high proportion of care home providers located within Bedford Borough reflect the proportionate number of alerts received combined with an ageing population and increasing number of alerts where service users are the alleged perpetrator.
- 4.6.2 In Central Bedfordshire there has been a notable increase in referrals relating to people living in their own home. There are several possible factors that may all be contributing to this change in alerting patterns:
- The success of the safeguarding awareness campaigns during the past 18 months
 - The increased awareness of professionals that “unwise decision making” could be treated as a safeguarding concern even when the individual has mental capacity. 26 alerts were received during the year in relation to “self neglect” which would fall into the category of neglect.
 - The increased number of people being supported at home rather than using residential care, and relying on family carers
 - The current economical climate leading to situations where families are financially stretched or feeling stressed
- 4.6.3 There is some credence to the last two points given that there has been such a sharp increase in neglect and emotional/ psychological abuse compared to the previous year, and the proportion of families who are involved in incidents. For example, where family carers are feeling stretched this may inadvertently lead to challenging situations giving rise to neglectful or emotionally stressful

behaviours. In audit work, complex family relationships have been identified as a significant factor in safeguarding cases taking longer than 35 days.

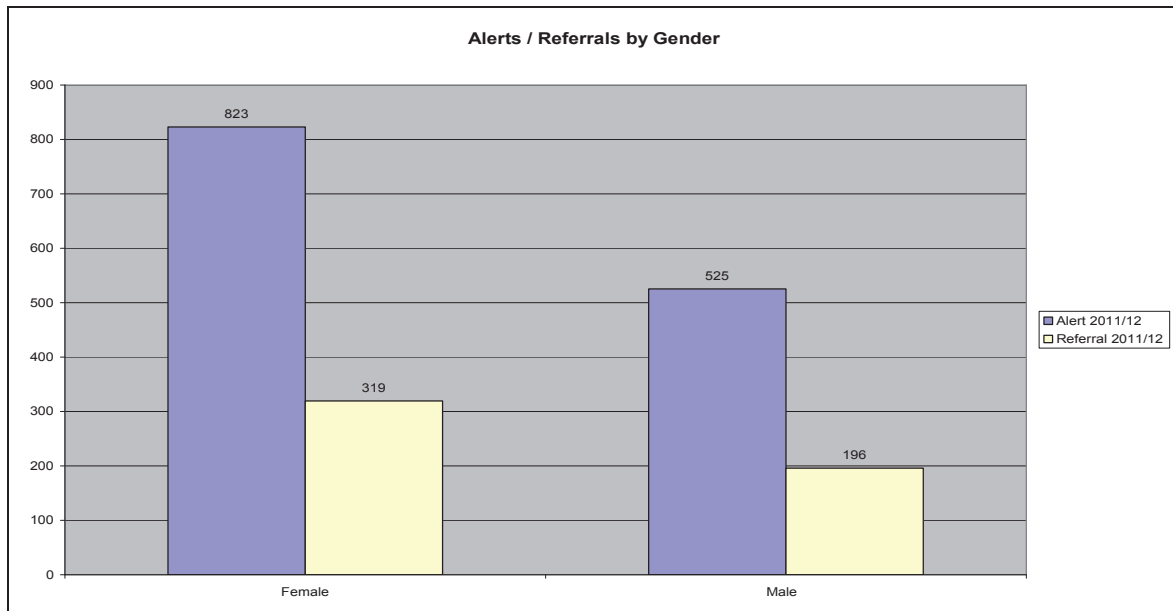
- 4.6.4 The greater proportion of alerts relating to people in their own home progress to referral. This may be because at the point of assessment the risk may be deemed as higher because the person may not have the monitoring or support expected in other settings. This may also be because the alerts are more appropriate.

4.7 Alerts and referrals by gender

Bedford Borough



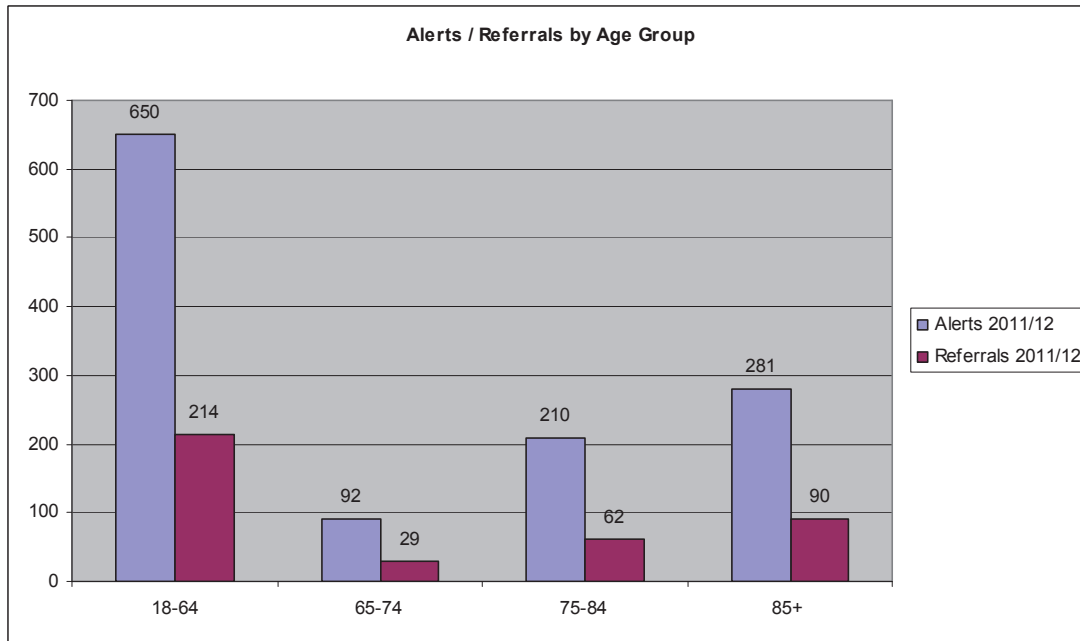
Central Bedfordshire



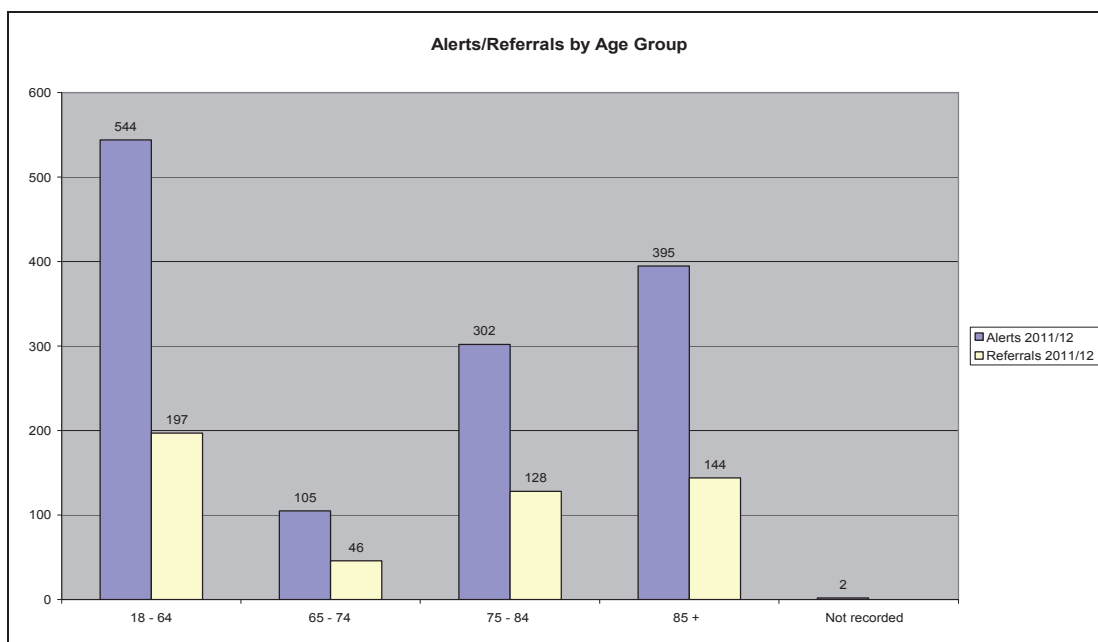
- 4.7.1 Both Councils report that the larger proportion of alerts and referrals relate to women. This reflects the national trend where female life expectancy is significantly higher than males and therefore not surprising that there is a higher proportion of females being reported who use our services. Alerts come from residential and inpatient units, as well as people using domiciliary care services at home, where the perpetrator is a paid staff member. The overall numbers in relation to both men and women have increased from the previous year.

4.8 Alerts and referrals by age group

Bedford Borough



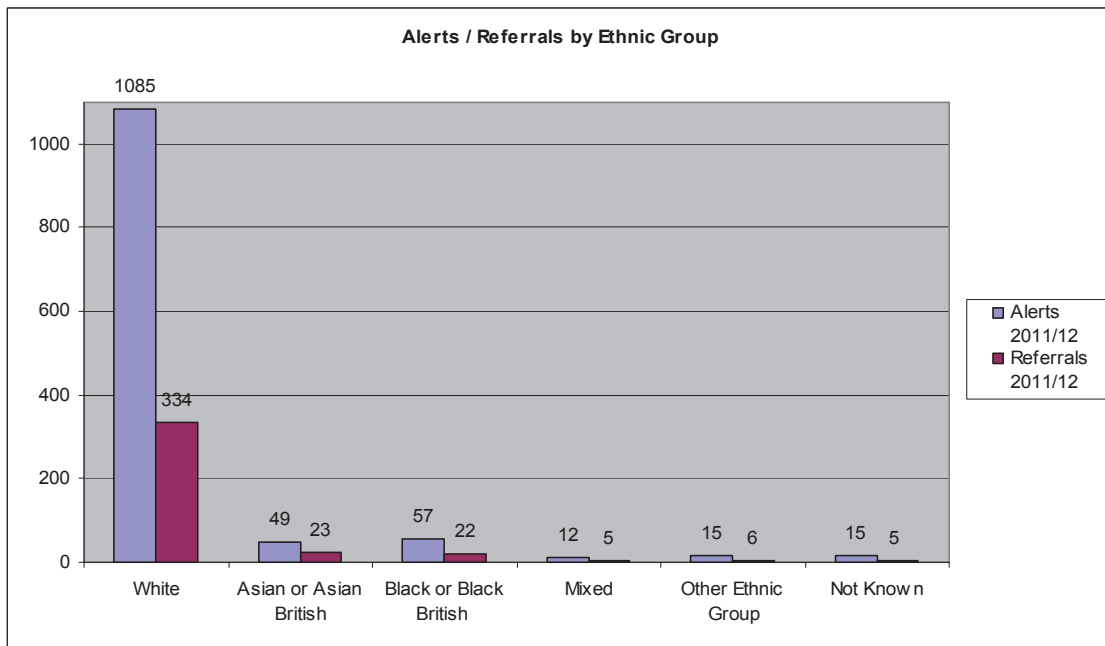
Central Bedfordshire



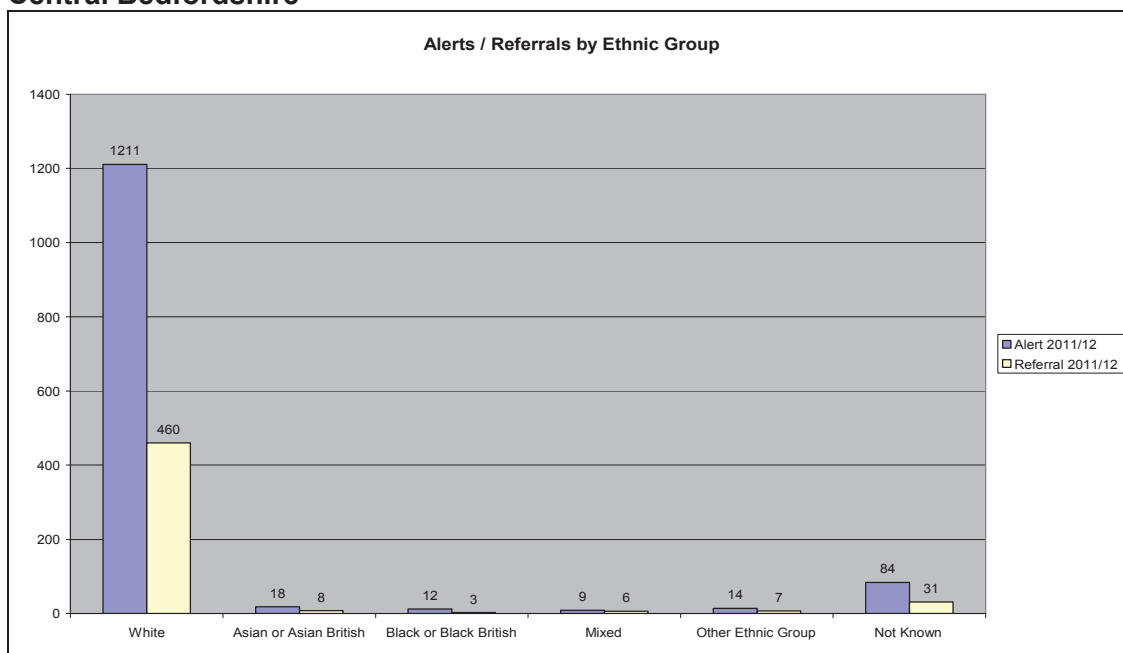
- 4.8.1 In line with the previous year for Bedford Borough, the majority of safeguarding alerts and referrals relate to people aged 18-64. Many of these alerts relate to incidents between people using services, a proportion of perpetrators are assessed as lacking capacity to be accountable for their actions.
- 4.8.2 Ongoing awareness of the Dignity in campaign continues to give the message that dignity is paramount and services should deliver it for their service users.
- 4.8.3 It is notable that as a proportion of referrals overall, 62% relate to people over the age of 65. This is a reflection of the population within Central Bedfordshire that receive support in relation to health and welfare. The proportion of alerts that progress to referral is the same whether the person is over or under age 65. Of those people over the age of 65, a slightly higher proportion is over 85.

