

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



please ask for Paula Everitt
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date 10 October 2013

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 21 October 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 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 9 September 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

Item	Subject	Page Nos.
9	Executive Member Update To receive for information a verbal update from the Executive Member for Social Care Health and Housing.	*
10	Bedford Hospital Update To receive a verbal update from the Chief Executive at Bedford Hospital.	*
11	Health Scrutiny of changes to Paediatric Services at Bedford Hospital To consider whether a Joint Health Overview and Scrutiny Committee is required in relation to a review of Paediatric Services at Bedford Hospital.	* 11 - 16
12	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.	* 17 - 100
13	Annual Adult Social Care Customer Feedback report To receive a report detailing the statistics for 2012/13 on the number of complaints received; complaint outcomes (upheld/not upheld); performance; issues complained about; and learning and improvements resulting from complaints for Adult Social Care.	* 101 - 114
14	Quarter 1 Performance Monitoring Report To receive the quarter 1 Performance Monitoring report for Social Care, Health and Housing.	* 115 - 124
15	General Fund Revenue Budget Monitoring Quarter 1 To receive the General Revenue Budget monitoring for quarter 1.	* 125 - 140
16	Capital Budget Management Quarter 1 To receive the Capital Budget Management outturn for quarter 1.	* 141 - 148
17	Quarter 1 Housing Revenue Account Outturn Report To receive the Housing Revenue Account outturn report for	* 149 - 162

quarter 1.

18 **Work Programme 2013-2014 & Executive Forward Plan** * 163 - 168

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

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 9 September 2013.

PRESENT

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

Cllrs P A Duckett
Mrs R B Gammons
Mrs S A Goodchild

Cllrs Mrs D B Gurney
M A Smith

Apologies for Absence: Cllrs R D Berry
Mrs G Clarke

Substitutes: Cllrs C C Gomm (In place of R D Berry)

Members in Attendance: Cllrs C Hegley Executive Member for
Social Care, Health &
Housing
Mrs P E Turner MBE Executive Member for
Partnerships
A M Turner Deputy Executive
Member for Social Care,
Health & Housing

Officers in Attendance: Mrs P Everitt – Research and Business Support
Officer
Mr D Jones – Interim Assistant Director, Adult
Social Care
Mrs J Ogley – Director of Social Care, Health and
Housing
Ms E Saunders – Assistant Director Commissioning

Others in Attendance Mr S Conroy Acting Chief Executive, Bedford
Hospital NHS Trust
Dr D Gray Director of Strategy and System
Redesign (Bedfordshire Clinical
Commissioning Group)

SCHH/13/48 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 29 July, 2013, be confirmed and signed by the Chairman as a correct record.

SCHH/13/49 Members' Interests

Cllrs Mrs Goodchild and Duckett declared interests as members of their family were service users.

SCHH/13/50 Chairman's Announcements and Communications

The Chairman announced the Healthwatch update would be deferred to a later date. The Chairman sent her best wishes for a speedy recovery to the Chairman of Healthwatch.

The Chairman confirmation the visit to Biggleswade Hospital and Houghton Regis on Friday 1 November 2013. Further details would be sent to Members nearer the time.

Congratulations were extended to Nick Murley on his appointment to the position of Assistant Director Business and Performance and Stuart Mitchelmore on his appointment to the position of Assistant Director Adult Social Care.

SCHH/13/51 Petitions

No petitions were received.

SCHH/13/52 Questions, Statements or Deputations

No questions, statements or deputations were received.

SCHH/13/53 Call-In

The Committee was advised that no decisions of the Executive had been referred to the Panel under the Call-in Procedures.

SCHH/13/54 Requested Items

No items were referred to the Committee for consideration at the request of a Member.

SCHH/13/55 Executive Member Update

The Executive Member for Social Care, Health and Housing updated the Committee on issues that were not included on the agenda, these included:

- Attendance at a performance monitoring meeting with Assistant Directors where good progress being made on most indicators;
- Brandon Lewis MP had visited the Houghton Regis Step up, step down facility;
- Attendance at a meeting with Healthwatch colleagues to receive an update on progress and current challenges;
- Visits to the Henlow Lakes facility and Gale Court in Barton;

- Attendance at a meeting of the Welfare Reform Group. It was hoped to report to the Committee on the emerging picture shortly;
- Attendance at a meeting of the Older People's Reference Group at which the success of the Just Ask vehicle was announced.

In response to a question the Executive Member confirmed there was an emerging policy relating to the building of residential care homes and extra care homes. The Director of Social Care Health and Housing could be contacted on this matter.

SCHH/13/56 **Bedfordshire Clinical Commissioning Group progress report**

The Chairman informed the Committee that Stephen Conroy, Acting Chief Executive of the Bedford Hospital Trust, had been invited to attend the meeting to provide Members with a verbal update on the critical Care Quality Commission's (CQC) report on Bedford Hospital.

