Central Bedfordshire Council
Priory House
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please ask for Paula Everitt
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date 18 July 2013

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time
Monday, 29 July 2013 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), R D Berry, Mrs G Clarke, 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, Ms A M W Graham, K Janes and Miss A Sparrow]

All other Members of the Council - on request

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

AGENDA

1. **Apologies for Absence**

   Apologies for absence and notification of substitute members

2. **Minutes**

   To approve as a correct record the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 10 June 2013 and to note actions taken since that meeting.

3. **Members' Interests**

   To receive from Members any declarations of interest and of any political whip in relation to any agenda item.

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

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

5. **Petitions**

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

6. **Questions, Statements or Deputations**

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

7. **Call-In**

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

8. **Requested Items**

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

Reports

To receive the Housing Revenue Account outturn report 2012/13.

19 **Work Programme 2013-2014 & Executive Forward Plan** * 125 - 158

To consider the currently drafted Social Care Health and Housing Overview and Scrutiny work programme for 2013/14 and the Executive Forward Plan.

Meeting:	**Social Care Health and Housing Overview & Scrutiny Committee**
Date:	**29 July 2013**
Subject:	**East of England Ambulance Trust Turnaround Plan**
Report of:	**East of England Ambulance Trust**
Summary:	To consider the turnaround plan for the East of England Ambulance Trust

Advising Officer:	Andrew Morgan, Chief Executive
Contact Officer:	Sheila Shaw, Stakeholder Officer
Public/Exempt:	Public
Wards Affected:	All

CORPORATE IMPLICATIONS

Corporate Implications as detailed in the attached appendix A

RECOMMENDATION:

The Committee is asked to consider and comment on the East of England Ambulance Services Turnaround Plan.

Appendices:
Appendix A – (Turnaround Plan for the East of England Ambulance Service NHS Trust)

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East of England Ambulance Service NHS Trust

Delivering better services for our patients

The turnaround plan for the East of England Ambulance Service NHS Trust

April 2013

East of England Ambulance Service NHS Trust

Contents

East of England Ambulance Service NHS Trust

1. Introduction

We are not delivering our 999 service, which is our core business, well enough. We are letting both patients and staff down. This is not acceptable and we need to completely transform the organisation to better support our patients and staff. We need to provide more front line resources, particularly double staffed ambulances; improve our clinical outcomes; and improve staff morale, engagement and empowerment. This will require a turnaround approach based on clarity, pace, rigour and delivery. The changes we require will not all happen overnight but all parts of the organisation will need to work together from the outset. All parts of the organisation need to see their role as supporting the delivery of high quality front line services to patients. This plan sets out the scale of the issues the Trust faces and the actions that will need to be taken to turn things around. Any other plans in the Trust will support and underpin this turnaround plan. This plan has been drawn up following extensive engagement with staff and stakeholders. It will be kept under constant review and will be updated as new issues or further changes come to light. The views of staff and stakeholders will continue to be sought as the plan is implemented.

2. The challenges we face

We face a number of challenges and they cover a mix of both internal and external issues. These challenges can be grouped under four key headings:

Leadership; Our people; Clinical operational delivery; Systems and processes.

In summary, the challenges are as follows:-

Leadership

- The lack of clear and visible leadership from the Board.
- The Executive Team and the wider Senior Leadership team lack a shared sense of purpose, identity and togetherness.
- A sense of 'learned helplessness' from some managers across the organisation, partly due to our not having valued leadership or management enough across the organisation.
- The absence of a clear and compelling clinical strategy or narrative from the Board which is understood and owned throughout the organisation. This covers issues such as vision, purpose, objectives, values, clinical strategy.
- There needs to be a stronger clinical focus to Board meetings.
- The need to move on from analysing and defining problems to taking swift action to put things right.
- Finances will be tighter than ever in future years. This will require us to do more with less. This also requires us to be very focused on what we do and how we do it. Carrying on as we are is not an option.
- An insufficient focus on the health of the organisation, in pursuit of performance response targets. Performance and health need to be pursued in tandem. This means an increased focus on issues such as leadership, direction, culture, learning, motivation, capability, accountability, co-ordination, external focus.
- The pursuit of Foundation Trust (FT) status, in line with Department of Health (DH) timelines and expectations has resulted in a lack of focus on the core business. This needs to be avoided as we continue with our FT application. FT status needs to be seen as a by-product of being clinically excellent, financially sound, well governed; and not as an end in its own right.

- The HQ is located on a business park away from the actual delivery of the core service. This has led to remoteness and makes it more difficult to immediately gauge service pressures and for interaction to take place with staff.
- There have been too many disconnected plans produced in response to performance problems or at the request of external agencies. There has been no sense of the organisation aligning itself to deliver against a single, owned, credible plan.
- The organisation has not aligned or structured itself such that all parts know the part they play in ensuring successful delivery of our front line services. There has been too much silo working and a lack of joined up thinking and action.
- The leadership team has sometimes failed to deliver on the plans or promises that it made. This has led to a lack of confidence or belief from some stakeholders.
- The pace of delivery and implementation of change and improvements is far too slow. There needs to be a greater sense of urgency and less complacency.
- We have become quite an insular organisation, not well engaged in local health and social care systems with underdeveloped links with local politicians and the media; and not learning sufficiently from good practice elsewhere.
- The degree of governance and grip around both performance and health has been insufficient.
- The public and their representatives have lost confidence in the leadership of the trust due to the many well publicised problems.

Our people

- There is a very poor level of staff morale. This has arisen for a variety of reasons including changes to working patterns and terms and conditions of service; a lack of involvement and empowerment; poor personal development opportunities; and an overbearing management culture in some parts of the organisation.
- The sickness level is far higher than in other ambulance trusts. This sickness has not been well managed and the absence of so many staff makes the delivery of the core service more difficult.
- There has been insufficient focus on career progression opportunities for staff; personal and professional development opportunities; and performance appraisals.
- The workforce strategy and workforce plans have not been sufficiently robust and there has been a lack of clarity around the staff numbers and the skill mix that is required.
- We have not treated our student ambulance paramedics well in terms of completing their training. They all need clear training completion dates.
- There are too many managers and not enough management. The structure of accountability and responsibility is not clear enough.

Clinical operational delivery

- There are not enough front line resources available to deliver the required levels of service in both urban and rural areas. This includes not enough staff or double staffed ambulances (DSAs). This has meant that some ambulance quality indicators have not been met, including Red 1 and Red 2 and A19 response times and the Stroke 60 indicator.
- There has been an over reliance on rapid response vehicles (RRVs) in some areas, particularly rural areas, at the expense of DSAs. The resource deployment model needs to be reviewed and updated.
- There is a need to improve response times in rural areas and to accept that a different deployment model may be appropriate between urban and rural areas.
- The focus needs to be a balance between regional level performance and reporting and local level performance and reporting. The introduction of clinical commissioning groups (CCGs) points to the need for a greater degree of localism.

East of England Ambulance Service NHS Trust

- Delays in handing over patients at hospital compromises the ability of our staff to get back on the road to respond to further patients. These delays are bad for patients and they are bad for staff morale.
- There needs to be a clear focus on clinical outcomes and the quality of clinical care given; as well as compassion, customer care; and response times. All these factors are important in terms of our responses to patients.
- Our Red calls make up only about one-third of our workload. We need to monitor and report far more about our performance in relation to the other two-thirds, namely our Green calls and our GP Urgents. We also need to performance manage our DSA back-up delays better.
- Sometimes there are strained working relations between our health and emergency operations centres (HEOCs) and our road crews. Efforts need to be made to improve these working relationships.
- Greater clarity is needed on the links between increasing resources or inputs, and the benefits that are derived in terms of outputs, outcomes or improved performance.
- We currently have three HEOCs. The benefits of retaining three HEOCs needs to be reviewed in the context of maintaining resilience; empowering our Sectors; consistency; efficiency.
- We have become reliant on the use of private ambulance services/voluntary ambulance services (PAS/VAS) in order to maximise our front line resilience. This can be less effective than having our own resources. These resources are also not always directed in the right way or to the right call responses. Increasing our own front line resources and tackling our sickness levels will help to reduce this reliance.
- There is variation across our patch in terms of working practices, efficiency, deployment, productivity. The reasons for this variation is not understood well enough and as such, actions to address this variation where it is unacceptable or unexplainable has not always been taken.
- Our front line managers spend too much of their time responding to 999 calls rather than managing and motivating their teams and their services. Whilst it is appropriate for clinical staff to maintain their clinical expertise, they must also be enabled to carry out their management functions.
- The condition of our fleet and our estate is variable. Sometimes this gets in the way of delivering a good service. We need to ensure that our fleet and our estate is fit for purpose. This will also help with staff morale and will help to indicate that we value our staff.
- Demand on our services is rising every year. We need to respond appropriately to those patients who contact us. This requires us to have appropriate responses in terms of 'hear and treat', 'see and treat' and 'see, treat and convey'. This in turn requires work relating to public education; our triage systems; staff confidence; the level of resources we have available; how we use our resources effectively and efficiently; access to alternative pathways. At the moment, too many of our staff report instances of responding to patients under emergency conditions, where the patient could have been directed to other NHS services rather than relying on the 999 emergency service.
- We have over the years expanded our operations to include Out of Hours Services (OOHs) and 111 in some parts of the region. Patient Transport Services (PTS) are regularly subject to competitive tendering and again we provide these services in some parts of the region. We need to ensure that any additional services we provide continue to be high quality and do not detract from our delivery of our core 999 service. These other services should play to our strengths and should offer benefits to the delivery of our core service.
- There is scope for us to direct a greater proportion of our resources to front line services.

Systems and processes

- Many of our internal systems, processes and policies are overly bureaucratic and slow. Adhering to them can become an end in its own right rather than being a means to an end i.e. delivering excellent care to patients. These systems, processes and policies need to be greatly simplified and they need to be applied in an even handed and consistent way across the Trust.

- Our electronic Patient Care Record (ePCR) system is perceived by many to be cumbersome and time consuming. It is seen as a barrier to good care rather than as an aid to it. Further work is needed to make ePCR more user friendly for staff and as a clear contributor to good clinical care.
- We are not always clear and consistent with our data and information. There is not sufficient clarity about what the 'vital signs' are for the organisation. These 'vital signs' are the indicators that should be monitored and reported on in as close to real time as possible and they should be easily accessible. They indicate how the organisation is performing and should act as a prompt for intervention when necessary.
- We have traditionally had high Reference Costs. Whilst this is but one indicator of our performance and level of efficiency, it is frequently used to suggest that we do not offer value for money.

In spite of these numerous challenges, there are reasons for optimism in the Trust:-

- We provide good clinical care to patients.
- We have committed, professional staff at all levels and in all disciplines.
- The public hold our clinicians and other staff in high regard.
- We are financially sound.
- We have accepted that the organisation has got problems and is not in a good place. We are not in denial. We want to do better and accept our responsibility and accountability to do better.

We have shown in the past that we can rise to significant challenges. We recovered from a weak rating from the Healthcare Commission some years ago and made a number of significant changes as a result.

As such, the current situation is sortable. It requires strong leadership and the active involvement, support and hard work of everyone in the Trust. It requires a focus on both service performance and organisational health. Delivery of this Turnaround Plan will help to make our service one that we can all be proud of again.

3. Statement of Change: Our aspiration

As well as taking practical action to tackle all the challenges that we face, we also need to capture what it is we are aiming for and why. We need to set this out in as simple and short a statement as possible. We want this statement to explain what type of organisation we want to be, what we want for patients and staff and how we will know if we have been successful. All of the actions that we subsequently take should be consistent with our statement of change. We should regularly review, with our patients, staff and others, whether we are acting in a way that is consistent with our statement.

Our Statement of Change is as follows:-

We know that we are not where we want to be, especially in terms of how quickly we respond to patients and how we treat our staff. We know that when we get there our staff provide good clinical care with compassion to patients. We want to build on this. We want to become a thriving organisation, which delivers excellent and sustainable clinical services that deliver what our patients want by using our resources well and investing in the knowledge and skills of our staff.

In our transformed organisation, high quality patient care and safety will be at the core of everything we do. We will do the right thing for our patients. We will have a clear and simple delivery model that works. We will work with our new CCG commissioners (the people who fund us) to review the resources we need to deliver our service and we will use these well. We will have transformational leaders and confident managers who will spend most of their time managing and engaging staff. Every member of staff will have a named manager.

We will invest in developing our staff and everyone will have regular 1:1s and a meaningful annual appraisal. Our staff and our patients will be engaged in continuously improving the quality and efficiency of our services. Our staff will describe themselves as a team of dedicated professionals committed to caring for people and saving lives day and night. We will support them to be the best that they can be. We will have slick processes which help our clinicians to achieve the best possible patient outcomes. People will be proud to work for us and will recommend us to their friends and family as a great place to work. Patients will call us knowing that they will get the best possible clinical advice and service.

We will influence national policy on patient care and quality. We will develop innovative care packages that benefit patients and support our colleagues in other health care organisations. We will help the money spent in the NHS go further for patients by delivering overall savings to the health economy in partnership with our commissioners. We will be the leading thinkers and practitioners of pre-hospital care. We will respond quickly to life threatening calls and ensure an appropriate response to individual patient's needs. Our stakeholders will hold us up as an example of successful transformation. The public will have confidence in our service and our friends and family scores will be high. Other Trusts will visit us to learn from our success.

Anyone visiting us will be struck by the energy and passion of our staff and the positive stories they tell. They will hear staff talking about the care we provide to patients with pride, promoting the organisation and boasting about our achievements. They will explain how their ideas were adopted and what a difference this made for patients. People will be eager to learn from each other and will be happy to share their mistakes to ensure that no one else makes the same mistake. Staff will engage in constructive challenge about how we can improve our processes and our service to patients. There will be shared ownership of problems and individuals will take responsibility for delivering solutions. It will feel like a fun place to work and patients and their families will be full of praise for our staff and the service they received. We will set standards of behaviour, care and response times for all our patients no matter what their circumstances or location. We will work together to agree the standards of care we will uphold. We will work tirelessly to ensure these standards are consistently upheld. We will deliver a localised service tailored to the local population and circumstances.

4. Overview of the turnaround plan

As explained in the introduction, this turnaround plan will act as the overarching and prime plan for the Trust.

Other plans such as the Annual Plan and the OD strategy, will all underpin and support this turnaround plan. They will all point in the same direction and be consistent with one another.

The key components of the turnaround plan are summarised below, using the same four headings of Leadership; Our people; Clinical operational delivery; Systems and processes; as used in Section 2 above. The actions are described together with the anticipated completion time – immediate (within one month), short term (within six months), medium term (within 12-18 months). Some items are on-going in nature.

Leadership

L1	Following the resignation of our Chair, a new Chair will be appointed as soon as possible by the NHS Trust Development Authority to lead the Board. There will be other Executive and Non-Executive Director changes at Board level due to terms of office coming to an end and staff leaving the Trust for new opportunities elsewhere. **(Short-term)**
L2	The CEO will review the structure and membership of the Executive Leadership Team (ELT). **(Immediate)**
L3	The Board will appoint one of the Non-Executive Directors to be the Senior Independent Director. The prime responsibility of the Senior Independent Director will be to act as the point of contact for members of the public, stakeholders and other Non-Executive Directors about concerns, where contact through the normal channels has failed to resolve the issue or where such contact is inappropriate. **(Immediate)**
L4	The Board will redefine the vision, strategic objectives and values of the Trust, in collaboration with staff. This will entail pulling together a simple but compelling narrative that is owned and understood by staff. **(Immediate)**
L5	The Board and the Executive Leadership Team will spend more of their time being visible across the Trust, visiting sites, talking to staff and patients, and communicating the transformation and turnaround vision. **(On-going)**
L6	The Chair, CEO and other senior staff will devote more of their time to engaging with staff, patients, Healthwatch, MPs, councillors, overview and scrutiny committees and media. This will allow us to explain our plans and actions, seek feedback and help and also allow public accountability to be exercised. **(On-going)**
L7	The Board will invest in its own development to ensure that it is leading the organisation properly. **(On-going)**
L8	We will ensure that Board agendas have a much stronger clinical and patient care focus and that there is a greater opportunity for stakeholder participation in Board meetings. **(On-going)**
L9	The ELT and other senior staff will play a more active part in working with local health and social care systems on operational plans, strategy development and implementation. This includes developing more effective clinically based working relationships with CCGs. **(On-going)**
L10	As team members change on the ELT, organisational development work will be undertaken to ensure that the ELT works cohesively and provides leadership and vision. **(On-going)**
L11	The CEO will be explicit in holding Executive Directors to account for delivery of their respective actions in this plan. The Chair will hold the CEO to account for delivery of the actions attributed to the CEO and for leading the delivery of the overall plan. **(On-going)**

L12 A Transformation Leadership Team (TLT) will be established, bringing together the ELT and the most senior managers in the organisation. This TLT will focus on delivering this Turnaround Plan. The TLT will also receive organisational development support to ensure that it leads the change successfully. **(Immediate)**

L13 Historically we have not valued management or leadership enough. We will train our managers so that they can confidently manage and engage with our staff better. We are running a series of monthly management workshops. We will commission a management development programme which will ensure that we only appoint managers with the right skills to lead and manage staff and who can demonstrate that they will act in accordance with Trust values. **(Short-term)**

L14 We will implement our recently approved organisational development strategy which addresses issues relating to vision and values, culture, leadership and management development, continuous learning and clinical development, valuing and engaging staff, building capacity and capability. **(On-going)**

L15 The review of our values is being done in consultation with our staff. It is clear that some of our behaviours in the past have been unacceptable and unprofessional. Some staff have talked of being bullied. This approach or behaviour has no place in this Trust. We will work with staff to specify the behaviours that we should expect of each other and we will review our policies and procedures to ensure that they reflect these behaviours. Unacceptable behaviours will be challenged and no member of staff, however senior, will be allowed to get away with poor behaviour. **(Immediate)**

L16 The Board will review its governance processes to ensure that it has sufficient grip of both service performance and organisational health matters. **(Immediate)**

L17 We will explore the potential for staff side attendance at Board meetings. The ELT have already agreed to hold regular discussions with staff side representative and these have begun. **(Short term)**

L18 We will reduce the over-reliance on interim or acting posts, by substantively appointing to posts on either a permanent or fixed term basis or by deleting posts from the structure. Any interim or acting posts will have a clear rationale. **(Short-term)**

L19 We will seek to relocate the Trust's HQ closer to our front line services and away from a standalone business park setting. If this is not possible or cost effective, we will ensure that the HQ building is utilised for more events and purposes, such as training, induction, and staff meetings. **(Short-term)**

L20 We will focus our energies and efforts on getting our core 999 service right. We will only consider bidding for any new business if securing it would support the delivery of our core service. We will review our continued involvement in the current non-core services that we currently provide. **(On-going)**

L21 We will monitor and report against all of our Ambulance Quality Indicators on a regular basis and at both regional and CCG level wherever possible. We will ensure that our focus is on both clinical and response time issues. We will report our performance against not just Red 1 and Red 2 and A19 standards, but also Green calls, GP urgents and back-up delays. **(Immediate)**

L22 We will adopt a more strategic approach to our plans and our thinking, by planning for longer time horizons. We will work through in more detail the consequences for the longer term of decisions we take in the short term. We will set out our plans clearly and concisely and will hold each other to account for delivery. Our Programme Management Office function will ensure that progress is tracked and reported on regularly. **(On-going)**

L23 We will benchmark ourselves against other ambulance services in the UK and abroad and will develop a balanced scorecard approach for managers, showing their key performance indicators. We will import good practice from other organisations in the private and public sectors as part of becoming a learning organisation. **(Short-term)**

L24 We will reduce our overhead costs further, and thus enable us to invest more in our front line core services. **(Short-term)**

L25 We will re-submit our FT application to Monitor when we are confident that we are clinically excellent, financially sound, and well governed. We will negotiate a submission date with the NHS Trust Development Authority and Monitor. In the short term our focus will be on improving our core services, not pursuing our FT application. **(Medium Term)**

L26 We will hold monthly discussions with our Shadow Governors involving the Chair and CEO. These discussions will enable our Shadow Governors to play a more active role in the work of the Trust including acting as critical friends. **(Immediate)**

Our people

P1 We will fill our existing Emergency Operations vacancies along with proactively recruiting to the anticipated staff turnover vacancies likely in 2013/14. In addition we will recruit to new posts made possible by the additional investment of £5m in Emergency Operations in 2013/14. Taken together, this means that we will be seeking to fill the following posts:-

- 82 Band 6 specialist paramedics
- 149 Band 5 paramedics
- 24 Band 4 technicians
- 96 Band 3 emergency care assistants

This is a total of 351 posts that we will be seeking to fill in 2013/14. The Clinical Capacity Review mentioned elsewhere in this plan, will identify what additional resources are required on top of this recruitment. **(Short-term)**

P2 We will re-launch the Band 4 role in Emergency Operations and keep this role as a career pathway within the Trust. We will recruit to roles at Band 4 in Emergency Operations and will not phase out these roles from our structure. We will set out the scope of practice for these Band 4 roles. **(Immediate)**

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P3 We will write to each student ambulance paramedic during April to confirm when their Module 7 training is scheduled for, so that they can complete their paramedic training. We will deliver this training as planned. **(Immediate)**

P4 We will commission 90 university places a year from January 2014 for paramedics for our service. **(Medium-term)**

P5 We will invest in Professional Update (PU) training to ensure that staff in Emergency Operations have 24 hours of PU in 2013/14 plus an operational ride out shift. This is an increase of 12 hours over the 2012/13 level of PU training. **(On-going)**

P6 We will ensure that PU training does not just focus on mandatory training or the refresh of existing skills. It will also focus on the new skills that staff will need in the ambulance service of the future bearing in mind the increasing acuity of patients. **(On-going)**

P7 We will ensure that within our Emergency Operations team that all staff have an annual Personal Development Review and that they get time for discussion with and access to their manager. **(Immediate)**

P8 We will ensure that staff at all levels and all disciplines have access to personal development opportunities, including access to additional training. All staff will have an annual Personal Development Review. **(Immediate)**

P9 We will introduce clear career progression routes for our brightest and best emergency care assistants, technicians, paramedics and emergency care practitioners. **(Short-term)**

P10 We will review and amend our workforce strategy and plans so that they fit better with the service delivery requirements of the Trust. We will be clearer on the numbers and type of staff required, training and education opportunities, career progression. This will include clarity on the percentage of the workforce who should be registered paramedics. **(Short-term)**

P11 We will tackle staff morale in partnership with staff and their representatives. This includes tackling those issues that impact badly on our staff such as late shift finishes, disrupted meal breaks, ensuring that refreshments are available at hospitals, ambulance back up delays, hospital handover delays. These actions will be in addition to the bigger picture of ensuring that we have more front line resources, especially DSAs out on the road. Our staff survey results and pulse survey results will show whether we have been successful in improving staff morale and well being. **(Short-term)**

P12 We have been very clear about the need to push ahead with staff empowerment, engagement and involvement. The sector approach mentioned elsewhere in this Turnaround Plan is an example of this and demonstrates our intention to devolve responsibility, authority and accountability. We have also signed up to 'Listening into Action' which is a nationally tried and tested approach to fundamentally changing the way in which staff are involved in the day to day work, of the organisation. Through 'Listening into Action' we will engage staff in leading the improvement of services and in leading change across the Trust. It will tap into the ideas and innovation of those people who know our services best – our staff. It is a fundamental change to the way that we do things. **(Immediate)**

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P13 We will reduce sickness levels in Emergency Operations from the current unacceptable level of circa 10 – 11%. We will reduce this by 1% point per month for each of the 6 months from June 2013. This is with a view to reducing it to a maximum of 5.5% by the end of 2013/14. This will involve improved sickness management information, a shorter and simpler sickness policy and managers taking a more proactive approach to sickness management. Incentives for attendance will also be explored. In the short term, a sickness task group is supporting managers to embed a new approach. **(Short-term)**

P14 We will review how best to quickly bring staff back from sickness into their contracted role, rather than have them aligned to other duties for long periods. **(Short-term)**

P15 We will re-tender our Occupational Health Service and through this service, ensure that staff have good access to counselling and other psychological support. **(Short-term)**

P16 We will ensure that our induction programme for new staff involves early contact with Board members. We will also ensure that all new staff are provided with the necessary equipment and clothing to carry out their role on or before their first day. **(Short-term)**

P17 We will improve the process for handling staff grievances. **(Short-term)**

P18 We will celebrate our successes better; by publicising the good work that our staff do and by applying for awards linked to improving outcomes for patients. **(On-going)**

Clinical operational delivery

O1 We will, through recruiting to our vacancies, reducing staff sickness and reducing our spend on private ambulances, be able to consistently staff the equivalent of 15 24/7 DSAs. The recruitment to our additional posts will enable us to consistently staff the equivalent of 10 24/7 DSAs.

Taken together, this will give us the equivalent of an additional 25 24/7 DSAs provided directly by the Trust. These would be on top of the circa 170 DSAs we currently deploy at peak times of the day.