4.9 Alerts and referrals by ethnic group

Bedford Borough



Central Bedfordshire

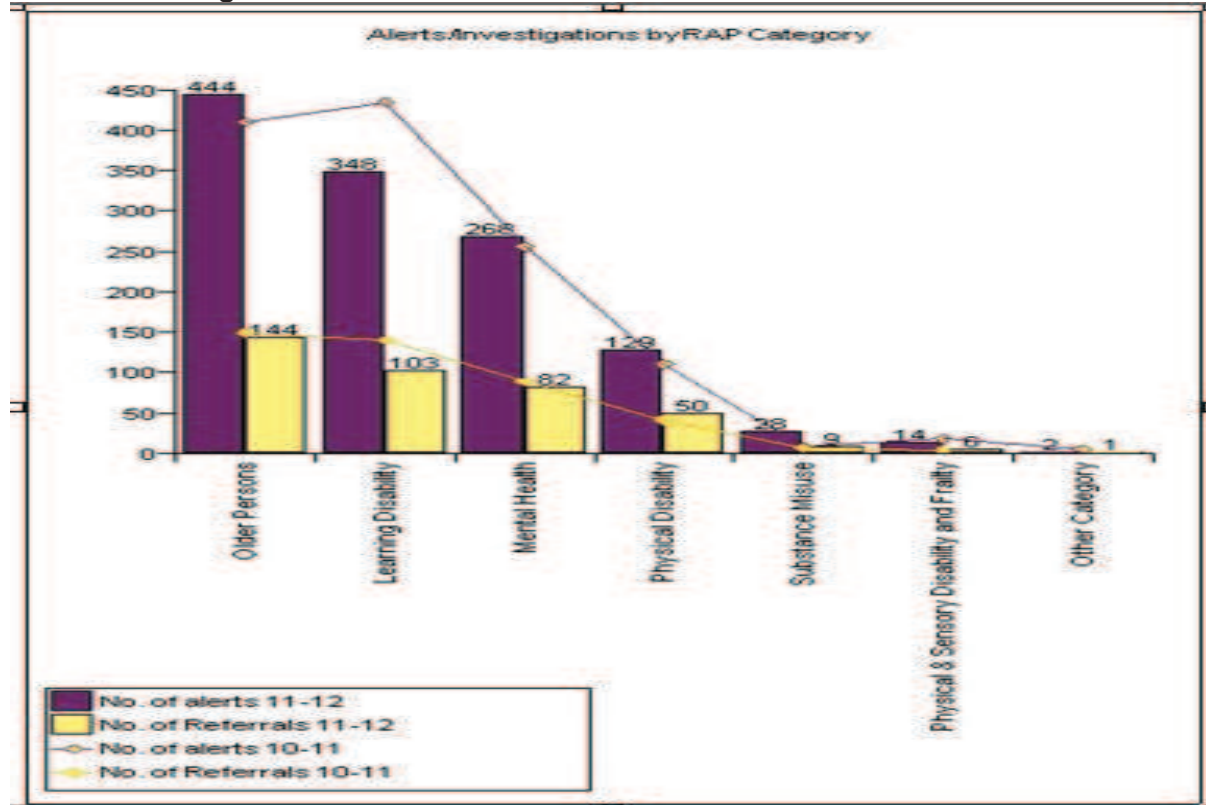


- 4.9.1 The number of alerts received by ethnicity in Bedford Borough continues to reflect the overall population mix of the local community. This is confirmed from the 2001 census where the population mix at the Borough reflected 82.2% as White British correlates with ethnic breakdown of alerts received. Although there has been some minor fluctuation in the numbers from different ethnic backgrounds there are no clear or established patterns or reasons for this. However it is worth noting the consistent low number of alerts received from individuals in other ethnic communities signifies that more community work is required to raise safeguarding awareness to such communities in Bedford with a clear focus on more outreach work in terms of awareness and accessibility should be considered for action in 2012-2013.
- 4.9.2 90% of alerts and referrals in Central Bedfordshire relate to White British people. The low number of alerts within Central Bedfordshire is a reflection of the communities within the locality and the presenting population which is predominantly White British. There has not been a change in

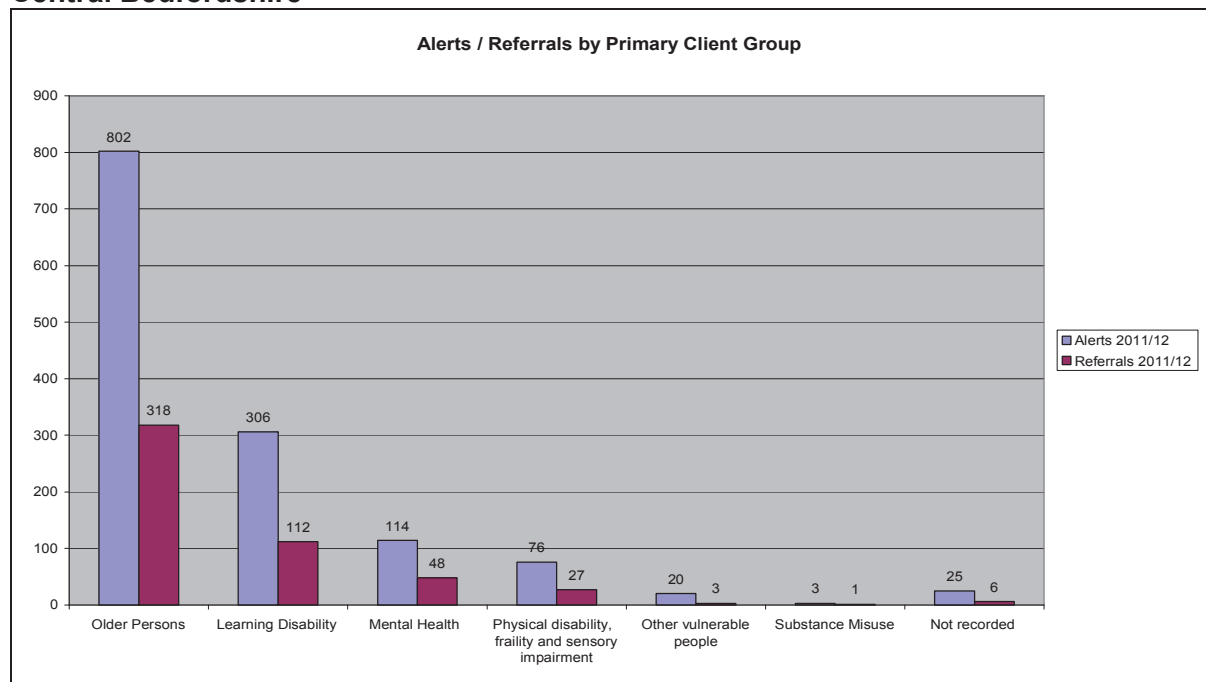
patterns over the previous two years. The proportion of alerts progressing to referral for White British people is the same as for people of other ethnicities, and there has not been a change over the previous two years.

4.10 Alerts and referrals by support need

Bedford Borough



Central Bedfordshire



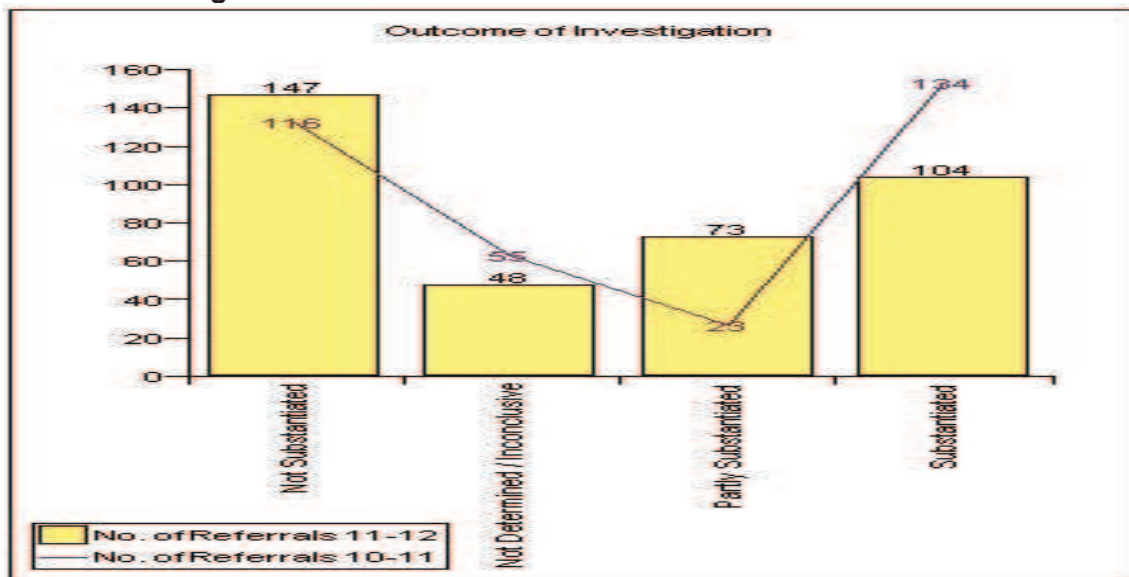
4.10.1 The proportion of alerts received by client category continues to show older persons as the highest reporting client group, closely followed by Learning Disability and Mental Health which

have been consistent with previous year reporting. This is likely to be associated with the large number of alerts received from care providers in care settings and home care which a significant number of people supported are in the Older Persons and Learning Disability Category and where the service user is reported as the alleged perpetrator.

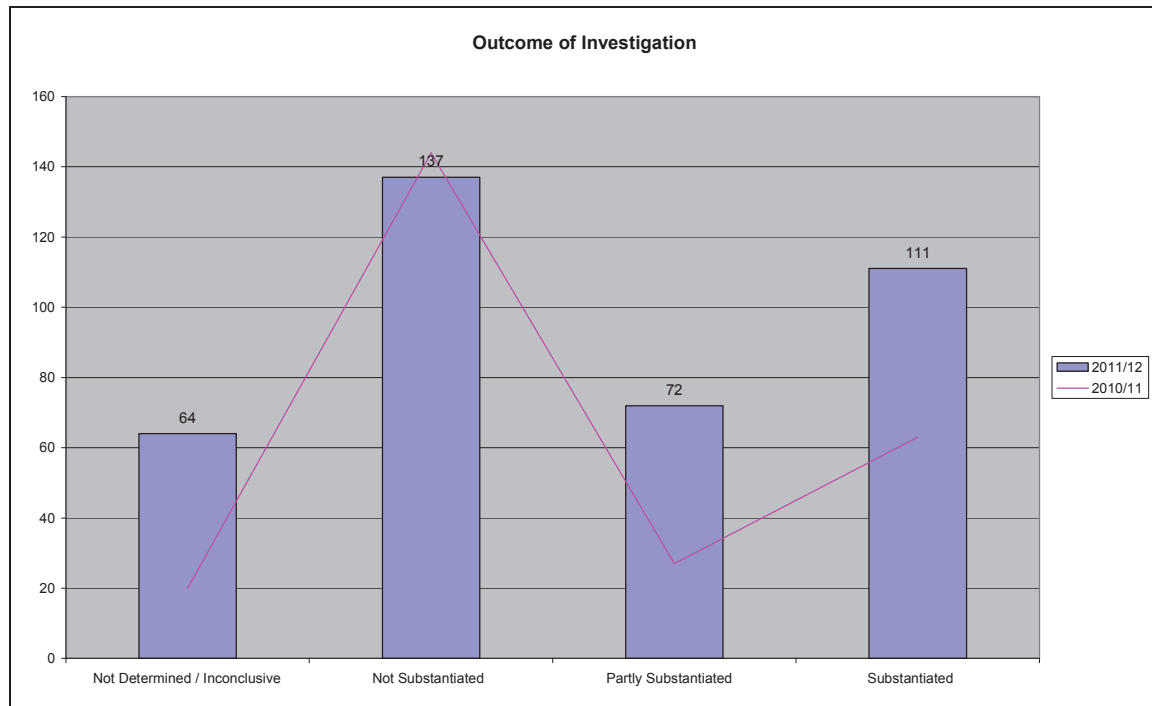
- 4.10.2 In Central Bedfordshire alerts relating to people with mental health needs remain low, with one third of these progressing to referral.
- 4.10.3 The majority of these alerts relate to people within their own home, acts of physical or emotional abuse perpetrated by someone known to the person in an unpaid capacity. Frequently these individuals have been supported to address the concerns themselves by accessing mainstream services such as the police or mental health services and have not required or requested further safeguarding interventions. However, there has been a notable increase in the proportion of alerts progressing to referrals from the previous year, from 26% to 42%. This may be an indication of more appropriate alerting in this area.
- 4.10.4 The larger proportion of alerts relate to older people. The proportion of alerts progressing to referral for each of the client groups is broadly the same, around one third.