Members were informed that the CQC had issued their inspection report at the end of August 2013 following visits to Bedford Hospital made by inspectors to observe how people were being cared for. The visit following on from concerns raised by the post graduate Dean about clinical supervision and was more in depth than previous inspections with 11 inspectors visiting at various times over 4 days. The report highlighted actions that were required to be taken by Bedford Hospital. The issue of safeguarding vulnerable adults on a dementia ward had caused alarm and the hospital had acted quickly to put things right. The Hospital had implemented a cultural change on all wards which had included:

- Daily matron meetings to check staff were available to cover shifts;
- The monitoring of nutrition and hydration on patient notes;
- The introduction of a dashboard on wards as an early warning system of problems. A rapid response team would be brought onto wards if a matron was unable to resolve difficulties;
- Monthly Board meetings to be open to the public.

Diane Gray, Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) endorsed the action taken by Bedford Hospital Trust and confirmed the BCCG was working with Councils and Bedford Hospital on safeguarding and other issues. The BCCG would take a further look at performance data sets and the comments made by Members and GPs on patient experiences.

In light of the update Members discussed the following:-

- Whether the Bedford Hospital Trust Board failed over a number of months to put right the issues on Riverbank Ward. The Chief Executive, Bedford Hospital Trust commented that the independent reviews would establish who was at fault for the issues. The Hospital recorded all incidents which range from ward level, serious incidents and 'never events', Bedford Hospital's performance was one of the lowest in the country for 'never events'.
- The problems being encountered by patients with other providers following discharge from hospital. In response, the Chief Executive, Bedford Hospital

Trust commented that the Hospital's record was good in this area, with a low figure for readmissions after 7 days from discharge, however, performance for readmissions after 30 days from discharge was higher, which gave cause for concern.

- The need for a team to work across the hospital and community was needed and was being considered by the BCCG and Hospital Trust, however, this would take time to implement.
- The importance of listening and learning from GPs and family members and to accept help from visitors willing to support hospital staff.
- The inconsistency of care by nursing staff was highlighted and questions raised about the standards of training and supervision of nurses at Bedford Hospital. In response the Chief Executive said there had been issues regarding consistency on the wards and this would be put right. The Hospital's action plan dealt with the issue and the Hospital had used the Royal College of Nursing standards as a benchmark for basic nursing care. The number of nurses employed had been increased and the changes in leadership on the ward had made a huge impact.

The Chairman thanked Stephen Conroy for the update and invited Dr Diane Gray to provide an update on progress of the BCCG

Diane Gray, Director of Strategy and System Redesign, BCCG, gave a presentation on progress of BCCG at six months. The presentation outlined results for Central Bedfordshire patients which included the redesign of some services, development of stronger partnerships and procurement of new services. Plans for continued improved outcomes for patients were outlined and included the redesign of paediatrics care pathway, the procurement of local 111 telephone service and redesigning local stoke care pathways.

The challenges faced by BCCG included the delivery of high quality care now and in the future, subject to financial restraints and to ensure the patient and public voice can be heard and listened to.

In response to the presentation and further clarification was provided by the Director of Strategy and System Redesign the Members of the Committee discussed the following:

- The lack of confidence in the current SEPT contract based on the experiences of Members.
- The need to ensure that the BCCG consulted with the voluntary sector.
- BCCG funding for 2014/15 would not be known until December 2013 but it was not expected to increase significantly. It would be necessary to procure better services and funding arrangements within budget and manage patient expectations in some services areas.

NOTED the updates and requested that the Bedford Hospital action plan be circulated to Members. The Chief Executive was invited to the next meeting to update Members.

Diane Gray, Director of Strategy and System Redesign, BCCG, gave a presentation on the procurement of an integrated Musculoskeletal (MSK) system in Central Bedfordshire. The presentation included details of the current service and short comings that had been identified and the challenges for the BCCG to deliver an equitable service across Bedfordshire bearing in mind financial pressures.

With this in mind, the BCCG formed an MSK CCG panel headed up by a local GP from Biggleswade. The specification for the service contract had been awarded to the preferred bidder who had formed partnerships was based on a single budget for a 5 year prime contract. The with other healthcare bodies, including national organisations. BCCG had gained national recognition for undertaking this model of contract and would share the learning with others.

The Committee discussed the contents of the presentation and a number of points were raised by Members as follows:-

- Whether the contractor could 'cherry pick' the services they delivered. The Director of Strategy and System Design confirmed the budget for the contract was for all MSK provision.
- That clinical champions involved in the commissioning of services initiative were welcomed by Members.
- Monitoring of the contract was paramount to the success of the MSK service. The Director of Strategy and System Design explained that GPs and the CCG managers would form part of the monitoring team.
- Whether the service could cope with peaks in service during winter months. The Director responded that peaks in trauma and planned care had been taken into account.

The Committee wished to thank the Director of Strategy and System Redesign (BCCG) for her presentation that provided a clear insight into the proposed MSK service for the future.

NOTED the presentation

SCHH/13/58 Framework Agreement for Care Homes in Central Bedfordshire

The Assistant Director Strategic Commissioning introduced a report on the Care Homes Framework Agreement. The report provided an overview of the approach to implement a framework agreement for commissioning places in care homes that links the quality of care to be agreed and for fixed contract price. The report also outlined a quality monitoring system which assesses the quality of each care home and allocated it to a quality performance band. The Committee were informed that providers had been slow to enter into the new contract arrangements and officers had provided additional support to them. For this reason the deadline for tender submissions had been extended with the new arrangements to come into effect in January 2014. The new national Care Homes Framework would not come into effect until 2015, however, the processes proposed would be reviewed and merged with the new system.