We will seek to place these additional DSAs in those areas that currently experience the longest ambulance back-up delays. We will agree the locations in consultation with our staff and our CCG colleagues. **(Short-term)**

O2 We will put in place a deployment model in each sector that is fit for now and the future. **(Immediate)**

O3 We will reduce our support functions by £2m (10%) in 2013/14 and move this funding into our Emergency Operations team to support front line services. This will enable us to devote a total of an extra £5m to Emergency Operations in 2013/14. **(Immediate)**

O4 We will review the scope for further reductions in our support functions provided that this is consistent with ensuring the provision of high quality support functions to the front line. **(Short-term)**

O5 We have commissioned a clinical capacity review to quantify the resources needed to deliver our service. This review will determine how much of any gap in resources can be filled by internal efficiencies and changing working practices and how much will need to be discussed with external stakeholders and commissioners. This will report in late May 2013. **(Short-term)**

O6 Alongside the recruitment of additional staff mentioned elsewhere in this turnaround plan and the subsequent availability of more DSAs, we will seek to reduce our reliance on private and voluntary ambulance services. We will set ourselves monthly targets relating to reduced spending on such services. We envisage reducing these costs by at least £0.5m per month. The current level of spending is neither desirable nor appropriate. Where we use these services we will predominantly direct them to GP Urgents and lower priority Green calls. **(Short-term)**

O7 We will seek to build internal capacity within our PTS to support emergency operations especially during the winter months. **(Short-term)**

O8 We will work with CCGs, hospitals and social care and community care colleagues to reduce hospital handover delays. This will include the joint posts; better escalation procedures; better use of capacity management systems and working with colleagues to ensure better flow through hospitals. **(Short-term)**

O9 We will improve ambulance back up delays through a combination of extra DSA resources on the road and by reducing handover delays at hospital. **(Short-term)**

O10 Linked to the work on reducing handover delays at hospital, we will work with our staff to put in place the necessary support systems to enable them to be ready to take new calls within 15 minutes of handing over their patient at the hospital. This is in line with the penalty terms contained in the 2013/14 contract with our commissioners. **(Immediate)**

O11 We will seek to expand our community first responder (CFR) schemes and review what additional support is required to enable such schemes to thrive. **(Short-term)**

O12 We will use the additional staff and DSAs that we are able to provide, to reduce response times as set out in our 2013/14 contract with commissioners. This will entail directing a significant proportion of any additional resources to rural areas, where our current performance is poorest. This approach entails a move away from predominantly monitoring and reporting performance on a regional level, to an approach that also entails monitoring and reporting at CCG level. **(Short-Term)**

O13 As well as reducing out of service time, we also need to better understand the variation in our cycle times. We will all have a part to play in this both in terms of challenging existing behaviour and practices, but also in terms of coming up with new ideas for how we can become more effective and efficient. This involves, for example, thinking about the next patient as well as the current patient. **(Short-term)**

O14 We will manage abstractions better through the more effective management of sickness and annual leave requests and by reviewing our relief rate. **(Short-term)**

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O15 We will work proactively with local health and social care systems to develop admission avoidance and demand management processes, that still ensure that patients receive a response appropriate to their needs. As part of this we will put in place the necessary processes to support our staff in making decisions to not convey patients to hospital, when in their clinical opinion it is safe to do so. **(Short-term)**.

O16 We are moving to a three-sector (West covering Bedfordshire, Hertfordshire, Cambridgeshire; North covering Norfolk and Suffolk; South covering Essex) operational model for Emergency Operations with devolved responsibility, accountability, staffing and budgets, in order to deliver a tailored service at local level and to create a sense of 'place'. We will continue to make appointments to this structure and will review what other support services and functions need to be aligned to this sector way of working. The ELT will agree with sectors the standards of care and governance that will be delivered, including which aspects are suitable for local discretion and which must adopt a region wide approach. Quarterly reviews will be held with each sector to discuss service performance and organisational health issues. These reviews will allow us to work together to identify what additional help and support can be provided to further enhance local services. We are working through the appointments to the management roles in the sectors in order to ensure that we have the right numbers of people in the right roles with the right skills and attitude. **(Short-term)**

O17 We will structure the sectors such that local managers are able to spend their time managing rather than responding to 999 calls. This will enable managers to play a greater part in engaging with local staff welfare issues; taking part in ride outs with staff to monitor clinical standards and provide development support; motivating their teams; resolving local service problems; engaging with local stakeholders; planning service developments; managing rotas, budgets, fleet and estates issues. This will not stop managers who are clinicians from doing occasional shifts to maintain their skills. **(Short-term)**

O18 We will complete the Band 6 and 7 management appointments in the Emergency Operations Directorate. We envisage having fewer Band 7 posts in order to maximise the resources that can be devoted to responding to 999 calls. **(Short-term)**

O19 We will work with staff to minimise out of service time so that they can spend more time in each shift working directly with patients. This includes addressing issues such as vehicle re-stocking and cleaning through a 'pit-stop' approach at hospitals and simplifying ePCR. **(Short-term)**

O20 We know that the rota redesign process upset staff. It aimed to ensure that within the resources at our disposal that we had staff in the right place at the right time. We have acknowledged in this turnaround plan that we do not have enough front line resources, especially DSAs and we are employing extra staff and carrying out a clinical capacity review to address this shortfall. In the meantime, we have asked local teams to review their rotas in case there are immediate improvements that can be made within the resources currently available. Rotas will be kept under constant review. **(Short-term)**

O21 We will update our fleet plan to ensure that we have a modern fleet that is fit for purpose, with clear replacement and renewal schedules. This will also involve seeking to improve the time that is lost due to vehicles being out of service by reviewing our arrangements for securing quick and effective repairs and servicing. Staff will be involved more in influencing these fleet decisions. **(Short-term)**

O22 We will update our estates plan to ensure that we have buildings that are fit for purpose. It is not acceptable that we ask staff to work from dilapidated buildings. We will confirm our plans relating to depots and standby points. We will ensure that we are not wasting money through occupying too many buildings. **(Short-term)**

O23 We will increase access to a simple Directory of Services for our staff so that they know what alternative care pathways are available for patients. This will help to reduce unnecessary conveyance to hospital and will ensure more appropriate responses for patients. We will to increase the ability of our staff, through direct referral or via the Single Point of Contact (SPOC), to refer patients to alternative pathways. **(Short-term)**

O24 Through combining responsibility for HEOCs and Operations under Sector Leaders, we will work to improve the relationships between these two groups of staff. This may involve giving staff the opportunity to spend time in the different functions; and facilitated development sessions involving both groups. **(Short-term)**

O25 We will review the benefits and disbenefits of continuing to operate with three HEOCs, in the context of maintaining resilience; consistency; efficiency; empowering our Sectors. **(Short-term)**

O26 We will, as part of our review of the pros and cons of having three HEOCs and our review of our deployment model, review our despatch processes in our HEOCs. **(Short-term)**

O27 We will review our HEOC processes to identify whether we can increase our 'hear and treat' responses to better guide patients to the most appropriate service and thus reserve our resources for emergency responses. **(Short-term)**

O28 We will ensure that our Regional Operations Cell provides appropriate co-ordination, support and challenge to our sectors. **(On-going)**

O29 We will continuously improve our performance during 2013/14 so that we make progress towards the key standards that we have set as part of the success criteria for this Turnaround Plan. These key standards are summarised at Appendix A. This will entail us setting the baseline for each standard and the trajectory for delivery. We will improve our ways of calculating trajectories. **(Immediate)**

O30 We will agree with our staff what the maximum waiting time should be for a back-up ambulance to arrive on scene to transport a patient to hospital. We will work with our staff to put in place the changes to deliver this maximum wait. **(Immediate)**

Systems and processes

S1 We will systematically review all of our systems and processes to ensure that they are safe and fit for purpose and that they contribute to the delivery of better patient care and a more efficient organisation. **(Short-term)**

S2 We will ensure that our governance and risk management processes are focused on taking effective action to protect patients and staff. **(Short-term)**

S3 We will refocus our information and analytical staff to create a single team that provides reliable real time management information for all staff. We will use this information to ensure that the decisions we make will help to achieve the best outcomes for patients. We will use real examples to illustrate how the better use of information has benefitted patient care. **(Short-term)**

S4 We will identify and openly report in an easily understood way on the 'vital signs' that indicate how the Trust is performing in terms of both service performance and organisational health. We will agree these vital signs with our staff and our commissioners. **(Immediate)**

S5 We will review the IT road map and revise it to ensure that we are using technology fully to support our services to patients. We will review our IT investment to ensure that we are making the best use of IT and are maximising the opportunities for integration. **(Short-term)**

S6 Too often, problems and blockages take too long to fix. A 'fix it' group has been set up to swiftly address problems and implement immediate solutions. This is a short term solution. In the medium term, our managers will manage and will overcome these sorts of problems as part of their day to day business. **(Immediate)**

S7 We will improve the timeliness and reliability of our recruitment process. We will recruit and promote people based on their values and attitude as well as their knowledge, skills and experience. **(Short-term)**

S8 We will review and improve our internal communication methods to ensure that we target our communication and engagement with staff more appropriately. This will involve using all forms of communication including social media in order that we target our communications effectively. **(Short-term)**

S9 We will continue to provide the media with regular examples of all of the good work that our staff do. Whilst we realise that our media profile will only get better when our service, and the perception of it, improves, we will continue to show that we get things right far more than we get it wrong. When we do get things wrong, we will be open about it and will give explanations, apologies and evidence of learning being implemented. **(Immediate)**

S10 We will improve our website so that it contains more up to date information about our activities and our performance. **(Short-term)**

S11 We will review how best to communicate with patients and their representatives about what the Trust does and how best to access and utilise our services. This includes spending time in schools. **(Short-term)**

S12 Due to the increase in complaints as a result of our delays in responding to some 999 calls, the number of complaints we receive has risen. In the short term we need to bolster our internal processes so that we are better and quicker at responding to complaints. In the medium term, as our service improves and the number of complaints reduces we must get better at learning from complaints and any serious incidents that happen. **(Short-term)**

S13 We will improve our response to Datix reports including making sure that staff know the actions that have been taken as a result of the reports they have submitted. **(Short-term)**

S14 We will seek to make ePCR easier for staff to complete and will discuss with staff how to maximise the clinical benefits that can be derived from ePCR. The information it provides will assist in embedding within the health system, the clinical importance of our clinicians. **(Short-term)**

S15 We will automate our Unit Hours of Production reporting and forecasting and ensure that this is forecast on a 24/7 basis. **(Short-term)**

5. Implementation

We will put in place the necessary processes to monitor implementation of this Turnaround Plan. This will include a detailed action plan drawn from this overarching plan; a Programme Board chaired by the CEO with a Senior Responsible Officer and a Programme Manager; Board progress reporting in public; access to continuing advice from the National Ambulance Service Advisor at the Department of Health; and clear identification and reporting against success criteria linked to patient outcomes.

6. Funding

The cost of implementing this turnaround plan is predominantly going to be found from within existing budgets. An additional £5m has been made available to the Emergency Operations team in 2013/14 to fund the recruitment of additional staff to allow permanent DSAs to be put on the road. Any new funding requirements identified as a result of the actions in this plan, will be discussed by the Board with a view to identifying the potential sources of this funding. This may involve seeking transitional funding from elsewhere in the wider NHS. A summary of the 2013/14 budget is attached at Appendix B. The Clinical Capacity Review may identify the requirement for additional resources that cannot be met by the Trust becoming more efficient and productive or through changes in working practices. If this happens, we will enter into discussions with our CCG colleagues about what joint action is needed to bridge the gap.

East of England Ambulance Service NHS Trust

7. Conclusion

We need to make progress on all areas of this turnaround plan in order to recover the health of the organisation and deliver sustainable performance and high quality services for our patients. We know we work in changed times, we know that this is having an impact on the lives of our staff and we know that we are failing some of our patients. We have to change. We have to demonstrate better leadership. We have to support Staff better. We have to provide more resources for front line service delivery. We have to deliver good clinical outcomes for our patients. We have to ensure we make better decisions about how we use our valuable emergency response vehicles. We have to use our clinical skills better to guide patients to access the health service in a way that will support their long term health. We believe that by doing this we can keep more people at home, when it is appropriate to do so.

We must push for investment in the service when this has been proved to be justified and we must create a service that delivers what our patients need. We must support staff to make changes locally and we must listen to patients more.

The future of this organisation is in our hands. As a Board we know we need to do a better job at leading the organisation. We hope that staff will work with us to implement the changes that are necessary to restore our collective pride and passion in what we do.

Andrew Morgan

Interim Chief Executive

On behalf of the Board

April 2013

East of England Ambulance Service NHS Trust

Appendix A

KEY STANDARDS 2013/14

RESPONSE TIMES AGREED WITH COMMISSIONERS

Response code	Standard	% to be achieved	99th centile by:
Red 1	8 mins	75%	25 mins
Red 2	8 mins	75%	25 mins
Green 1	20 mins	75%	30 mins
Green 2	30 mins	75%	60 mins
Green 3 Telephone advice	20 mins	75%	60 mins
Green 3 Face-to-Face	50 mins	75%	120 mins
Green 4 Telephone advice	60 mins	75%	120 mins
Green 4 Face-to-Face	90 mins	75%	150 mins
GP Urgents	1 hour	75%	90 mins
	2 hours	75%	180 mins
	4 hours	60%	360 mins

Clinical indicators

Percentage of stroke patients arriving at hospital within 60 minutes of the call – 56%

Percentage of cardiac patients who survive to discharge – 25%

SUMMARY BASELINE BUDGET 2013-14

	£'000	Emergency Ops	Other Service Lines	HART & Resillience	Ops Support	Corporate	Reserves	TOTAL
I1	**2012-13 Income Budgets as Original Budget**	**176,910**	**37,866**	**6,940**	**878**	**5,194**	**-**	**227,788**
I2	Virements & New Contracts in Year etc.	241	(29)	-	42	5	-	**259**
I3	2012-13 Recurrent CIPs achieved	-	285	-	-	-	-	**285**
I4	Remove 2012-13 non-recurrent income (including CQUIN)	(221)	(279)	-	-	(4,385)	-	**(4,885)**
I5	Effect of Forecast 2012-13 Over/(Under)-Activity Out-turn	1,211	(717)	-	-	-	-	**494**
I6	Full Year Effect of New/Lost Contracts	406	(3,054)	(99)	(35)	30	-	**(2,752)**
I7	**Total Recurrent Income at 2011-12 prices**	**178,547**	**34,072**	**6,841**	**885**	**844**	**-**	**221,189**
I8	Inflation @ 2.7%	4,706	-	-	-	-	-	**4,706**
I9	Efficiency Saving @ 4%	(6,971)	-	-	-	-	-	**(6,971)**
I10	**Total Recurrent Income at 2012-13 prices**	**176,282**	**34,072**	**6,841**	**885**	**844**	**-**	**218,924**
I11	Non-Recurrent Income (including CQUIN)	-	279	-	-	4,472	-	**4,751**
I12	2013-14 Forecast Contracted Over-Activity (at 3%)	5,253	-	-	-	-	-	**5,253**
	Total Income Budgets 2013-14	**181,535**	**34,351**	**6,841**	**885**	**5,316**	**-**	**228,928**
E1	**2012-13 Recurrent Expenditure Budgets as Original Budget**	**(108,496)**	**(33,663)**	**(7,763)**	**(35,514)**	**(22,944)**	**(9,394)**	**(217,774)**
E2	Add back 2012-13 CIP Targets	(6,600)	(1,470)	-	(1,500)	(1,060)	-	**(10,630)**
E3	2012-13 Recurrent CIPs achieved (Forecast per M10 Dashboard)	4,100	868	-	2,370	1,227	-	**8,565**
		(110,996)	(34,265)	(7,763)	(34,644)	(22,777)	(9,394)	(219,839)
E4	Reserves Adjustments	(3,194)	-	-	-	(1,200)	7,894	**3,500**
E5	Virements & New Contracts in Year etc.	(83)	3,220	-	177	-	-	**3,314**
E6	Remove 2012-13 non-recurrent costs	-	-	-	102	-	-	**102**
E7	**Total Recurrent Commitments at 2012-13 prices**	**(114,273)**	**(31,045)**	**(7,763)**	**(34,365)**	**(23,977)**	**(1,500)**	**(212,923)**
E8	Developments	-	-	-	-	-	-	**0**
E9	Inflation Pay & Non-Pay	(488)	(77)	(55)	(24)	(260)	(2,000)	**(2,904)**
E10	**Total Recurrent Commitments before CIPs at 2013-14 prices**	**(114,761)**	**(31,122)**	**(7,818)**	**(34,389)**	**(24,237)**	**(3,500)**	**(215,827)**
E11	**Total Recurrent CIPs Target 2013-14**	**4,000**	**0**	**0**	**1,000**	**2,450**	**0**	**7,450**
	CIPs as a % of Recurrent Expenditure Budgets	*3.5%*	*0.0%*	*0.0%*	*2.9%*	*10.1%*		*3.5%*
E12	Emergency Operations Investment Reserve	(4,750)	-	-	-	-	-	**(4,750)**
E13	2013-14 Capacity Investment Reserve	(3,414)	-	-	-	-	-	**(3,414)**
E14	Re-establish Non-Recurrent Contingency Reserve	-	-	-	-	-	(2,500)	**(2,500)**
	Total Expenditure Budgets 2013-14	**(118,925)**	**(31,122)**	**(7,818)**	**(33,389)**	**(21,787)**	**(6,000)**	**(219,041)**
Z1	**Opening EBITDA**	**62,610**	**3,229**	**(977)**	**(32,504)**	**(16,471)**	**(6,000)**	**9,887**
Z2	Interest, Tax and Depreciation (ITDA)					(6,776)		**(6,776)**
Z3	**INCOME AND EXPENDITURE TARGET 2013-14**	**62,610**	**3,229**	**(977)**	**(32,504)**	**(23,247)**	**(6,000)**	**3,111**

Meeting: **Central Bedfordshire Council Overview & Scrutiny Committee**

Date: **29 July 2013**

Subject: Biggleswade Hospital

Report of: John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Summary: The attached paper summarises the findings of a joint review between Bedfordshire CCG and Central Bedfordshire Council into the provision in the community of healthcare and social care resources

Advising Officer: John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Contact Officer:

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

Supporting and caring for an ageing population

Financial:

1. This report includes an extract of the model for using existing resources and the ambition to investigate joint commissioning between NHS and local authority as a mechanism for improving efficiencies

Legal:

2. Not Applicable

Risk Management:

3. Not Applicable

Staffing (including Trades Unions):

4. Not Applicable.

Equalities/Human Rights:

5. The implementation of the findings of this review will involve appropriate and due regard to the CCGs duty to comply with the Public Sector Equality Duty and its equality objectives.

Community Safety:

6. Not Applicable.

Sustainability:

7. Not Applicable.

Procurement:

8. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:

1. Note actions and recommendations relating to Biggleswade Hospital from the community beds review and the joint investigation by BCCG and SEPT.

2. Note the implementation of the recommendations and actions through the contractual relationship between the CCG and SEPT

Background

9. Prior to the recent reforms in the NHS (and preceding the introduction of Health & Wellbeing Boards), leaders in healthcare and social care organisations from across Central Bedfordshire, Luton and Bedford Borough met regularly at the Health & Social Care Board. One of the priorities in early 2012 for that Board was the review of community beds across the three local authority areas.

10. The "community beds review" was subsequently undertaken by staff from NHS Bedfordshire (now NHS Bedfordshire Clinical Commissioning Group), Central Bedfordshire Council and Bedford Borough Council. The result of this review was the production of two review reports, each one specific to a local authority area and tailored to the local nuances of each geographic patch.

In summary the main recommendation of the Community Beds Review relating to Biggleswade Hospital are;

a) The criteria for admission to Biggleswade Hospital will be amended to reflect the need to cater for people recovering from ill health, including those that are non-weight bearing
b) The new service will mirror that provided at both the Houghton Regis Short Stay Medical Unit and the Step up, Step Down Reablement service at Greenacre
c) The facility has 29 beds arranged in two units and could be remodelled to provide the necessary accommodation to support rehabilitation and reablement

The full model and recommendations relating to Biggleswade Hospital are shown in 1.0-2.7 of the main document

11. During the development of the community beds review a number of issues had arisen in relation to access in particular to the beds in Biggleswade Hospital. There were complaints about the criteria to access the beds, both from patients and GPs but also hospital and local authority partners and local MPs. In February 2013 South Essex Partnership NHS Trust (SEPT) were issued with a contractual 'performance notice' by the CCG for the continued issues relating to access.

12. The issuing of the performance notice led to a joint investigation into the issues by the CCG and SEPT and a final report was agreed in June 13..

In summary the main recommendations of the joint investigation are;

a) Maintain the status quo until such time as the future proposals regarding community inpatient services are considered and agreed
b) Agree the process for transforming services, including the process by which consultation will be undertaken and proposals taken through health overview and scrutiny and timescales for the same where required.
c) Review and agree the Admission Criteria 2009 & 2011 versions with clinical representation from the Commissioner and Provider and vary the revised criteria into the contract as a 2013 version.
d) Build on the detail in the draft service development and improvement plan for 2013/14 so as to agree any changes to community services further to the bed review undertaken by Commissioners and to agree the steps required to effect change and agree timescales for agreed actions, alongside a consideration of the impact on other community services.

The full list of recommendations is shown in 3.0 in the main document.

13. BCCG is currently in discussion and negotiation with South Essex Partnership Trust (SEPT) regarding the implementation of the model arising from the beds review and the specific recommendations of the joint investigation. This includes the clinical criteria led by GPs from the Ivel Valley Locality. Changes are being reflected in contractual arrangements and the actions managed through the contract monitoring meetings.

Appendices

Appendix A – Biggleswade Hospital Update

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Appendix A

NHS
Bedfordshire
Clinical Commissioning Group

Central Bedfordshire Council Social Care Health and Housing OSC 29 July 2013

Biggleswade Hospital Update following Review of Community Bed Provision in Central Bedfordshire

Executive Summary.

The Review of Community Bed Provision in Central Bedfordshire indicates that Biggleswade Hospital provides an immediate opportunity to provide a home for both a short stay medical unit and a step up / down facility. The facility has 29 beds arranged in two units and could be remodelled to provide the necessary accommodation to support rehabilitation and reablement. Additionally the site could provide a locus for a recommissioned multi-disciplined team that would provide support to people within the facility and to those in the community needing such help at home.

The criteria for admission to Biggleswade Hospital will be amended to reflect the need to cater for people recovering from ill health, including those that are non-weight bearing. The new service will mirror that provided at both the Houghton Regis Short Stay Medical Unit and the Step up, Step Down Reablement service at Greenacre and customer outcomes will be monitored throughout 2013/14.

BCCG is in discussion with South Essex Partnership Trust (SEPT) regarding the implementation of the model and recommendations which are reflected in the 2013/14 contract.

1. Future Model for Central Bedfordshire

Evidence Base

1.1 A review of the literature relevant to these areas of service was conducted by Public Health and a report to support the work was prepared[1]. This review identified a number of key messages:

[1] Improving health care outside of acute setting, Helen Knowles, Public Health

- Non-acute bed provision should be seen as a component of care provided outside of a hospital setting and not managed in isolation.
- Rehabilitation provided in community hospitals shows better outcomes than usual hospital care with similar levels of cost effectiveness.
- Admission avoidance schemes appear to deliver similar outcomes to acute hospital care but deliver greater customer satisfaction and at a lower cost.
- Costs and outcomes for rehabilitation provided in people's homes and day hospital settings are similar.
- Rehabilitation in nursing and residential care home settings have similar outcomes to acute care settings.

1.1 A key area for potential improvements relates to the support provided to customers when they experience a change in their condition or care environment. Responding rapidly and in a coordinated way will be important to ensuring that the right health and social care services are mobilised and community services are utilised, rather than hospital admission being the default response.

1.2 The evidence suggests there are benefits to providing non-acute services in community settings and to improving arrangements that might avoid an older person being admitted to hospital unnecessarily.

1.3 The Oak Group MCAPTM bed utilisation model applied at L&D Hospital has been used as a basis for estimating the demand for community beds in Central Bedfordshire. Based on current population figures and non-elective hospital admissions this shows the following demand for community bed services:

Locality	65+ Population (2012)	Short Stay Beds			Medium Stay Beds		
		Estimated Demand	Current Provision	Shortfall	Estimated Demand	Current Provision	Shortfall
Dunstable	11,711	22	16	6	18	8	10
Leighton Buzzard	6,719	12	0	12	10	6	4
West Mid Beds	11,280	16	0	16	12	6	6
Ivel Valley	12,118	25	0	25	20	29	-9
Total	**41,828**	**75**	**16**	**59**	**60**	**49**	**11**

1.4 Short stay beds relate to those that focus on meeting medical needs reflecting the arrangements in place within the Short Stay Medical Unit in Houghton Regis. Medium Stay beds relate to those where the length of stay is related to the specific customer reablement and rehabilitation need similar to those provided in the Step up / Step Down unit in Dunstable, the two nursing homes in Silsoe and Leighton Buzzard and Biggleswade Hospital.

1.5 It is clear from the table that there is an imbalance of provision across the area and an overall shortfall in provision for both short and medium stay beds. In Ivel Valley, whilst Biggleswade Hospital provides a substantial number of beds the balance between short and medium stay provision does not reflect demand.

1.6 Work undertaken in a neighbouring County used a benchmarking exercise among PCTs and focussed on bed supply against the older population size. This work concluded that 1 bed community bed was required for every 423 people aged over 75 years. .

1.7 Using this ratio based demand estimation method and the current population figures for the four areas in Central Bedfordshire the following table shows that the existing supply of community beds are sufficient to meet need.

Hertfordshire Model				
Locality	75+ Population Size	Current supply	Estimated bed need	Difference
West Mid Beds	4,389	6	10	(4)
Ivel Valley	5,693	29	13	16
Leighton Buzzard	3,105	6	7	(1)
Dunstable	5,042	16	12	4
Total	18,229	57	42	-15

1.8 The difference between these two models is significant. A recent learning set with Clinical Commissioning Groups suggested that nationally, fewer community beds were required and more care was to be delivered in patients' own homes. Counties such as Lincolnshire do not have any community hospitals or bedded units and instead focus far more on providing the care and therapies required in peoples own homes. Clearly, there is no nationally agreed formula for determining the need for community bedded provision and much depends on the range of other services available.

1.9 This picture leads us to the conclusion that additional beds are not advised at this time and instead, focus needs to be paid on making effective use of the beds currently available including those at Biggleswade Hospital. The pilot in south Central Bedfordshire at the Short Stay Medical Unit has demonstrated sound outcomes and we see merit in a hybrid model where short and medium stay provision is commissioned at Biggleswade Hospital.

1.10 Future community bed based services will need to be flexible so as to respond to variations in demand and a variety of health and care needs. They will also need to reflect the increasing focus on providing services within people's own homes. Utilising the available nursing and care home provisions to meet some short term health and care needs whilst wrapping rehabilitation and reablement services around the individual customer will provide both flexibility and efficiencies.

Principles

1.11 A number of specific principles should underpin the development of services to meet future needs. These are:

- Maximising opportunities to prevent ill health and increasing the emphasis on early intervention,
- People should be supported to remain independent at home through joined up health and social care services delivered in a person's own home wherever possible,
- Services should support the objective of avoiding or reducing hospital admissions and facilitating timely discharges,
- Services should support the objective of avoiding or reducing entry into long term residential care, residential nursing care and short term emergency respite care.

- Services should be flexibly focused around customer outcomes, less prescriptive about eligibility criteria and lengths of provision that act as barriers to provision and more focused on achieving independence for the customer,
- Simple and streamlined referral processes, joint health and care pathways and improved information sharing.