4.11 Outcomes of investigations

Bedford Borough



Central Bedfordshire



4.11.1 In Bedford Borough we have seen a decrease in the not determined/inconclusive category and an increase in the partially substantiated category. The increase in the number of allegations partly substantiated reflects the number of multiple allegations undertaken during one investigation episode where one or more allegations are substantiated resulting in the overall outcome of partially substantiated. This is as a result of the training for staff regarding the appropriate use of outcome categories resulting in the changes below.

	2010/11	2011/12
Not Determined / Inconclusive	16%	13%
Not Substantiated	38%	39%
Partly Substantiated	8%	20%
Substantiated	38%	28%

4.11.2 In Central Bedfordshire the outcomes of investigations can be broken down as follows:

	2010/11	2011/12
Not Determined / Inconclusive	8%	17%
Not Substantiated	57%	36%
Partly Substantiated	11%	19%
Substantiated	25%	29%

4.11.3 While this remains the greatest outcome to investigations, there has been a decrease in the number of cases being found as unsubstantiated. The reason for this remaining a high outcome along with “not determined” is often the lack of evidence available where people are not able to discuss what happened to them. In addition, due to the increase in concerns relating to people living in their own home, in some cases there has been a focus on resolving concerns to the satisfaction of the vulnerable person and devising an appropriate protection plan, rather than a focus on identifying an alleged perpetrator.

4.12 NASCIS007 Abuse of Vulnerable Adults 2010-11 Comparator Report

- 4.12.1 It is possible to compare the data from this year with the national data report from 2010-11. National data for 2011-12 is not available at the time of writing. Comparator group councils in the national data set are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.
- 4.12.2 Bedford Borough Council shows a high volume of recorded alerts but a similar proportion of referrals to nearest neighbours. Central Bedfordshire Council shows a high volume of recorded alerts and a slightly lower proportion of referrals compared to nearest neighbours. The data provided shows considerable variation between nearest neighbours. It is worth noting that there is no agreed definition of “alert” and “referral” between local authorities so the resulting data may be misleading. A large difference in the number of alerts and referrals may indicate a good awareness among professionals and the community of safeguarding procedures. However it may also indicate poor understanding of safeguarding thresholds by alerters.
- 4.12.3 Bedford Borough Council record a lower number of alerts in relation to physical disability and higher in relation to younger adults and people with learning disability and mental health needs than nearest neighbours. Central Bedfordshire Council records broadly similar patterns to the nearest neighbours.
- 4.12.4 Central Bedfordshire Council record a slightly lower number of repeat referrals than nearest neighbours; Bedford Borough slightly higher. Repeat referrals is an in year count of repeats about the same vulnerable adult during the current collection period. A high figure may indicate that safeguarding measures put in place previously are not working.
- 4.12.5 Both councils report a higher number of completed investigations as a percentage of referrals than nearest neighbours, which indicates a robust decision making process and timeliness of completion.
- 4.12.6 Both councils report a slightly lower number of referrals from family self or friends than nearest neighbours; this indicates that further work is needed to raise safeguarding awareness in the wider community and ensuring that routes for reporting concerns are known. This may also indicate that local strategies around empowerment and putting the vulnerable adult at the centre of the process should be developed.

5. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

- 5.1 The local authorities have seen the applications for Deprivation of Liberty Safeguards reduce or level off during the year. However the NHS has seen a significant increase in the level of applications and authorisations. The main reasons for this has been challenges nationally to the legal rulings which has challenged the understanding of what constitutes Deprivation of Liberty and service users in mental health units need to either be an informal patient with capacity to consent to treatment, detained under the Mental health Act, or provided for under the Deprivation of Liberty Safeguards.
- 5.2 Bedford Borough Council received 27 applications for Deprivation of Liberty in 2011-2012, compared with 50 in 2009-2010, and 48 in 2010-2011. Of the 27 applications, 10 were authorised and 17 were not. This compares with 30 authorised and 20 not authorised in 2009-10, and 13 authorised and 35 not authorised in 2010-2011.
- 5.3 Central Bedfordshire Council received 25 applications for Deprivation of Liberty in 2011-12, compared with 25 in 2010-11 and 42 in 2009-10. Of the 25 applications, 7 were authorised and 18 were not. This compares with 2 authorised and 22 not authorised in 2010-11 and 21 authorised and 21 not authorised in 2009-10.
- 5.4 NHS Bedfordshire received 50 applications for Deprivation of Liberty in 2011-2012, compared with 14 in 2010-2011, and 11 in 2009-2010. Of the 50 applications, 23 were authorised and 27 were not. This compares with 5 authorised and 6 not authorised in 2009-10, and 4 authorised, and 10 not authorised in 2010-2011.

- 5.5 Overall together these figures indicate an increase in the number of requests over the three year period, 102 in 2011-2012, 62 in 2010-11 and 61 in 2009-10.
- 5.6 The Bedford Borough Mental Capacity Act Coordinator continues to work together with DoLS Managers in the Eastern Region to share ideas on practice and develop a consistent approach to decision making within the region.
- 5.7 The Bedford Borough Mental Capacity Act Coordinator has increased awareness and implementation of the Mental Capacity Act with Bedford Community Health Services. 8 workshops were facilitated with clinical staff and GP's and further support is being provided to develop a strategy for future training and audit of work. This increased awareness has resulted in more enquiries about mental capacity issues from clinical staff predominantly around end of life care, Power of Attorney and refusal of medical treatment.
- 5.8 Ongoing audits of mental capacity assessments and best interest decisions in both local authority areas are completed on a regular basis, and through workshops and forums the increased standards of work can be evidenced and improved outcomes of those being supported. Whilst audits of assessments have highlighted there is further work required across all care settings in building confidence and understanding of how and when to assess an individuals, training will address this to ensure that we are adopting best practice and achieving continued good standards.

6. Learning from Safeguarding Activity

Learning Outcomes	Action To Ensure Learning
<p>Improvements in Safeguarding Practice and recording required as a result of Independent Audit and Peer Review</p>	<p>Bedford Borough Council Safeguarding Systems Review is currently underway and a pilot has been implemented for the month of July to test the Safeguarding Consent Matrix, new risk assessment and protection plan. Outcome of the pilot will feed into the independent audit in July/August 2012. The final safeguarding review report will be completed in August 2012.</p> <p>Central Bedfordshire Council is reviewing safeguarding recording tool to include including a more robust risk assessment and focusing on outcomes. This will be completed by September 2012.</p> <p>Both Councils will continue to use national guidance, tools and audits to improve outcomes and involvement for people who have been through safeguarding. Ongoing work with advocacy services to improve collection of feedback from people who have been through safeguarding investigation and involvement in service development</p>
<p>Improvements in our approach to learning and development to a more practice orientated format.</p>	<p>Independent feedback and findings from auditor and staff have resulted in a number of bespoke training courses offered to staff for Safeguarding. Both councils will continue to develop training on the back of continued</p>

	feedback from auditing and staff
Performance Management Information demonstrates a continued high volume of alerts received which do not require a formal safeguarding investigation.	Both Safeguarding Teams have established regular meetings with partnership agencies to review and evaluate the appropriateness of the alerts being reported and discussion currently taking place to focus on the current safeguarding thresholds.
Performance Management Information demonstrates a continued a low number of alerts relating to hard to reach communities such as ethnic minority groups and the travelling community.	Safeguarding Teams from both councils to develop a partnership approach to focus and target hard to reach communities, linking into existing campaigns run by community safety, community leaders and local media.
Performance Management Information demonstrates a continued low number of alerts sourced from individuals from members of the public.	Safeguarding Teams from both councils to develop a partnership approach to focus and target awareness raising with the public to include access to public information and forums. This will include promoting Dignity in care in public areas.
Safeguarding services have improved throughout the year due to the sharing of learning with other organisations and councils.	Continue to work in partnership through the sub groups with Luton Borough Council, and the sharing of outcomes of initiatives and projects for improving safeguarding in the area. Both councils to continue to attend the Eastern regions Safeguarding Leads Network meetings to share learning and good practice.
Supporting the role of informal carer's is key in promoting safeguarding awareness in respect of keeping both the carer and cared for safe.	Both Safeguarding Team to engage with partnership Carer Groups and Commissioning to plan and expand safeguarding awareness to carers in Bedford Borough and Central Bedfordshire.. This will be achieved through awareness raising, focusing on individual investigations and working with carers groups.
National reports and analysis of local safeguarding information has shown that people with disabilities remain vulnerable to abuse and harassment, self neglect and financial abuse may become an increasing issue in relation to safeguarding.	Focus on disability related harassment in safeguarding and in conjunction with the Community Safety Partnership Board. This will be achieved through working with the social work teams, and raising public awareness. Targeting people with disabilities through resources and services such as advocacy services. Focus on self neglect through the pan Bedfordshire sub groups, which may include awareness raising and development of guidance for staff when dealing with self neglect. The Safeguarding Policy Procedure and guidance

	needs to be reviewed to include self neglect.
<p>The panorama programme about Winterbourne and national Care Quality Commission reports have shown that a renewed focus on the quality of services for people with learning disabilities is needed.</p>	<p>Safeguarding Team in conjunction with Quality monitoring teams to monitor on quality of residential and nursing care for people with learning disabilities. Monitor and review the use of restraint in care homes through the work of the mental capacity act coordinators.</p> <p>To continue to promote mandatory attendance at the Quality Assurance Safeguarding Steering Group/Adult Services Improvement group and request the input from external agencies with expert knowledge e.g. pharmacy</p>

Appendix 1

Strategic Objectives for 2012-2013

Strategic aims:

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

1 Members of the Board must be able to:

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

2 Prevention / raising awareness

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

3 Workforce development

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

4 Partnership working

- Secure electronic information sharing arrangement - receive reports and monitor progress and management of information.
- Tissue viability issues addressed through the Harm Free Care group and actions to be put arrangements and NHS bodies to monitor.

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

5 Quality Assurance

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

6 Involving people in development of safeguarding services

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

7 Outcomes and improving people’s experience

- Ensure people are empowered to drive safeguarding processes and find effective personal resolutions to harmful or abusive circumstances. The safeguarding team will work with victims of abuse through the personal use of the feedback forms as one means of improving the victim’s experience during the safeguarding process.
- Ensure advocacy services are available for people who are unable to challenge or change circumstances that they experience as abusive or harmful.
- Involve service users during the investigation process.
- Continue to promote communication literature to the public via information leaflets about ‘what is abuse’ in different format and languages.
- Build confidence in the process of investigating concerns by making people feel comfortable at the start of a safeguarding process.

Appendix 2

Partnership Contributions to the Adult Safeguarding Agenda 2011/12

1. NHS Bedfordshire

NHS Bedfordshire has retained safeguarding as a high priority during the year. Achievements include the launch of the Partnership Excellence Palliative Care Service (PEPS), targeted the reduction of avoidable Pressure Ulcers within acute settings, completion of an audit of GP safeguarding leads with the identification of training needs and free training for qualified nurses on clinical skills has been provided in partnership with Bedfordshire University.

1.1 Improvements Made In Adult Safeguarding During 2011/12

Audits and Training:

The main focus for NHS Bedfordshire and Luton following the results of the GP Safeguarding audit was on providing appropriate training to GP practices. NHS Bedfordshire and Luton has arranged a workshop to identify what training for safeguarding adults and children is required, all safeguarding leads, GP tutors and CCG clinical directors have been invited to attend and will discuss what needs to be delivered and how it covers national and local requirements.

As part of Quality Assurance, NHS Bedfordshire and Luton undertook a gap analysis of qualified nurses working in nursing homes in Bedford and Bedfordshire. The review identified the gaps for which training has been commissioned in catheter care, NG tube care, syringe driver, slips trips and falls, pressure care, nutrition and hydration, wound care and Venipuncture. These courses are being delivered by the University of Bedfordshire.

Serious Case Review:

An action plan from Central Bedfordshire Council serious case review has been developed which is being monitored internally by the Integrated Clinical Governance and Safeguarding Committee. Progress has been made against the action plan and the new PEPS service, which addresses partnership working to facilitate effective quality care for patients needing end of life and palliative care, will help prevent a similar incident from occurring.