In response to the report and the additional presentation, the Committee discussed the following points:-

- The need to monitor the 6 month period given to care home providers to improve. The Director of Social Care Health and Housing explained with limited power the Council could decide to stop using a provider, however, with a limited supply of care homes it would be difficult to offer an alternative solution to suit residents.
- That social care providers be made aware of training available to them.
- The importance of the Council monitoring performance with their partners including Bedfordshire Clinical Commissioning Group officer and GPs and the Care Quality Commission.

Recommendation

That the Care Homes Framework Agreement be supported and the comments of the Committee be taken into account by the Director of Social Care Health and Housing.

SCHH/13/59 Winterbourne View

The Assistant Director Commissioning introduced a report, which set out the Council's progress and key work streams that have been developed and introduced by health and social care partners in Central Bedfordshire in response to the abuse of residents at the Winterbourne View Hospital.

Officers had undertaken a review of everyone with a learning disability who was in a hospital setting and agreed a joint strategic plan for improving services within the BCCG area. Work into the transitions process for children with disabilities move to adult services had begun to ensure a joined up planned approach that meets the projected demand and needs for these children.

The Committee thanked the Assistant Director Commissioning for the update in relation to progress on the key work streams.

NOTED the report.

SCHH/13/60 Healthwatch update

Due to unforeseen circumstances this item was deferred.

NOTED the item would be rescheduled at a date to be confirmed.

SCHH/13/61 Work Programme 2013 - 2014 & Executive Forward Plan

The Committee received their work programme and the Executive Forward Plan and agreed that an update on developments at Bedford Hospital regarding Paediatric Services and the Care Quality Commission's report be received at a future meeting.

RESOLVED that the Committee's Work Programme be approved subject to the amendments as detailed in the Minute above.

Note: The meeting commenced at 10am and concluded at 1.10 pm

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 21 October 2013
Subject: Health Scrutiny of changes to Paediatric Services at Bedford Hospital
Report of: Cllr Rita Drinkwater, Chairman of Social Care, Health and Housing Overview and Scrutiny Committee
Summary: The report invites the Committee to consider whether a Joint Health Overview and Scrutiny Committee is required in relation to a review of Paediatric Services at Bedford Hospital.

Contact Officer: Jonathon Partridge, Corporate Policy and Scrutiny Manager
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The review of Paediatric Services at Bedford Hospital will have an impact on promoting health and wellbeing and protecting the vulnerable.

Financial:

2. Costs for the establishment and running of a Joint Health Overview and Scrutiny Committee can be met from existing budgets.

Legal:

3. The Local Authority (Overview and Scrutiny of Health Function) Regulations 2001 require that NHS bodies consult the relevant Overview and Scrutiny Committee where there is a proposed substantial variation or development of health services in the area. Overview and Scrutiny Committees are statutory consultees. An Overview and Scrutiny Committee can decide whether or not it wishes to respond to the consultation.
4. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities are required to appoint a joint health overview and scrutiny committee (JHOSC) for the purpose of consultation where the NHS consults more than one local authority. Where JHOSCs are formed, the constituent Authorities are able to reserve to themselves the power to refer the proposals to the Secretary of State for Health in appropriate circumstances after an attempt has been made to resolve any dispute locally.
5. Under current legislation, a joint committee of this nature is required to be politically proportionate unless the Councils involved agree to waive that requirement.

Risk Management:

6. There are no direct risk implications arising from this report.

Staffing (including Trades Unions):

7. Not applicable.

Equalities/Human Rights:

8. There are no direct equalities implications arising from this report.

Community Safety:

9. Not applicable.

Sustainability:

10. Not applicable.

Procurement:

11. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:

1. **Agree that this is a substantial variation or development of services and therefore a formal public consultation is required, and;**
2. **Subject to recommendation 1 above, to agree in principle that a Joint Health Overview and Scrutiny Committee be established.**

Background

12. On 29 July 2013 the Committee received an update from the Chief Executive of Bedford Hospital and discussed proposals to vary paediatric services. The Committee requested that the Chief Operations Officer at Bedfordshire Clinical Commissioning Group consult the Committee on the proposed changes to paediatric services at Bedford Hospital. Appendix A provides an update on the proposals for a public consultation.
13. On 10 September 2013, Bedford Borough Council's Adult Services and Health Overview and Scrutiny Committee resolved that the Paediatric Services Review was a substantial variation and development of service and as a result considered a JHOSC to be necessary.
14. The majority of patients who access paediatric services are from Bedford Borough and Central Bedfordshire. Whilst other authorities have been invited to take part in a proposed JHOSC it is considered likely that it will be constituted by Bedford Borough and Central Bedfordshire Councils only. It is therefore proposed that each authority provide four Members to the JHOSC, which in Central Bedfordshire will be drawn from the Social Care, Health and Housing OSC. In the event that further authorities join the JHOSC it may be necessary to consider the number of Members provided by each authority.

15. The role of the JHOSC would be to consider both the adequacy of the consultation process as well as the proposals themselves. It would therefore be likely that the JHOSC would need to begin work prior to the start of the formal consultation in order to advise NHS colleagues of its views of the proposals for consultation.