New and Enhanced Services for the Future

1.12 A rolling programme of improvements to the existing services is in place, focusing on improving the quality of the services provided and achieving better value for money. We are also aiming to improve the transparency of the services available to help older people make informed choices. The model shown below places the customer at the centre of the range of services provided and aims to illustrate both local and regional service types.

Future Care Model

1.13 Two themes should permeate all service delivery, prevention and enablement. In all contacts with customers preventative opportunities should be identified and customers supported in pursuing those that might result in improved health. Similarly, a philosophy of enablement should underpin care home and home care services so that people are encouraged to care for themselves and helped to feel confident about their abilities.

1.14 There are a number of key areas for improvement that are aimed specifically at the issues identified earlier and these are set out below.

Increasing availability of Step Up / Step Down Services

1.15 The pilot Step Up, Step Down service developed to support customers in the South of Central Bedfordshire leaving or avoiding admission to the Luton and Dunstable Hospital will be expanded in the future to provide a higher level of provision across all areas of Central Bedfordshire.

1.16 This will be achieved by using the existing care home and community bed resources more flexibly so as to provide for both permanent and temporary services in each locality. It has already been shown that care homes can provide rehabilitation and reablement services alongside more permanent placements and this capability should be expanded. Biggleswade hospital offers an opportunity for the existing service to be replaced with one that offers both short stay medical support alongside more medium term intensive rehabilitation. Over the longer term a more suitable central location for such a service should be considered.

Assessment Beds

1.17 When an older person leaves hospital it is sometimes not appropriate for them to return home. Instead a short period in a care home environment would allow for a full and objective assessment to be made of their future health and care needs. With professional advice they can consider, with their families, how best to meet their future needs and be supported to return home wherever possible. This might include adaptations to their home and a period of reablement alongside an appropriate care package.

Care Home Services

1.18 There is currently a shortfall in residential care home provision in the north of Central Bedfordshire and, conversely, there is a relative shortfall in nursing care home provision in the south. Efforts are being made to stimulate additional market provision through close engagement with planners and involvement in the drafting of the Development Plan. We expect to see the introduction of a new care home service in the Dunstable area during 2015. In addition, new commissioning arrangements will be introduced including a Framework Arrangement with local care home providers that will link fee rates to the quality of services provided as assessed using the ADASS Quality Framework. This Framework will aim to cover all bedded services for older people, both with and without nursing, in Central Bedfordshire. It will also enable greater transparency for customers seeking to take advantage of these services.

1.19 A recent survey conducted across nursing homes in Central Bedfordshire found that LA funded customers accounted for 48% of the total nursing places whilst Health accounted for 19% and self funded customers for 24%. It was also found that 9% of the 575 nursing places available were empty. This would suggest that, to meet the demand for all customers requiring nursing care, a total supply of over 900 (North:500, South: 400) would be required by 2025.

Extra Care Housing

1.20 Recognising the forecast increase in the older population we are working with planners and property developers to stimulate the development of a range of accommodation for older people, including Extra Care, to provide more choice for our older residents. We are also, as part of our Landlord Services, reviewing the stock of sheltered accommodation and planning for new Extra Care provision. Extra Care Housing has the benefit of a 24-hour on-site care team able to provide planned, unplanned and emergency care to people living in their own flats which they rent or have purchased.

Dementia Care

1.21 There will be an increasing prevalence of dementia and in many cases a care home setting may provide the best possible support for an individual. A new Dementia Accreditation Scheme will be introduced in 2013 aimed at stimulating an increase in provision and improvements in quality of dementia care home services. In addition Central Bedfordshire Council has a Corporate target to achieve 60% of Council Commissioned dementia care home placements meeting the 'good' or 'excellent' quality rating by 2014.

1.22 There are also planned changes to the current Day Centre services to provide more appropriate provision for people with dementia. In addition, working jointly with hospital discharge teams, a new set of arrangements are being developed to improve the experience of people with dementia when being discharged from hospital. These discussions will include reablement services tailored to meet the needs of those with dementia.

Urgent Home Care and Falls Response

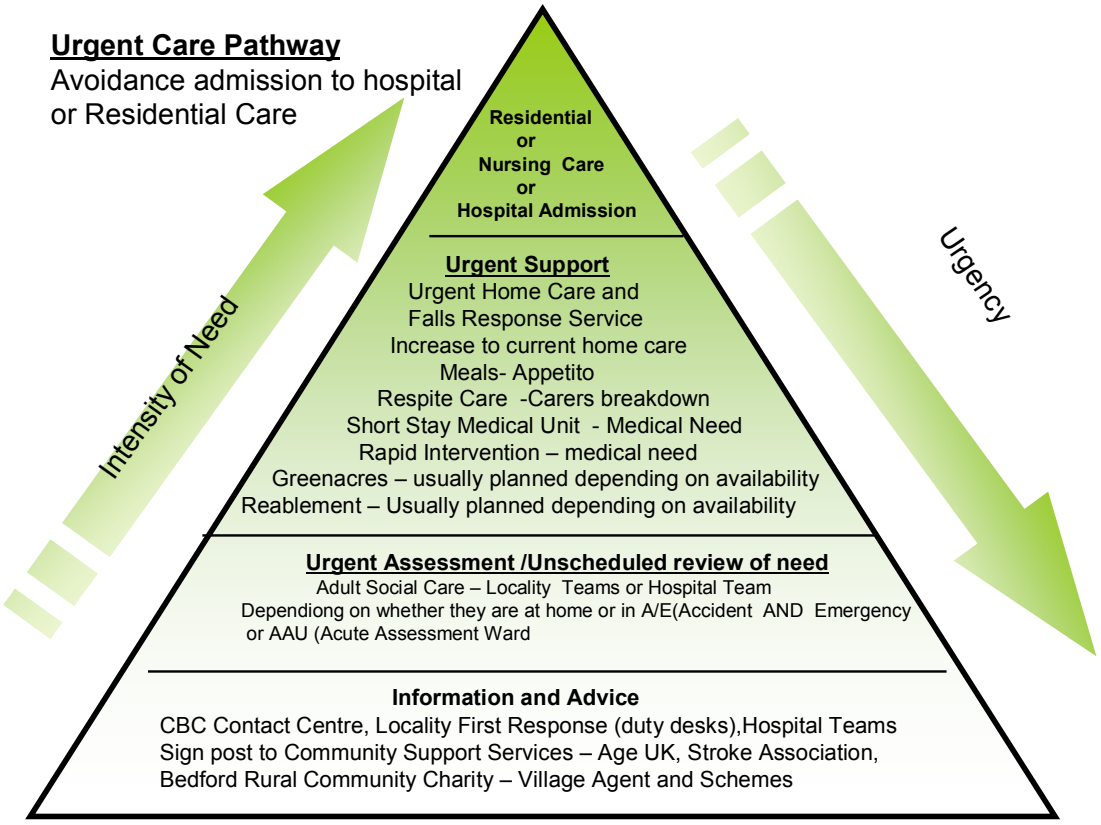
1.23 This is a 24 hour service that provides up to 72 hours of urgent social care (home care) and support, with some equipment, to older people following a fall. The referral for the falls component will only be from the East of England Ambulance Service Trust. The referral for the Urgent Home Care component will be either via Contact Centre to the Social Work Teams or GP's and practice matrons directly. The aim of this service is admission avoidance to hospital and Residential Care. This is a new service that will be operational from January 2013. It is estimated it will provide for 2,912 falls related calls (North: 1602, South: 1310) and 2,190 urgent homecare visits (North: 1205, South: 985) per year. It has been estimated that it will cost £414,000pa to operate this service in 2013/14 and, with an estimated increase in customers to 7500 by 2025 (4281 falls related and 3,219 urgent homecare), £609,000 by 2025. It has also been assumed that this service will continue to be part funded by Health.

1.24 The locality based social worker Case Manager service that works with customers with at least 1 long term condition will be expanded to manage an increased caseload. There will be 2 FTE Case Managers in each locality (Chiltern Vale, Leighton Buzzard, West Mid Beds and Ivel Valley) who will be aligned to GP practices, Practice Matrons, and Community Health services. They will work to avoid unnecessary admission to hospital and residential care.

Urgent Care Pathway

1.25 The Urgent Care pathway covers two processes, one relating to inappropriate admissions to hospital and the other the effective discharge from hospital. Our main aim is to prevent inappropriate admission to hospital or residential care. Social Work Teams

will complete an assessment/unscheduled review of need in a person's own home, Accident and Emergency (A&E) Unit or Acute Assessment Unit (AAU).

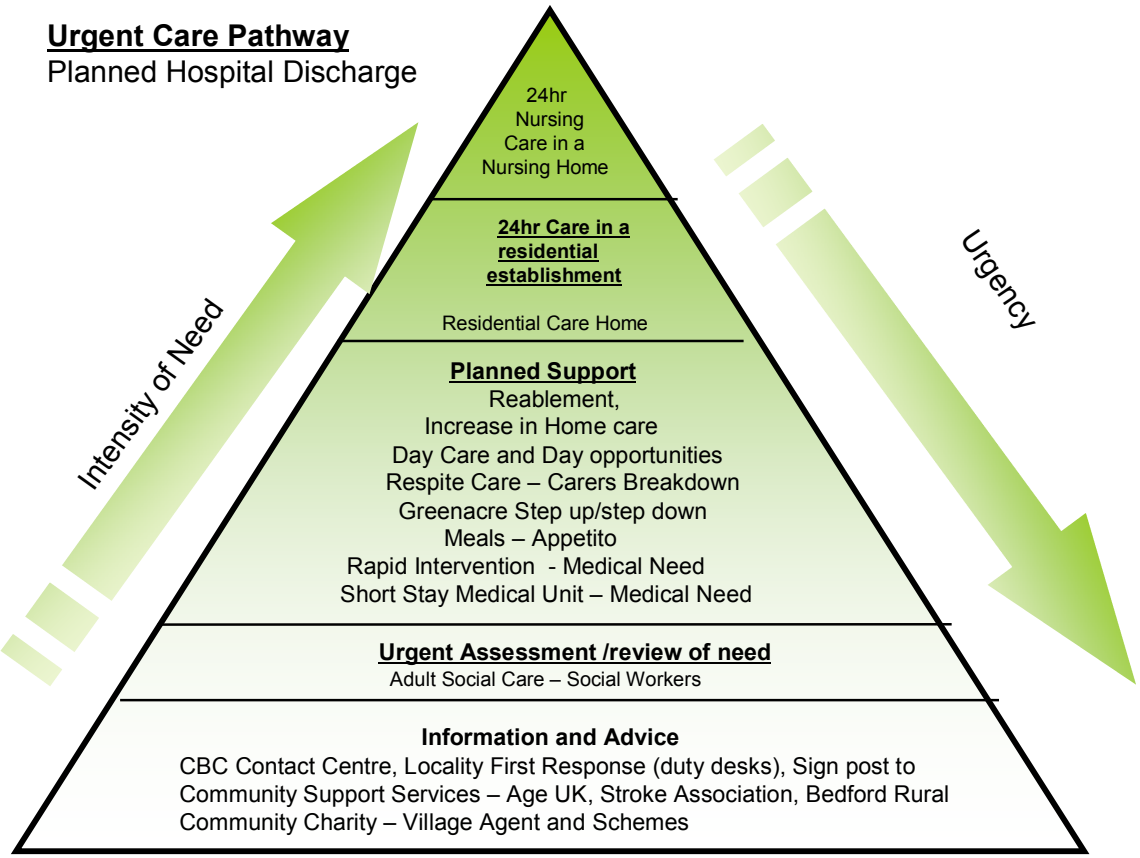


1.26 To enable people to remain in their own home or return to their own home from A&E or AAU with appropriate support, the following services can be provided:

- Information and Advice
- Referral to Universal Service
- Urgent Home Care and Falls Service
- Increase in current support
- Meals - Hot or Frozen Service Appetito
- Rapid Intervention (Health)
- Step Up / Step Down – Usually a planned admission depending on availability
- Reablement - Usually a planned service depending on availability
- Short Stay Medical Unit - Medical needs with joint working
- Respite Care - to support carer needs

1.27 As our aim is to prevent inappropriate admission to residential care we would only place someone in a residential care home or nursing home where their needs can no longer be met in their own home even with intense support.

1.28 In some cases it is necessary for an older person to have a spell in hospital and therefore the arrangements to ensure effective discharge is an important factor in allowing people to re-establish independence and avoid admission to long term residential care.



1.29 To enable planned discharge from Base Wards in hospital by Social Work Teams following an assessment /unscheduled review of their need the following services could be provided:

- Reablement
- Rapid Intervention
- Short Stay Medical Unit
- Step Up / Step Down
- Increase to current home care support
- Meal Service Hot /Frozen - Appetito
- Day Care and Day Opportunities
- Respite Care – to support carer needs
- Residential Care Home – where the person has all the above and they are still not safe to remain at home.
- Nursing Care Home - where the person's medical needs and social needs are so complex and they have had all the above and it is not appropriate to return to their own home or enter residential care.

1.30 A locality based Multi-disciplinary Team (MDT) approach will be developed to encompass existing Community Nursing, Community Matrons, Rehabilitation and Enablement, Rapid Intervention and locality based caseload managers. The roles of the MDT will be to:

- Avoid inappropriate hospital admissions, support hospital discharge, avoid readmission to hospital and placements into long term care homes;
- Assess risks and customer health and care needs;
- Respond to crisis situations, providing 24/7 services and a single point of access;
- Work with customers and professionals to develop appropriate health and care plans;

- Provide hospital in-reach to support timely discharge and effective transition to community based services;
- Support customers in the navigation of health and care services to help them make appropriate decisions about future health and social care provisions;
- Provide a close link with local GP services, getting early warning of potential customer needs and seeking to deliver or arrange preventative services where necessary.

1.31 The MDT will have access to a consultant geriatrician to provide any necessary clinical expertise. This will enhance confidence in the MDT with hospital clinicians and GPs and support the team in taking customers that might otherwise have been referred to hospital.

1.32 The community based MDT will have better knowledge of their customers and the close liaison with local GPs will enable more effective preventative support and more timely community intervention. This will allow for a more seamless service to customers and a reduction in the inappropriate demands made on acute hospital services.

2. Priorities for Joint Development

2.1 Central Bedfordshire Council have a number of key areas for development over the next few years and some of these depend on close collaboration with Health and offer real and immediate opportunities. Of these, there are three that stand out.

Community Bed based services in the North of Central Bedfordshire

2.2 The Step Up / Down pilot operating in the South of Central Bedfordshire has shown that there are benefits to customers and potential for reducing inappropriate care home admissions. There is a need for a similar service in the North of Central Bedfordshire. This service would support timely discharge from hospital and provide more intensive reablement in a safe environment.

2.3 The aim of this service would be to help older people recovering from a hospital stay improve their mobility and confidence. Over a maximum of six weeks people would be reabled sufficiently to allow them to return home and live independently. This service should be focused around the achievement of customer outcomes and be integrated with other supporting services within the hospital and community and aligned with local short stay medical unit services.

2.4 The success of the Short Stay Medical Unit in Houghton Regis should be mirrored in the North of Central Bedfordshire. The unit would focus on avoiding inappropriate hospital admissions and providing a locus for a multi-disciplinary team supporting the community.

2.5 Biggleswade Hospital provides an immediate opportunity to provide a home for both a short stay medical unit and a step up / down facility. The facility has 29 beds arranged in two units and could be remodelled to provide the necessary accommodation to support rehabilitation and reablement. Additionally the site could provide a locus for a recommissioned multi-disciplined team that would provide support to people within the facility and to those in the community needing such help at home.

2.6 The criteria for admission to Biggleswade Hospital will be amended to reflect the need to cater for people recovering from ill health, including those that are non-weight bearing. The new service will mirror that provided at both the Houghton Regis Short Stay Medical Unit and the Step up, Step Down Reablement service at Greenacre and customer outcomes will be monitored throughout 2013/14.

2.7 In 2013/14 we will scope out the remodelling of services to form MDT as described above.

3.0 Recommendations of the Joint Investigation between BCCG and September

On the completion of a Joint Investigation, the contract requires either that the:-

- Contract Query be closed; or,
- A Remedial Action Plan be agreed and implemented

The Joint Investigation considered the evidence presented and the recommendations are as follows:-

- The contract query be closed, and;
- The Parties undertake joint work, agreeing to:-

    - Maintain the status quo until such time as the future proposals regarding community inpatient services are considered and agreed
    - Communicate the issues leading to the current position to the wider health system detailing the actions that both Parties are undertaking in partnership to agree and present the case for the design of future community health services.
    - Agree the process for transforming services, including the process by which consultation will be undertaken and proposals taken through health overview and scrutiny and timescales for the same where required.
    - Review and agree the Admission Criteria 2009 & 2011 versions with clinical representation from the Commissioner and Provider and vary the revised criteria into the contract as a 2013 version.
    - Review and agree the Community Inpatient Specification with clinical representation from the Commissioner and Provider and vary the revised criteria into the contract as a 2013 version.
    - Build on the detail in the draft service development and improvement plan for 2013/14 so as to agree any changes to community services further to the bed review undertaken by Commissioners and to agree the steps required to effect change and agree timescales for agreed actions, alongside a consideration of the impact on other community services.
    - Agree terms of reference for the integrated performance review group, ensuring there is a standing item for escalation and actions logs from both the technical group and quality group are fed back.
    - Agree a process by which decisions relating to service redesign, which are not at the stage whereby they can be given effect by contract variation, be agreed and shared so that there is a clear understanding between the Parties.
    - SEPT will liaise with Chief Finance Officer for CCG to agree return of the £300k withheld, and agree any future mechanisms for sanctions or penalties within the terms of the contract

Meeting:	**Social Care Health and Housing Overview and Scrutiny Committee**
Date:	**29 July 2013**
Subject:	**The Francis Report**
Report of:	**John Rooke, Chief Operating Officer, Bedfordfordshire Clinical Commissioning Group**
Summary:	The report sets out the approach being taken by Bedfordshire Clinical Commissioning Group in adopting and implementing the recommendations of the Francis report following the inquiry into events at Mid Staffordshire NHS Foundation Trust.

Advising Officer:	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group
Contact Officer:	
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1.

- Promote health and wellbeing and protecting the vulnerable.
- Great Universal Services

Financial:

2. Not applicable

Legal:

3. Not applicable.

Risk Management:

4. Not applicable

Staffing (including Trades Unions):

5. Not Applicable

Equalities/Human Rights:

6. The CCG has a statutory duty to publish equality objectives and to meet the requirements of the Public Sector Equality Duty (PSED). One of the core programmes to implement the Francis Report, noted in the report, is its Equality & Diversity Strategy.

Public Health

7. The delivery of improved health outcomes, through the Bedfordshire Plan for Patients, including prevention and reductions in mortality and morbidity is one of the core programmes that supports implementation of the Francis Report.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable..

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. Note the approach taken by Bedfordshire Clinical Commissioning Group to implement the recommendations of the Francis Report.

Background

11. The report by Robert Francis QC sets out 190 recommendations following the inquiry into the failures at Mid Staffordshire NHS Foundation Trust.

12. The key themes of the report are;
- Values and Standards
- Openness, transparency and candour
- Leadership
- Compassion and care
- Information

Government Response

13. The Government published its initial response in Feb 13. It grouped the actions to implement the report into 5 headings
1. Preventing Problems
2. Detecting Problems Quickly
3. Taking action promptly
4. Ensuring Robust Accountability
5. Ensuring staff are trained and motivated

BCCG Approach

14. BCCG recognises that the appropriate response to the Francis report is not to develop a detailed, separate, action plan or programme. The culture change and leadership needed to implement the findings requires an organisational development approach, starting with the development of the CCGs Board, its leaders and staff.

15. The CCG has mapped the findings to its main work programmes such that the recommendations are embedded within core day to day business. The attached paper sets out in more detail the approach being taken and how the recommendations relate to the CCG.

The main work programmes are;

- Bedfordshire Plan for Patients (delivering improved outcomes)
- Quality work programme (focus on patient safety and quality)
- Patient & Public Engagement Strategy (engagement and information for patients and public)
- Equality & Diversity Strategy (delivering the equality objectives)
- Organisational Development Plan (changing culture, leadership and developing skilled staff)

Conclusion and Next Steps

16. The next steps are for each work programme to ensure that it has reviewed its objectives to adopt any relevant Francis recommendation and to begin to report progress as part of routine business. A local assurance process will ensure this is done consistently

17 The government will publish a more detailed response to the Francis report in the autumn and this is likely to give more specific guidance ot NHS organisations in implementing their responses.

Appendices

Appendix A BCCG Plans to implement the recommendations of the Frances Report

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NHS
Bedfordshire
Clinical Commissioning Group

Appendix A

A CULTURE OF CARE

Our plans to implement the recommendations of the Francis Report

Contents

1. Introduction

The publication of the Francis Report on 6 February this year was the most significant event in the recent history of the NHS. Over the next five to 10 years it will become regarded as a watershed in the way in which the health service manages and cares for patients.

Robert Francis's inquiry into Mid Staffordshire NHS Trust unearthed a catalogue of failures across the whole system from ward to Whitehall. His report was both shocking and saddening.

The government's response - *People First and Foremost* was the first step in the NHS's attempt to learn from the Francis inquiry. It called for an open and transparent health service 'where staff are supported to do the right thing and where we put people first at all times'.

This document is Bedfordshire CCG's response to both the Francis Report and *People First and Foremost.* As clinicians buying care for the people of Bedford Borough and Central Bedfordshire we are just as committed to delivering Francis's recommendations as any acute hospital or community health service delivering healthcare at the frontline.

Francis has not called for further structural reform of the NHS - which is why our response has been to embed his recommendations into our day to day working. Clearly, we expect our staff and GP members to live and breathe the spirit of Francis. As a new organisation, we are in an ideal position to lead locally in fostering a compassionate health system that cares for as well as treats patients.

Bedfordshire Clinical Commissioning Group was set up because the local GPs wanted to improve the quality and safety of the care our patients receive. In the following pages we explain how we will embed Francis's recommendations into our daily work. We will do this through our leadership and organisational development and our patient engagement strategy emphasising quality as our first concern. The document also explains the assurance framework we will use to enable all our stakeholders - members, patients and providers - to know that local health services are meeting the aims of the Francis report.

Dr Paul Hassan
Accountable Officer

2. Our approach to implementing the Francis Report

2.1 Culture change

Robert Francis QC noted in his accompanying letter to the Secretary of State for Health that while a fundamental culture change is needed within the NHS, this does not require a root and branch reorganisation. The changes Francis is calling for can largely be implemented within the new health system.

As Francis has acknowledged elsewhere, culture change cannot be achieved with an action plan of 290 recommendations or a bespoke standalone programme. Rather, Bedfordshire CCG needs to absorb and embed his recommendations within our existing core work programmes, day-to-day business operations and organisation development plans. However, we must do this in such a way that the impact of these changes can be measured.

In considering how it will implement Francis's recommendations, we have firstly considered the "essential aims" summarised by Francis in his letter of 13 Feb to the Secretary of State.

- Foster a common culture shared by all in the service of putting the patient first.
- Develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated.
- Provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service.
- Ensure openness, transparency and candour throughout the system about matters of concern.
- Ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards.
- Make all those who provide care for patients - individuals and organisations - properly accountable for what they do and ensure that the public is protected from those not fit to provide such a service.
- Provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests of patients on a level playing field.
- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do.
- Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system.

We have also reviewed the key themes identified in the Government's response to the Francis Report, *Patients First and Foremost,* published on 13 March. These group the Francis recommendations into five priority areas:

1. **preventing problems**
2. **detecting problems quickly**
3. **taking action promptly**
4. **ensuring robust accountability**
5. **ensuring staff are trained and motivated.**

2.2 Mapping activities to *Patients First and Foremost*

Bedfordshire CCG has used these priority areas to map the recommendations and proposed actions within them to our main work programmes:

- **quality strategy and work programme**
- ***Bedfordshire Plan for Patients 2013/14* and delivering for patients programme**
- **communications and engagement strategy *(What matters to you?)***
- **equality and diversity strategy**
- **organisational development plan**
- **locality delivery plans**
- **corporate business plan.**

The first five of these were developed as part of the CCG authorisation process and are documents that any good CCG would be expected to publish and implement. However, we have developed the locality delivery plans and corporate business plan locally to support or join together our activities across the organisation.

We have therefore, set out all the key actions from *Patients First and Foremost,* mapped to our key work programmes. This is summarised in Table 1 and in more detail in Annex 1. Each area has executive director leads who are accountable for implementation.

As highlighted in 2.1 this is not a detailed action plan for all recommendations but the means by which we will embed these recommendation into our day-to-day work.