Serious Incidents:

NHS Bedfordshire report quarterly to the SOVA Board on themes or areas of concern, this has included reviewing the risk profile of Mental Health service users, numbers of pressure ulcers and discharge planning risks and inpatient falls.

A sub group of the Prison Partnership Board has been set up to review and monitor implementation and compliance against Ombudsman's recommendations.

Following a number of inpatient falls at the L&D, NHS Bedfordshire and Luton undertook a review of all inpatient falls leading to severe harm over the last 18 months. The review found that routine risk control measures needed to be improved. The hospital has reviewed their falls protocol as a result.

Pressure Ulcers:

Thematic analysis of 2011/12 health related safeguarding alerts shows that neglect and pressure care are the highest areas of concern. Within the health and social care economy pressure sore reduction is a priority (SHA ambition / DH requirement) therefore raised awareness may have increased the number of alerts, providers are noted to be reporting pressure sores within their own service. There is a countywide pressure sore group (multiagency) who analyse all information from reported pressure sores and ensure learning is disseminated and practice improved.

During Quarter 4 2011/12, slight decreases in numbers were reported from the previous quarter and early signs of a decline of the upward trend seen throughout the year.

Throughout the year, the majority of cases being reported remained within the community where a patient is referred to the district nursing services via their GP or carers supporting

Health Service SOVA Alerts:

There has been a rise in physical abuse alerts the majority of which are service user against service user mainly in services care for patients with dementia. Where NHS Bedfordshire and Luton funded patients are involved a review of their care package is undertaken to ensure appropriate care and support is being provided.

Quality Assurance:

In February 2012 the SHA commissioned an external consultant to audit safeguarding adult processes within PCTs. There were no specific recommendations for NHS Bedfordshire and Luton, areas of good practice were identified and these will be shared across the region.

Good practice areas included the independent trigger tool and quality account email address to enable providers to share soft intelligence with the PCT.

NHS Bedfordshire and Luton's annual work plan for safeguarding is monitored through the Integrated Clinical Governance and Safeguarding Meeting, work has progressed against the plan and there are no outstanding issues, a head of safeguarding adults for Bedfordshire has now been recruited.

1.2 Improvements Planned in Adult Safeguarding During 2012/13

Improvements to include the delivery of a primary care training package, monitoring the roll out of the training, and the head of safeguarding adults for NHS Bedfordshire to commence work, with a dedicated safeguarding facilitator. This will enable more strategic and preventative work to be identified and to continue and build on information sharing with local authorities with serious incidents, pressure ulcers and health related issues and ensure Clinical Commissioning Groups (CCG's) are fully aware of safeguarding adult's agenda and are involved in all aspects of improvement. In addition to this the completion of the annual safeguarding process audit will ensure any gaps are identified are then added to the PCTs annual work plan. Work will continue to assist the Strategic Health Authority with provider focussed safeguarding audit and ensure all providers achieve the harm free care targets and that this is rolled out to nursing homes.

2. South Essex University Partnership NHS Trust (SEPT)

A series of preventative and awareness raising initiatives have been implemented this year and audits have evidenced that staff awareness and response to safeguarding issues has improved in the timeframe, process and quality of investigations. Within the Community Health Services (CHS) a series of training programmes have been developed. Integrated policies with the CHS were developed and ratified in August 2011.

The Training strategy outlines the expectation that 100% of staff are expected to receive training. A weekly report to the Trust Executive Team and a monthly report to the Trust Board outline the assurance of Safeguarding activity. The Trust Safeguarding Group monitors the Safeguarding action plan for assurance. The Trust has presented monthly reports to the Partnership Management Group and quarterly reports to each Joint Bedford/Central Bedfordshire Safeguarding Adult Board. The Trust has been involved in four audits commissioned by Bedford Borough Council and one by Central Bedfordshire Council in the past year.

The Trust has developed a Safeguarding Questionnaire for those subject to investigation. Feedback is reported regularly and influences the process of engaging service users, their families and advocates. Safeguarding leaflets have been developed with the Trust Service User Group and the outcomes of Independent Audits and Service User Questionnaires demonstrate an improved service has been delivered and experienced by service users.

2.1 Improvements Made In Adult Safeguarding During 2011/12

The numbers of referrals this year has risen by 17% and reflects the training programmes delivered which aim to raise awareness of safeguarding issues. Routine assessments now contain an assessment of risk and safeguarding issues which aim to identify potential

concerns at an early stage thus preventing Safeguarding investigations being required. The Quarterly reports to the Bedfordshire Safeguarding Board now include information on Serious Incidents.

All relevant staff in the mental health service have received a series of specific training programmes this year including:

- Reflective practice
- Investigations training
- Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

The Safeguarding Competency Framework continues to be implemented within all teams. The Trust continues to be active members of the Bedfordshire Safeguarding Board, Operational Group and other sub groups which include Trust staff taking part in quarterly Safeguarding Peer Group Forums with Bedford Borough Council staff and quarterly peer audits with Central Bedfordshire Council staff. The Trust has reported consistent improvements in the safeguarding process and outcomes of audits. The independent auditor in Bedford Borough stated '*The turnaround seen this year in the performance of SEPT has been impressive and these cases demonstrated how improvements are becoming consolidated*'. The independent auditor in Central Bedfordshire stated '*There are demonstrable improvements since the last audit in May 2011.*'

The Trust Service user Group has been involved in the development of Safeguarding Leaflets. The process for investigating cases has improved and now 97% of Strategy discussions and Closures comply with the Local Authority procedures. The result has meant that service user concerns are responded to and processed effectively and that all service users are involved in the process where appropriate.

2.2 Improvements Planned In Adult Safeguarding During 2012/13

Improvements will be implemented by delivering a series of training sessions for the Community Health Service and by continuing to introduce the Competency Framework throughout the Trust workforce where relevant.

SEPT will continue to work closely with the Safeguarding Teams from both council's and with the Peer Review Forums and audit programmes. A meeting with the Service User Group is planned for July to discuss their further involvement in the development of the service and improve the process in obtaining feedback from Service users subject to a safeguarding investigation

3 Bedfordshire Police

During the last 12 months Bedfordshire Police have gone through a full restructure with the focus being on maintaining the ability to Fight Crime and Protect the Public. Within this restructure the safeguarding of both adults and children remains a priority and the Safeguarding Units were well supported.

The Safeguarding Adult Unit has been subsumed into a wider Safeguarding Team dealing with both adults and children, who have been geographically positioned in a north and south location. This has increased our capacity and resilience to deal with issues of safeguarding throughout a longer working day. It has also enabled more experienced Detectives within the safeguarding team to mentor and coach those less experienced officers who were deployed on the Vulnerable Adults Investigation Unit. An extended Central Support Team now deals with all referrals and provides a single point of contact and enhanced capacity to better manage obligations to support safeguarding issues and statutory requirements.

A dedicated MARAC (Multi Agency Risk Assessment Conference) team has been formed to deal with those most seriously affected by Domestic Abuse (DA) issues, improving both service and working with partner agencies. A DA champion continues to progress DA initiatives such as Crime Stoppers and Vodaphone. A SARAC (Sexual Abuse and Rape Advice Centre) has been developed which reflects current practice with victims of DA (MARAC). This is a force wide capability between partner agencies which offers intensive support to victims of serious sexual assaults. The Home Office have recently attended

Bedfordshire to review this concept and how it is operating and have deemed this to be best practice. This is currently within an extended trial period.

The Emerald Centre (SARAC) is now fully functional and all police referrals go direct to these premises. This service has proved to be very successful and remains a 'one stop shop' for all victims. In addition, ISVAs (Independent Sexual Violence Advocates) have been recruited and now offer additional 24/7 support for victims of sexual assault. The inaugural Force Vulnerable Adults Steering Group took place in November 2011. Business leads from all three Unitary Authorities were invited and representatives from Luton and Central Bedfordshire attended. The Improvement Plan was ratified and subject to ongoing monitoring and review.

3.1 Improvements Made In Adult Safeguarding During 2011/12

Internal and multi-agency joint training has been implemented to improve knowledge of working processes between partners after the Force restructure. All Constables within the Safeguarding units have now completed the ICIPD Detective development training and there are improved levels of supervision and investigative management with the increase in the number of Sergeants.

A dedicated Missing Persons Unit is in place to support and improve services towards missing vulnerable adults. There has been participation in Serious Case Reviews with the sharing and implementation of lessons learned.

Referrals and investigations are now managed on the CATS database (Case Allocation and Tracking System). There is a monthly dip-sampling audit undertaken by a manager to ensure the quality of investigations and joint working are maintained. An increased Central Referral Team now ensures a sustained and consistent response to safeguarding alerts. Over 100 cases have had the use of the SARAC and ongoing support of ISVA's thereby providing a much higher level of service to these vulnerable victims.

3.2 Improvements Planned In Adult Safeguarding During 2012/13

Honour Based Violence (HBV) awareness and support network is to be further developed with HBV referrals being handled within the Central Referral Unit in line with all other safeguarding alerts.

A further Force Operational review has commenced. The outcomes of this review will be monitored and managed to ensure that Safeguarding services are maintained. There will be continued work with partner agencies to ensure the inter-agency referral processes are effective and efficient to the needs, role and expectations of all involved partners.

It is planned to re-institute the Vulnerable Adults Steering group with attendance across all 3 unitary areas.

Standard Operating Procedures for Safeguarding Adults, Missing Persons, and Domestic Abuse will be subject to update in line with the Operational Review. Consultation with partners in light of their own organisational restructures will be essential to ensure consistency, understanding and accuracy.

The SARAC is currently looking to extend the referral base to allow third party reporting. This can only progress through full multi-agency agreement.

4 Bedford Hospital NHS Trust

Monthly Safeguarding of Vulnerable Adults Operational Group meeting chaired by Safeguarding Lead are held, which highlights safeguarding issues and lessons learned from individual cases. A Safeguarding Adults micro site is available on the Trust staff intranet for all staff to access.

A Safeguarding Adults session is included in the annual clinical update for all clinical staff, providing increased awareness beyond the mandatory 3 yearly requirements for training. Ongoing work continues with the training department to provide training for all staff groups within the mandatory framework. Bi-monthly safeguarding progress meetings are held between Bedford Borough Council, Director of Nursing and Trust Safeguarding Lead.

Partnership work continues with the Safeguarding Adults Lead attending the Par Bedfordshire meetings, the Safeguarding Operational Group and a Safeguarding Conference arranged by Bedford Borough and Central Bedfordshire Councils, where wider links have been forged.

The SKIN + bundle (a standardised document/assessment tool) was introduced ahead of the Strategic Health Authority's SSKIN bundle (Surface, Skin inspection, Keep moving, Incontinence, and Nutrition). There has been a reduction in the incidents of pressure area damage following the implementation of SKIN+ bundle

Following receipt of a Care Quality Commission (CQC) warning in April 2011, a detailed action plan was implemented and the warning was promptly removed. As a result of a Serious Incident (SI), an action plan addressing lack of knowledge around Mental Capacity Assessment (MCA) and DoLS was implemented. Safeguarding is discussed on a regular basis at the Trust Board and a patient leaflet has been developed to provide patients and their carer's with information about the Safeguarding process and contact details.

The role of the dedicated Safeguarding Lead within Trust enables the Safeguarding Adults agenda to be driven forward and has improved partnership working.

4.1 Improvements Made In Adult Safeguarding During 2011/12

Online training links for MCA are highlighted in the staff bulletin, appear on the Trust screensaver and together with MCA and DOLS 'easy guides' are included on the Safeguarding Adults intranet and in staff training materials. Safeguarding Adults content was included in the Dementia Awareness study day.

A substantive Safeguarding Adults Lead in post has been in place from November 2011, and the visible presence and accessibility of Safeguarding Adults Lead within Trust has led to an increased liaison with ward staff regarding safeguarding concerns. In the absence of matrons, staff members are sent to represent CBUs at Safeguarding Operational Group meetings.

There has been overall improvement in partnership working including the Mental Capacity Coordinator for Bedford Borough Council and NHS Bedfordshire giving a presentation at the Trust Safeguarding Operational Group Meeting and the Professional Forum for Senior Nurses. Independent Mental Capacity Advocates and representatives from the Carers Lounge attended the Trust Safeguarding Operational Group Meeting to explain their roles and services.

The Executive Safeguarding Lead has contributed to a Serious Case Review (SCR).

Improvements have been made to the discharge process with a revised Trust wide discharge checklist to be signed off by 2 nurses and follow up telephone call the day after discharge. This is linked to a Commissioning for Quality and Innovation (CQUIN) in 2012/13.

Safeguarding adults training materials have been revised to reflect lessons learned following Serious Incident's and feedback is given to matrons at their meetings and through Hospital Safeguarding Operational group to ensure a wider cascade of lessons learned and safeguarding developments. There is a wider awareness throughout the trust embedding the principals involved in safeguarding adults, mental capacity and DOLS.

The Trust Safeguarding Adults Lead had received positive feedback from external partners regarding improvements in joint working.