Conclusions

16. Members are asked to consider whether they feel that changes to paediatric services at Bedford hospital constitute a substantial variation of service and if so agree that they consider a JHOSC to be necessary.

Appendices:

Appendix A: Briefing Paper from Bedfordshire Clinical Commissioning Group.

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

Minutes of the meeting of the Social Care, Health and Housing OSC dated 29 July 2013
(available in public at the following web address:-

<http://www.centralbedfordshire.gov.uk/modgov/ieListDocuments.aspx?CId=644&MId=4418&Ver=4>)

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Appendix A

FAO Jonathon Partridge
 HOSC Officer
 Central Bedfordshire Council

26 September 2013

Dear Jonathon

I felt that it was important to write to you with information on our plans for consultation regarding the future of paediatric services in Bedfordshire – both at Bedford hospital and also in the community. You may already be aware of problems at Bedford Hospital which led to some of the children’s services being suspended earlier this year. Serious concerns were raised about the training and supervision of junior doctors in the paediatric department at the hospital. In July, this led the General Medical Council to withdraw several of the junior doctors from paediatrics. As a result of losing these specialist staff Bedford Hospital was unable to run some key children’s services. As healthcare commissioners, and practising GPs, we know how difficult the removal of children’s health services from Bedford Hospital has been for our families, despite the support of neighbouring hospitals in delivering robust interim arrangements.

We want safe, local paediatric services that meet the needs and aspirations of children and young people in Bedfordshire. However, we know from that the previous model of delivery wasn’t sustainable, particularly the longstanding problem of attracting sufficient numbers of permanent senior doctors. We have therefore begun a project to commission a high quality, future-proof model for children’s services in Bedfordshire. This is why we are not just reviewing those services provided in hospital but those that are in the community as well. We wish to explore the opportunities to provide better, more personalised services than we have had before.

It is vital that we get the right model of care in place – a model that delivers high quality, safe, sustainable healthcare for our children and young people. As a result, we are approaching this project using three key phases that will result in a final decision on the model of delivery by the CCG’s governing body on 5 March 2014.

The key phases of the consultation and engagement process:



Bedfordshire CCG has no pre-conceived ideas on the future model of paediatric services that might best deliver safe, high quality care for Bedfordshire families. We realise how important it is to listen and to use the feedback and information from children, young people, their families, and the many groups, communities and individuals who are and will be affected by the healthcare we commission. We want to work closely and in partnership with patients, parents and carers, our member practices and other key stakeholders throughout all three phases of this project.

We have presented our proposed consultation and engagement process to Bedford Borough Health Overview & Scrutiny Committee which has resolved that this is a substantial variation to services and therefore acknowledged the need to consult on paediatric services in Bedfordshire.

We also felt that it was important to write to you and give you the opportunity to get involved in the consultation and engagement process and ask how best we can engage with you - it would be helpful if you could advise me on how you would like to move forward. I would also like to advise you that Bedford Borough Council is in the process of forming a JOSC to look at this specific consultation. Should you consider this process to be a substantial variation to services and wish to become involved in the JOSC please contact Jacqueline Gray from Bedford Borough Council as soon as possible – please bear in mind that the formal consultation starts on 11th November. Jacqueline can be contacted on 01234 228486 or jacqueline.gray@bedford.gov.uk.

We have established a website www.yourhealthinbedfordshire.co.uk to keep all stakeholders updated on the consultation and have started to issue a weekly e-mail update, I have requested that you are added onto the distribution list for this.

We want what is best and safest for patients and their families. We will continue to keep you updated as we move through the process but in the meantime if you have any queries please do not hesitate to contact me.

Yours sincerely

Diane Gray
Director of Strategy & System Re-design
Bedfordshire Clinical Commissioning Group



Meeting: Overview and Scrutiny Committee
Date: 21st October 2013
Subject: Safeguarding Adults Board Annual Report 2012-13
Report of: Cllr Hegley , Executive Member for Adult Social Care Health and Housing
Summary: The report summarises the Annual Report of the Safeguarding Adults Board

Advising Officer: Julie Ogley, Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults Board and Director of Adult Social Care Health and Housing
Contact Officer: Stuart Mitchelmore, Assistant Director of Adult Social Care
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

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

Financial:

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

- 3.

Legal:

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

Risk Management:

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

Staffing (including Trades Unions):

6. Not Applicable.

Equalities/Human Rights:

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

Public Health

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

Community Safety:

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

Sustainability:

12. Not Applicable.

Procurement:

13. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. Receive the Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board as attached in appendix A
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Executive Summary

14. This annual report covers the fourth year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2012 to March 2013 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire
15. During the past 12 months, all agencies signed up as members of the Board continued their improvement programmes based on the previous years annual report and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding but we recognise that achieving excellence in this area requires sustained improvement on the part of all partner agencies
16. During the past 12 months we focussed on
 - a) Improvements in safeguarding practice and recording required as a result of an independent audit and peer review.
 - b) Reviewing the high volume of alerts that do not require a formal safeguarding investigation
 - c) Improving the sharing of learning with other organisations and Councils
 - d) Safeguarding and the role of informal carers, the vulnerability of people with disabilities to abuse and harassment, and quality of services for people with learning disabilities.
17. Over the coming 12 months we will be focussing on
 - a) Hate crime, discrimination and harassment of people with disabilities
 - b) Mental Capacity Assessments and Deprivation of Liberty Safeguards including the use of Independent Mental Capacity Advocates to raise awareness and improve practice within these areas
 - c) Respond to national focus on care quality by continuing to work in partnership with key agencies and commissioners to improve quality in health services, learning disability services and with adult social care providers.