Table 1. High level mapping of CCG actions to *Patients First and Foremost*

National priority	Focus and outcome	Local action
1. Preventing problems	Culture and leadership Clinical outcomes	Board development programme Bedfordshire plan for patients
2. Detecting problems quickly	Ratings Quality focus Patient engagement Staff engagement	Early warning systems Communications and engagement strategy
3. Taking action promptly	Fundamental standards	Quality monitoring systems Quality strategy
4. Ensuring robust accountability	Organisational health assessment	CCG Governing Body and governance structures Accountability framework
5. Ensuring staff are trained and motivated	Qualified and skilled workforce Staff engagement and wellbeing	Organisational development plan

2.3 Our approach to provider organisations

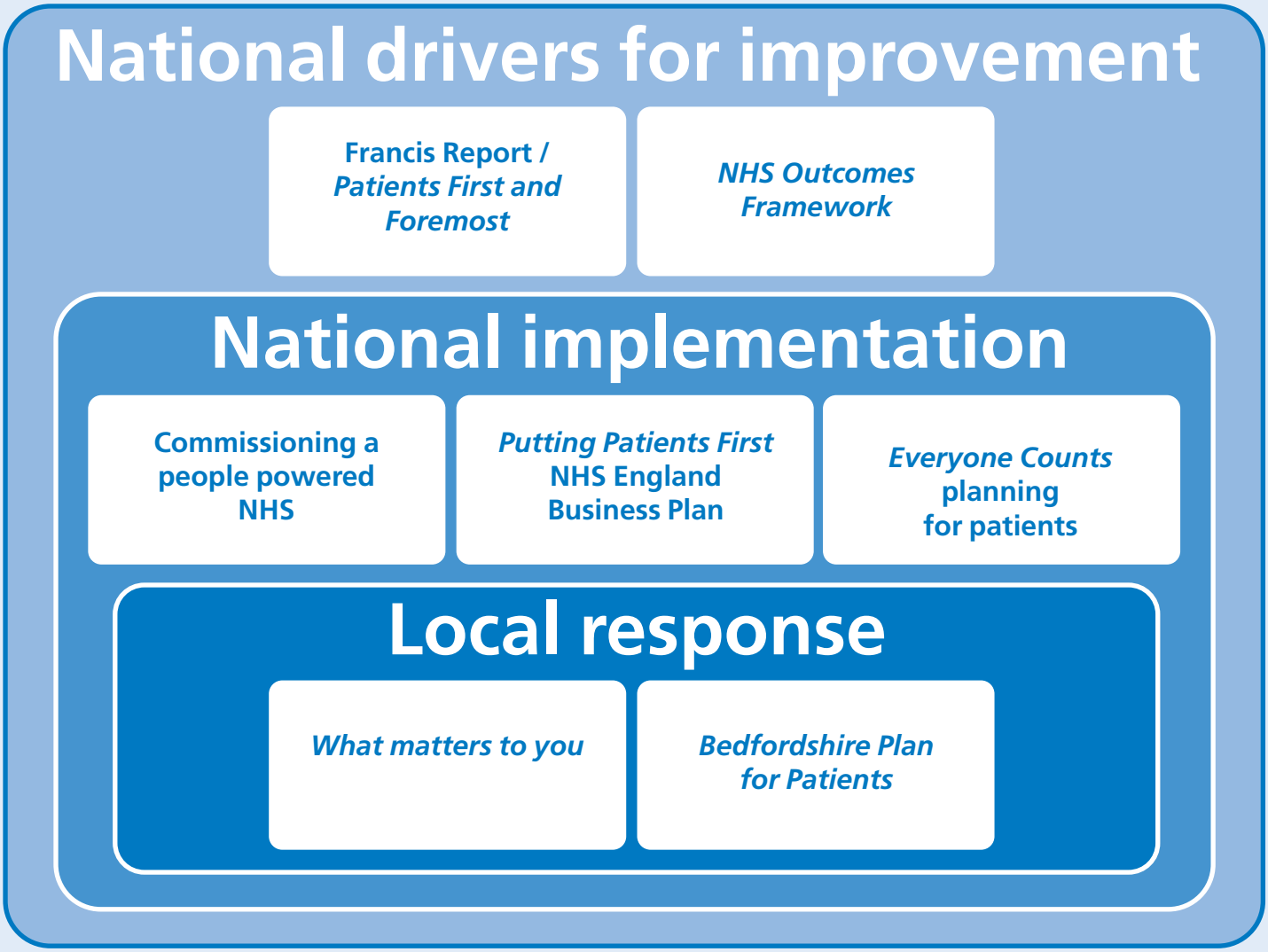
Our approach to implementing the Francis recommendations distinguishes between those actions relevant directly to Bedfordshire CCG as an organisation and those we will assure through our monitoring of the healthcare providers we have commissioned. We expect our providers to adopt a similar approach to Francis and will commission services from providers who also adopt and embed his recommendations.

3. The core work programmes

3.1 National planning context

Our approach to implementing the Francis recommendations is in part driven by the national context for planning in the NHS. If the Francis Report and the government response are the key policy drivers, then the NHS England business plan, its guidance for commissioners and its engagement strategy can be considered the key national frameworks for implementing Francis. BCCGs own strategies are the local response.

Table 2. Planning context



3.2 Delivering better outcomes

BCCG's core function is to commission high quality health services for its population; we will be seen to achieve this by improving health outcomes. How we are doing this is set out in the *Bedfordshire Plan for Patients 2013/14.* This commits us to improving outcomes across a range of services including those indicators set out in the *NHS Outcomes Framework* and the rights and pledges in *The NHS Constitution.* The three strategic aims of our plan are:

- care right now
- care for my condition into the future
- care when it's not that simple

A summary of our plans and the main outcomes they will deliver is shown in Annex 2 (BCCG Plan on a Page)

3.3 Quality and patient safety

We have been taking actions to promote and strengthen quality and patient safety activities since our inception and throughout 2012/13. Several of these actions have anticipated the Francis recommendations. For example, we have:

- drawn up a quality strategy to support our authorisation application.
- implemented early warning systems to identify safety issues at an early stage
- invested in an enhanced clinical and management structure to support quality and safety across Bedfordshire and Luton
- developed enhanced systems to support the effective monitoring of contracted providers
- established a well-developed Quality and Patient Safety Committee that reports directly to the CCG Board.

For 2013/14 we will take this further; our priorities include:

- providing an effective system for monitoring and reporting patient experience using the recently-formed patient experience group as both co-ordinator of intelligence on patient experience and catalyst for change.
- leading the implementation of the Friends and Family test as well as the development of real time patient experience measures
- developing robust patient safety and risk management processes to minimise risk of harm to patients
- reviewing SUIs (serious untoward incidents), never events, complaints and SCRs (summary care records) to ensure corrective and preventative actions;
- implementing the local primary care quality framework.

By monitoring our priority outcome indicators - such as the incidence of MRSA/C Diff, VTE, level two, three, four pressure ulcers and reported safety incidents including serious incidents - we will know our quality and safety work has been effective.

3.4 Patient and public engagement and participation

Better patient and public engagement is a key theme of the Francis Report, the government's response and NHS England's priorities. We have rewritten our communications and engagement strategy to respond to these new challenges and deliver the statutory patient and public engagement responsibilities set out in our constitution. The objectives of our communications and engagement strategy - *What matters to you?* - focus on both individual and collective participation.

Individual participation

Bedfordshire CCG will:

- routinely commission services that support patients with self-management, personalised care planning and shared decision making
- create a patient (customer) service platform that supports the development of peer networks, online communities, and information on self-care and self-management of on-going conditions
- enable every patient to leave feedback, either through answering the Family and Friends test questions or via the patient service platform, or other online feedback sites
- provide patients with online access to their GP health records by 2015 and enable other electronic transactions such as communicating with the practice, booking appointments and ordering repeat prescriptions.

Collective participation

Bedfordshire CCG will:

- give patients and the public a voice in all our commissioning decisions; strategic planning, outcome specification, service procurement and demand and performance management
- ensure effective partnership working arrangements are in place with our local health and wellbeing boards, Healthwatch, health overview and scrutiny committees, local opinion formers, voluntary organisations, business leaders and the media
- publish a monthly patient insight dashboard containing a wide range of information, views, real-time feedback and comment on local NHS services generated by patients and the public through, for example the Friends and Family test
- publish an annual engagement scorecard to assess 360 feedback on how well we are engaging with and listening to our patients and the public
- deliver public consultations to ensure that service change is endorsed by patients, partners and the public.

The CCGs Public Engagement Forum will oversee the implementation of the communications and engagement strategy. This is a new sub-committee of our Governing Body that will have delegated responsibility for delivering the strategy and receiving assurances on the quality of our engagement activities.. Through the Patient Experience Group, the forum will also link clearly to the work of our Patient Safety Committee. Membership of the forum includes representatives of each of the five locality patient reference groups as well as representatives of the CCG public membership scheme. The composition and roles of members are shown in the table below.

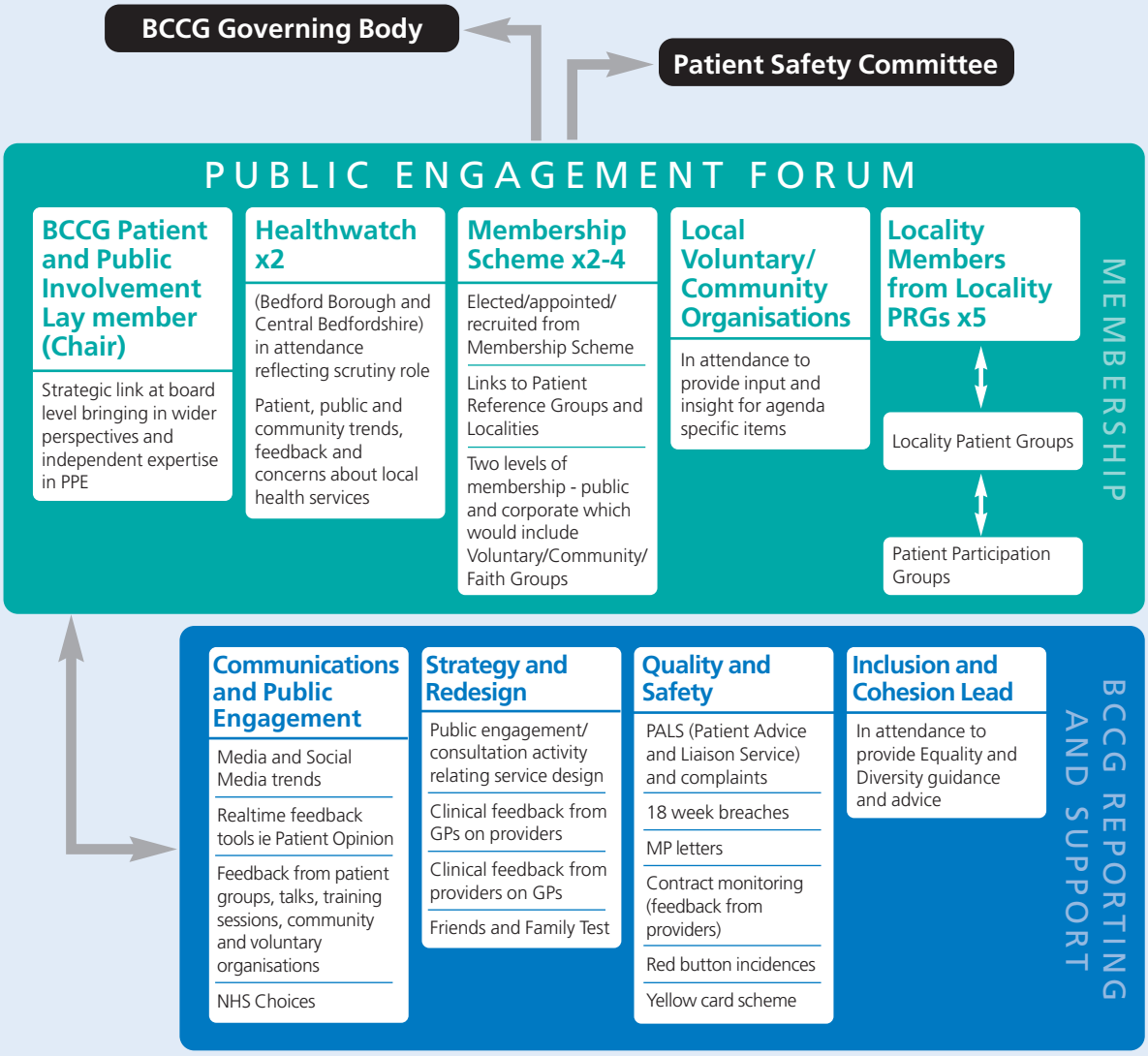


Table 3 Public Engagement Forum

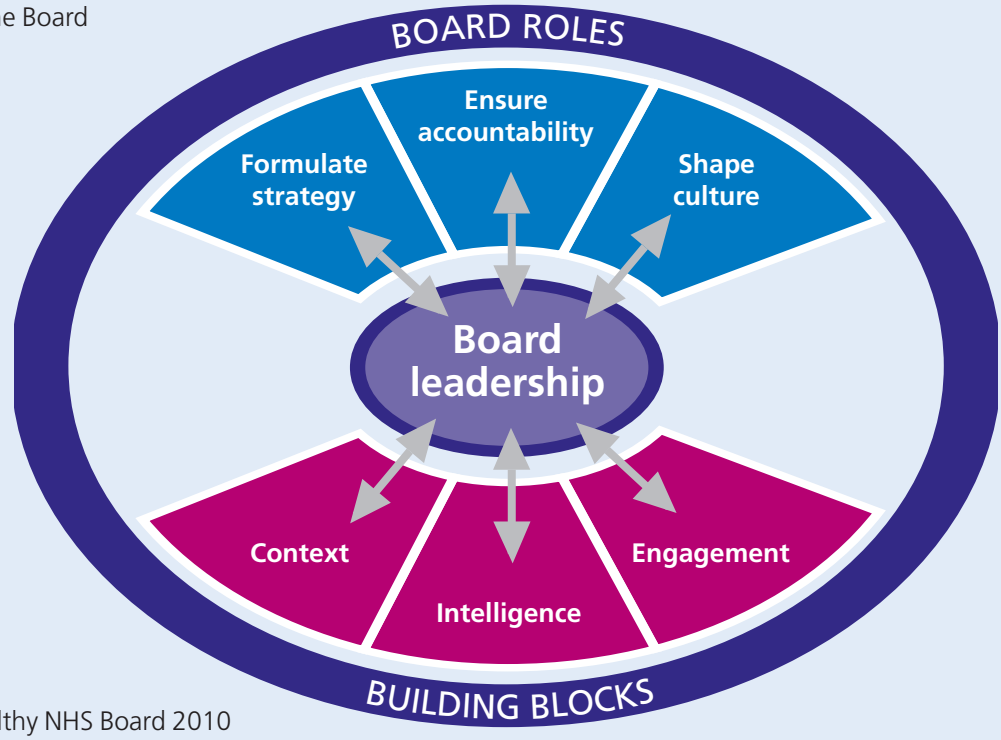
3.5 Leadership and organisational development

The culture of an organisation is demonstrably set by that organisation's board or governing body, and by the leadership behaviours it models.

Bedfordshire CCG's 2012 organisational development (OD)plan was assessed as an exemplar by NHS East of England. However, in response to the clear challenges of Francis and our commissioning plans, we have recognised the need to strengthen our leadership capacity and capability. We are, therefore in the process of revising our OD plan for 2013/14.

- Board development programme – this focuses on the behaviours and actions required to demonstrate effective governance and assurance of quality, finance and service performance
- Staff support programme – this covers all staff groups, and includes member practice staff, enabling the development of motivated and skilled staff and leaders. The programme ranges from function specific, in-house training to national leadership programmes
- Clinical leadership development – this will be delivered at Board, locality and practice levels.

Table 4 Roles of the Board



The Healthy NHS Board 2010

4 Assurance and accountability

The CCG is accountable for the implementation of the Francis recommendations to a range of groups and organisations including NHS England, our health and wellbeing boards, Healhwatch, local health overview and scrutiny committees, our GP members and, of course, local people.

We are developing an assurance process that will enable these groups and organisations to hold us to account.

4.1 The national CCG assurance process

This has a clear set of questions to assess how the CCG is delivering improvements. Taken together these form a scorecard.

- Are local people getting good quality care?
- Are patient rights under *The NHS Constitution* being promoted?
- Are health outcomes improving for local people?
- Are CCGs commissioning services within their financial allocations?
- Are conditions of CCG authorisation being addressed and removed? (Bedfordshire CCG has no conditions.)

In addition, there is an organisational health assessment based on the indicators set out in the *NHS Outcomes Framework* and covering clinical focus, patient and public engagement, clear and credible plans, governance, collaborative arrangements and leadership.

4.2 Our internal accountability framework

All our outcomes and planning commitments are reported publicly via our quality and performance report and via patient and public feedback.

The quality and performance report is a monthly document presented to the CCG Board and highlighting the detailed range of national and local outcomes, and our NHS constitution commitments.

Meanwhile, our governance structures - the Board, Public Engagement Forum, Patient Experience Group, OD Group, locality boards and patient reference groups - ensure that patient and public feedback is enabled across all our activities.

In addition to our governance structures, each of our target outcomes is linked to a nominated executive director for whom this forms part of his or her personal objectives. In this way, we ensure that being accountable is the responsibility of individuals as well as the organisation.

Annex 1 - Priority areas mapped to CCG work programmes

1 Preventing problems

Priority area (heading of Govt response to recommendations)	Delivery mechanism - CCG main programme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Achieving culture change	• Board and executive development programme • Organisational development plan • Staff support programme		Paul Hassan
Common values - *The NHS Constitution*	• Organisational development plan - staff rights and pledges • CCG accountability framework - patients' rights and pledges	SLA quality schedule	John Rooke
The Board - critical for a compassionate culture	Board development programme		Paul Hassan
Clinically-led commissioning, focused on outcomes	• *Bedfordshire Plan for Patients 2013/14/* delivering for patients programme • Quality strategy (successor of) • Locality delivery plans • CCG accountability framework • CCG quality and performance report	• SLA quality schedules • SLA monitoring framework • Quality surveillance groups	Diane Gray Anne Murray Locality Chairs
Extending the statutory role of local authorities	• Health and Wellbeing Boards' work programmes • Quality surveillance groups		Diane Gray
Supporting staff to care	• Organisation development plan • Staff support programme • Staff comms and engagement mechanisms		John Rooke
The emotional labour of care	Staff health and wellbeing policy and programme		
Measuring culture	• CCG Staff Surveys • CCG Complaints Reports • Whistleblowing Incidences	• Patient experience surveys • Provider staff surveys • Complaints (SLA Quality Sch)	John Rooke
Creating time to care, creating time to lead	Under national review - care.data		
Safety in the DNA of the NHS - The Berwick review	Under national review		

2 Detecting problems quickly

National priority area *(Patients First and Foremost)*	Delivery mechanism - CCG main programme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Chief Inspector of Hospitals Chief Inspector of Primary Care	• Quality surveillance groups • Risk summits	Care Quality Commission	
Ratings	Provider based. CCGs via NHS England CCG assurance and accountability framework	Care Quality Commission	Diane Gray
Working together to focus on quality	• CCG quality and performance report • Quality and Patient Safety Committee work programme and reports	• Quality surveillance groups • SLA monitoring framework	Anne Murray
Care and support	Local actions to implement *Bringing Clarity to Quality*		Anne Murray
Transparency	• Website and extranet • Complaints reporting	Quality accounts	Jane Meggitt
Mortality indicators	CCG quality and performance report	SHMI - SLA monitoring Care Quality Commission / Performance ratings	Anne Murray
Quality and risk profiles	• Quality strategy successor • CCG quality and performance report	SLA monitoring	Anne Murray
Duty of candour	• Professional codes of conduct • NHS constitution rights and pledges	Standard NHS Contract	Raffelina Huber
Criminal Sanctions	Part of Berwick review		
A ban on clauses intended to prevent public interest disclosures	New provisions in: • whistleblowing policy • staff contracts of employment • NHS constitution rights and pledges	Standard NHS contract	Raffelina Huber
Engaging and involving patients	• Communications and engagement strategy and work plan • *Bedfordshire Plan for Patients 2013/14* • Locality delivery plans • Patient Experience Group work programme		Jane Meggitt Diane Gray Locality Chairs Anne Murray

2 Detecting problems quickly *continued*

National priority area *(Patients First and Foremost)*	Delivery mechanism - CCG main programme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Patient and staff feedback	• Communications and engagement strategy and work plan • *Bedfordshire Plan for Patients 2013/14* • Patient Experience Group work programme • Staff survey • CCG quality and performance report	• Patient experience surveys - inpatient, A&E, maternity, GP out of hours, mental health • Friends and Family Test	Jane Meggitt (patients) Raffelina Huber (staff)
Complaints *Under national review*	• Complaints policy • Quality strategy • Patient Experience Group work programme • CCG quality and performance report	SLA quality schedules Care Quality Commission	Jane Meggitt Anne Murray
Healthwatch	Communications and engagement strategy and work plan	Health and Wellbeing Boards Overview and scrutiny committees	Jane Meggitt Jane Meggitt
Sharing information	• Quality strategy (early warning systems) • Complaints reporting • Website publications project	Quality schedules? Care Quality Commission	Anne Murray

3 Taking action promptly

National priority area *(Patients First and Foremost)*	Delivery mechanism - CCG main programme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Fundamental standards *To be set nationally*	• CCG quality and performance report • Patient safety and quality committee work programme and Reporting	• SLA monitoring • National performance ratings -tbc • Monitor and Care Quality Commission failure regime	Anne Murray
Time limited failure regime for quality as well as finance	Executive team and CCG Board	NHS TDA (Bedford Hospital), Monitor (MK FT)	John Rooke
Foundation Trust Status	Executive team and CCG Board		John Rooke

4 Ensuring Robust Accountability

National priority area *(Patients First and Foremost)*	Delivery mechanism - CCG main programme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Health and Safety Executive to use criminal sanctions	n/a directly	Care Quality Commission. HSE	n/a
Faster and proactive professional regulation	Quality and Patient Safety Committee	Quality surveillance groups	Anne Murray
Directors and senior Leaders Barring mechanism to be established	Tbc Remuneration Committee	tbc	Raffelina Huber
Barring system for healthcare assistants enforced by chief inspectors	n/a directly	tbc	n/a
Clear responsibilities for tackling failure	Executive team and CCG board	Monitor and care quality Commission failure regime	John Rooke

5 Ensuring staff are trained and motivated

National priority area *(Patients First and Foremost)*	Delivery mechanism - CCG mainprogramme	Delivery mechanism - monitoring providers (where applicable)	Executive Director lead
Treating staff well	Organisational development plan		John Rooke
Staffing levels	Patient Safety and Quality Committee work programme and reporting	Care Quality Commission Compassion in Practice implementation	Anne Murray
Making time to care	Subject to roll out of new technologies fund		
Rewarding high quality care	• Organisational development plan • Remuneration strategy • Remuneration Committee		Raffelina Huber
Listening to Staff	• Communications and engagement strategy • Staff survey		Jane Meggitt
Recruitment and training - Health Education England			
Revalidation for nurses	n/a directly		n/a
Nursing supervisory ward managers	n/a directly	SLA monitoring/quality schedules	n/a
Health and care support workers	Patient Safety and Quality Committee work programme and reporting	SLA monitoring/quality schedules	Anne Murray
Caring for older people	• *Bedfordshire Plan for Patients 2013/14* - integrated care programme		Diane Gray
Attracting professional and external leaders to senior management roles	• Organisational development plan • Remuneration strategy		Paul Hassan Raffelina Huber
Frontline experience for Department of Health staff	n/a directly Consider CCG staff experiencing frontline services		John Rooke

Annex 2 - Plan on a Page

Vision	**To ensure, through innovative, responsive and effective clinical commissioning, that our population has access to the highest quality health care providing the best patient experience possible within available resources**		
Strategy	***Care Right Now*** *We will redesign urgent care pathways to reduce hospital admissions for acute conditions that should not usually require admission e.g. falls prevention, out of hours GP services, walk in centre services, paediatric and maternity services.*	***Care into the Future*** *We will transform hospital-centric planned pathways of care and services to provide responsive, community based, patient-focused services that reduce unwarranted variation, empower patients, improve health outcomes, and quality of care.*	***Care when it's not that simple*** *We will work with local authorities to integrate health and social care to provide joined up care in the home and community for people with complex care needs.*
Outcomes **Additional local priorities**	• 85% of patients rate their overall experience of urgent care services as good or very good by 2015 • 10% reduction in emergency admissions for acute conditions not requiring hospital admission • Improving patient experience of GP services	• 80% (from 66%) of people with a long term condition feel they have had enough support from local services • Reduction in unwarranted variation in primary care • Improved patient experience indicators: OPD, maternity • More smoking quitters in 20% most deprived population	• At least 85% people still at home 91 days after discharge • % people reporting to their previous levels of mobility at 30 and 120 days • Employment of people with mental illness • More people able to die at usual place of residence
Transformational change programmes	***Urgent Care and Primary Care Programmes*** • Reviews of walk-in services, primary care and A&E • Review of GP out of hours services • Roll out of 111 service • Review of paediatric urgent care pathway • Commission integrated falls service with local authorities	***Planned Care & Long Term Conditions Programme*** • Procurement of the integrated MSK model • Review of new integrated COPD and diabetes services • Consult on *Healthier Together* clinical options • Implement the 13/14 objectives of the mental health strategy • New service models - ophthalmology, dermatology, urology, neurology, dementia care	***Integrated Care*** • Implement recommendations of *Community Beds Review* • PEPS (End of Life) project expansion • Develop primary health care teams based around general practice with multi-agency input including geriatricians, • Personal health budgets for adults and children/young people with special educational needs
Cross cutting themes & programmes	**Quality & Patient Safety** *• Implement the objectives of the CCG Quality Strategy including: - an effective system for monitoring & reporting patient experience, e.g. Friends & Family Test • Robust patient safety and risk management processes to minimise risk of harm to patients • Implement recommendations of national reports e.g. Francis Report • Ensure effective early warning systems are in place • Systematically review serious incidents, never events, complaints & serious case reviews to ensure corrective and preventative actions • Implement primary care quality Framework outcome indicators: Incidence of MRSA/C Diff, VTE, Level 2,3,4 pressure ulcers, reported safety incidents including serious incidents* **Prevention / Early Intervention** *• Implement the agreed priorities of the Bedford Borough and Central Bedfordshire Health & Wellbeing Strategies • Offer health checks to all 40-74 people • Make every contact count Outcome indicators: childhood obesity, mortality rates, inequalities, returning people to employment (IAPT), educational achievement* **Organisational Effectiveness** *• Develop the Governing Body and Members Forum to promote strong accountability • Ensure all staff have access to targeted development programmes • Establish effective Stakeholder Forum and develop strong relationships with patients, public and stakeholders • Deliver financial objectives through effective governance including contract and performance management • Exceed sustainability and carbon objectives*		

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better care, better value, better health

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

Date: **29th July 2013**

Subject: Sheltered Housing Review

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

Summary: The report proposes changes to the ways Central Bedfordshire Council (CBC) owned sheltered housing schemes are used in the future and that an agreed standard is used to assess the investment needs of existing sheltered housing. It also proposes a further review is undertaken into the investment needs and options appraisals of a small number of sheltered housing schemes which have potential for substantial improvement.

Advising Officer:	Julie Ogley, Director of Social Care, Health & Housing
Contact Officer:	Brian Queen, Interim Head of Housing Operations
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1. A good provision of sheltered housing and other accommodation for older people offers choices of a different lifestyle, opportunities to downsize and connections to support and care networks. This particularly supports CBC's priorities:-

   - Promote health and well-being and protecting the vulnerable.
   - Value for money – freezing Council Tax.

Financial:

2. The Stock Condition Survey recently completed gives a full profile of the investment needs of the sheltered housing stock. What is not yet known is the cost of enhancing some of the schemes to provide an improved and integrated service. That would be the subject of a further report, including options in the event that the full cost could not be met by the Council acting alone.