4.2 Improvements Planned In Adult Safeguarding During 2012/13

The Organisational Development Team is updating the format of staff induction and clinical update to develop the format and time allocated to Safeguarding Adults. A new Trust intranet is also being implemented with improved access to the safeguarding page.

The Executive Lead for Adult Safeguarding will report back to the Trust Board the findings of the SCR with a report detailing the Trust response.

Other improvements include the implementation of the discharge pathway (CQUIN) to further improve discharge, and the implementation of the 'safety thermometer' (CQUIN) to reduce pressure ulcers and continued training on pressure ulcer prevention. Grading

discrepancies of pressure ulcers (PUs) between the hospital and community have been identified. It is hoped the roll out of the most recent SHA grading tool by the community Tissue Viability Nurse will address these discrepancies. The NHS Calderdale's protocol has been adopted by the Tissue Viability Nurse and Safeguarding Adults Lead, to structure assessment related to pressure ulcers. There has been expansion of the infection control and Tissue Viability Nurses to support the delivery of 'Harm Free Care' and the 2012/13 CQUIN regarding the elimination of category 2, 3 and 4 pressure ulcers.

Mental Capacity training is being rolled out to all Doctors and Consultants with an external provider planned for September 2012. Information regarding the Mental Capacity Act and the IMCA referral process is being included in the junior Doctors handbook and compulsory online Safeguarding Adults training is being introduced as part of their induction. Medical staff are actively involved in making the MCA requirements user friendly for acute care.

Within the Trust the Safeguarding Team will be developed to ensure cover for Adult and Children's services in the absence of safeguarding leads.

There has been an audit of staff safeguarding competencies based on the competencies agreed by the PAN Bedfordshire Group.

Continue to support the nursing professional forum for ideas for continuous improvement There will be ongoing work to ensure appropriate referrals relating to Safeguarding teams relating to pressure and tissue damage and improved processes relating to assessment of mental capacity and referral to the IMCA service/

5 Luton and Dunstable Hospital NHS Foundation Trust

For the purposes of fulfilling the reporting requirements of a number of internal groups as well as partner expectations, a summary of the year's activities in support of progress made with safeguarding of patients cared for within Luton and Dunstable Hospital is presented at this time of year.

In February 2011, a safeguarding alert was raised against the Trust that was investigated by the Police. At the beginning of the year 2011-2012, the Trust was therefore beginning a process of understanding more about their safeguarding issues. More robust reporting and action processes were put in place.

A 2011 CQC report had also highlighted various areas for improvement including documentation in relation to the Mental Capacity Act (MCA). An action plan was agreed at this time (the Trust subsequently submitted evidence to CQC of examples of improvement in January 2012). In June 2011, an external consultant additionally carried out a piece of work within the Trust and provided a report detailing areas for improvement.

In total there were 614 safeguarding alerts raised between April 2011 and March 2012; of these 72 were raised against the Trust.

An unannounced CQC inspection took place in June 2012, specifically focusing on safeguarding and learning disability needs. The draft report has confirmed full compliance against all outcomes.

Key activities undertaken in 2011 / 2012 included a seconded Safeguarding Lead Nurse was appointed in August 2011, and in October 2011 a Lead Clinician for Adult Safeguarding was appointed. Ward and department-based champions were then recruited throughout September and October 2011. In July 2011 all policies were revised and issued and from July 2011, safeguarding and learning disability folders were made available on wards. In August 2011 an intranet site was launched and display boards advertising safeguarding and learning disability posters and other relevant information were also established and all forms in relation to MCA and Deprivation of Liberty patients have been revised in partnership with the PCT MCA/DoLS Lead.

In January 2012, a system was put into place to highlight alerts, which identifies patients with past adult safeguarding concerns and/or dementia. In February 2012, a Strategy Meeting Internal Report Form was devised in partnership with the LBC Safeguarding Manager.

A process for care plans to be in place in a timely manner was implemented and this now forms one of the key performance indicators. To reduce disparity between processes in different organisations, a pilot process was agreed by the Safeguarding Board to bring the Trust's processes more in line with Central Bedfordshire's process. Finally, the Safeguarding and MCA Competencies have been revised in conjunction with all relevant partners and stakeholders as part of a joint PCT and Trust led initiative.

From May - July 2011, 87% of all patient contact staff (95% of clinical patient contact staff, that is 6323) were trained either through face to face two hour sessions or nationally accredited e-learning. For clinical and non-clinical staff ongoing training, a predetermined schedule was prepared; this training covers all safeguarding issues and learning disabilities. A six month Leading in Safeguarding course has also been developed in conjunction with the University of Bedfordshire through a successful bid for £30,000. Eighty places were also allocated for Promoting Excellence in Dementia Care and 86 staff members attended, this was done in conjunction with the University of Bedfordshire.

Specific challenge (1) - Prevention of Pressure Ulcers

The SHA launched the first of five ambitions on 28th February 2012 – to eliminate all avoidable Grade 2, 3 and 4 pressure ulcers by December 2012. The Trust has acted accordingly, which has included: relaunching intentional rounding on all wards and ensuring Waterlow and MUST scores completed and reported against; Route Cause Analysis (RCA) for Grade 3 & 4 pressure ulcers with targeted action plans and a clear process for reporting; an intense, regular training plan with attendance numbers logged; undertaking a hospital wide mattress audit and subsequent replacement action plan.

Specific challenge (2) - Learning Disabilities

In January 2012, SEPT employed a full time band 5 nurse to assist the Band 7 Learning Disabilities Liaison Nurse; both are based in the Trust. Patients with learning disabilities being a priority for the Trust has led to a number proactive steps including: guidance for carers of patients with easy read information; development of a new Learning Disabilities strategy by the Trust Learning Disabilities Task Group; learning disability patient pathways in place; "All about me" folder/booklet/passport promoted; Caldecott Agreement in place which has allowed for the sharing of patient information with Luton Borough Council

In summary a number of improvements have been made and will continue to be a focus and priority for the Trust. Safeguarding alerts continue to be monitored and investigated carefully, with a fall in those made against the Trust anticipated and well as an improved patient experience noted in surveys being undertaken.

6 East of England Ambulance Trust

All staff and volunteers working within the Trust receive safeguarding awareness/training and Equality and Diversity on induction and updates at regular intervals. This includes the Trust Board members. We have a Safeguarding Training strategy and Plan which is competency focused and based upon ADASS recommendations.

All staff have access to line managers and clinical managers who have received training in safeguarding, as well as access to the named professionals. A programme of specific safeguarding training for senior managers is nearing completion to enable them to champion safeguarding issues at local level. All staff who access the public either by phone or in person receive safeguarding child/adult training as part of their preparation for duty. This training is monitored and delivered by the Safeguarding Team for the Trust. The Safeguarding Team remains an integral aspect of the quality service the Trust provides.

The Trust has a specific Capacity to Consent policy which is integral to the safeguarding policy which includes the MCA code of practice and sections on DoLS. Specific training on

Key local senior managers (Safeguarding Assistant General Managers) within operational to provide supervision to staff. The Trust's Named Professionals and Safeguarding Board champion work in multi-agency setting and attend regular meeting with multi agency partners and have an integral role in the strategic development of Safeguarding within the Eastern Region and Nationally through the Ambulance Safeguarding forum. Key Trust staff including the Safeguarding Assistant General Managers as local leads, named professionals and Executive lead attend Local Safeguarding Adults Boards where appropriate. The notes of those meetings are retained for CQC evidence.

The Board receives quarterly reports from the Executive lead and this is supplemented by regular dash board reports of safeguarding referrals and trends. All referral information is collated monthly to identify trends and emerging themes. The Trust has a comprehensive safeguarding Policy and Clinical Guidelines for staff these documents are available to staff via the Trust intranet, public web pages or in and copy accessible to them in their place of work. All Trust contracts for commissioned services have a safeguarding commitment and clearly outline the Trust expectations of all staff working in or on behalf of the Trust. The Trust monitors all commissioned services through audit of records and polices.

The Trust undertakes regular internal audits of the Trust referral process; this is done in several different ways:

- An audit of the referrals numbers made by staff and what areas of the Trust they have been made by
- The quality of the referrals made by the Out of Hour (OOH) call handlers regarding data entry and accuracy of information
- Tracking the referral from 999 call through to the patient care record completed and referral data entered, the audit looks to see if the information ties up together and if environmental issues are recorded
- Feedback from the Local Authority (LA) and the General Practitioner (GP) is obtained
- Auditing of the pathway selected by the Trust practitioners and to ensure that any referral made to the GPs for a vulnerable person has been made appropriately and does not need to be a safeguarding concern requiring the LAs focus
- The safeguarding team will check these referrals within three working days to ensure that the GP has been the correct option and that there are no concerns that may require action from the LA
- A sample of PCRs relating to referrals are also audited

Results from these audits are reported to the Safeguarding Group and to the Trust Board. The Trust participated in external audits last year, this included the following:

- Adult Safeguarding Audit of practice from Regional Adult Safeguarding Forum
- Learning from any audits has been incorporated into the Safeguarding Teams Action plan and wider Trust agenda.

The Trust has an active patient/public involvement group which actively seeks the views and wishes of patients and service users. The Trust encourages the participation of carers in patient public engagement groups and is particularly working on identifying carers from vulnerable groups to be representative. Patient views on the performance of the Trust is also sought from patient surveys. Patient and public information leaflets about safeguarding and how to make a referral are available via the Trust web site. Service users have a chance to influence procedure or practise via service user audits and survey e.g. users with mental health problems. This is supported by our PALS team to ensure regular feedback is gained and acted upon.

6.1 Improvements Made In Adult Safeguarding During 2011/12

The Trust has provided awareness training for over 2000 operational staff in relation to dementia patients and has run master classes in capacity assessments. The Trust has

also provided guidance for staff in relation to pressure ulcer development, and training to ensure that all staff are comfortable with the Trust system, Trust expectations and the role of the GP in safeguarding.

The Trust has had a strong focus regarding mental capacity, consent and capacity and restraint education and training. This training is integral to the safeguarding training within the Trust; further work has been completed from road show work and workshops

The Trust has ensured better engagement with LSABs through the introduction of key local senior managers Safeguarding Assistant General Managers. The Trust has engaged with local forums in relation to pressure ulcer prevention

Significant progress on internal audits have taken place and associated feedback to staff. Monthly audits are now in place.

The Trust has further improved guidance for staff on capacity assessments, it has also improved the management of pain from feedback received from service users

6.2 Improvements Planned In Adult Safeguarding During 2011/12

- Further awareness raising planned for staff in relation to patients with dementia and learning disabilities and pressure ulcer prevention
- Further multi agency training for senior staff
- Enhanced engagement where requested through Safeguarding Assistant General Managers
- Further development of the QA process in relation to referrals
- Improvements for pain management for people with dementia, which is a quality priority for the Trust

7 H M Prison Service

HMP Bedford continues to enforce its commitment to safeguarding and is constantly looking at ways in which we can embed safeguarding awareness into as many of our policies as possible. There is a safeguarding committee who meet regularly to develop strategy and key personnel have been identified to act as “champions” in both adult and child safeguarding.

7.1 Improvements Made In Adult Safeguarding During 2011/12

A safeguarding “what to do if” card was attached to the payslips of all directly-employed Prison Service staff at HMP Bedford.

A single point of contact for both adult and child safeguarding has been identified.

An e-folder resource has been created for all staff to access and includes information such as how to identify safeguarding issues and where to report them.

A referral tracker has been devised to monitor the progress of referrals.

7.2 Improvements Planned In Adult Safeguarding During 2012/13

Incorporate Safeguarding into staff SPDR's (Staff performance and development record)

Deliver awareness sessions to staff

Devise strategy for recording safeguarding concerns on our case management system.

8 Bedfordshire and Luton Fire and Rescue Service

BFRS has ensured the appropriateness and effectiveness of its Community Safety activities through improved analysis and greater evidence led approaches.

BFRS has trained all new recruit frontline firefighters in safeguarding and instilled an understanding that ‘doing nothing is not an option’.

BFRS has developed its partnership approach towards risk reduction and exploited opportunities where there is cross over of organisational aims and objectives and/or where service provision can be improved.

BFRS has completed and publicised evaluations of community safety initiatives and activities to ensure sharing of best practice and lessons learned across the organisation.

8.1 Improvements Made In Adult Safeguarding During 2011/12

Improved understanding of target groups achieved through Customer Insight ensuring the most relevant messages have been communicated in the most effective ways based on the needs of our local communities.

The continuation of enhanced CRB checks for all frontline, operational and key staff.

A growing number of partnerships have been developed including training of staff from Social Services, Adult Services, Sheltered Housing Officers, The Re-enablement Team, Bobby Van and Age UK.

The BOC Breatheasy partnership ensures BFRS are informed of all oxygen cylinder use in domestic premises. This not only allows the BFRS to improve operational safety through the updating of relevant incident information and notification but also to provide priority Home Fire Safety Checks in the homes and signpost the occupiers for further support where required.