The Developing Context for Safeguarding

18. There have been a number of key legislative and policy developments during 2012-13. These include: The Care Bill, which will put Safeguarding Adults Boards on a statutory footing; the Statement of Government Policy on adult safeguarding which provides an update on existing policy; and the Association of Directors of Adult Social Services advice note which is intended to bring together the effects of recent changes in order to give Directors a common approach to safeguarding adults.

19. Key developments within the NHS include:
- a) the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry in February 2013 which continues to have profound implications for the NHS and social care system in terms of improving dignity and quality of care
 - b) the Department of Health report *Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report* in December 2012 is an in-depth review, set up in the immediate aftermath of the Panorama programme in May 2011. This sets out a range of 63 national actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging
 - c) The NHS Commissioning Board *Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework* March 2013 aims to promote partnership working and clarify roles and responsibilities within the health service.

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

20. Prevention and raising awareness
- a) Safeguarding alerts continue to steadily increase as a result of ongoing and extensive publicity campaigns.
 - b) The Council has continued to build effective links with the community safety teams, children's services and adult social care commissioning teams through a variety of strategic, monitoring and operational groups. Safeguarding information is shared with these teams and has resulted in improved joint working arrangements
21. Workforce development and accountability
- a) Weekly practice surgeries with front line social work teams continue. Feedback from these sessions is collated and informs practice development. These have been welcomed by social workers and their team managers in assisting with the improvement of practice
 - b) Developing the role of the safeguarding support workers, who are working with all care homes within Central Bedfordshire to raise awareness of safeguarding and provide a liaison role to improve understanding and reporting of safeguarding

22. Partnership working
- a) The pan-Bedfordshire safeguarding sub groups continue to run on a quarterly basis. This has established stronger links with the Luton Safeguarding Adults Board and has streamlined the work for the benefit of partners who work across Bedfordshire. This sub group continues to look at training and development, quality and activity, policies and procedures and the implementation of the Mental Capacity Act 2005. The sub group has been successful in developing one safeguarding alert form across the three local authorities in the county to the benefit of all partners.
 - b) The safeguarding team attends forums and regular partnership working groups to promote effective partnership working in safeguarding. Examples of these include: the prison service, prevention of pressure ulcers, harm free care in the health service, community safety, domestic abuse and clinical governance forums.
23. Quality Assurance and protection
- a) The safeguarding team continues to undertake quarterly audits of case files from all front line teams including SEPT and has commissioned one independent external audit during the year. The results of these audits are fed back to managers and staff, and used to inform practice development work and action planning.
 - b) Alerting patterns are regularly reviewed which has prompted the development of a robust risk assessment process which prioritises urgent and high risk cases
24. Involving people and empowerment
- a) The Council has developed a new safeguarding information leaflet in consultation with user groups and the learning disability partnership board. It is designed to be accessible to a range of people who may have sight or cognitive impairments.
 - b) The involvement of service users and advocacy services has been the focus of practice development work, best interests audits and case file audit. While further work is required in this area, the Independent Mental Capacity Advocacy service (IMCA) and advocacy services providers continue to report an increase in referrals to their services. Advocacy services have introduced safeguarding as a regular topic in their "Voices" groups

25. Outcomes, improving people's experience and proportionality
- a) The Council operates a risk enablement forum, chaired by the safeguarding manager, to examine issues where people appear to be making unwise decisions with regard to their support planning. The forum examines ways in which decisions can be supported and provides a link between personalised support planning and preventing safeguarding incidents.
 - b) The Council has reviewed the way we gather information about safeguarding and has developed a new process of evaluation that is built into the work completed by the social workers.
 - c) Comments arising from visits to people who have been through safeguarding have included: "The social worker was pretty good to me, and she wouldn't do enough for me."; "The advocate kept me informed throughout the process, I thought that they were going to pull the advocate out and not visit me again but I feel at ease as they still gave me advocacy support."

Safeguarding Activity April 2012 – March 2013

26. The Council received 1400 alerts during the year, a small increase of 52 from the previous year. There has been an increase in alerts year on year over the last three years, but the increase this year is much smaller. 524 alerts progressed to investigation, 37% of the total alerts. This is a similar percentage of alert to referrals as last year (38% 2011-12), and could be indicative of a plateau in volume of alerts and referrals following a period of increase.
27. The majority of safeguarding referrals relating to older people come from residential and nursing homes (20%) and health services (17%). The person causing harm is a family member, friend or neighbour in 24% of cases, and a professional or paid carer in 40% of cases. Neglect is most likely to be reported in relation to older people.
28. The majority of alerts relating to people under the age of 65 come from mental health services (22%) and residential and nursing homes (16%). A significant proportion (44%) of referrals in relation to people under the age of 65 relate to incidents where the person causing harm is a family member, friend or neighbour. Physical abuse is most likely to be reported in relation to people under the age of 65.

Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

29. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, that this is only done when it is in the best interests of the person and there is no other way to look after them. In 2012-2013 the Council received 23 Deprivation of Liberty applications; 10 of these were granted.

30. From 1st April 2013, any Deprivation of Liberty Safeguard queries for health related institutions are referred to the Local Authority, and the Council is already experiencing a significant increase in applications as a result of this change. Ahead of these changes, to ensure the Council has a robust service in place, the Council's Mental Capacity Act Coordinator completed a review of responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards. Eight themes were identified from this review which have populated the current action plan.

Conclusion and Next Steps

31. The annual report 2012-13 has highlighted a number of learning outcomes which will populate the ongoing action plan for the year ahead:
32. Ensure safeguarding paperwork and documentation is shared with individuals, families, and relevant agencies in a timely way and ensure transparency and timeliness of information sharing with care providers around safeguarding concerns where staff are involved.
33. Continually review the types of alerts that are being raised for quality of information and appropriateness and feed back to alerters where necessary. Continually review responses to alerts within the safeguarding teams to ensure prioritisation and consistency in the face of increasing volume.
34. Run awareness raising campaigns and link into existing public forums and local campaigns.
35. Work completed in the previous year on hate crime and disability related harassment has been shared with the Council's Community Safety Partnerships and work will continue in this area in 2013-14.
36. Continue to provide additional support for complex cases in the form of data analysis and practice development.
37. Continue to develop the role of the Mental Capacity and Deprivation of Liberty Coordinators to link in with services to raise awareness and increase the profile of the IMCA service.
38. Continue to monitor and analyse trends and patterns and continue to share information with contracts teams. Data is used to trigger a serious concerns process or individual and service reviews where patterns are noted.

Appendices:

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

Background papers and their location: None

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



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

April 2012- March 2013

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

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Abuse is Everybody's Business

This annual report covers the fourth year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2012 to March 2013 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire.

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

During the past 12 months we focussed on

- Improvements in safeguarding practice and recording required as a result of an independent audit and peer review.
- Reviewing the high volume of alerts that do not require a formal safeguarding investigation
- Improving the sharing of learning with other organisations and Councils
- Focus on safeguarding and the role of informal carers, the vulnerability of people with disabilities to abuse and harassment, and quality of services for people with learning disabilities.

Over the coming 12 months we will be focussing on

- Hate crime, discrimination and harassment of people with disabilities
- Mental Capacity Assessments and Deprivation of Liberty Safeguards including the use of Independent Mental Capacity Advocates to raise awareness and improve practice within these areas
- Respond to national focus on care quality by continuing to work in partnership with key agencies and commissioners to improve quality in health services, learning disability services and with adult social care providers.

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



Julie Ogley

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



Frank Toner

Executive Director of Adult and Community Services
Bedford Borough Council

Safeguarding is our Responsibility

1. The Developing Context for Safeguarding

1.1 Draft Care and Support Bill

The draft Care and Support Bill proposes a single, modern law for adult care and support that replaces existing outdated and complex legislation. The Bill proposes a number of changes to safeguarding adults at risk which will lead to a number of changes in practice over the coming two years. These are:

- A duty to make enquiries where the local authority has reasonable cause to suspect abuse or neglect of an adult at risk
- Safeguarding Boards will be placed on a statutory footing with a minimum core membership of the local authority (which retains the lead for adult safeguarding); the police, and the clinical commissioning group.
- Safeguarding Adults Reviews will be statutory and will replace serious case reviews
- Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) will cease to apply to persons in England
- Provisions are made within the Bill for protection of property

1.2 Statement of Government Policy on Adult Safeguarding May 2013

The statement of government policy on adult safeguarding provides an update on the Government's policy on safeguarding adults vulnerable to abuse and neglect. It includes the statement of principles for Local Authority Social Services and housing, health, the police and other agencies to use, for both developing and assessing the effectiveness of their local safeguarding arrangements. It also describes, in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. It reinforces the government's six principles for safeguarding:

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

1.3 Association of Directors of Adult Social Services: Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services March 2013

This ADASS (Association of Directors of Adult Social Services) advice note is intended to fill the vacuum until the introduction of the Care and Support Bill by bringing together the effects of recent changes, what has been learned, and anticipates forthcoming changes, in order to give Directors a common approach. It complements but does not replace the ADASS/LGA (Local Government Association) National Framework of Standards, Department of Health Guidance, No Secrets and its later update. The key messages for Directors are:

- A focus on people and the outcomes they want, valuing the difference that is made; process is an important means of achieving good outcomes but is not an end in itself.

- Collaborative leadership - supporting, integrating and holding partners to account – is essential for cross agency engagement and effectiveness.
- Effective interfaces are essential - with developing Health and Wellbeing Boards, Community Safety Partnerships, Safeguarding Children Boards.
- Responsive specialist services need to be in place and have a portfolio of responses to support people with difficult decision making.
- Ensure that concerns are addressed proportionately so that systems are not swamped and serious concerns are not missed.
- Commissioning, contracts management, care management review and safeguarding intelligence must be fully integrated.