3. The Housing Revenue Account Business Plan includes a budget of £500,000 p.a. for stock re-modelling, which could be used to fund the investment options appraisal and it is estimated that it may cost up to £50,000.

It is further proposed that a budget of £250,000 per year for minor improvement to amenities in all sheltered housing schemes could be funded from the sheltered housing reserve.

Legal:

4. Any legal implications will be reported verbally at the meeting.

Risk Management:

5. A risk log has been maintained for this project from the outset. The principle risks identified were capacity to see the project through and concerns of residents. The second risk has been mitigated by working closely with the Sheltered Tenants' Action Group (STAG).

Staffing (including Trades Unions):

6. Not applicable at this stage.

Equalities/Human Rights:

7. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8. An Equalities Impact Assessment has been carried out on the proposed standard. The assessment highlighted that the Standard is likely to result in improved living and communal facilities, including greater disabled access where there is scope to adapt existing properties, and will advance equality of opportunity in terms of quality of life, independent living, and social interaction and integration. By using demographic data to better understand the layered effect of multiple protected characteristics the refurbishment and reorganisation of sheltered housing, underpinned by the 'Standard', will enable the Council to match tenant's circumstances with the most appropriate scheme to suit their needs; increasing integration and good relations amongst tenants.

9. A number of areas have been identified for further research and review as the programme moves forward, principally relating to the needs of disabled and less mobile older people. The Members of the Council's Equality Forum have welcomed the development of the standards but have also made a request that standards are developed in relation to the need for a range of inclusive social and cultural opportunities to be offered within sheltered housing.

Public Health

10. Plans to improve the use of communal lounges and garden areas and to provide organised activities will contribute to the health and well-being of residents and for older people living locally.

Community Safety:

11. Not applicable.

Sustainability:

12. Not applicable.

Procurement:

13. It is likely that procurement of advisors to review the potential for enhancing certain schemes will be via a small competition involving up to five candidate companies submitting sealed bids.

RECOMMENDATION(S):

The Committee is asked to:-

1. Review and comment on the proposed sheltered housing standard at Appendix C.

2. Comment on the implications of re-designating some of the schemes as "55+ Housing" and moving to floating support.

3. Comment on the proposed way forward, as a major review of four sites, at:-

Baker Street, Leighton Buzzard
Bedford Street, Leighton Buzzard
Croft Green, Dunstable
Tudor Court, Leighton Buzzard

4. Note that other schemes will be reviewed against local factors but with the principal aim of raising the quality and amenity of each scheme, as far as possible to the proposed CBC Sheltered Housing Standard.

Background

14. Across Central Bedfordshire there are 1,422 sheltered housing units, of which 132 are described as “Extra Care Housing” (ECH) in five schemes. ECH id not the subject of this report, but will be reviewed in a similar manner against evolving modern standards for Extra Care Housing as part of a “Meeting the Accommodation Needs of Older People” (MANOP) project. An Age UK definition of sheltered housing is attached as Appendix A and a full schedule of sheltered and extra care housing in Central Bedfordshire is attached at Appendix B.

15. Central Bedfordshire Council owns 545 flats and bungalows in eighteen schemes described as “sheltered housing”. The number includes twenty flats which are let to general needs households due to their inaccessibility to older people (e.g. third floor without a lift). Most of these homes were built between 1965 and 1980, although one scheme was built much earlier; Croft Green 1945-60 and one later; Kingsbury Court around 1990.

16. These schemes are very popular with existing residents. There is a variety of designs and layouts, but the common features are an alarm system hard wired in each home and monitored continuously and the support from a team of dedicated Supported Housing Officers (SHO’s) who visit each scheme and each resident on a regular basis. They can assist residents with obtaining social or health care, access their entitlements and generally support residents to continue to live independently. Some more recent residents decline to have SHO’s visit however.

17. In addition to sheltered housing schemes, the SHO’s also visit a number of “mini-groups”, which are flats and bungalows also with hard wired alarm systems but not officially described as “sheltered”. In practice, there is very little difference between some sheltered housing schemes and the 120 bungalows and flats in “min-groups”, as is discussed later in this report.

18. All of the Council’s sheltered housing schemes are in generally good condition and meet the former “Decent Homes Standard”. Due to their age, however, significant investment will be needed at some schemes to renew or refurbish some building components, in the near future. It is this prospect, coupled with difficulty in letting some sheltered housing units, which this report addresses.

19. The schemes were originally built to design guides with space standards no longer considered acceptable, including bedsit rooms, without any separation of lounge and bedroom. Although some schemes were adapted to reduce the number of bedsits, the results have been compromises over layout, a reduction of the number of units at each modified scheme and a residual number of bedsits remaining. Modifications were not carried out to any agreed modern standard.

20. Against that it should be said that the vast majority of existing residents in sheltered housing like where they live. The problem has been convincing those who do not live in sheltered housing that it could be suitable for them. This is a problem not unique to CBC but is being, or has been, faced by every landlord of sheltered housing.

21. In recent years some sheltered housing has become difficult to let. Age restrictions have been lowered to 55 years, in an endeavour to find additional customers. In some instances lettings are made to that age group on the basis that no other re-housing option is available to them. The result is the age gap between some residents can be forty years or more. The problem has been that some schemes attract very little interest under Choice Based Lettings and vacancies can last for ten weeks or more.

22. It was, therefore, proposed that a "CBC Sheltered Housing Standard" should be developed in consultation with existing residents and that all existing schemes should be measured against those standards. In due course, proposals should be brought forward for appropriate investment to bring each scheme as near to that modern standard as possible. The proposed standard is at Appendix C.

23. The proposed CBC local sheltered housing standard is based on a questionnaire sent to all sheltered housing tenants and meetings held with residents, where such facilities existed, to discuss the standard and how tenants felt about their own schemes. CBC officers worked closely with the Sheltered Tenants' Action Group (STAG), who welcomed the initiative and co-hosted the consultation meetings. In all sixteen meetings took place with residents, and the Project Group met fourteen times; including two workshops to go through the standards and then consider an initial assessment of how each scheme compared to that standard.

24. The residents' questionnaire was based on the "HAP: PI report" (Housing our Aged Population: Panel for Innovation – 2008) which set out an outline standard. It was recognised at an early stage that none of the existing schemes could match the minimum space standards recommended by HAP: PI and the Group agreed, therefore, that standards for existing schemes would be aspirational, relate to the amenity provided, and show how the scheme could be improved. Any newly built scheme would need to be constructed to much more specific and exacting standards.

25. Even with more general descriptions of standards, the Group recognised that none of the schemes were likely to comply fully. It would, however, be possible to review the future investment needs and potential of each scheme to be improved against that standard.

26. A modernised sheltered housing scheme which matched most the proposed standards could be capable of making a much greater contribution to the care and support of older people; use its facilities and amenities to the benefit of the wider community; and be an attractive housing option of choice for older people. This includes the use of communal lounges and facilities such as gardens to promote health and well-being amongst residents and older people in the vicinity. Some schemes might also, with modifications, be capable of meeting the need for people with mild and moderate Dementia.

27 The Supported Housing Officer service is partially funded by the General Fund. Improved Value for Money will be achieved by better targeting of that resource, better use of existing amenities such as communal lounges and gardens and properties being easier to let.

OPTIONS

28. At this point, the likely investment needs of all sheltered housing could not be met from existing resources. It is proposed, however, to prioritise a detailed review of investment needs and options to four locations initially. These schemes, at Baker Street, Bedford Street, Croft Green, and Finch Crescent offer the greatest potential for improvement, whilst also posing current challenges about allocations and use. Improvements could include replacement day centre facilities on a local basis, subject to feasibility studies.

29. In addition, a pilot scheme at Manor Court working with apprentices from the Ground work Trust to transform the communal garden into an open air amenity, and work on the communal lounge at Bedford Street, have both demonstrated the potential of these facilities to provide a local community resource and to promote health and well-being. It is proposed that an annual small improvements fund of £250,000 p.a., from the HRA be set aside from the HRA Capital Programme. Proposals to invest that fund could be considered by a delegated panel consisting of CBC Officers, members of STAG and chaired by the Executive Member. Proposed Terms of Reference for funding works would be up for discussion but would include contributions to healthier living and to wider community benefits.

30. A number of sheltered housing residents do not want or need support from a Supported Housing Officer (SHO). Re-designating seven of the schemes, totalling 201 homes, as “55+ Housing” wiould release some tied SHO resource to cater for older people living in the wider community of whatever tenure. This could align the SHO service with the provision of “Lifeline” alarm systems based on a telephone connection, rather than hard wiring. Early work focussing on providing an outreach service to older people in the Caddington area, using Manor Court as a “hub”, has delivered pleasing initial results. The learning from this will be transferred to the Barton Le Clay area (focussed around Gale Court as the “hub”), as a possible second outreach target area. Both schemes are separate from the main clusters of CBC sheltered housing in Dunstable and Leighton Buzzard.

31. To complement the possible expansion of more outreach work, a review of the charging arrangements for Lifeline is underway. This, with a view to providing an enhanced service, can be provided within existing resources and with the support of Well-being, CBC's emergency response monitoring service.

32. Five schemes require modest investment to improve amenities. These include Furness Avenue, Gale Court, Holts Court, Manor Court and Tudor Court, totalling 182 homes. An assessment of the works necessary to raise amenities against the agreed standard would take place once consultation about the standard has been completed and would probably take about six months.

33. Re-designation of seven schemes as Housing 55+ would not, in practice, mean a significant change in service but would retain the 55 years ago limit and provide targeted support to those residents who want and need it. They would, in effect, be "mini-groups" with similar arrangements and be a potentially attractive option for those below retirement ago who want or need to downsize.

31. A major review is required for four schemes at Baker Street, Croft Green and Finch Crescent, totalling 163 units, but with the potential for an expansion in each case.

32. Crescent Court (21 units) was included in the review but no proposals are being made currently, pending the outcome of the neighbourhood planning exercise currently in hand; which may identify an alternative site.

Appendices:
Appendix A – Definition of Sheltered Housing by Age UK.
Appendix B – Schedule of Sheltered Housing in Central Bedfordshire.
Appendix C – (Draft) Sheltered Housing Standard for Consultation.

Background papers and their location: (open to public inspection)
Equalities Impact Assessment – Social Care Health and Housing files

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Appendix A

What is sheltered housing? [1]

Sheltered housing is specially designed accommodation, mainly for older people, which you can buy or rent. It can also be called retirement housing. Sheltered housing which is called 'extra care sheltered housing', 'very sheltered housing', 'assisted living housing' or 'close care' provides care and support from a care team located on site.

While different schemes vary, most will provide:

- self-contained flats with their own kitchen and bathroom
- a laundry
- a communal lounge
- optional social activities
- communal gardens
- a guest room for overnight visitors
- security and safety features
- a warden or scheme manager
- 24-hour emergency assistance through an alarm scheme.

Why choose sheltered housing?

Sheltered housing might appeal to you if you want to live independently, perhaps in a smaller and easier-to-manage home, and like the idea of having someone to call on if there is an emergency. Sheltered housing differs from other types of housing because of the presence of a scheme manager (sometimes called a warden) who lives on the premises, or nearby.

Extra care sheltered housing, very sheltered housing and assisted living housing offer a higher level of care. These schemes are ideal for people who are less able to manage on their own, but who do not need the level of care available in a care home. The services offered vary between schemes, but meals, help with domestic tasks and some personal care are often provided. Close care housing is usually located in the grounds of a care home, with staff from the home providing extra care and assistance.

[1] Taken from an Age UK information leaflet, revised 2008

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Appendix B

A list of Sheltered and Extra Care schemes for rent from a social landlord in Central Bedfordshire

Name	Location	Type of Housing	Provider	No. units
Albert Court	Dunstable	Housing with Support	Central Bedfordshire Council	23
Ashcroft/Brewers Hill Road	Dunstable	Housing with Support	Central Bedfordshire Council	14
Baker Street, Lamsey Court	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	55
Bedford Street / Merlins Court	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	51
Beverley Court	Clophill	Housing with Support	Aragon	36
Capron Court	Dunstable	Extra Care Housing	Aldwyck Housing Association	16
Christchurch Court	Dunstable	Housing with Support	Home Prime	23
Copelands	Biggleswade	Housing with Support	Aragon	29
Crescent Court	Toddington	Housing with Support	Central Bedfordshire Council	21
Croft Green	Dunstable	Housing with Support	Central Bedfordshire Council	32
Durrell Close	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	35
Elizabeth House	Biggleswade	Housing with Support	Aragon	21
Ellenshaw Court	Flitwick	Housing with Support	Aragon	31
Finch Crescent	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	24
Furness Avenue	Dunstable	Housing with Support	Central Bedfordshire Council	47
Gale Court	Barton-le-Clay	Housing with Support	Central Bedfordshire Council	24
Gothic House	Arlesley	Housing with Support	Aragon	47
Handley Court	Sandy	Housing with Support	Housing 21	40

Hanover Court	Leighton Buzzard	Housing with Support	Hanover	33
Holts Court	Dunstable	Housing with Support	Central Bedfordshire Council	16
Howard Court	Flitwick	Housing with Support	Housing 21	24
Hutton Court	Woburn Sands	Housing with Support	Aragon	24
Jake's Court	Potton	Housing with Support	Aragon	43
Johnson Court	Houghton Regis	Housing with Support	Housing 21	45
Katherine's Garden	Ampthill	Housing with Support	Aragon	25
Kingsbury Court	Dunstable	Housing with Support	Central Bedfordshire Council	25
Lavender Court	Ampthill	Extra Care	Hanover	26
Long Meadow	Dunstable	Housing with Support	Aldwyck Housing Association	24
Manor Court	Caddington	Housing with Support	Central Bedfordshire Council	21
Manor Court	Marston Moretaine	Housing with Support	Aragon	44
Mayfield Road	Dunstable	Housing with Support	Central Bedfordshire Council	24
Northfields	Biggleswade	Housing with Support	Aragon	32
Orchard House	Harlington	Housing with Support	Aragon	16
Portnall Place	Cranfield	Housing with Support	Aragon	20
Queens Court	Dunstable	Housing with Support	Home Prime	22
Quince Court	Sandy	Extra Care Housing	Aragon	29
Red House Court	Houghton Regis	Extra Care Housing	Central Bedfordshire Council	33
Richmond Road	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	31
Saxon Close	Dunstable	Housing with Support	Central Bedfordshire Council	24
Southfields	Shefford	Housing with Support	Aragon	36
South Wood Road	Dunstable	Housing with Support	Central Bedfordshire Council	24

Staunton House	Woburn	Housing with Support	Woburn Almshouse Charity (managed by Aragon)	16
St Georges Court	Leighton Buzzard	Extra Care Housing	Hanover	28
Stonecroft	Sandy	Housing with Support	Aragon	23
The Gardens	Henlow	Housing with Support	Aragon	32
The Willows	Leighton Buzzard	Housing with Support	Home Prime	29
Tudor Court	Leighton Buzzard	Housing with Support	Central Bedfordshire Council	54
Wingfield Court	Ampthill	Housing with Support	Aragon	30
			Total	1422
			Of which ECH=	132
			Net sheltered	1290
			CBC stock	545
			Aragon sheltered	489

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Appendix C

Sheltered Housing Standard for Refurbished Properties – DRAFT FOR CONSULTATION
(Please note that when refurbishing properties the work undertaken will also meet with current building regulation standards)

AREA	STANDARD
Space and flexibility	• Wheelchair access to all common areas of the scheme and tenants' private accommodation. • Private accommodation could be 'open plan' including kitchen and living rooms to allow for a flexible use of internal private space. • Living rooms should be large enough for a 2 piece sofa, chair and TV. • Kitchens should be fitted with adjustable units/cupboards and worktops if required. • Space for a dining table and 2 chairs should be available in either the kitchen or living room area • Kitchens should contain enough space for a dishwasher, range of worktops, washing machine, fridge and freezer. • Bathrooms should be wheelchair accessible and include a w.c. • Bedrooms should be large enough to allow for a double bed and wardrobes and circulation space. • All tenants should have access to multi use space such as communal lounges and gardens. • Lift access should be available to all floors above ground level.
Daylight in home and shared spaces	• Habitable rooms such as the living room should be light and should not require perpetual artificial lighting . Ideally corridors and communal lounges should also not need perpetual lighting.
Shared and communal areas	• All schemes should have communal areas that are purpose built/designed. • Communal facilities should be securely separated from private accommodation areas in order to accommodate visitors. • Catering, kitchen and toilet facilities (including a disabled WC) should be available • Entrances to buildings will be level access. • There will be cloakroom facilities for coats/umbrellas etc. • Communal/common spaces should be large enough to accommodate all residents and visitors. • If possible, a guest room facility should be available within the scheme
Equipment	• Level access showers and bathing facilities should be installed in bathrooms. • Wi-Fi should be installed in schemes.

Appendix C

AREA	STANDARD
	• Assistive technology should be able to be installed at each scheme for provision of facilities to enable future needs (such as by installing trunking) when carrying out refurbishments. • Sockets and light switches should be installed at accessible heights.
Energy efficiency	• Heating Recovery Ventilation Systems, which meet minimum SAP energy efficiency ratings, should be installed (to include mechanical ventilation). • Properties should be easy and economical to heat. Communal boilers (including combined heat and power units) should be installed at each scheme wherever possible to reduce potential for fuel poverty and maximising energy efficiency. • Individually controlled radiators will be installed in each room. • Motion based lighting in communal areas maximised, but reduce institutional lighting panels-more wall/distributed lighting.
Storage facilities	• Sufficient storage facilities for residents should be included within private accommodation, at each scheme. • Common storage facilities should be provided for mobility scooters where these have been provided on the recommendation of an Occupational Therapist or those in receipt of Disability Living Allowance.
Outside space	• Attractive and wheelchair accessible external areas should contribute to health and well-being by providing outdoor leisure opportunities such as exercise and gardening. • Refurbishment projects will explore the feasibility of installing balconies above ground floor where possible, to increase access to outdoor space. • Ground floor flats doors should open directly onto private space. • External areas should be well lit, highly visible (including car parking amenities) so tenants and visitors feel safe. • The need for garages and parking amenities should be reviewed at each scheme.

Meeting:	**Social Care, Health & Housing Overview & Scrutiny Committee**
Date:	**29 July 2013**
Subject:	**Quarter Four Performance Monitoring Report**
Report of:	**Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing**
Summary:	The report highlights the performance for the Social Care, Health and Housing Directorate for Quarter 4 of 2012/13.

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

CORPORATE IMPLICATIONS

Council Priorities:

1. The quarterly performance report underpins the delivery of the Council's priorities, more specifically in the area of promoting health and well being and protecting the vulnerable.

Financial:

2. There are no direct financial implications.

Legal:

3. There are no direct legal implications.

Risk Management:

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

Staffing (including Trades Unions):

5. There are no direct staffing implications.

Equalities/Human Rights:

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

7. As such, it does not include detailed performance information relating to the Council's stated intention to tackle inequalities and deliver services so that people whose circumstances make them vulnerable are not disadvantaged. The interrogation of performance data across vulnerable groups is a legal requirement and is an integral part of the Council's equalities and performance culture, which seeks to ensure that, through a programme of ongoing impact assessments, underlying patterns and trends for different sections of the community identify areas whether further action is required to improve outcomes for vulnerable groups.

Public Health

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

Community Safety:

9. There are no direct community safety implications.

Sustainability:

10. There are no direct sustainability implications.

Procurement:

11. There are no direct procurement implications.

RECOMMENDATION: The Committee is asked to note and consider this report

Social Care, Health & Housing - Medium Term Plan

12. The Directorate's performance for the Medium Term Plan priority of "Promote health and wellbeing and protecting the vulnerable" has proved to be strong throughout the year, with only one target not being achieved.

13. Whilst the challenging target of 100% of customers receiving self-directed support (C1 MTP) has not been achieved, it is pleasing to report that the revised national target of 70% has been exceeded. The number of customers has continued to increase throughout the year with 3,175 customers now receiving a personal budget, an increase of 871 during 2012/13. 1,069 of these customers are in receipt of direct payments, to enable them to manage their own support needs.

14. The target for 2013/14 will continue to challenge the service, but will also take into consideration the number of customers who receive services that would not be delivered through a personal budget (e.g. equipment).

15. The Decent Homes standard for Council owned housing has been achieved again.

16. Progress has been maintained in the other targets including the positive external audit report on safeguarding recording, continuing progress on the delivery of the extra-care units in Dunstable and Leighton Buzzard and the successful launch and implementation of the dementia accreditation and incentive scheme.

Social Care, Health & Housing - Key Performance Indicators

17. Performance has been challenging throughout the year and whilst a number of measures have not achieved their target, or performance has dipped, positive actions have been taken to improve performance in the coming year.

18. Management action continues to be taken to improve the data quality of the reporting of carers' services (SCHH 2), with the introduction of a new local measure during the year. The new measure has been devised to more accurately reflect our performance in ensuring that known informal carers are assessed and reviewed on an annual basis and are receiving the appropriate support and advice and/or services.

19. Performance in relation to safeguarding (SCHH 3) has dipped but there has been an increased management focus on the long-standing cases, causing the drop as these long-standing cases are closed.

20. Whilst the target for reviews has just been missed (SCHH 5), significant improvement in the management of this indicator throughout the year has ensured that reviews have been carried out in a planned and timely manner, without the need to bring in additional resources at the end of the year.

21. Performance regarding the use of Temporary Accommodation (SCHH 6 & 7) has continued to remain strong, by the use of the housing options approach and prevention of households becoming homeless, where temporary accommodation is used as a last resort.

Public Health – Medium Term Plan

22. The number of health checks offered (C7 MTP) in 2012/13 at 25,769 exceeded the Medium Term Plan target of 24,058 and is 4,300 higher that the number offered in 2011/12. This has involved the Public Health Team working closely with GP practices that had previously missed their health check targets, supported by an increase in the number of checks offered in community settings such as the Dunstable Travel Hub and workplaces.

23. This increased activity however has not translated into a rise in the number of health checks delivered, which at 10,487 remains consistent with 2011/12. National evidence suggests that the economic climate could be playing a part as people become more focused on immediate financial concerns rather than longer term health issues.

24. It is also possible that having run the health check scheme now for three years that there is a growing number of repeat offers to those not taking up the offer in previous years and that many of these people may be more challenging to encourage to take up the offer.

25. The Public Health Team are working closely with the Communications Team to further raise the profile of the importance of taking up the offer of a health check.

Appendices:
Appendix A – Q4 Performance Indicators.

Background Papers:
None

Location of papers:
Not Applicable

Appendix A - Quarterly Performance Report

Medium Term Plan Indicators and CMT Appendix A indicators

Quarter 4 2012/13

Report comparison - Depends on the nature of the indicator		**Performance Judgement**			
		Direction of travel (DoT)		RAG score (Standard scoring rules unless the indicator specifies alternative scoring arrangements)	
Seasonal	Compared to the same time period in the previous year	⇩	Performance is reducing	**R**	RED - target missed / off target - Performance at least 10% below the required level of improvement
Quarter on quarter	Compared to the previous quarter	⇔	Performance remains unchanged	**A**	AMBER - target missed / off target - Performance less than 10% below the required level of improvement
Annual	Compared to one fixed point in the previous year	⇧	Performance is improving	**G**	GREEN - Target achieved or performance on track to achieve target

Overview of performance

Ref	Indicator	Performance will be reported:	Performance information being reported this quarter		
			Time period	**Performance**	
Promote health and wellbeing and protect the vulnerable					
C 1 MTP	Protecting Vulnerable Adults	Quarterly	Quarter 4 2012/13	⇔	G
C 2 MTP	Number of additional 'Extra Care' flats provided	Quarterly	Quarter 4 2012/13	⇔	G
C 3 MTP	Percentage of decent homes (Council stock)	Quarterly	Quarter 4 2012/13	⇔	G
C 4 MTP	Number of Village Care schemes in operation	Quarterly	Quarter 4 2012/13	⇔	G
C 5 MTP	Percentage of council commissioned dementia care classed as 'good' or 'excellent'.	Quarterly	Quarter 4 2012/13	⇔	G
C 6 MTP	Clients receiving self directed support	Quarterly	Quarter 4 2012/13	⇧	R
C 7 MTP	Percentage of 40 to 74 year olds offered a health check	Quarterly	Outturn 2012/13	⇧	G
SCHH 1	People supported to live independently	Quarterly	Quarter 4 2012/13	⇔	Not scored
SCHH 2	Carers receiving needs assessment or review and a specific service or advice and information	Quarterly	Quarter 4 2012/13	⇩	R
SCHH 3	SOVA investigations completed within 35 days	Quarterly	Quarter 4 2012/13	⇩	Not scored
SCHH 4	Achieving independence for older people through rehabilitation / intermediate care	Annually in Quarter 1			
SCHH 5	Clients receiving a review	Quarterly	Quarter 4 2012/13	⇩	A
SCHH 6	Number of Households living in temporary accommodation	Quarterly	Quarter 4 2012/13	⇧	G
SCHH 7	Number of Households living in temporary accommodation (Households with dependants / pregnant)	Quarterly	Quarter 4 2012/13	⇧	G

Promote health and wellbeing and protect the vulnerable

C 1 MTP	Protecting Vulnerable Adults							
Milestones: 1. Independent audits of safeguarding case files - Annual 2. Annual Safeguarding Report - Annual 3. Develop & implement Safeguarding Case Support Tool – March 2013 4. Continue to develop and implement the 6 work stream within the safeguarding improvement register – March 2013		**Latest comparator group average**	-	**Report comparison**	-	**Performance Judgement**	⇔	**G**
Comment: The independent audit of safeguarding case files was completed in January 2013. 22 cases were reviewed of which two were found to be poor and eleven were found to be good/excellent. The auditor stated "The outcome of the audit would suggest that the authority should (as in February 2012)feel relatively satisfied with the work that it is doing to safeguard adults at risk, although as ever there is some room for improvement." The safeguarding case support tool was due to be implemented by the end of March, however due to changes in the national return for safeguarding, the information collected within the case support tool has been mainstreamed into the Swift database (the Adult Social Care system) and is planned to go-live in May 2013. Monthly performance reports presented to Executive and Deputy Executive members for SCHH.								