Formal partners have delivered nearly 400 Home Fire Safety Checks. 16% of all completed Home Fire Safety Checks included occupiers over 65 years old. 10% of those the BFRS came into contact with during the 'Fit For Life' event (targeting those with poor health and long term health problems including diabetes and respiratory disease) self referred for the NHS 'Stop Smoking Course' and nearly 40% were signed up to Bedford Borough Councils 'Re-Activ8' scheme.

BFRS has made 12 safeguarding children, young people and vulnerable adult referrals Learning points and best practice is communicated across the organisation and has supported the dissemination of both quantitative and qualitative data.

8.2 Improvements Planned In Adult Safeguarding 2012-1

Completion of Firefighter Safeguarding training.

Arrangements to minimise foreseeable risks to both staff and 'at risk' members of the community by ensuring increased information relevant to specific individual risk is available to Firefighters en-route and in attendance at relevant incidents.

Some of the key concerns will include (but are not limited to):-

- a) Oxygen cylinder use;
- b) Bariatric patients;
- c) Biohazards; and,
- d) Sanctuary/Safe Rooms.

The approach also provides BFRS the opportunity to assess the presence of linked issues and relevant concerns and thus build a risk profile of the individual and property. For example the mobility issues linked with oxygen cylinder users may result in other health associated issues that could ultimately present biohazard risks to the crews and/or other property users indicating a possible need for further partner agency support.

The completion of a vulnerable adult audit to identify gaps between current practice, safeguarding commitments and identify responses to mitigate risk. Outcomes will be available to all staff and outstanding tasks will be visibly allocated to specific roles for completion.

2011/2012 saw the introduction of policy and research related to hate crime and in particular disability hate crime, working with victims to look at their perceptions of the criminal acts they have been subject to and to find out if they perceived the offences against them to be hate crime or disability hate crime related, motivated by hostility or prejudice. BPT are looking at definitions of crime that maybe related to disability or mental health taking into account recommendations from Luton Adult Serious Case Review.

BPT has introduced the Caring Dads and Integrated Domestic abuse programme for Non Statutory perpetrators male of domestic abuse in response to the need for early intervention work as identified by recent safeguarding OFSTED reviews in Luton and Central Bedfordshire (although there is no funded provision in Bedford borough) . This supports domestic abuse prevention work and supports women and children as vulnerable victims who are then linked with women safety officers and IDVA and MARAC support.

Mental health services as agreed in SLA with NHS were due to go live June 2011, these are yet to be rolled out, BPT are currently in discussions with NHS and SEPT to clarify commissioning arrangements and resources.

Women's high risk Approved Premises in Bedford has noticed an increase over the last six months of suicide attempts and self harm serious enough for hospitalisation, approved premise managers have been working with staff to increase vigilance and indicators identification in the women accommodated, but have also introduced a counselling service for staff to look at the impact the behaviour has on their ability to work in the demanding environment.

Luton has developed working arrangements with Stepping Stones third sector organisation to supervise all Luton Women offenders within a women only environment, 82 women offenders will be supervised within the Stepping Stones project and will have interventions tailored to meet their needs, women offenders will be able to access registered childcare 5 days per week so they can attend their interventions and free hot meals are provided on site everyday for children to link in with child poverty strategy. Two fulltime Probation Officers have been seconded to the project and outcomes regarding reducing reoffending will be researched by Bedfordshire University Women's studies department, project to be expanded into Bedford and Central Bedfordshire in 2013/2014.

Bedfordshire University and local Central Bedfordshire children and family units and leisure centres have also supported BPT initiatives with free use of accommodation to run interventions, this has cut costs in intervention delivery and has allowed for additional service delivery.

BPT MAPPA has introduced a dip sampling model for high risk offenders. This is followed up with qualitative evidence from approved premise managers regarding residents' vulnerabilities and mental health status and looking at proximity of and support packages for victims and Offender risk assessments OA Sys (standard assessment tool). This does address and question both offender and victim vulnerabilities and linking to safeguarding of children regarding the adults' ability to parent and offenders coming out of Prison and how their vulnerabilities are identified and managed whilst on their community licence period.

Victim satisfaction questionnaires have scored highly. 97% of victims are satisfied with the services they have received and BPT are introducing customer/offender surveys and focus groups for women offenders and stakeholder surveys to look at how successful joint working has been on designated intervention projects

9.1 Improvements Planned in Adult Safeguarding During 2012/13

Integrated Offender Management (IMO) has health trainers in post carrying out basic assessments of offenders regarding health and as part of their role they have an awareness of local services and have links with GP's practices. As key workers, the health trainers are escorting offenders to their health appointments and link in with health care professionals. Langley house Trust are working with BPT on a voluntary basis, identifying offenders who maybe suffering from mental health and disabilities which may affect their employability and resettlement.

BPT will further develop women's services within Bedfordshire and successful meetings with multi faith organisations have aims and objectives to mentor black and ethnic minority

offenders in Luton. This is to include youth transitions, linking with CSP objectives of managing anti social behaviour and vulnerable young offenders joining gangs. BPT has seconded a staff member to the PREVENT project and we continue to work in identification of local extremism and the possible enrolment of vulnerable adults into extremism groups.

Serious further offending reports now look to identify vulnerabilities in both the offenders and the victim. Group and Public Protection teams in Probation Trusts across the east of England are working together to look for common themes in how to identify and manage offenders vulnerabilities, and to look at the impact of these vulnerabilities on further offending. Key trend data is being identified and practice guidance notes developed for staff information and note.

10 Voluntary and Community Action

Voluntary and Community Action (working in the Central Bedfordshire area) has consistently highlighted to the Adult Safeguarding Board the need to raise awareness of safeguarding issues with voluntary organisations and community groups, and for organisations and groups to have in place adequate Safeguarding Policies so as to improve practice within the sector, particularly in smaller groups that are run by or used by volunteers and/or part-time members of staff.

10.1 Improvements Made In Adult Safeguarding During 2011/12

Voluntary and Community Action have provided information, advice and guidance on safeguarding or developing safeguarding policies to three voluntary and community organisations and provided safeguarding training to all our staff. Three staff members also undertook an on-line Safeguarding training module through Bedfordshire Adult Skills and Community Learning.

Voluntary and Community Action have contributed to all Adult Safeguarding Board meetings held during 2011/12 and participated in the Central Bedfordshire Safeguarding Peer Review and contributed to discussions at the Safeguarding Board Focus Group.

In response to the Central Bedfordshire Council Adult Safeguarding Peer Challenge, we designed and submitted to the CBC Safeguarding Manager a programme of activity to raise awareness of safeguarding issues with voluntary organisations and community groups. This highlighted the need for adequate Safeguarding Policies and training (endorsed by the Safeguarding Board) to improve practice within the sector, particularly in smaller groups that are run by or used by volunteers and/or part-time members of staff. Discussions on how this work could be resourced were unresolved as at the end of the year.

We undertook an extensive review of our Safeguarding Policy and procedures to ensure that they met the Board's multi agency Safeguarding Policy and the requirements of the Adult Safeguarding Audit Tool. Following consultation with staff, a revised Policy received our Trustee Board's approval in July 2011. Following the implementation of a new Safeguarding Policy and procedures, we reviewed, completed and submitted to the CBC Safeguarding Manager a new Safeguarding Audit Tool assessment.

10.2 Improvements Planned In Adult Safeguarding During 2012/13

We need to review and update our Better Care resource pack to ensure that it is consistent with the Board's multi agency Safeguarding Policy. We want to get the learning materials for our Safeguarding Vulnerable Adults Training Workshop endorsed or accredited by the Safeguarding Board and will meet with the Learning and Development Manager for Central Bedfordshire to take this forward.

We will continue discussions with CBC to ensure that work is commissioned to raise awareness within the voluntary and community sector of safeguarding vulnerable adults. This is to help build the capacity of the sector to put in place adequate Safeguarding Policies and to provide training to improve practice within voluntary organisations and community groups, in particular the smaller groups that are run by or used by volunteers and/or part-time members of staff.

We will continue to attend and contribute to all Adult Safeguarding Board meetings during the year.

11. Community and Voluntary Service

Community and Voluntary Service (CVS) (working across the Bedford Borough area) has worked over the last year to raise the overall awareness within local voluntary and community sector organisations of the adult safeguarding agenda. Hundreds of local community group and charities work with or come into direct contact with adults who are vulnerable. We have used our various communication methods such as newsletters, websites and at various events that we host throughout the year. Our funding and development service provided one-to-one advice to hundreds of organisations, providing an opportunity to discuss safeguarding arrangements and offer support as required.

Most voluntary and community sector organisations have robust policies, training and systems in place to manage safeguarding, with CVS supporting others to develop the appropriate infrastructure.

11.1 Improvements Made In Adult Safeguarding During 2011/12

Over the past year CVS has developed and successfully piloted a workshop aimed at those very small voluntary and community organisations. Often these are organisations coming into contact with both adults and children, but in a very limited way, and therefore need broad safeguarding arrangements. Often these organisations have no staff and are fully operated by volunteers. The workshop in part uses an online learning programme, combined with more custom support and information that is appropriate for a small community group, allowing the participant to then cascade the learning to other volunteers within their organisation. Last year 38 staff and volunteers attended the workshops.

11.2 Improvements Planned In Adult Safeguarding During 2012/13

CVS will continue to promote and raise awareness of the safeguarding agenda. We are planning a broad awareness campaign to continue getting the message to the hundreds of small voluntary and community groups out there.

CVS will continue to offer workshops on safeguarding issues, aimed at those organisations with no staff and often no formal link with the traditional adult services within the local statutory sector. Three further workshops are scheduled during the remainder of 2012.

12. Advocacy for Older People (AOP) and POhWER

There are now approximately 20 "Voice" groups across Bedford and Central Bedfordshire, which have been established by the POhWER Community Development Workers. The aims of these groups is to engage service users in issues which have a common theme; the groups represent people with learning disabilities, mental health issues, autism and those young people who are in transition. These forums can provide a platform for any common safeguarding issues to be discussed, with guidance from the Safeguarding teams.

All POhWER advocates have completed refresher safeguarding training during July.

Case Study

One of our advocates was involved with a long-standing case involving the need to protect two vulnerable adults in Central Bedfordshire from a family member. After 2 years of regular advocacy support and much joint working with other agencies, a High Court order has now been obtained by the Local Authority to protect the couple who were pleased that they could now get on with their lives. The advocate concerned was complemented by the Central Bedfordshire social work team for his commitment to supporting these individuals.

Throughout the year AOP has offered to provide bespoke Safeguarding training to 17 establishments dealing with the elderly. 8 training sessions have been delivered to a combination of private and public sector employees/managers/ proprietors and directors.

Sessions have included: - Safeguarding awareness/accurate record-keeping/prevention evidence/recognition of pressure ulcers.

AOP Volunteers and Staff team receive Safeguarding training throughout each year through induction courses, Training and Support Programmes and access to POHWER Training and Development.

AOP and POHWER are part of Bedfordshire Safeguarding strategic groups with close working links with local Safeguarding teams.

AOP and POHWER advocates and staff continue to provide regular support to service users and often their families at various hospital units and homes across the county. The afore-mentioned provides for many opportunities for service user engagement with a view to improve service provision. Advocates also carry out one-to-one interviews with service users and where possible and appropriate share the findings with partner agencies. AOP is participating in revised Bedfordshire and Central Bedfordshire joint Service User project.

Outcomes achieved for clients included:

- securing reimbursements for their clients where financial abuse has taken place;
- financial safeguarding measures were put in place by advocates for their clients to prevent further abuse
- sustained physical and verbal abuse of clients/service users by carers has been halted through immediate intervention jointly by AOP and Social Services.

12.1 Improvements Made In Adult Safeguarding During 2011/12

The AOP Safeguarding Action Plan includes a programme of presentations on advocacy and Safeguarding in specific residential homes, day centres, specialist mental health units aimed at reaching residents, relatives groups and staff teams. AOP is going to incorporate Safeguarding training available through POHWER as additional to in-house training programmes.

An AOP aim for this year is to expand the Safeguarding volunteer base and we are working with the Alzheimer's Society co-ordinating joint support for people with dementia, including recognising their potential additional vulnerability.

There will be review monitoring of outcomes and evaluation of cases; as part of joint AOP/POHWER partnership.

AOP submitted an expression of interest to the Silver Dreams Lottery programme, outlining proposals to improve service user engagement locally and harness existing work in that field. AOP were 1 of only 15 successful submissions in the first round nationally. Project focuses on service user involvement, raising awareness and prevention; includes opportunity for input into design and delivery of Safeguarding support; is a collaboration with partner agencies including national advocacy agencies, Bedfordshire Safeguarding teams and Bedfordshire Police. Unfortunately, despite positive feedback, the project was felt to be too far outside the remit of the funding programme and therefore could not be funded. Silver Dreams project remains priority area and AOP are to seek additional independent funding in 2012/13.

Additional funding was secured for AOP Safeguarding Lead post until 30/11/12. All AOP staff and advocates have received Safeguarding awareness, pressure ulcer and record-keeping training. The latter training is part of an on-going process delivered to each new volunteer and member of staff. Recognising that pressure ulcers are a key concern across the county, future internal training will also include presentations by a Tissue Viability Clinical Nurse Specialist.