1.4 Key developments within the NHS

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013 has profound implications for the NHS and social care system in terms of improving dignity and quality of care. The extensive recommendations by Robert Francis QC set out the following aims:

- Foster a common culture shared by all in the service of putting the patient first
- Develop a set of fundamental standards, and evidence-based means of compliance with these
- Ensure openness, transparency and candour throughout the system about matters of concern
- Ensure the focus of the healthcare regulator is on compliance with these standards
- Make all those who provide care for patients properly accountable for what they do
- Provide for a proper degree of accountability for senior managers and leaders
- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare
- Develop and share means of measuring and understanding the performance of individual professionals, teams, units and provider organisations

The Department of Health report *Transforming care: A national response to Winterbourne View Hospital* Department of Health Review: *Final Report* December 2012 is an in-depth review, set up in the immediate aftermath of the Panorama programme in May 2011. The report focuses on

- Strengthening accountability and corporate responsibility for the quality of care;
- Monitoring and reporting on progress;
- Tightening the regulation and inspection of providers;
- Improving quality and safety.

It sets out a range of 63 national actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging.

The NHS Commissioning Board *Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework* March 2013 aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

1.5 LGA and ADASS Adult safeguarding and domestic abuse: A guide to support practitioners and managers, April 2013

This is a guide for practitioners and managers in councils and partner agencies engaged in working directly or indirectly with people who have care and support needs, whose circumstances make them vulnerable, and who may also be victims of domestic abuse. The guide aims to:

- improve recognition and understanding of the circumstances in which adult safeguarding and domestic abuse overlap
- contribute to the knowledge and confidence of professionals
- offer good, practical advice to staff and managers to ensure that people in vulnerable circumstances have the best support, advice and potential remedies
- identify some of the organisational developments which can support best practice in this area

1.6 LGA, ADASS and SCIE (Social Care Institute for Excellence) Making Safeguarding Personal March 2013

This is the final report of a project run by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to undertake some small scale development work in relation to Making Safeguarding Personal. It draws together the findings from four test bed sites and other councils that are using or developing person centred, outcome focused responses to safeguarding adults. The report focuses on process, outcomes, impact on practice and cost effectiveness.

1.7 SCIE At a glance 62: Safeguarding adults: Mediation and family group conferences September 2012

This briefing summarises SCIE's new web resource Safeguarding adults: Mediation and family group conferences. The resource explains the use of mediation and family group conferences for adults who are – or may be – at risk from abuse. These approaches are both 'family-led' approaches based on the principle of empowerment and focus on problem-solving rather than blaming; involve a competent, trained mediator or Family Group Conference coordinator who helps participants to find solutions to the issues that divide them; place the person at the centre of the decision-making process; may prevent abuse by empowering families to address tensions at an early stage.

1.8 ADASS, Prisoners and Safeguarding Briefing Note, April 2012

This briefing aims to ensure that Directors of Adult Social Services (DASSs) are aware that local safeguarding teams may be contacted by inspectors if they identify possible abuse of adults at risk within prisons. The underlying principle is that No Secrets does not exclude prisoners. The recent Law Commission consultation suggests that the omission of explicit reference to prisoners should not prevent them from being safeguarded under the same principles as adults at risk in the community.

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

2.1 An Overview of Safeguarding Improvement Work in 2012/13

2.1.2 The operational sub group of the Safeguarding Board has reduced membership making it smaller and more focussed. This has directed the work of the pan Bedfordshire sub group meetings and has resulted in:

- Facilitated development session for partners on the Equality and Human Rights Commission Hidden in Plain Sight recommendations for safeguarding
- Training sub group focus on developing guidance for safeguarding training
- Task and finish group to ensure the smooth transfer of deprivation of liberty safeguards arrangements from the NHS to the local authorities
- Regular cases studies of safeguarding cases presented by each partner
- Task and finish group to look into self neglect and identify good practice
- Ongoing reporting on quality audits and activity from each partner

2.2 Prevention and raising awareness

2.2.1 Both councils have continued ongoing safeguarding publicity campaigns including:

- A biannual mail out and letter to service providers
- A variety of literature including keeping safe handbooks, easy read leaflets, folding "z" cards, and posters
- Attendance at community outreach events, Council forums and partnership boards
- Promoting the national dignity in care campaign and the ADASS guidance
- Engagement with mobile Library services to distribute Safeguarding information leaflets to rural communities and to reach people who may not be mobile within the community
- Internal Council publicity campaign raising awareness to several thousand Council staff who live and work locally
- Contributions to the Council newsletter sent to all care providers
- Updates to Council websites with information on keeping safe online and financial abuse
- Safeguarding awareness presentations to a number of service providers and agencies

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

- 2.2.2 Both Councils have continued to build effective links with the community safety teams, children's services and adult social care commissioning teams through a variety of strategic, monitoring and operational groups. Safeguarding information is shared with these teams and has resulted in improved joint working arrangements. The safeguarding teams are represented on the anti social behaviour risk assessment conferences, and the domestic abuse multi agency risk assessment conferences, and the sexual assault risk assessment conferences.
- 2.2.3 The safeguarding teams have contributed to the refresh of Central Bedfordshire Council's and Bedford Borough Council's Joint Strategic Needs Assessment with comprehensive information on safeguarding adults. This ensures that safeguarding of adults is a key part of the area's assessment of current and future health and wellbeing needs and part of future service planning.
- 2.2.4 Both councils have identified that further work needs to be done to raise awareness and the profile of safeguarding issues in hard to reach communities such as ethnic minorities and traveller communities.