C 2 MTP	Number of additional 'Extra Care' flats provided							
Milestones: 1. Identify site, approve decision to invest – November 2012 2. Produce design and acquire site - tbc 3. Secure Planning Permission; agree s106 - tbc 4. Procure contractor - tbc 5. Commence Construction - tbc 6. Open New Provision – by December 2014		**Latest comparator group average**		**Report comparison**		**Performance Judgement**	⇔	**G**
Comment: The HCA bid has been made and the outcome is currently being awaited. Two sites are on track for the delivery of Extra Care units in December 2014 (Dukeminster) and 2015 (Site 17a, Leighton Buzzard). Planning applications have been submitted. Progress to identify new sites is positive, with broad corporate engagement and actions being progressed. There are significant risks to the project and the area to improve is to develop/implement mitigating actions to address those risks.								

C 3 MTP	Percentage of decent homes (Council stock)															
Unit	Good is		2011/12				2012/13				Latest comparator group average	99.1% HouseMark 2010/11	Report comparison	Seasonal	Performance Judgement	⇧	G
%	Low		Qu 1	Qu 2	Qu 3	Qu 4 / Outturn	Qu 1	Qu 2	Qu 3	Qu 4 / Outturn							
Target						100	98.20	98.40	99.00	100.00							
Actual			99.3	99.4	99.4	100	99.35	99.6	99.8	100							

Comment:
It is pleasing to report that the target has been achieved.

C 4 MTP	Number of Village Care schemes in operation						
Milestone: 1. Establish 'core offer' for the village care scheme - September 2012 2. Audit the current village care schemes - March 2013 3. Establish Baseline - March 2013 4. Draw up action plans and address the gaps - March 2014	Latest comparator group average		Report comparison		Performance Judgement	⇔	G

Comment:
Good progress continues to be made with the expansion of the village care schemes, with coverage now up to 90%.

C 5 MTP	Percentage of Council commissioned dementia care classed as 'good' or 'excellent'						
Milestones: 1. Dementia Quality Accreditation Scheme approved - January 2013 2. Incentive scheme for all dementia related residential care home payments introduced – January 2013 3. 60% of all dementia care classed as 'good' or 'excellent' – March 2014	Latest comparator group average	-	Report comparison	-	Performance Judgement	⇔	G

Comment:
The Dementia Quality Accreditation scheme was launched in January 2013 and the first provider was accredited in March 2013, with first incentive payment processed and made. Work continues on establishing the classification scheme for dementia care within Central Bedfordshire.

C 6 MTP	Clients receiving self directed support (ASCOF1c)																		
Unit	Good is	2010/11	2011/12					2012/13						Latest comparator group average	44.1 CIPFA 2011/12	Report comparison	Quarter on Quarter	Performance Judgement	
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn					
%	High	30.42	60.0	32.20	35.3	40.0	52.9	52.9	100	54.7	66.2	71.7	72.8	72.8				R	

Comment: Provisional Outturn

The number of customers receiving self-directed support has continued to increase to 3,175 customers since April 2013. Of which 1,052 customers are in receipt of direct payments. Self-directed support continues to be offered to all new customers and through the review process to existing customers.

Whilst the challenging target of 100% has not been achieved, it is pleasing to report that the revised national target of 70% has been exceeded. The target for 2013/14 will continue to challenge the service, but will also take into consideration the number of customers who receive services that would not be delivered through a personal budget (e.g. equipment).

C 7 MTP	NHS Health checks (percentage of people aged 40 to 74 years of age offered a health check).												
Unit	Good is			2010/11	2011/12	2012/13					Latest comparator group average	Report comparison	Performance Judgement
%	High			Outturn	Outturn	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn		Annual	G
Percentage offered a health check		Target	Number	12,999	20,822	6,014	6,014	6,014	6,016	24,058			
		Actual	Number	14,923	21,466	5,057	4,978	9,083	6,651	25,769			
			%	115%	103%	84%	83%	151%	111%	107%			
Number of Health checks delivered		Target	Number	6,500	10,411	3,007	3,007	3,007	3,008	12,029			
		Actual	Number	7,547	10,499	1,992	2,398	2,949	3,148	10,487			
			%	116%	101%	66%	80%	98%	105%	87%			

Comment: The number of Health checks offered has exceeded the target set and within the Medium Term Plan.

The proportion of people accepting this offer and actually having their Health check is below target. There may be a number of reasons for this and there is evidence nationally to suggest that the poor economic outlook can reduce people's consideration of longer term health risk for more immediate concerns, hence the importance they attach to the preventative aspect of a Health check. It may also be that many of the willing have now had a check and we are now inviting those who are more challenging to engage. The Public Health team have been working closely with those practices that have been unable to meet their targets and additional Health checks have been offered in community settings, for example, Health checks have been offered at the Dunstable Travel Hub since January 2013. There is evidence that this approach is successful, as the number of Health checks delivered has increased each quarter.

To ensure that people invited for Health checks take up the offer, Public Health is working with communications team within CBC to develop and deliver an advertising and social marketing campaign which will include Health checks amongst other preventative programmes. This will be a campaign running over the next two years and will be aligned with high profile national campaigns, using the 'nudge' theory whereby if residents hear about Health checks on a number of occasions they are more likely to respond to the invitation.

In addition to assessing alcohol intakes, Health checks will also include dementia awareness and signposting as from April 2013.

SCHH 1	People supported to live independently																			
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	-	Report comparison	Quarter on Quarter	Performance Judgement	⇔	Not scored
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
Number of people per 100,000 population	High	3,042.6	No target set	3,033.7	3,015.3	2,920.7	2,840.2	2,840.2	No target set	2,727.9	2,700.96	2,700.62	2,613.31	2,613.31							

Comment: Provisional Outturn
Performance continues to remain relatively static for this measure and is a reflection on the success of the Reablement programme, where after a period of intensive support, an individual is able to live independently without social care support.

SCHH 2	Carers receiving needs assessment or review and a specific carer's service or advice and information (NI 135)																			
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	23.8 CIPFA 2010/11	Report comparison	Quarter on Quarter	Performance Judgement	⇩	R
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
%	High	31.39	40.0	31.40	30.4	29.1	43.7	43.7	45.0	40.0	40.5	38.6	36.7	36.7							

Comment:

Data quality issues have continued impact on the outturn of this measure, which continue to be addressed through management action.

As previously mentioned, a new measure has been derived to provide a more meaningful measure on the support to carers. This measure reports the number of carers receiving an assessment or review as a proportion of all customers with an informal carer. Performance at the end of March was 68.8% and a target will be devised for 2013/14.

SCHH 3	SOVA investigations completed within 35 days																			
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	-	Report comparison	Quarter on Quarter	Performance Judgement	⇩	Not scored
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
%	High	59.0	80.0	67.2	69.0	55.8	59.7	59.7	No target	52.5	50.6	61.9	54.1	55.3							

Comment:

This is a locally set measure, and the target of 35 days is in line with good practise.

Whilst performance has decreased during the quarter, there has been an increased management focus on the long-standing cases, causing performance to drop as these long-standing cases are closed. Of the 74 referrals to investigation completed during the third quarter of 2012/13, 34 took longer than 35 days to close. These cases are generally complex cases, which require interventions involving other agencies. Long-standing investigations continue to be reviewed on a regular basis, to ensure that the necessary actions are being taken and, where appropriate, cases are closed.

Within the quarter, 299 alerts were received by the safeguarding team, of which 100 have been progressed to investigation, with the number of current investigations remaining constant at about 70.

SCHH 4	Achieving independence for older people through rehabilitation / intermediate care (ASCOF 2b)																	
Unit	Good is	2009/10	2010/11		2011/12		2012/13		Latest comparator group average	82.3 CIPFA 2010/11	Report comparison	Annual	Performance Judgement		Not scored			
		Outturn	Target	Outturn	Target	Outturn	Target	Outturn										
%	High	50.30	No target set	79.59	No target set	68.20	No target set	Annual										
Comment: Annual reporting																		

SCHH 5	Clients receiving a review																	
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	-	Report comparison	Quarter on quarter	Performance Judgement	⇩	A
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
%	High	73.80	80	72.80	72.2	72.90	82.65	82.65	85.0	78.0	84.3	86.2	84.9	84.9							
Comment: Provisional Outturn Whilst the target has been missed this year, significant improvement in the management of this indicator throughout the year has ensured that reviews have been carried out in a planned and timely manner, without the need to bring in additional resources at the end of the year.																					

SCHH 6	Number of households living in temporary accommodation																	
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	-	Report comparison	Quarter on quarter	Performance Judgement	⇧	G
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
Number	Low	37	43	35	33	28	46	46	37	34	32	37	35	35							
Comment: The use of temporary accommodation continues to be managed through a housing options approach and preventing households from becoming homeless.																					

SCHH 7	Number of households living in temporary accommodation (Households with dependents / pregnant)																	
Unit	Good is	2010/11	2011/12						2012/13						Latest comparator group average	-	Report comparison	Quarter on quarter	Performance Judgement	⇧	G
		Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn							
Number	Low	32	35	23	20	21	29	29	25	24	22	27	18	18							
Comment: The use of temporary accommodation continues to be managed through a housing options approach and preventing households from becoming homeless.																					

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Meeting:	**Social Care, Health and Housing Overview and Scrutiny Committee**
Date:	**29 July 2013**
Subject:	**General Fund Revenue Budget Management Report for 2012/13 for Social Care, Health and Housing.**
Report of:	**Cllr Carole Hegley, Executive Member for Social Care, Health & Housing.**
Summary:	The report sets out the financial position at the end of 2012/13

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

CORPORATE IMPLICATIONS

Council Priorities:

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

Financial:

2. The financial implications are set out in the report

Legal:

3. Not applicable.

Risk Management:

4. Not applicable.

Staffing (including Trades Unions):

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 note the General Fund outturn of £53.9m which is a £1.7m under spend against budget.

Introduction

10. The report sets out the final position at the end of 2012/13.

General Fund Executive Summary Revenue

11. The **General Fund** outturn for the directorate is a projected under spend of £1.7m or 3.1%.

12. The following table 'A' shows a summary position analysed by the Director and Assistant Director, with more detailed commentary in the following paragraphs. Appendix 'A' provides a more detailed analysis by Service.

Assistant Director	Approved Budget	Forecast Outturn Spend for Year before transfers to/from reserves	Full Year Variance (-under)/ overspend	Full Year Variance after transfers to/from reserves (-under)/ overspend
	£000	**£000**	**£000**	**£000**
Director	184	203	19	19
AD Housing (GF)	3,925	3,808	(117)	(117)
AD Adult Social Care	55,285	52,755	(2,530)	(1,323)
AD Commissioning	4,903	4,043	(860)	(552)
AD Business & Performance	(8,712)	(7,950)	762	249
Total General Fund	**55,585**	**52,859**	**(2,726)**	**(1,724)**

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

Expenditure type	Forecast Outturn (Before use of Reserves) £000
Staffing Costs	17,144
Premises and Transport	771
Supplies and Services	6,366
Third Party Payments	47,742
Other Payments	13,939
Total Expenditure	**85,962**
Income	(16,241)
Grants	(16,862)
Total Income	**(33,103)**
Net Expenditure	**52,859**

14. The **Housing (GF)** service under spent by £0.117m due to pilot projects within the Supported Housing section not coming on stream and an increased allocation of staff costs to the Disabled Facility Grants capital programme. The service achieved a total of £0.280m of efficiencies during 2012/13 comprising of the harmonisation of the Housing Needs service and a reduction in costs at the Traveller sites.

15. The **Adult Social Care** service under spent by £1.3m or 2% of the budget compared to an under spend of £0.602m at Quarter Three. The two key reasons for this were due to under spends in care packages for Older People and People with Learning Disabilities.

16. **Older People** care package costs were under spent by £0.411m which is equivalent to 2% of the budget allocation of £20.1m. Within this, there were over spends in Residential and Nursing Care offset by under spends in Home Care, Respite and Physical Disability care packages. The on-going Adult Social Care efficiency programme has really contributed to this position reducing the number of admissions to residential care, the 'right sizing' of care packages and increased funding from continuing health care in times of increasing demography, people living longer with more complex needs and with increasing numbers of self funding requiring the Councils support.

17. For **Learning Disabilities,** the service area under spent by £0.617m on care packages. This was due to a combination of reductions on Transitions and increased funding for continuing health care some of which were backdated to the earlier part of the year.

18. Within the **Older People** client service group, the impact of former self funders continues to have an impact. Twenty four service users in this category have required council support during 2012/13 at an estimated full year cost of £0.200m with a full year impact of £0.400m. The customer numbers are less than the equivalent for 2011/12 but, given the current financial climate, this trend is unlikely to diminish and will continue to put pressure on the Council's budget. Work is also underway to try and estimate the likely financial implications to the Council of the changes to the funding of Adult Social Care following the recommendations contained in the Adult Social Care Bill.

19. The **Commissioning** service under spent by £0.552m after contributions from reserves. This is due to an under spend on a number of contracts amounting to £0.165m together with £0.400m on the deferral of the residential dementia fee uplifts.

20. Customer income over achieved by £0.424m against budget within the **Business & Performance** service area. This was reflecting an increasing numbers of customers paying for their care due to changes in demographics and need.

Detailed Commentaries

Director

21.0 The over spend of £0.018m is a result of unachieved managed vacancy factor and additional administration support costs.

Assistant Director – Housing (GF)

22.0 Across Housing Operations there is a projected outturn of £3.807m with a positive variance of £0.117m between expenditure and budget.

22.1 With effect from 1 April 2012, the Housing Needs service has been harmonised throughout the Central Bedfordshire area. This process has enabled an efficiency of £0.200m to be delivered within the Housing (GF) service achieved by contractual savings and a reduction in overall staffing numbers.

22.2 A further efficiency of £0.080m has been achieved in 2012/13 at the Traveller sites. The installation of meters, along with other works undertaken at the Traveller sites in 2011/12, has resulted in a reduction in staff time required. There has also been a significant reduction in water and electricity bills for the Council.

22.3 Within Supported Housing there was an under spend of £0.066m. This variance is the result of delays in pilot projects, which require further evaluation before they can commence. These projects are the East of England Development Project, Teenage Parent Housing Support Service, and Domestic Abuse and Sexual Abuse Outreach.

22.4 Within Private Sector Housing there is a positive variance of £0.029m. This is due to increased staff time spent on the Disabled Facility Grants programme, which enables more capitalisation of salaries than was anticipated in the budget.

22.5 Within Prevention, Options and Inclusion the majority of the Homelessness Grant and Repossession Prevention funding was not spent during 2012/13. This has enabled £0.198m of grant to be rolled forward into 2013/14.

22.6 Within Prevention, Options and Inclusion and Traveller Sites there were other minor positive variances amounting to £0.022m.

Assistant Director – Adult Social Care

23.0 The overall position presents an under spend of £1.323m after reserves. The highest risk areas for external care packages are reporting an under spend of £0.411m (2%) for Older People, an under spend of £0.375m (7%) for People with Physical Disabilities and an under spend of £0.617m (5%) for People with Learning Disabilities.

23.1 Older people

The care packages budget for older people included demographic growth of £1.8m but also efficiencies of £1.4m relating to reductions in residential placements together with savings from the activity around reablement and the right sizing of care packages.

23.2 Residential Care

The outturn was an over spend of £0.411m. The number of service users has reduced by 41 since the end of March 2012. During 2012/13 there were 39 cases relating to a 12 week disregard period and 16 former self funders requiring local authority support. At the end of 2012/13 residential placements numbers stood at 493, 41 less than at as March 2012. Of these, 254 were in residential block beds (91% occupancy versus 93% at the end of March 2012) and 239 in spot purchased beds (277 at the end of March 2012).

23.3 Nursing care

The outturn was an over spend of £0.177m. During 2012/13 there were 8 cases relating to a 12 week disregard period and 8 former self funders requiring local authority support.

23.4 Home care

The outturn was an under spend of £0.237m. The Reablement service achieved reductions in hours during the year of 2,464 with an associated saving of £0.225m. The review or 'right-sizing' of home care packages also resulted in savings of £0.460m.

23.5 Respite Care

The outturn was an under spend of £0.365m. Respite care in response to emergency situations/crises diminished as a result of services put in place such as the Step-up, Step Down facility at Greenacres and the new Short Stay Medical Unit.

23.6 Challenging efficiency targets were set against the Older People service area. The **Reablement** service achieved reductions in care hours of 2,464 for 2012/13 which is equivalent to a saving of £0.225m. It is evident that whilst this activity is reducing costs to the Council it is not able to completely mitigate the costs of the demographic increases.

23.7 Physical Disabilities

The overall position on care packages is an under spend of £0.375m. This largely reflects reductions in nursing placement/diversion of funding to health. Additional budget was provided for Transitions from Children's Services and six new cases impacted on the outturn.

23.8 Learning Disability

The outturn was an under spend of £0.749m on external care packages after reserves. There were some significant variances because of reduced spend on transitions and increased funding for continuing health care.

23.9 A reserve of £0.566m was brought forward from 2012/13 to address the risk associated with Ordinary Residence transfers. Delays in the de-registration process mean that all costs, £0.133m, in the current year can be met from the reserve. An earmarked reserve balance of £0.433 will be held to meet future costs.

23.10 Other variances

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

- The Reablement Service outturn was an under spend of £0.113m (7% of budget); this mainly reflects an under spend on pay of £0.082m within the Intermediate Care and Support Planner/Broker Teams.
- The Learning Disabilities and Mental Health Management outturn was an under spend of £0.145m mainly due to vacancies within the management and admin team

Assistant Director – Commissioning

24.0 For this area the outturn was an under spend of £0.552m comprising of savings on contracts and rents within the Learning Disabilities Transfer budget (£0.151m), vacancies within the Bedfordshire Drug & Alcohol Team (£0.083m) and £0.165m within Telecare and Meals contracts due to price and volumes savings. There was also a saving within the Mental Health contracts due to new contracts being awarded later than expected.

24.1 The Campus Closure re-provision programme for people with learning disabilities spent £0.180m which was fully met from the earmarked reserve.

24.2 The Commissioning budget also included £0.400m set aside to meet the potential costs arising from a revised fee policy for dementia for residential and nursing placements. Very little of this was spent in 2012/13 resulting in a significant under spend, the majority of which has been earmarked to the Outcome Based Commissioning Reserve.

Assistant Director – Business and Performance

25.0 The outturn position presents an over spend of £0.303m. The budget included an unfunded base budget pressure in 2012/13 of £0.718m. Although there are under spends in other areas of the directorate, this budget pressure has not been distributed so gives the impression of a large over spend in this service area. In addition customer income was above budget by £0.424m.

Revenue Virement Requests

26.0 No virements are requested.

Achieving Efficiencies

27.0 For 2012/13 the efficiencies target amounted to £4.265m. The target was exceeded with an outturn of £5.056m

27.1 There were three efficiencies which exceeded their target:

- High cost placement cost reductions £0.508m
- Jointly commissioned services £0.444m
- Review of domiciliary care packages £0.160m

27.2 Appendix B shows the Efficiency Tracker summary for the Directorate.

Reserves position

28.0 Appendix C shows the full list of reserves for the directorate. The total General Fund reserves available as at April 2012 were £4.007m and the closing position is £5.069m.

28.1 In respect of the Campus Closure capital project, £0.180m has been drawn down from the reserve leaving £0.421m to meet the costs of the final schemes.

28.2 The Social Care Reform reserve has a closing balance of £0.187m and will be used to fund future Personalisation and improvement projects.

28.3 The Deregistration of Care Homes Reserve is being utilised to meet the costs of new Learning Disabilities cases arising from Ordinary Residence. An amount of £0.133m has been drawn down for 2012/13. The remaining balance of £0.433m will be used during 2013/14 and 2014/15 subject to the de-registration of two major providers within Central Bedfordshire.

28.4 The Greenacres Step-up, Step down reserve of £0.674m has partially been used to fund the operational costs of the unit in 2012/13 with the balance of £0.490m providing on going funding in 2013/14.

28.5 The Winter Pressures reserve closing balance of £0.152m reflects unutilised grants towards the newly formed Rapid Response/Falls Service.

28.6 The 2012/13 grant funding for Deprivation of Liberty in hospital settings has been rolled forward as an earmarked reserve of £0.081m to offset additional costs in 2013/14.

28.7 The Outcomes Based Commissioning reserve has been created to meet the costs of the residential care home transition and service modernisation programme and has a closing balance of £3.067m. A detailed financial model has been developed to capture the costs of the programme. The balance is as a result of the consolidation of a number of smaller reserves together with a contribution of £1.875m during the year.

Debt Analysis and Prompt Performance Indicator

29.0 General Fund Debt

29.1 General Fund debt at the end of 2012/13 stood at £4.8m (£4.4m for Quarter 3) of which £2.2m was house sales debt, £0.8m Health Service debt and £0.1m other Local Authorities. Of the remaining general debt of £1.7m, £0.9m (55%) is more than 60 days old. This includes legacy debt of £0.2m as well as Central Bedfordshire debt. There are 35 debtors whose outstanding balance is greater than £0.010m which are all under active management.

29.2 Prompt Performance Indicator

The prompt payment target for the Authority is 90% of invoices paid within 30 days of invoice receipt. The Directorate's Performance for March 2013 is as per the table below.

Section	Total Invoices	Paid late	Performance
Social Care, Health & Housing	**2,644**	**164**	**93.80%**
Director of Social Care, Health & Housing	2	0	100.00%
Housing Services (HRA)	432	45	89.58%
Housing Management (GF)	52	6	88.46%
AD Adult Social Care	271	72	73.43%
AD Commissioning	89	6	93.26%
AD Business & Performance	66	9	86.36%
Capital - Social Care, Health & Housing	227	25	88.99%
Automated Payment (SWIFT, LIBRA)	1,505	1	99.93%

Appendices:
Appendix A Net Revenue Position Full Analysis

Appendix B Efficiencies
Appendix C Reserves
Appendix D Debt Analysis

Background papers: None
Location of papers: Technology House

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Revenue Summary Position - 2012/13 Outturn

		Year								
		Approved Budget	Final Outturn 2012/13	Outturn Variance	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.	Outturn as % of Budget	RAG	Risk	Activity level Medium/High risk budgets (COMMENTARY)
		£000	£000	£000	£000	£000				
Director of Social Care, Health, Housing		184	203	18		18	10%	red	Low	Overspend on pay due to additional admin support & unachieved Managed Vacancy Factor
Housing Management (GF)		3,925	3,808	-117	0	-117	-3%	green		
Supported Housing		2,471	2,405	-66		-66	-3%	green	Low	Under spend due to delays in pilot projects
Prevention, Options & Inclusion (GF)		768	760	-8		-8	-1%	green	High	
Private Sector Housing Options (GF)		635	606	-29		-29	-5%	green	Medium	Additional capitalisation of salaries
Housing Management (GF)		50	37	-13		-13	-27%	amber	Low	Reduced utility costs
Adult Social Care		55,285	52,755	-2,531	1,208	-1,323	-2%	green		
Asst Director Adult Social Care		-255	26	281	49	330	-130%	amber	Low	Underspend of £97k of which £81k relates to the DoLs grant which has been requested as a new reserve. Underspend on NHS grant of £229k partially offsetting 2012/13 Step Up Step Down contract costs and balance met from reserve. Cost of Greenacres Step Up/ Step Down Service offset by saving on BUPA contract below
Older People and Physical Disability Mgt		437	321	-116	152	36	8%	amber	Low	Under spend on contingency of £116k. Fill original contingency now taken as 13/14 efficiency.
Older People - Day Care		549	471	-78		-78	-14%	amber	Low	Underpends on day centres reflecting less than budgetted uptake of the local authority Pension Scheme.
Enablement		1,704	1,125	-578	465	-113	-7%	green	Low	Underspend due to delays in recruitment in Support Planner broker teams £61k and in Home From Hospital team £21k, underspend on mainstream reablement posts £465k transferred to the OBC reserve
OPPD - Care Management Central		1,228	1,332	104		104	8%	amber	High	Overspend of £55k on Occupational Therapy, £23k on Visual Impairment packages and £10k on Personalisation
OPPD - Care Management North		14,084	13,222	-862		-862	-6%	green	High	Phys Dis packages outturn under spend of £375k, 65+ packages outturn underspend of £410k.
OPPD - Care Management South		13,236	13,465	230		230	2%	amber	High	See above
LD & MH Management		400	255	-145		-145	-36%	amber	Low	Under spend mainly due to vacancies
Under 65 Mental Health Packages		739	499	-240	201	-39	-5%	green	High	Under spend on care packages - major area being direct payments (£259k under) and nursing care £113k (0 placements).
Learning Disabilities - Assessment and Care Mgmt		13,094	12,310	-784	241	-543	-4%	green	High	Under spend on packages of £749k after reserve. Under spend on other local authority placements £304k
Learning Disabilities - Direct Services		3,691	3,621	-70	-2	-72	-2%	green	Low	Under spend on Frogmore Rd (£58k), High Street, Sandy (£41k), Linsell House (£58k) offsetting over spend on Walkers Close £135k (unachievable income target re TP)
Sheltered Employment		28	38	10	-3	7	27%	red	Low	
Emergency Duty Team		140	187	46		46	33%	red	Medium	
BUPA		6,211	5,884	-328	105	-223	0	green	Medium	Underspend on Greenacres block reflecting funding from NHS grant for Step Up/Step Down Service
Commissioning		4,903	4,043	-860	308	-552	-11%	amber		
Asst Director Commissioning		493	237	-256	202	-54	-11%	amber	Low	Overspend due to use of interim £52k. £400k underspend re 65+ fee policy changes, Consultants costs re Outcome Based Commissioning = £90k