12.2 Improvements Planned In Adult Safeguarding During 2012/13

The AOP Safeguarding action plan is to be reviewed and refreshed. The continuation of development programme as above.

Further funding is being sought in order to retain the AOP Safeguarding Lead post for the longer term and expansion of Volunteer Advocates team, to link to Volunteer development for AOP and POHWER advocacy services.

The continuation of on-going partnership work, including Bedfordshire Safeguarding structures and securing funding for the Silver Dreams project.

The involvement of people in development of safeguarding services with other avenues currently being explored, to determine suitable methods of delivering the Service User Engagement Project

The improved monitoring of outcomes and evaluation; increased service user feedback; assess use of Star Outcomes tool and AOP involvement in Service User Project.

A new bespoke "Keep Safe" training programme has been designed to be delivered to people for whom it has been identified that this would be beneficial. Referrals are made from the social work teams. Currently the referrals are for people with learning disabilities but it is hoped that this will be extended to other vulnerable people who have been subject to safeguarding. The first programmes will be delivered in Bedford to Bedford Borough Council clients, but it is expected that once the programme has been piloted it will be offered both in Central Bedfordshire and in Luton.

13. Bedfordshire Care Group and Bedfordshire Home Care Providers

Awareness raising is carried out via the Provider Forums and the Bedfordshire Care Group Meetings; however this has been increasingly difficult this year due to the number of cancelled provider forums.

Safeguarding Competencies continue to be required of providers. Dignity in Care training is offered and emphasis placed on Dignity in Care during Dignity Week. Updates given at Partnership Forums and Boards and concern with respect to the operation of the Mental Health Partnership Board have been raised.

Each Provider has their own ways of Quality Assurance and Local Authorities Quality Teams and CQC feed into this process.

Involvement of service users in the development of safeguarding services is achieved through feedback received at various Forums under the Learning Disability Partnership Board, Mental Health Partnership Board, through Dementia Groups organised by NHS Bedfordshire and the Local Authorities and it is hoped this next year will implement some of the changes needed to continue to improve services.

Providers continue to feedback where there are there are concerns relating to people's experience to the relevant Safeguarding leads with a view to learning from lessons.

13.1 Improvements Made In Adult Safeguarding During 2011/12

Outcomes of serious case reviews have been shared with Providers at Forums and meetings.

Emphasis on safeguarding continues via the use of Safeguarding competencies framework.

There has been joint working with other Boards, NHS and local hospitals to improve services and attendance at the Safeguarding Board Conference in February 2012.

Subgroups continue to discuss how to improve quality of safeguarding including providers giving feedback on relevant issues. Outcomes are discussed via feedback from providers at forums and care group meetings, and link in directly to the Safeguarding Leads.

13.2 Improvements Planned In Adult Safeguarding During 2012/13

Improvements will be achieved by looking at lessons learnt and to be learnt from recent safeguarding reviews which will be circulated and discussed with providers. Safeguarding as an agenda item is to be included at all Provider Forums. Commitment is needed to ensure that Forums take place.

The implementation of the Mental Capacity/DoLS competencies framework will be introduced alongside the existing safeguarding competencies framework.

Continued improvements will be achieved this year in the operation of The Mental Health Partnership Board and will continue to ensure good practice and more accountability to users and carers.

Quality assurance will be achieved through maintaining Safeguarding competencies and Quality Audits by Providers and Local Authorities. Providers will continue to feedback safeguarding items at Forums and Care Group Meetings and contact Safeguarding leads direct.

Feedback to continue to be sought from Service Users on the ground via Advocacy Groups, Service User Forums under the various Boards.

14 Central Bedfordshire Housing Service

The Bedfordshire and Luton Housing Partnership decided late in 2011 that the arrangements that had existed since 2003 were no longer required. This partnership had undertaken the Safeguarding audit process; established monitoring arrangements and developed an improvement plan. The arrangements for on-going monitoring do not now exist. Therefore, the approach to improving safeguarding practice will need to emerge on a locality basis, and in particular future representation on the Adult Safeguarding Board would need to be reviewed.

There should be consideration as to whether the Housing agenda should be embedded at the Operational Board level, currently a review paper, including specific proposals for future housing representation, is being written to present to the Operational Board. The arrangements in Bedford appear satisfactory. In Central Bedfordshire the focus is to embed safeguarding practice across housing organisations, including supported housing providers. A Vulnerable Persons Housing Group is being established, linked to wider representation from Supported Housing Providers. The focus is to share best practice and develop monitoring arrangements, linked to the existing Improvement Plan. It should be noted that lessons have been learnt from specific safeguarding cases with housing involvement. For example, a recent eviction case highlighted a gap in effective integrated working with social care, with regard to awareness of relevant issues and support being available for those affected.

14.1 Improvements Made in Adult Safeguarding during 2011/12

A process for monitoring safeguarding practice within housing organisations was put in place in the form of the Safeguarding Development Plan. The audit was completed. Partners engaged with the process to test whether safeguarding practice is embedded within the operational activity and processes of their organisations. Next steps are to build on that work, to share learning and to develop monitoring arrangements that are based on self assessment. The challenge is still to improve awareness and strengthen integrated working practices, to ensure a joint approach and support towards anyone who is vulnerable.

14.2 Improvements Planned in Adult Safeguarding during 2012/13

The importance of sharing best practice between housing partners is recognised, as well as connectivity with statutory services to ensure a joined up approach to assisting vulnerable people. A Vulnerable Persons Housing Group is due to hold its first meeting in Central Bedfordshire; its purpose being to review, share and develop best practice on tenancy sustainment, homelessness prevention and other issues affecting vulnerable tenants, such as self neglect and social exclusion.

Work is underway to develop a Supported Housing Strategy for Central Bedfordshire. Central Bedfordshire is engaged with providers to develop a common understanding of safeguarding practice. A key performance indicator relates to the percentage of vulnerable (socially excluded) people successfully moving from supported to settled accommodation, performance level is currently at 83%.

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Abuse is Everybody's Business Safeguarding is our Responsibility

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

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

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



BEDFORD
BOROUGH COUNCIL

Central
Bedfordshire

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



CareQuality
Commission

on 03000 616161
Fax 03000 616171
enquiries@cqc.org.uk

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



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

Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 22 October 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 changes in housing in Central Bedfordshire.

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.	17 December 2012	Local Lettings Policy to allocate affordable housing to Rural Exception Sites in Central Bedfordshire	The policy has been subject to a 12 week consultation, the Committee will receive the results of the consultation to decide future allocations to rural exception sites	For comment. Executive: TBC
2.	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
3.	17 December 2012	Evaluation of the Short Stay Pathway – Houghton Regis	To consider a 6-month review of performance in relation to Poplars and proposals for the future	For comment
4.	17 December 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.	17 December 2012	2013/14 Draft Budget	To consider the Social Care, Health and Housing draft budget for 2013/14	Executive: 05 February 2013

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: 02 October 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
6.	17 December 2012	Self Directed Support	To consider a report on performance and service outcomes in relation to self-directed support	For information
7.	17 December 2012	Prevention Strategy	To receive a report on the prevention strategy, to include Ageing Well and the Arlesey Village Agent.	For comment
8.	17 December 2012	Q2 Budget Monitoring Report	To receive Q2 reports for the Social Care Health and Housing Directorate in relation to (1) Capital Budget; (2) Revenue Budget; and (3) Housing Revenue Account	Executive: 04 December 2012 Reporting by exception
9.	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
10.	21 January 2013	Prevalence of Problem Drug Use	To consider activity undertaken by the Council in relation to the prevalence of problem drug users.	This presentation was requested by the OSC at their meeting on 18 June 2012 to be considered by the appropriate OSC. An invitation will be extended to all SCOSC Members to attend due to the cross-over of this issue.
11.	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

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: 02 October 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
12.	21 January 2013	Cardiology Services	To consider a report in relation to a redesign of cardiology services.	For comment
13.	21 January 2013	Ophthalmology Service	To consider a report relating to proposals for ophthalmology services	For comment
14.	21 January 2013	Adult/Child Eating Disorders	To consider a report relating to proposals for a redesign of the Eating Disorder pathway for adults and children	For comment
15.	21 January 2013	Mental Health	To receive a presentation relating to mental health and the implications of loneliness on a persons mental health	This presentation was requested by the OSC at their meeting on 18 June 2012 and it has been recommended that this be delivered with support from SEPT.
16.	21 January 2013	NHS 111 care number Update	To provide a progress report to Members prior to the launch of the NHS 111 service	For information
17.	04 March 2013	TBC		
18.	29 April 2013	Q3 Budget Monitoring Report	To receive Q3 reports for the Social Care Health and Housing Directorate in relation to (1) Capital Budget; (2) Revenue Budget; and (3) Housing Revenue Account	Executive: 19 March 2013 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: 02 October 2012

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
19.	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
20.	10 June 2013	Homelessness Strategy	To consider the Homelessness Strategy	For Members to inform proposals Executive: TBC
21.	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: 02 October 2012

Appendix **B**

Central Bedfordshire Council Forward Plan of Key Decisions 1 November 2012 to 31 October 2013

- 1) During the period from **1 November 2012 to 31 October 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) Whilst the majority of the Executive’s business at the meetings listed in this Forward Plan will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is a formal notice under the Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012 that part of the Executive meeting listed in this Forward Plan will be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

- 4) 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.
- 5) 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 November 2012 to 31 October 2013

Key Decisions

Date of Publication: 5 October 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.	Consultation on the Council's Admissions Arrangements for the academic year 2014/15 -	To approve the commencement of the consultation on the Council's Admissions Arrangements for the academic year 2014/15.	6 November 2012	<ul style="list-style-type: none"> a) Governing bodies of Local Authority schools. b) All other admission authorities within the relevant area. c) Parents of children between the ages of two and eighteen. d) Other persons in the relevant area who have an interest in the proposed admissions. e) Adjoining neighbouring authorities. f) The Church of England and Catholic Diocese. <p>Method of consultation: Website. In addition: Letter to a, b, e and f. Information distributed to academies/schools and nurseries and notice in the local press to consult with c and d.</p>	Report	<p>Executive Member for Children's Services Comments by 05/10/12 to Contact Officer: Pete Dudley, Assistant Director Children's Services (Learning & Strategic Commissioning) Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203</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)
2.	Approach to Fee Levels, Standards and Quality of Dementia Care and Planned Exit of the Bupa Contract -	To adopt the recommended: - quality system for care homes and quality accreditation for dementia care; - fee level structure and incentive payment scheme; and - contractual model of a framework agreement for care home provision.	6 November 2012	Presentation to Social Care, Health and Housing Overview and Scrutiny Committee on 10 September 2012.	Exempt Report	Executive Member for Social Care, Health and Housing Comments by 05/10/12 to Contact Officer: Elizabeth Saunders, Assistant Director Commissioning Email: elizabeth.saunders@centralbedfordshire.gov.uk Tel: 0300 300 6494
3.	Asset Disposal List -	To consider the Asset Disposal List.	6 November 2012		Exempt Report Asset Property Disposal List	Deputy Leader and Executive Member for Corporate Resources Comments by 05/10/12 to Contact Officer: Peter Burt, MRICS, Head of Property Assets Email: peter.burt@centralbedfordshire.gov.uk Tel: 0300 300 5281

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
4.	Retendering of Domiciliary Care Contracts using a Framework Agreement -	To adopt the recommended contractual model of a framework agreement.	6 November 2012	Existing providers at an open provider forum on 9 July and in subsequent individual meetings during August. Existing domiciliary customers by postal questionnaire during August. Operational and brokerage Teams during August and September via team meetings.	Exempt Report	Executive Member for Social Care, Health and Housing Comments by 05/10/12 to Contact Officer: Elizabeth Saunders, Assistant Director Commissioning Email: elizabeth.saunders@centralbedfordshire.gov.uk Tel: 0300 300 6494
5.	Freehold Disposal of the former Barton Training Centre (now known as Orchard School) -	To approve the freehold disposal of the former Barton Training Centre, Higham Road, Barton-le-Clay to Orchard Independent School, of the same address.	6 November 2012		Exempt Report	Deputy Leader and Executive Member for Corporate Resources Comments by 05/10/12 to Contact Officer: Peter Burt, MRICS, Head of Property Assets or Joseph Welch, Senior Asset Manager Email: peter.burt@centralbedfordshire.gov.uk Tel: 0300 300 5281 or joseph.welch@centralbedfordshire.gov.uk Tel: 0300 300 75976

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.	Food Waste Disposal North Contract Retender -	To seek the Executive's approval to retender the Food Waste Disposal North Contract.	6 November 2012		Report	Executive Member for Sustainable Communities - Services Comments by 05/10/12 to Contact Officer: Jane Moakes, Assistant Director Community Safety & Public Protection Email: jane.moakes@centralbedfordshire.gov.uk Tel: 0300 300 5441
7.	Land at Steppingley Road and Froghall Road, Flitwick Masterplan -	To endorse the masterplan for development at land at Steppingley Road and Froghall Road, Flitwick (Policy MA2, Site Allocations Development Plan Document, 2011) for development management purposes.	4 December 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 03/11/12 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