Revenue Summary Position - 2012/13 Outturn

		Year								
		Approved Budget	Final Outturn 2012/13	Outturn Variance	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.	Outturn as % of Budget	RAG	Risk	Activity level Medium/High risk budgets (COMMENTARY)
		£000	£000	£000	£000	£000				
Contracts		4,371	4,206	-165		-165	-4%	green	Low	Over spend on Pooled Equipment budget of £48k offset under spends of £74k on MH Contracts, £20k on Meals, £35k on the Mental Health S75
LD Transfer		-1,252	-1,689	-437	286	-151	12%	amber	Medium	Savings on new Supported Living schemes, contributions from Sinking Fund surpluses - allowing contribution of £286k to Residential Futures reserve
Bedfordshire Drug Action Team		102	20	-83		-83	-81%	amber	Low	Underspend on Substance Abuse packages £57k and savings on BDAT salaries due to vacancies/freeze £26k
Contracting		12	342	331	-180	151	1310%	red	Low	£180k spend on campus closure transitional costs met from reserves. No budget allocated for new structure - overspend on pay offset by Commissioning underspend below
Personalisation		581	467	-114		-114	-20%	amber	Low	Underspend reflects restructure of this area and offsetting overspends shown below Partnerships and Performance
Commissioning		597	460	-137		-137	-23%	amber	Medium	Underspend reflects restructure of this area and offsetting overspends shown above in Contracting
Business and Performance		-8,712	-7,950	762	-513	249	-3%	green		
Asst Director Business & Performance		-579	667	1,246	-459	787	-136%	amber	Low	£144k use of Social Care Reform reserve, £315k use of Outcomes Based Commissioning reserve. Overspends reflect base budget pressure of £718k
Business Systems		791	722	-69	-18	-87	-11%	amber	Low	
Partnerships and Performance		712	721	9	-36	-27	-4%	green	Low	£36k Contribution from corporate redundancy reserve
Customer Contributions		-9,635	-10,060	-424		-424	4%	amber	Medium	Residential fees over-achieved by £574k, Fairer Charging overachieved by £309k, Telecare £99k shortfall, respite care £90k shortfall, nursing care £12k surplus and house sales £283k shortfall.
Sub-total Social Care, Health and Housing General Fund		55,586	52,859	-2,727	1,003	-1,724	-3%	green		

Appendix B Efficiencies

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

Social Care, Health & Housing - the SCHH efficiency target for 2012/13 is £4.265M

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

1. EA31 - Review of management arrangements - £85k shortfall
2. EA58 - Review of charges for respite care £50k shortfall
3. EA60 Review of arrangements for informal carers £75k shortfall

Other efficiencies are over-achieving and are offsetting these overspends notably:

EA61 Reablement savings - over-achieved by £161k
EA44 Commissioned Services: Renegotiation of high cost Learning Disability and Physical Disability residential placements - overachieved by £508k

Appendix C Reserves

Earmarked Reserves - 2012/13 Outturn

Description	Opening Balance 2012/13	Planned Transfer to Reserves	Spend against reserves	Release of reserves	Realignment of reserves	Proposed Closing Balance 2012/13
	£000	£000	£000	£000	£000	£000
Social Care Health and Housing General Fund Reserves						
Social Care Reform Grant	331	0	144	0		187
Deregisration of Care Homes	566	0	133	0		433
Deprivation of Liberty in hospitals	0	81	0	0	0	81
Community Grants/Timebanking	0	100	0	100	0	0
LD Campus Closure	601	0	180	0		421
Supporting People	305	0	0	0	-305	0
Reablement 10/11	222	0	0	0	-122	100
Winter Pressure 10/11	348	152	0	0	-348	152
Outcome Based Commissioning	347	1,875	405	0	1250	3,067
Mental Health Action Plan	138	0	0	0		138
Step up/Step down	674	0	184	0		490
Disabled Facilities Grant revenue funding	475	0	0	0	-475	0
GRAND TOTAL	**4,007**	**2,208**	**1,046**	**100**	**0**	**5,069**

Appendix D Debt

DIRECTORATE DEBT AT 31st March 2013	Total Debt	Amt. Due	Amt. Overdue	From 1 to 30 Days	From 31 to 60 Days	From 61 to 90 Days	From 91 to 365 Days	Over 1 year
Legacy								
Charges on property - residential and nursing placements	624,132	0	624,132	0	0	0	0	624,132
PCT	17,827	0	17,827	0	0	0	0	17,827
General	151,895	0	151,895	-637	-471	-40	-3,437	156,480
Mid Beds DC	39,496	0	39,496	0	0	0	0	39,496
South Beds DC	43,844	-12	43,856	-55	-140	-94	589	44,735
CBC Debt								
Charges on property - residential and nursing placements	1,532,674	38,432	1,494,242	50,898	69,836	44,861	519,514	809,133
Health Service	1,484,565	400,500	1,084,065	259,950	694,785	66,025	53,441	9,864
General	1,536,356	449,074	1,087,282	237,929	71,375	21,991	384,010	371,977
Other Local Authorities	147,052	12,478	134,574	63,116	63,958	7,500	0	0
	5,577,841	900,472	4,677,369	611,201	899,342	140,244	952,939	2,073,643
General Debt	1,618,080	442,041	1,030,548	229,412	59,270	11,203	330,159	545,995
Charges on property - residential and nursing placements	2,156,806	38,432	2,118,374	50,898	69,836	44,861	519,514	1,433,265
Health Service	831,600	400,500	1,101,892	259,950	23,993	66,025	53,441	27,691
Other Local Authorities	147,052	12,478	134,574	63,116	63,958	7,500	0	0
Total	**4,753,538**	**893,452**	**4,385,388**	**603,376**	**217,057**	**129,589**	**903,115**	**2,006,951**
		18.80%	**92.26%**	**13.76%**	**4.95%**	**2.96%**	**20.59%**	**45.76%**

ANALYSIS OF GENERAL DEBT BY VALUE, AGE AND VOLUME

Debt profile	>£100K	>=£50K	>=£10K	>=£1K	<£1K	Total	Age Ratio
No of debtors	2	1	32	188	1688	1911	
0-14 days	127,618	-	57,917	87,542	181,442	454,519	26%
15-30 days	74,204	-	133,463	51,115	33,747	292,528	17%
2 months	63,958	-	26,564	27,166	5,541	123,228	7%
3 months	-	-	-3,359	16,594	5,468	18,703	1%
3-12 months	7,500	-	160,918	146,015	15,726	330,159	19%
> 12 months	-	57,663	229,317	232,550	26,465	545,995	31%
Total Debt	**273,280**	**57,663**	**604,820**	**560,981**	**268,388**	**1,765,131**	1

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

Date: **29 July 2013**

Subject: **Capital Budget Management 2012/13**

Report of: **Cllr Carole Hegley, Executive Member for Social Care, Health & Housing.**

Summary: The report provides information on the Directorate General Fund Capital Outturn position for 2012/13.

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

CORPORATE IMPLICATIONS

Council Priorities:

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

Financial:

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

Legal:

3. Not applicable.

Risk Management:

4. Not applicable.

Staffing (including Trades Unions):

5. Not applicable.

Equalities/Human Rights:

6. Not applicable.

Community Safety:

7. Not applicable.

Sustainability:

8. Not applicable.

Procurement:

9. Not applicable.

RECOMMENDATION: The Committee is asked to note the Capital outturn position as at the end of March 2013.

Status of the Programme

10. The year end position presents an under spend of £1.080m and the table below summarises the outturn against each individual capital project. None of this under spend will be required as slippage into 2013/14.

11. Table 1 Capital programme summary

	Full Year Outturn						
	Gross Expend. Budget	**Gross Income Budget**	**Net Total**	**Gross Expend. Outturn**	**Gross Income Outturn**	**Net Total**	**Variance**
Project	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**
Disabled Facility Grants (DFG)	3.420	(0.588)	2.832	2.671	(0.781)	1.890	(0.942)
Renewal Assistance	0.313	(0.074)	0.239	0.279	(0.077)	0.202	(0.037)
NHS Campus Closure	2.837	(2.837)	0	1.214	(1.214)	0	0
Timberlands	0.020	(0.015)	0.005	0.017	(0.012)	0.005	0
Empty Homes	0.160	0	0.160	0.059	(0)	0.059	(0.101)
Adult Social Care ICT Projects	0.300	(0.300)	0	0	0	0	0
Total	**7.050**	**(3.814)**	**3.236**	**4.240**	**(2.084)**	**2.156**	**(1.080)**

12. For the **Disabled Facility Grants**, the reduced outturn of £2.67 million (gross) is due to a lower than expected rate of referrals in the second half of the financial year, a higher than expected number of Council tenant adaptation cases (which are funded from HRA, not the General Fund DFG programme), and some delays caused by contractors not being able to respond quickly to increased workload.

13. Additional Disabled Facility Grant of £0.119m was allocated by Central Government without any notification during December, resulting in total grant for the year of £0.703m. Client contributions of £0.078m accounted for the remainder of the income.

14. In the year 2012/13, 284 DFG cases were completed which resulted in 426 major adaptations.

These are as follows:

Type of adaptation	No completed
Level access shower/wet room	192
Straight stair lift	52
Curved stair lift	33
Toilet alterations	14
Access ramps	28
Dropped kerb and hard standing	0
Wheelchair/step lift	1
Through floor lift	5
Major extension	14
Kitchen alterations	2
Access alterations (doors etc)	34
Heating improvements	2
Garage conversions/minor additions	7
Safety repairs/improvements	5
Other	37
Total	426

15. The grants provided to residents through the DFG programme assist some of the poorer and most vulnerable members of the community. Without these grants in many cases the properties involved would be unsuitable for the needs of the occupiers.

16. By providing such residents with the facilities required to enable them to remain in their current homes, the DFG programme is helping to enhance the quality of their lives. This also reduces pressure on health service resources and residential care, as without these improvements more residents would require emergency or longer term care solutions.

17. An independent review has been conducted to evaluate the DFG programme. It was carried out to ensure that those requiring such works are treated equitably and that the process provides value for money for the Council, tenants and council tax payers. The outcome of the review has suggested some improvements but was generally very positive about the Council's performance and processes.

18. The OT waiting list for assessments has been tackled during the year with additional resources brought in to deal with this. As a result of the outcome of the review, OT's are undertaking a more robust approach to assessments, with a higher proportion of recommendations for equipment and minor works than previously, resulting in a lower proportion of referrals for DFG. This more robust approach provides better value for money for the Council.

19. The **Renewals Assistance** programme includes Safety Security Emergency Repair assistance and is an "emergency" type of assistance for the most vulnerable households, for example dangerous wiring, a condemned boiler, etc.

20. Home Improvement Loan Assistance will remedy hazardous and/or non decent homes occupied by vulnerable households, for example leaking roofs, rotten windows, and defective heating systems. Most defects remedied were likely to have affected health of occupants.

21. The Affordable Warmth Assistance remedies fuel poverty, usually in association with external funding.

22. All types of assistance provided normally result in improvements to homes that could previously have been affecting the health of the occupants. Assistance is related to improved health outcomes.

23. In the year 2012/13, 87 Renewals cases were completed and are broken down as follows:

Type of Assistance	**Number**
Safety Security Emergency Repair	17
Home Improvement Assistance	56
Affordable Warmth Assistance	14

24. Expenditure on **Empty Homes** related mainly to Empty Dwelling Management Orders (EDMOs) for two properties in Hockliffe Street in Leighton Buzzard.

25. The Hearing for the third EDMO application was held on 1 August 2012 and the Council received confirmation that the application was successful on 27 August 2012 but on the basis that the Council allow the owner reasonable time to progress remedial works. The owner's application for permission to appeal was refused in October 2012.

26. The owner has started some work and has obtained Building Regulation approval for the structural work. This has been monitored weekly and by end March 2013, it was deemed that reasonable progress has not been made. Consequently, updated tenders for works are being obtained for the Final EDMO application. The cost of the works for the Council, if the final EDMO is served, is anticipated to be approximately £0.055m**,** and this would be spent in 2013/14, subject to the owner not appealing successfully against the final EDMO.

27. Several other cases are being progressed and these will result in expenditure in 2013/14. A fourth application is ready for June 2013.

28. A number of Empty Homes loans are being considered for long term empty homes. Three were completed in 2012/13 and seven more are being progressed. Empty Homes Loan assistance is an alternative for owners of empty homes willing to work with the Council.

29. The Executive approved the contract award for the **Timberlands** refurbishment at its meeting in February 2013 but most of the work will not be completed until the next financial year. Therefore the majority of this expenditure has been allocated as slippage into 2013/14.

30. The **NHS Campus Closure programme** has three remaining projects for Central Bedfordshire. The scheme in Silsoe commenced in July 2012 and is now expected to complete in August 2013 after suffering further delays due to adverse weather conditions.

31. The second scheme, Steppingstones which is based in Dunstable, is the refurbishment of a local authority property and a new build. The refurbishment is expected to complete in September 2013 and the new build, in August 2014. Planning permission has been granted and work will commence as soon as the S257 is signed.

32. The third scheme, Beech Close is the refurbishment of an existing site in Dunstable and is subject to the sale of two other properties, one which has fallen through due to complex legal issues. It is anticipated that the capital receipts from the sale of these properties will be used to either refurbish Beech Close or failing that a new site will need to be found which could result with further delays on completing the campus programme.

33. The final Bedford Borough scheme is that of Orchard House. Planning permission has now been awarded and upon signing of the S257 agreement, work can commence. It is anticipated that the scheme will be completed at the end of 2013.

34. The final Luton Borough scheme will be funded from sale of Overstones, a LBC based property. Work is under way to refurbish an existing LBC property to incorporate respite and day care services, which is a move away from the original plan and will require a new S257 being drawn up and agreed.

Background papers and their location: None

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

Date: **29 July 2013**

Subject: 2012/13 Housing Revenue Account Outturn Report

Report of: **Councillor Carole Hegley, Executive Member for Social care, Health & Housing.**

Summary: The report provides information on the Housing Revenue Account 2012/13 outturn revenue and capital position.

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

Contact Officer: Nick Murley, Assistant Director Business & Performance

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. Sound financial management contributes to the Council's Value for Money and enables the Council to successfully deliver its priorities. The recommendations will contribute indirectly to all five Council priorities.

Financial:

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

Legal:

3. None.

Risk Management:

4. None.

Staffing (including Trades Unions):

5. Any staffing reductions will be carried out in accordance with the Council's Managing Change Policy and in consultation with the Trades Unions.

Equalities/Human Rights:

6. Equality Impact Assessments were undertaken prior to the allocation of the 2012/13 budgets and each Directorate was advised of significant equality implications relating to their budget proposals.

Public Health:

7. None.

Community Safety:

8. None.

Sustainability:

9. None.

Procurement:

10. None.

RECOMMENDATIONS:

The Committee is asked to note the 2012/13 Outturn position for the Housing Revenue Account.

PURPOSE OF REPORT:

11. The report presents the 2012/13 outturn for the HRA financial position. It sets out spend for the year against the original revenue and capital budgets, and against the revised position presented to February Council as part of the HRA budget report. The report also provides explanations for any variations, and enables the Executive to consider the overall financial position of the HRA.

EXECUTIVE SUMMARY:

12. The 2013/14 HRA budget report and Landlord Service Business Plan was approved by Full Council on 21 February 2013 and presented a revised position for the 2012/13 budget. Whilst the commentary below focuses on the changes to that revised position, it is worth noting that there is a positive variance against the 2012/13 original budget of £8.519m. This was due to savings within operational budgets, increased rental income, decision to finance the capital programme from the negative Capital Finance Requirement (CFR), reductions in interest charges and also to hold off repaying debt until later in the business plan. The table under paragraph 10 sets out these variances.

13. The provisional outturn suggests a transfer to reserves of £11.269m, an adverse variance of £0.479m against the revised forecast position.

14. This variance is accounted for by: adverse variances in Corporate recharges (£0.112m), the final interest calculation on Self Financing debt and interest received from the General Fund (GF) (£0.327m), and debt related costs (£0.056m). There were variances within both Housing Management and Housing Maintenance but these effectively have netted off.

15. Due to the changes in Right to Buy discounts, the Council achieved a higher

level of capital receipts (£0.955m against a budget of £0.200m), which has enabled a year end balance of unapplied capital receipts of £0.657m (£0 in budget).

16. The provisional outturn for the Capital programme is £6.650m (original budget £6.142m), a minor adverse variance against the revised budget of £6.552m.

17. The reduction in the predicted revenue surplus has been offset by the additional balance of unapplied capital receipts, leaving a broadly neutral overall impact on the Landlord Services Business Plan.

18. The provisional outturn indicates that the HRA's reserves will be made up of £3.437m in the Major Repairs Reserve, £8.653m in the Sheltered Housing Re-Provision Reserve, £1.284m in the Strategic Reserve, and £2.0m in HRA Balances, making a total of £15.374m.

HRA REVENUE ACCOUNT

19. The original HRA annual expenditure budget was £22.67m and income budget was £25.42m, which allowed a contribution of £2.75m to the Sheltered Housing Re-Provision Reserve (SHRR) to present a net budget of zero. A subjective breakdown of budget, revised position and provisional outturn is shown below.

20.

	2012/13 Original Budget	2012/13 Revised Position (February Council)	2012/13 Provisional Outturn	Variance Provisional Outturn to Original Budget	Variance Provisional Outturn to Revised Budget Position
	£m	£m	£m	£m	£m
Total Income	**(25.420)**	**(26.260)**	**(26.028)**	**(0.608)**	**0.232**
Housing Management	4.255	4.305	3.980	(0.275)	(0.325)
Asset Management	0.864	0.918	0.918	0.054	0
Corporate Resources	1.272	1.298	1.410	0.138	0.112
Maintenance	4.681	4.390	4.699	0.018	0.309
Debt related costs	0.169	0.119	0.175	0.006	0.056
RCCO*	5.942	0	0	(5.942)	0
Efficiency Programme	(0.400)	(0.400)	(0.400)	0	0
Interest repayment	4.739	3.882	3.977	(0.762)	0.095
Principal repayment	1.148	0	0	(1.148)	0
TOTAL Expenditure	**22.670**	**14.512**	**14.759**	**(7.911)**	**0.247**
Surplus	(2.750)	(11.748)	(11.269)	(8.519)	0.479
Contribution to / (from) reserves	2.750	11.748	11.269	8.519	(0.479)
Net Expenditure	**0**	**0**	**0**	**0**	**0**

* Revenue Contribution to Capital Outlay

21. As described above in the Executive Summary, the three key variances relate to higher corporate recharges, interest paid and received, and the final debt related costs.

22. A recharge for the use of corporate resources is made from the GF to the HRA. The calculation is made at the year end so that the true service cost can be applied to the recharge calculation. The proportion chargeable to the HRA has

increased, which has resulted in an adverse variance from the revised budget of £0.112m.

23. The final interest paid on Self Financing Debt resulted in an adverse variance of £0.095m.

24. Interest receivable on HRA cash balances was £0.125m less than projected in the revised position, as a result of very low market rates of interest. Other minor income variances account for a further £0.107m.

25. As a result of one off financing costs relating to the self financing debt settlement there is an adverse variance in debt related costs of £0.056m.

26. A further adverse variance has occurred against the maintenance budget (£0.309m), where the main contractor costs relating to repairs and maintenance were higher than anticipated.

27. This variance has been offset by reduced costs in housing management (£0.325m). This resulted from a positive variance in insurance related costs (£0.053m), utility expenses (£0.079m), furniture and equipment at the Homeless Hostels (£0.022m), lower tenancy sustainment costs (£0.108m), and other minor variances.

HRA EFFICIENCY PROGRAMME

28. As part of the 2012/13 budget build the HRA revenue budget was reduced by £0.400m as part of the Council's efficiency programme.

29. Since 2010 the Housing service has been using Housemark to provide a benchmarking service. The analysis provided has assisted in identifying the areas where HRA budgets are higher relative to other stock retained authorities. This has enabled efficiencies in staffing, reduced void periods, increased rental income and reduced repairs costs to be identified.

30. The HRA efficiency programme has been fully achieved in 2012/13.

HRA ARREARS

31. Total current and former tenant arrears were £0.907m at the year end (£0.886m in 2011/12). Current arrears are £0.544m or 1.99% of the annual rent debit of £27.300m (£0.571m or 2.28% 2011/12). The figure of 1.99% is a 0.06% positive variance against a target of 2.05%.

32. Performance on former tenant arrears is 1.33% of the annual rent debit, against a target of 1.00%, leaving a balance of £0.363m (1.26% with a balance of £0.315m in 2011/12). A total of £0.128m of tenant arrears were written off in 2012/13.

33. There are currently £0.146m of arrears, which relates to rents at shops owned by the HRA, service charges and ground rent relating to leaseholders who purchased flats via the Right to Buy scheme, and property damage relating to existing and former tenants.

HRA CAPITAL PROGRAMME

34. The provisional outturn for the HRA's Capital programme indicates expenditure of £6.65m against a revised budget of £6.552m, and an original budget of £6.142m.

35. The position for the year end reflects the demand for disabled adaptations for Council tenants. In the year 123 Disabled Facility Adaptations have been completed in Council properties. As a result the outturn for Aid and Adaptations is £0.790m against an original budget of £0.450m.

36. During the year savings were identified against the stock remodelling and drainage and water supply programmes, resulting in reduced expenditure of £0.489m. This released further funding for the kitchens and bathrooms programme resulting in additional installations. This has led to an outturn of £1.6m against an original budget of £1.1m.

37. An over spend of £0.116m occurred in the roof replacement programme, as the roofs identified for replacement in this year's programme involved a higher than average replacement cost.

38. As agreed by Council the programme will be financed predominantly by the use of the HRA's negative CFR (£6.352m) and capital receipts of £0.298m.

HRA CAPITAL RECEIPTS

39. New Right to Buy (RtB) discounts and proposals for re-investing the capital receipts came into effect from April 2012, which increase the maximum discount available to tenants from £0.034m to £0.075m.

40. During the financial year 2012/13, 19 properties have been sold compared to 7 in 2011/12, resulting in retained capital receipts of £0.955m.

41. £0.150m of this income relates to receipts modelled in the self-financing calculations, and will contribute to the financing of the HRA Capital programme. This leaves £0.805m of receipts received as a result of the higher level of sales achieved following the changes to RtB discounts.

42. The sum of £0.805m includes £0.025m of transaction cost. £0.490m is a compensation for the debt attributable to the extra properties sold, and reflects the loss to the HRA of disposing of these properties. Whilst this amount is calculated as a proportion of self-financing debt there is no requirement to make debt repayment from it.

43. The remainder of £0.29m represents the proportion that is reserved for investment in new build. The Council has entered into an agreement with the Secretary of State to invest these receipts in new build.

44. The retained receipt can represent no more than 30% of the cost of the replacement properties, so the Council is committed to spend at least £0.967m on new build by 31 March 2016.

45. The HRA's Budget proposals for the period of the Medium Term Financial Plan (MTFP) propose significant investment in new build (in excess of £12.0m by 31 March 2015).

46. Of the total retained receipts (£0.955m), £0.298m is earmarked to fund part of the 2012/13 capital programme. The residual amount will create an unapplied capital receipt balance of £0.657m. These funds will further enhance the resources available for the HRA's capital programme.

47. Careful monitoring of RtB sales will be required. Current projections suggest that these will not have a material impact on the Business Plan, particularly if the number of new build properties exceeds the properties sold. However if annual RtB sales were to make up a significant percentage of the Housing Stock , such that it diminished by 10% or more over the period to 31 March 2017, then this would pose a threat to the surpluses predicted in the medium to longer term.

48. If additional sales continue to represent a small percentage of the Council's stock, there is a significant benefit as retained receipts will provide the Council with additional funds for reinvestment. The balance of unapplied capital receipts in 2012/13 (£0.657m) is in addition to resources outlined in the Business Plan presented to Full Council in February 2013.

RESERVES

49. The total reserves available as at April 2012 were £4.105m, comprised of £3.905m in HRA Balances and £0.2m contingency in the Major Repairs Reserve (MRR).

50. Given the changes brought about by the Self Financing regime, an updated risk assessment has been carried out and it has been agreed to reduce HRA Balances to a still prudent level of £2.0m, as a more suitable contingency. This removes the need to maintain a contingency within the MRR.

51. The provisional outturn indicates that £8.653m will now be transferred to the Sheltered Housing Re-provision Reserve comprised of £6.748m from the surplus on the HRA, together with £1.905m transferred from HRA Balances.

52. Technical adjustments are required between the MRR and Capital Adjustment Accounts. As a result of this, a year end transfer of £3.237m to the MRR has occurred leaving a balance of £3.437m.

53. The balance in the MRR can be used to finance capital expenditure or debt repayment, so can be considered to be equivalent to the purpose of the Strategic Reserve.

54. Full Council approved the creation of a Strategic Reserve to support the priorities for regeneration of the Council's portfolio, as set out in the Housing Asset Management Strategy (HAMS). The provisional outturn enables a transfer to the strategic reserve of £1.284m.

55. The combined total of these two reserves will be £4.721m, compared to the

projection in the revised position of £5.0m

56. In total this equates to a contribution to reserves for the year of £11.269m, leaving a total balance of reserves of £15.374m.

57. Although the contribution to reserves is £0.479m lower than projected in the revised position, the Landlord Services Business Plan benefits from a balance of unapplied capital receipts of £0.657m that was not anticipated in the revised position.