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.	Waste Management Contracts -	To seek approval to retender the Waste Management Contracts.	4 December 2012		Report	Executive Member for Sustainable Communities - Services Comments by 05/11/12 to Contact Officer: Jane Moakes, Assistant Director Community Safety & Public Protection Email: jane.moakes@centralbedfordshire.gov.uk Tel: 0300 300 5441
9.	Dog Warden and Kennelling Contract -	To seek approval to retender the Dog Warden and Kennelling Contract.	4 December 2012		Report	Executive Member for Sustainable Communities - Services Comments by 05/11/12 to Contact Officer: Jane Moakes, Assistant Director Community Safety & Public Protection Email: jane.moakes@centralbedfordshire.gov.uk Tel: 0300 300 5441
10.	Food Collection North Contract -	To seek approval to retender the Food Collection North Contract.	4 December 2012		Report	Executive Member for Sustainable Communities - Services Comments by 05/11/12 to Contact Officer: Jane Moakes, Assistant Director Community Safety & Public Protection Email: jane.moakes@centralbedfordshire.gov.uk Tel: 0300 300 5441

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.	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
12.	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)
13.	Future of the Adult Skills and Community Learning Service -	To agree the future delivery arrangements for the externally funded Adult Skills and Community Learning Service in Central Bedfordshire (please note that this service is currently a shared service with Bedford Borough Council)	4 December 2012	November/December 2011 and August/September 2012: Key strategic partners through series of external interviews. May/June 2012: Focus groups and interviews with service users and no users (individuals and business).	Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 03/11/12 to Contact Officer: Kate McFarlane, Head of Community Regeneration & Adult Skills Email: kate.mcfarlane@centralbedfordshire.gov.uk Tel: 0300 300 5858
14.	Determination of Statutory Proposals to Extend the Age Ranges of Houghton Regis Lower School and St Mary's VA RC Lower School, Caddington -	To consider to extend the age range from 3-9 years to 3-11 years of Houghton Regis Lower School and St Mary's Voluntary Aided Roman Catholic Lower School, Caddington.	17 December 2012		Report	Executive Member for Children's Services Comments by 16/11/12 to Contact Officer: Rob Parsons, Head of School Organisation and Capital Planning Email: rob.parsons@centralbedfordshire.gov.uk Tel: 0300 300 5572

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.	Central Bedfordshire CCTV Strategy -	To agree the CCTV Strategy for Central Bedfordshire.	8 January 2013	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 07/12/12 to Contact Officer: Jeanette Keyte, Head of Community Safety Email: jeanette.keyte@centralbedfordshire.gov.uk Tel: 0300 300 5257
16.	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.	8 January 2013		Report Exempt Appendices	Executive Member for Social Care, Health and Housing Comments by 07/12/12 to Contact Officer: John Holman, Head of Housing Asset Management or Ian Johnson, Housing Asset Manager Email: john.holman@centralbedfordshire.gov.uk Tel: 0300 300 5069 or ian.johnson@centralbedfordshire.gov.uk Tel: 0300 300 5202

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
17.	Award of Kitchen and Bathroom Refurbishment Contract 2013 to 2016 to Council Housing Properties -	To award the preferred contractor for this service.	8 January 2013		Report on tenders Exempt Appendices	Executive Member for Social Care, Health and Housing Comments by 07/12/12 to Contact Officers: Ian Johnson, Housing Asset Manager or Basil Quinn, Housing Asset Manager Performance Email: ian.johnson@centralbedfordshire.gov.uk Tel: 0300 300 5205 or basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5118
18.	Property Joint Ventures -	To consider property joint ventures.	8 January 2013		Joint Venture Examples	Deputy Leader and Executive Member for Corporate Resources Comments by 07/12/12 to Contact Officer: Peter Burt, MRICS, Head of Property Assets Email: peter.burt@centralbedfordshire.gov.uk Tel: 0300 300 5281

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
19.	Master Plan for Site Allocations Policy MA8 - Land at Chase Farm and Land West and North-East of High Street, Arlesey -	To adopt the Master Plan for Site Allocations Policy MA8 - land at Chase Farm and land west and north-east of High Street, Arlesey as technical guidance for development management purposes.	8 January 2013	<p>May – August 2012: A Stakeholder Group comprising ward Members, Town Councillors, residents, local interest groups and developers has been established whose purpose is to inform the emerging Master Plan. In accordance with the signed Planning Performance Agreement, consultation will take place:</p> <p>August 2012: The Master Plan will require sign off by Director/Portfolio Holder in order to commence consultation. Members will also be notified.</p> <p>22 August 2012: The Master Plan will be presented to Corporate Management Team.</p> <p>September/October 2012: A four week public consultation exercise will be carried out.</p> <p>December 2012: A presentation on the Master Plan (together with consultation responses) will be given to Overview and Scrutiny Committee with a recommendation that they endorse it.</p>	The Master Plan and Statement of Community Involvement	<p>Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 05/10/12 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)
20.	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>
21.	Abolition of the Discretionary Social Fund and Transfer of Funding to Central Bedfordshire Council for a New Provision -	To approve the development of alternative provision to replace what is currently delivered by the discretionary aspects of the Social Fund.	8 January 2013	A wide-ranging consultation process will be planned to take place from October to December 2012.	Report and consultation responses	<p>Executive Member for Social Care, Health and Housing</p> <p>Comments by 07/12/12 to Contact Officer:</p> <p>Tim Hoyle, Head of Business Systems</p> <p>Email: tim.hoyle@centralbedfordshire.gov.uk</p> <p>Tel: 0300 300 6065</p>
22.	Local Lettings Policy to Rural Exception Sites in Central Bedfordshire -	To adopt the Local Lettings Policy for Rural Exception Sites for Central Bedfordshire Council.	5 February 2013	<p>A wide ranging public and stakeholder consultation has taken place between February 2012 and May 2012. Method via questionnaires and consultation workshop in April 2012.</p> <p>Social Care, Health and Housing Overview and Scrutiny Committee to be consulted on 17 December 2012.</p>	Report	<p>Executive Member for Social Care, Health and Housing</p> <p>Comments by 04/01/13 to Contact Officer:</p> <p>Hamid Khan, Head of Housing Needs</p> <p>Email: hamid.khan@centralbedfordshire.gov.uk</p> <p>Tel: 0300 300 5369</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)
23.	Astral Park Football Project -	To approve expenditure for playing pitches, changing facilities and car parking at Astral Park, Leighton Buzzard. The project is led by Leighton Linslade Town Council, with project management advice and support provided by Leisure Services. The scheme is funded entirely by Section 106 funds of £1.1m.	5 February 2013	Consultation carried out with Leighton Linslade Town Council.	Report	Executive Member for Sustainable Communities - Services Comments by 04/01/13 to Contact Officer: Jill Dickinson, Head of Leisure Services Email: jill.dickinson@centralbedfordshire.gov.uk Tel: 0300 300 4258
24.	Implementation of the Refreshed School Organisation Plan: New School Places Programme 2013/14 - 2017/18 -	To consider the implementation of the refreshed School Organisation Plan: New School Places programme 2013/14 to 2017/18.	5 February 2013		Report	Executive Member for Children's Services Comments by 04/01/13 to Contact Officer: Pete Dudley, Assistant Director Children's Services (Learning & Strategic Commissioning) Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
25.	East Leighton Linslade Framework Plan -	To consider the east Leighton Linslade Framework Plan for the delivery of up to 2,500 dwellings and 16 hectares of employment land together with its supporting infrastructure.	5 February 2013	<p>September 2012 – Placemaking meeting to take place at which the Landowners are to offer a presentation on the Draft Framework Plan.</p> <p>October 2012 – Executive Member and Director of Sustainable Communities to sign off the Draft Framework Plan for the purposes of public consultation.</p> <p>October 2012 – A 7 week public consultation to begin that will include a 2 day public exhibition event. Consultation with residents, councillors and statutory consultees. Consultation will be conducted using letters, emails, the Council’s consultation services, including Central Bedfordshire Council updates and the Member’s bulletin.</p> <p>January 2013 – A presentation on the Framework Plan (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>	Framework Plan and the Framework Plan supplementary written document	<p>Executive Member for Sustainable Communities - Strategic Planning and Economic Development</p> <p>Comments by 26/11/12 to Contact Officer:</p> <p>Mark Saccoccio, Local Planning and Housing Team Leader</p> <p>Email: mark.saccoccio@centralbedfordshire.gov.uk</p> <p>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)
26.	Outdoor Access Improvement Plan -	To endorse the Outdoor Access Improvement Plan.	19 March 2013	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 18/02/13 to Contact Officer: Paul Cook, Head of Transport Strategy and Countryside Access Email: paul.cook@centralbedfordshire.gov.uk Tel: 0300 300 6999
27.	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
28.	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 Tel: 0300 300 5510

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)
29.	Council's Admissions Arrangements for the Academic Year 2014/15 -	To determine the Council's Admissions Arrangements for the Academic Year 2014/15.	19 March 2013		Report	Deputy Executive Members for Children's Services Comments by 18/02/13 to Contact Officer: Pete Dudley, Assistant Director Children's Services (Learning & Strategic Commissioning) Email: pete.dudley@centralbedfordshire.gov.uk Tel: 0300 300 4203
30.	Draft Gypsy and Traveller Plan -	To consider the draft Gypsy and Traveller Plan prior to submission.	7 May 2013	In line with Regulation 18 of the new Town and Country Planning Regulations 2012, consultation will have been undertaken in autumn 2012 on what a Gypsy and Traveller plan ought to contain. 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 06/04/13 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)
31.	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 06/04/13 to Contact Officer: Peter Joslin, Housing Asset Manager or Basil Quinn, Housing Asset Manager Performance Email: peter.joslin@centralbedfordshire.gov.uk Tel: 0300 300 5395 or basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5118
32.	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

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)
33.	Central Bedfordshire's Flood and Water Management Act 2010 Duties -	To approve a local flood risk strategy for Central Bedfordshire and to create a Sustainable Urban Drainage Advisory Board.	September 2013	<p>CBC is required under the Flood and Water Management Act 2010 to produce a Local Flood Risk Management Strategy. The draft strategy will be subject to public consultation. Sustainable Communities Overview and Scrutiny Committee will consider the draft strategy and the public consultation response to the strategy in August/September 2013.</p> <p>Following Department for Environment, Food and Rural Affairs confirmation of the mandatory sustainable drainage application processes, CBC will also be required to establish a SUDS Approval Board to evaluate, approve and adopt suitable SUDS measures for all new developments.</p>	Summary of Flood and Water Management Act Draft Local Flood Risk Management Strategy	<p>Executive Member for Sustainable Communities - Services Iain Finnigan, Senior Engineer - Policy and Flood Risk Management Email: iain.finnigan@centralbedfordshire.gov.uk Tel: 0300 300 4351</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)
NON KEY DECISIONS						
34.	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
35.	Business Case for the Use of Prudential Borrowing to Fund the Central Bedfordshire Energy and Recycling Project -	To recommend to Council that the Business Case for the inclusion of funds within the capital programme to assist the delivery of the BEaR Project be approved.	6 November 2012		A business case will be the basis of the report Exempt Appendices	Executive Member for Sustainable Communities - Services Comments by 05/10/12 to Contact Officer: Ben Finlayson, BEaR Project Manager Email: ben.finlayson@centralbedfordshire.gov.uk Tel: 0300 300 6277

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)
36.	Capital Programme Review -	To consider the updated/recently reviewed capital programme and make recommendations to Council regarding any proposed changes to the programme including the revenue implications (financing and MRP) of the proposed programme.	6 November 2012		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 05/10/12 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
37.	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)
38.	Draft Revenue Budget 2013/14 -	To consider the first draft of the revenue budget for 2013/14.	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
39.	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
40.	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)
41.	Localisation of Council Tax Support Scheme -	To recommend to Council the approval of the Localisation of the Council Tax Support Scheme.	8 January 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 07/12/12 to Contact Officer: Charles Warboys, Chief Finance Officer & Section 151 Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
42.	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 Tel: 0300 300 6147 or tony.keaveney@centralbedfordshire.gov.uk Tel: 0300 300 5210

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
43.	Budget 2013/14 -	To recommend to Council the proposed budget for 2013/14: <ul style="list-style-type: none"> • Revenue budget • Capital budget • Fees and Charges 	5 February 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 04/01/13 to Contact Officer: Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
44.	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

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)
45.	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

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 thirtieth day of each month or, where the thirtieth day is not a working day, the working day immediately proceeding the thirtieth day, or in February 2013 when the plan will be published on the twenty-eighth 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
05.10.12	1 November 2012 – 31 October 2013
30.10.12	1 December 2012 – 30 November 2013
30.11.12	1 January 2013 – 31 December 2013
28.12.12	1 February 2013 – 31 January 2014
30.01.13	1 March 2013 – 28 February 2014
28.02.13	1 April 2013 – 31 March 2014