Appendices

Appendix A – Net Revenue Position Full Analysis

Appendix B – Debtors

Appendix C – Capital programme

Appendix D - Reserves

Appendix A – Net Revenue Position Full Analysis

Year End 2012/13	Year				
Director	**Approved Budget**	**Provisional Outturn**	**Variance**	**Transfers to/(from) reserves**	**Variance after use of earmarked reserves.**
	£m	**£m**	**£m**	**£m**	**£m**
Assistant Director Housing Service	(7.500)	(18.459)	(10.959)	11.269	0.310
Housing Management (HRA)	1.531	1.555	0.024	0	0.024
Asset Management (HRA)	5.565	5.385	(0.180)	0	(0.180)
Prevention, Options & Inclusion	0.404	0.250	(0.154)	0	(0.154)
Total	**0**	**(11.269)**	**(11.269)**	**11.269**	**0**

Appendix B – HRA Debtors

Debt Analysis - Tenant Arrears
Year End 2012/13

Description of debt	0-4 weeks	4-8 weeks	8-13 weeks	13-52 weeks	Over 1 yr	TOTAL
	£M	£M	£M	£M	£M	£M
Current Tenant	0.135	0.144	0.111	0.149	0.005	0.544
Former Tenant						0.363
						0.907

Debt Analysis - Other Arrears

Description of debt	From 15 to 30 days	From 31 to 60 days	From 61 to 90 days	From 91 to 365 days	Over 1 yr but not over 2 yrs	Over 2 yrs	TOTAL
	£M	£M	£M	£M	£M	£M	£M
Shops	0.006	0.000	0.001	0.006	0.004	0.020	0.037
Leaseholders	(0.001)	0.000	0.009	0.004	0.017	0.014	0.043
Void recoveries	0.002	0.012	0.000	0.031	0.007	0.003	0.055
Misc recoveries	0.002	0.000	0.000	0.009	0.000	0.000	0.011
	0.009	**0.012**	**0.010**	**0.050**	**0.028**	**0.037**	**0.146**

Appendix C – HRA Capital Programme

Scheme Title	**Existing 2012/13 Capital Budget**	**2012/13 Revised Position (February Council)**	**2012/13 Provisional Outturn**	**Variance**	**Slippage to 2013/14**
	Net Expenditure	Net Expenditure		Net Expenditure	Net Expenditure
	£m	£m	£m	£m	£m
General Enhancements (formerly Minor Works)	0.250	0.365	0.366	0.001	0
Garage Refurbishment	0.050	0.050	0.028	(0.022)	0
Paths & Fences siteworks	0.060	0.060	0.022	(0.038)	0
Estate Improvements	0.250	0.225	0.240	0.015	0
Energy Conservation	0.250	0.160	0.127	(0.033)	0
Roof Replacement	0.240	0.340	0.356	0.016	0
Central Heating Installation	1.050	1.050	1.198	0.148	0
Rewiring	0.340	0.340	0.328	(0.012)	0
Kitchens and Bathrooms	1.100	1.365	1.600	0.235	0
Central Heating communal	0.176	0.100	0.098	(0.002)	0
Secure door entry	0.350	0.350	0.269	(0.081)	0
Structural repairs	0.150	0.196	0.159	(0.037)	0
Aids and adaptations	0.450	0.870	0.790	(0.080)	0
Capitalised Salaries	0.343	0.343	0.382	0.039	0
Asbestos management	0.058	0.128	0.090	(0.038)	0
Stock Remodelling	0.450	0.145	0.122	(0.023)	0
Drainage & Water Supply	0.175	0.015	0.014	(0.001)	0
Plasticisation	0.400	0.450	0.461	0.011	0
HRA	**6.142**	**6.552**	**6.650**	**0.098**	**0**

Appendix D – Reserves

Reserves **Year End 2012/13**

Description	**Opening Balance 2012/13**	**Spend against reserves**	**Release of reserves**	**Proposed transfer to Reserves**	**Proposed Closing Balance 2012/13**
	£m	£m	£m	£m	£m
HRA	3.905		(1.905)		2.000
Sheltered Housing Reprovision	-			8.653	8.653
Strategic Reserve	-			1.284	1.284
Major Repairs (HRA)	0.200			3.237	3.437
	4.105	**-**	**(1.905)**	**13.174**	**15.374**

Meeting: **Social Care Health and Housing Overview & Scrutiny Committee**

Date: **29 July 2013**

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: Paula Everitt, Scrutiny Policy Adviser (0300 300 4196)

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

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

Financial:

1. Not applicable.

Legal:

2. Not applicable.

Risk Management:

3. Not applicable.

Staffing (including Trades Unions):

4. Not applicable.

Equalities/Human Rights:

5. Not applicable.

Public Health

6. Not applicable.

Community Safety:

7. Not applicable.

Sustainability:

8. Not applicable.

Procurement:

9. Not applicable.

RECOMMENDATION(S):

1. that the Social Care Health and Housing Overview & Scrutiny Committee

(a) considers and approves the draft work programme attached, subject to any further amendments it may wish to make;

(b) considers the Executive Forward Plan; and

(c) considers whether it wishes to add any further items to the work programme.

Work Programme

10. Attached at **Appendix A** is the current work programme for the Committee. The Committee is requested to consider the programme and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

11. Also attached at **Appendix B** is the latest version of the Executive's Forward Plan so that Overview & Scrutiny Members are fully aware of the key issues Executive Members will be taking decisions upon in the coming months. Those items relating specifically to this Committee's terms of reference are shaded in grey.

Task Forces

12. The Committee has currently established Task Forces to cover the following:-

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

Issues of concern raised by partners

13. On 02 July a meeting was held with representatives of the Health and Wellbeing Board, the Tenant Scrutiny Panel and Healthwatch Central Bedfordshire. The Chairmen were asked to outline major areas of work in which they were presently engaged that may be of interest to the Committee. The following items were identified:-

Health and Wellbeing Board

- The experience of patients during the transition from hospital to their home.
- The importance of implementing effective governance structures that enable several organisations to work together towards a single set of objectives and provides a focus on prevention.

Central Bedfordshire Healthwatch

- The role of community nursing
- Hospital discharge and the decision making process involved in a patient being discharged into residential care.
- Enhancing the role of Healthwatch Central Bedfordshire and ensuring that it retains independence

Central Bedfordshire Tenant Scrutiny Panel

- The importance of developing effective relationships with tenants that encourage a 'Central Bedfordshire voice' and enhances awareness of the role of the Tenant Scrutiny Panel.
-

Conclusion

14 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

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Appendix A

Work Programme for Social Care, Health and Housing Overview & Scrutiny Committee 2013 - 2014

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
1.	09 September 2013	BCCG progress report: 6-months	A 6-month progress report from the BCCG in relation to the delivery of their commissioning intentions for 2013/14.	For comment and to review performance.
2.	09 September	Framework Agreement for Care Homes in Central Bedfordshire	To comment on the report prior to consideration by the Executive.	For comment **Executive**: 24 September 2013??
3.	09 September 2013	Musculoskeletal (MSK) Service Delivery Model	To consider the revised service delivery model for MSK services and to review the lessons learnt from this service reorganisation.	For information and comment
4.	09 September	Winterbourne View	To receive a progress report on the action plan resulting from the Winterbourne View report	For information and comment
5.	21 October 2013	Annual report of Bedford Borough and Central Bedfordshire Adult Safeguarding Board	To inform Members of the annual report of the local Adult Safeguarding Board and consider its implications.	For information and comment Executive: TBC

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
6.	21 October 2013	Revenue, Capital and Housing Revenue Account (HRA) Budget Monitoring reports (Q1)	To receive Q1 reports for the Social Care Health and Housing Directorate	**Executive:** 24 September 2013
7.	21 October 2013	Performance Monitoring Report (Q1)	To receive the Q1 performance monitoring report for the Social Care, Health and Housing directorate.	Executive: 24 September 2013
8.	21 October 2013	CfPS national development area outcomes	To consider a report on the outcomes of the scrutiny development area programme.	The Council was one of 14 areas designated a scrutiny development area as part of a national programme relating to the health reforms.
9.	16 December 2013	End of Life Care	A presentation relating to the End of Life Care Pathway in Central Bedfordshire.	Members requested further information in March 2013 and a separate briefing on the Liverpool Care Pathway has been previously circulated.
10.	16 December 2013	Domiciliary Care Retender	A 6-month progress report on the implementation and operation of the Domiciliary Care Framework Agreement	For information as requested by SCHHOSC in March 2013.
11.	16 December 2013	Revenue, Capital and Housing Revenue Account (HRA) Budget Monitoring reports (Q2)	To receive Q2 reports for the Social Care Health and Housing Directorate	**Executive:** 10 December 2013

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
12.	16 December 2013	Performance Monitoring Report (Q2)	To receive the Q2 performance monitoring report for the Social Care, Health and Housing directorate.	Executive: 10 December 2013
13.			An update on the review of the Strategy	
14.	03 March 2014	TBC		
15.	07 April 2014	Revenue, Capital and Housing Revenue Account (HRA) Budget Monitoring reports (Q3)	To receive Q3 reports for the Social Care Health and Housing Directorate	**Executive:** 18 March 2014
16.	07 April 2014	Performance Monitoring Report (Q3)	To receive the Q3 performance monitoring report for the Social Care, Health and Housing directorate.	Executive: 18 March 2014
17.	12 May 2014	TBC		
18.	23 June 2014	TBC		

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Central Bedfordshire Council
Forward Plan of Key Decisions
1 August 2013 to 31 July 2014

1) During the period from **1 August 2013 to 31 July 2014,** 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 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
14 May 2013	2 May 2013
25 June 2013	13 June 2013
13 August 2013	1 August 2013
24 September 2013	12 September 2013
5 November 2013	24 October 2013
10 December 2013	28 November 2013
14 January 2014	02 January 2014
4 February 2014	23 January 2014
18 March 2014	6 March 2014
22 April 2014	10 April 2014
27 May 2014	15 May 2014

Central Bedfordshire Council

Forward Plan of Key Decisions for the period 1 August 2013 to 31 July 2014

Key Decisions

Date of Publication: 1 July 2013

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.	Customer First 2 -	To approve the full business case for Customer First 2, allowing further improvements in self-serve for our customers and to approve investment in the enabling technology.	13 August 2013		Report Capital Budget	Deputy Leader and Executive Member for Corporate Resources Comments by 12/07/13 to Contact Officer: Deb Clarke, Director of Improvement and Corporate Services Email: deb.clarke@centralbedfordshire.gov.uk Tel: 0300 300 6651

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.	Determination of Proposals for Commissioning of New School Places for Implementation in September 2014 -	Determination of Proposals for Commissioning of New School Places for Implementation in September 2014.	13 August 2013	Consultation will be with: • the governing body of the schools which are the subject of proposals; • families of pupils, teachers and other staff at the schools; • the governing bodies, teachers and other staff of any other school that may be affected; • families of any pupils at any other school who may be affected by the proposals including families of pupils at feeder schools; • trade unions who represent staff at the schools and representatives of trade unions of any other staff at schools who may be affected by the proposals; • Constituency MPs for the schools that are the subject of the proposals; • the local parish council where the school that is the subject of the proposals is situated. Consultation period between March and July 2013 including press releases, public meetings, statutory notices.	Report and outcome of consultation	Executive Member for Children's Services Comments by 12/07/13 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)
3.	East West Rail -	To agree a contribution by the Council towards the delivery of the East West Rail Western Section, and authorisation to sign appropriate legal agreements.	13 August 2013	Consultation and joint working with partner local authorities in the East-West Rail Consortium (throughout). Internal consultation and joint working on development of funding package (throughout).	Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 12/07/13 to the Contact Officer: James Gleave, Senior Strategic Transport Officer Email: james.gleave@centralbedfordshire.gov.uk Tel: 0300 300 6516
4.	Budget Strategy and Medium Term Financial Plan -	The report proposes the medium term financial planning framework for 2014-15 through 2017-18. To endorse the proposed framework for updating of the Medium Term Financial Plan and the preparation of a budget for 2014/15 and endorse the timetable for the consultation process.	13 August 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 12/07/13 to Contact Officer: Charles Warboys, 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)
5.	Planning Enforcement Plan -	To adopt the Planning Enforcement Plan.	13 August 2013		Planning Enforcement Plan	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 12/07/13 to Contact Officer: Sue Cawthra, Enforcement & Appeals Team Leader Email: sue.cawthra@centralbedfordshire.gov.uk Tel: 0300 300 4369
6.	Land East of Biggleswade Phase 4 -	To consider land East of Biggleswade Phase 4.	13 August 2013		Report - Exempt	Deputy Leader and Executive Member for Corporate Resources Comments by 12/07/13 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)
7.	Statutory Proposals to Extend the Age Range at Four Schools -	To determine statutory proposals to extend the age ranges of the following five schools: Lancot Community Lower School, Kensworth VC Lower School, Ashton St Peters VA Lower School, Manshead VA Upper School	13 August 2013	Consultees are to be: • Head teachers and Chairs of Governors of all schools and academies within Central Bedfordshire. • School staff within all schools. • Relevant trade unions. • All CBC ward Members. • CBC Children's Service Management Team. • CBC Sustainable Transport Officer. • Local MPs. • Local Town and Parish Councils. • Neighbouring local authorities. • Parents and carers for all schools. Informal consultations are being carried out over a 6 week period February - May 2013. If the decision is made to progress to the publication of statutory notices, these will be published for 6 weeks between June - July 2013. Consultation is via direct email, Central Essentials, Governors Essentials, Members Bulletin, local press, paper copies of the consultation documents, and (for the statutory notices) the placing of notices on display at the school premises.	Report, which contains: The original proposal (for the community school). The original informal consultation document. The outcome of the informal consultation. The minutes of the public meeting. The statutory notice. The prescribed information which accompanies the statutory notice.	Cllr Mark A G Versallion Comments by 12/07/13 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)
8.	Framework Agreement for Care Homes With and Without Nursing in Central Bedfordshire -	To ask the Executive to: - authorise the arrangements for entering into the Framework Agreement for care homes within Central Bedfordshire which was approved on 6 November 2012; - approve the successful providers to be accepted onto the Framework Agreement (if available); and - agree the approach to ensuring the quality of care homes by implementing the new Quality Monitoring System in conjunction with the Framework Agreement.	24 September 2013	Care home providers at the meeting of the Provider Forum in December 2012 and the special meeting of care home providers on 28 May 2013.	Report	Executive Member for Social Care, Health and Housing Comments by 23/08/13 to Contact Officer: Bob Sherwood, Commissioning Officer Email: bob.sherwood@centralbedfordshire.gov.uk Tel: 0300 300 4425

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
9.	Community Infrastructure Levy -	To approve the consultation and subsequent Submission of the Community Infrastructure Levy draft charging schedule.	24 September 2013		Report	Executive Member for Sustainable Communities - Strategic Planning and Economic Development Comments by 23/08/13 to Contact Officer: Jonathan Baldwin, Senior Planning Officer Email: jonathan.baldwin@centralbedfordshire.gov.uk Tel: 0300 300 5510
10.	Joint Venture Proposal -	To receive a report on the proposals for joint ventures.	24 September 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 23/08/13 to Contact Officer: Peter Burt, MRICS, Head of Property Assets Email: peter.burt@centralbedfordshire.gov.uk Tel: 0330 300 5281
11.	Leisure Strategy -	To adopt the Leisure Strategy: Chapter 4, Physical Activity Strategy;	24 September 2013	All Member Presentation of Draft Strategy on 10 July 2013. Draft Strategy to Sustainable Communities Overview and Scrutiny Committee on 25 July 2013. Draft Strategies to Sustainable Communities Overview and Scrutiny Committee on 5 September 2013.	Chapter 4, Physical Activity Strategy	Executive Member for Sustainable Communities - Services Comments by 23/08/13 to Contact Officer: Jill Dickinson, Head of Leisure Services Email: jill.dickinson@centralbedfordshire.gov.uk Tel: 0300 300 4258

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
12.	Capital Programme Review 2013/14 -	To receive the outcome of the Capital Programme 2013/14 review.	24 September 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 23/08/13 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
13.	Revenue, Capital and Housing Revenue Account (HRA) Quarter 1 Budget Monitor Reports -	To consider the revenue, capital and HRA quarter 1 budget monitoring report.	24 September 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 23/08/13 to Contact Officer: Charles Warboys, 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)
14.	Award of Responsive and Programmed Electrical Maintenance Contract 2014 to 2017 to Council Housing Properties -	To award the Contract to the preferred contractor for this service.	24 September 2013		Report with exempt appendices	Executive Member for Social Care, Health and Housing Comments by 23/08/13 to Contact Officer: Basil Quinn, Housing Asset Manager Performance or Peter Joslin, Housing Asset Manager Email: basil.quinn@centralbedfordshire.gov.uk Tel: 0300 300 5118 or peter.joslin@centralbedfordshire.gov.uk Tel: 0300 300 5395
15.	Award of Preferred Bidder status to the selected contractor under the BEaR Project -	The report will be seeking the Executive to endorse the selection of the preferred bidder made by the BEaR Project Board to allow the Project Team to finalise and award the Contract.	24 September 2013	Consultees and dates to be confirmed, however this item will go through Overview and Scrutiny at the beginning of September.	A full report and presentation will be provided alongside the Executive report.	Executive Member for Sustainable Communities - Services Comments by 23/08/13 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)
16.	School Funding Reform -	To consider the School Funding Reform: 2014/15 Revenue Funding Arrangements.	24 September 2013	In conjunction with the Schools Forum all schools in Central Bedfordshire will be consulted on any changes to schools funding. Date and method to be agreed shortly.	DfE - School Funding Reform: Findings from the Review of 2013/14 Arrangements and Changes for 2014/15 DfE - 2014/15 Revenue Funding Arrangements	Executive Member for Children's Services Comments by 23/08/13 to Contact Officer: Dawn Hill, Senior Finance Manager - Children's Services Email: dawn.hill@centralbedfordshire.gov.uk Tel: 0300 300 6269
17.	Leisure Strategy -	To adopt Leisure Strategy: Chapter 2 - Recreation & Open Space Strategy, Chapter 3 - Playing Pitch Strategy, Overarching Leisure Strategy. All for adoption prior to Supplementary Planning Document formal consultation.	5 November 2013	All Member Presentation of Draft Strategies on 10 July 2013. Draft Strategies to Sustainable Communities Overview and Scrutiny Committee on 5 September 2013.	Chapter 2: Recreation & Open Space Strategy Chapter 3: Playing Pitch Strategy Overarching Leisure Strategy Document	Executive Member for Sustainable Communities - Services Comments by 04/10/13 to Contact Officer: Jill Dickinson, Head of Leisure Services Email: jill.dickinson@centralbedfordshire.gov.uk Tel: 0300 300 4258
18.	Flitwick Leisure Centre Feasibility Study -	To consider the Flitwick Leisure Centre Feasibility Study.	5 November 2013	Members, local community and key stakeholders.	Flitwick Leisure Centre Feasibility Study	Executive Member for Sustainable Communities - Services Comments by 04/10/13 to Contact Officer: Jill Dickinson, Head of Leisure Services Email: jill.dickinson@centralbedfordshire.gov.uk Tel: 0300 300 4258

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
19.	Admissions Arrangements and Co-ordinated Scheme 2015/16 -	To approve commencement of consultation on the Council's Admissions Arrangements and co-ordinated scheme for the academic year 2015/16.	5 November 2013	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. Method of consultation: Website. In addition: Letter to a, b, e and f. Information distributed to academies/schools and nurseries, notice in the local media to consult with c and d.	Report	Executive Member for Children's Services Comments by 04/10/13 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)
20.	Dukeminster Extra Care Housing Scheme, Dunstable -	To seek Executive approval to award the build contract.	5 November 2013	Consultation with stakeholder groups (such as the Older Peoples Reference Group and Sheltered Tenants Action Group) previously undertaken as part of initial scheme proposals presented to the Executive on 5 February 2013. Further consultation with these stakeholders, relevant technical officers and Heads of Service continuing as part of the detailed design phase.	Report - may contain exempt appendices	Executive Member for Social Care, Health and Housing Comments by 04/10/13 to Contact Officer: Bernard Carter, Client Manager, Extra Care Expansion Project Email: bernard.carter@centralbedfordshire.gov.uk Tel: 0300 300 4175
21.	Central Bedfordshire Council's Equality Strategy -	To approve the Council's Equality Strategy which sets out the Council's vision and approach to ensuring all sections of the community get high quality services appropriate to their needs and also sets out how the Council will meet its legal responsibilities to ensure consideration of equality is integrated in to its service planning, delivery and human resource systems.	5 November 2013	Public Consultation, Equality Forum and Overview and Scrutiny Committees.	Draft Equality Strategy 2013-16	Deputy Leader and Executive Member for Corporate Resources Comments by 04/10/13 to Contact Officer: Clare Harding, Corporate Policy Advisor (Equality & Diversity) Email: clare.harding@centralbedfordshire.gov.uk Tel: 0300 300 6109

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
22.	Proposals for Commissioning of New School Places for Implementation in September 2015 and Proposals for Commissioning of New School Places for Implementation in September 2016 -	1) Determination of proposals for commissioning of new school places for implementation in September 2015; and 2) to approve commencement of consultations for proposals for commissioning of new school places for implementation in September 2016.	10 December 2013	For proposals for New School Places for implementation in September 2015: • the governing body of the schools which are the subject of proposals; • families of pupils, teachers and other staff at the schools; • the governing bodies, teachers and other staff of any other school that may be affected; • families of any pupils at any other school who may be affected by the proposals including families of pupils at feeder schools; • trade unions who represent staff at the schools and representatives of trade unions of any other staff at schools who may be affected by the proposals; • Constituency MPs for the schools that are the subject of the proposals; • the local parish council where the school that is the subject of the proposals is situated Consultation period between May and November 2013 including press releases, public meetings, statutory notices.	Report and Outcome of Consultation	Executive Member for Children's Services Comments by 09/11/13 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)
23.	Draft Capital Programme - 2014/15 to 2017/18 -	To consider the draft Capital Programme for 2014/15 to 2017/18.	10 December 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/11/13 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
24.	Draft Revenue Budget and Fees and Charges 2014/15 -	To consider the draft revenue budget for 2014/15, including the draft fees and charges.	10 December 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/11/13 to Contact Officer: Charles Warboys, 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)
25.	Draft Housing Revenue Account Budget and Business Plan 2014/15 -	To consider the draft Housing Revenue Account Budget and Business Plan 2014/15.	10 December 2013		Report	Deputy Leader and Executive Member for Corporate Resources, Executive Member for Social Care, Health and Housing Comments by 09/11/13 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
26.	Revenue, Capital and Housing Revenue Account (HRA) Quarter 2 Budget Monitor Reports -	To consider the revenue, capital and HRA quarter 2 budget monitoring report.	10 December 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/11/13 to Contact Officer: Charles Warboys, 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)
27.	Determination of the Statutory Proposal of the Governing Body of Pulford CoE VA Lower School, Leighton Buzzard -	Determination of the statutory proposal of the Governing Body of Pulford Church of England Voluntary Aided Lower School, Pulford Road, Leighton Buzzard, to enlarge the permanent capacity of the school from 150 places to 225 places with effect from September 2014.	10 December 2013	Statutory consultation between 13 May and 17 June 2013. Representation period to a statutory notice between 19 September and 17 October 2013. Method of Consultation: Consultation documents, school website, notices in local press, public meetings with: • Teachers and other staff at the school • Unions • Families of children at the school • Local Schools in the area of Central Bedfordshire Council • The Pulford Trust • Church of England Diocese • Constituency MP • Leighton Buzzard Town Council.	Report and the report of the Governing Body. Consultation documents produced, statutory notices served, representations received.	Executive Member for Children's Services Comments by 09/11/13 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)
28.	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.	14 January 2014	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. 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.	Summary of Flood and Water Management Act Draft Local Flood Risk Management Strategy	Executive Member for Sustainable Communities - Services Comments by 13/12/13 to Contact Officer: Iain Finnigan, Senior Engineer - Policy and Flood Risk Management Email: iain.finnigan@centralbedfordshire.gov.uk Tel: 0300 300 4351

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.	Revenue, Capital and Housing Revenue Account (HRA) Quarter 3 Budget Monitoring Reports -	To consider the revenue, capital and HRA quarter 3 budget monitoring report.	18 March 2014		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 17/03/14 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
30.	Admission Arrangements and Co-ordinated Scheme 2014/15 -	Determination of the Council's Admissions Arrangements and co-ordinated scheme for the academic year 2014/15.	18 March 2014		Report	Executive Member for Children's Services Comments by 17/02/14 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)
NON KEY DECISIONS						
31.	Quarter 4 Performance Report -	To consider the quarter 4 performance report.	25 June 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 24/05/13 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517
32.	Minerals and Waste Core Strategy -	To recommend to Council the adoption of the Minerals and Waste Core Strategy.	24 September 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 12/07/13 to Contact Officer: Roy Romans, Minerals and Waste Team Leader Email: roy.romans@centralbedfordshire.gov.uk Tel: 0300 300 6039

Ref No.	Issue for Key Decision by the Executive	Intended Decision	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Portfolio Holder and Contact officer (method of comment and closing date)
33.	Quarter 1 Performance Report -	To consider the quarter 1 performance report.	24 September 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 23/08/13 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517
34.	Quarter 2 Performance Report -	To consider the quarter 2 performance report.	10 December 2013		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 09/11/13 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517
35.	Capital Programme - 2014/15 to 2017/18 -	To recommend to Council the proposed Capital Programme for 2014/15 to 2017/18 for approval.	4 February 2014		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/01/14 to Contact Officer: Charles Warboys, 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)
36.	Treasury Management Strategy Statement and Investment Strategy 2014-2018 -	To recommend to Council the Treasury Management Strategy Statement and Investment Strategy 2014-2018 for approval.	4 February 2014		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/01/14 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
37.	Revenue Budget and Medium Term Financial Plan 2014/15 - 2017/18 -	To recommend to Council the Revenue Budget and Medium Term Financial, including the fees and charges, Plan 2014/15 - 2017/18 for approval.	4 February 2014		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 03/01/14 to Contact Officer: Charles Warboys, 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)
38.	Housing Revenue Account Budget and Business Plan 2014/15 -	To recommend to Council the Housing Revenue Account Budget and Business Plan 2014/15 for approval.	4 February 2014		Report	Deputy Leader and Executive Member for Corporate Resources, Executive Member for Social Care, Health and Housing Comments by 03/01/14 to Contact Officer: Charles Warboys, Chief Finance Officer Email: charles.warboys@centralbedfordshire.gov.uk Tel: 0300 300 6147
39.	Community Safety Partnership Plan and Priorities -	To recommend to Council to approve the Community Safety Partnership Plan and Priorities for 2014 - 2015.	18 March 2014	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 2014 - 2015	Executive Member for Sustainable Communities - Services Comments by 17/02/14 to Contact Officer: Joy Craven, CSP Manager Email: joy.craven@centralbedfordshire.gov.uk Tel: 0300 300 4649
40.	Quarter 3 Performance Report -	To consider the quarter 3 performance report.	18 March 2014		Report	Deputy Leader and Executive Member for Corporate Resources Comments by 17/02/14 to Contact Officer: Elaine Malarky, Head of Programmes & Performance Management Email: elaine.malarky@centralbedfordshire.gov.uk Tel: 0300 300 5517

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

Central Bedfordshire Council
Forward Plan of Decisions on Key Issues

For the Municipal Year 2012/13 the Forward Plan will be published on the 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
02.04.13	1 May 2013 – 30 April 2014
01.05.13	1 June 2013 – 31 May 2014
31.05.13	1 July 2013 – 30 June 2014
02.07.13	1 August 2013 – 31 July 2014
01.08.13	1 September 2013 – 31 August 2014
30.08.13	1 October 2013 – 30 September 2014
02.10.13	1 November 2013 – 31 October 2014
31.10.13	1 December 2013 – 30 November 2014
28.11.13	1 January 2014 – 31 December 2014
02.01.14	1 February 2014 – 31 January 2015
30.01.14	1 March 2014 – 28 February 2015
28.02.14	1 April 2014 – 31 March 2015

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