2.3 Workforce development and accountability

- 2.3.1 Both Councils have undertaken a range of initiatives to develop the workforce in respect of safeguarding which have been targeted at areas of need for relevant staff. These include:
- Holding workshops and focus groups with staff to test their level of understanding and confidence with safeguarding, and identify areas for improvement and training.
 - Central Bedfordshire Council continue holding weekly practice surgeries with a senior practitioner visiting each team for a day. Feedback from these sessions is collated and informs practice development. These have been welcomed by social workers and their team managers in assisting with the improvement of practice.
 - Bedford Borough Council have held a number of peer group reflection sessions for workers to share good practice and learning from safeguarding cases.
 - Developing guidance for staff in Central Bedfordshire based on the outcomes of audit work including risk assessment, the quality of strategy meetings, HR guidance for employers when staff are involved in safeguarding concerns and guidance for when to report safeguarding alerts following medication errors.
 - 1:1 training sessions and observation of practice by an independent trainer for individuals and teams within Bedford Borough has taken place. Learning outcomes are identified and feedback is given to the individual and their manager, to improve practice.
 - Development of an intranet based "safeguarding handbook" for staff in Central Bedfordshire, which breaks down the policies and procedures and provides sections on Risk Assessment, Protection Planning, Investigation, Complex Cases, and the Mental Capacity Act. This makes the policies and procedures and guidance accessible for all staff.
 - Bedford Borough continue to hold a series of bite size training sessions which are based on sessions that workers request and include risk assessing, domestic abuse, safeguarding and mental capacity.
 - Developing the role of the safeguarding support workers, who are working with all care homes within Central Bedfordshire to raise awareness of safeguarding and provide a liaison role to improve understanding and reporting of safeguarding
 - Both Councils hold regular meetings with the Learning and Development Team and the Safeguarding trainers to ensure the training is meeting the needs of workers and the required standard. Members of the safeguarding teams attend training courses to monitor the quality of provision. Courses have been commissioned as a result of feedback from workers and independent auditor including financial abuse and safeguarding and the law.
 - Bedford Borough Council team managers and senior practitioners meet on a quarterly basis to discuss issues relating to safeguarding, to share good practice and incorporate into teams.

- Both Councils use performance monitoring to identify trends and patterns of safeguarding activity. Where a concern is identified action is taken such as directly working with the service providers and information sharing with other agencies and partners to ensure appropriate action is taken to address the concern.
- Regular correspondence with community teams regarding updates on safeguarding information such as changes in the disclosure and barring scheme, pertinent legal cases such as the West Sussex case and articles of interest.

2.4 Partnership working

- 2.4.1 The pan-Bedfordshire safeguarding sub groups continue to run on a quarterly basis. This has established stronger links with the Luton Safeguarding Adults Board and has streamlined the work for the benefit of partners who work across Bedfordshire. This sub group continues to look at training and development, quality and activity, policies and procedures and the implementation of the Mental Capacity Act 2005. The sub group has been successful in developing one safeguarding alert form across the three local authorities in the county to the benefit of all partners.
- 2.4.2 Both Councils continue to facilitate a Providers Forum as a platform for information sharing and safeguarding is a permanent agenda item at these forums. Safeguarding surgeries have recently been set up for care providers to meet with the safeguarding managers to discuss cases and good practice. This included a provider presenting to colleagues on a safeguarding case that they were involved with.
- 2.4.3 Both Councils have attend forums, partnership working groups and meetings including, Her Majesty's Prison Bedford Safeguarding Group, County Wide Pressure Ulcer group, Harm Free Care Group, Safer Communities Thematic Partnership, Domestic Violence Sub Group, Domestic Violence Networking Group Meeting and the Integrated Clinical Governance group to promote joint partnership working.
- 2.4.4 The Councils have attended two regional conferences with partners, on safeguarding in the Eastern Region and the Crown Prosecution Service and its role within safeguarding procedures.
- 2.4.5 Both Councils have introduced encrypted email facilities to improve confidential information sharing between partner agencies
- 2.4.6 Both Councils have attended a new police steering group forum which is convened for children's and adults safeguarding. Topics for discussion have included thresholds, domestic abuse reporting and the Mental Capacity Act. This has resulted in improved understanding and working arrangements following the reorganisation of Bedfordshire police in 2011.
- 2.4.7 Both Councils meet with advocacy groups POhWER and Advocacy for Older Persons to ensure that the safeguarding agenda is incorporated at every opportunity into service user groups that are facilitated by advocacy support.
- 2.4.8 Both Bedford Borough Council and Central Bedfordshire Council have completed their Winterbourne View joint Improvement Programme and an Initial Stocktake of Progress against Winterbourne Concordat Actions with the Bedfordshire Clinical Commissioning Group. The plans outline the key areas and the timescales for actions to be made to improve the lives of people with Autism, Learning Disability, Mental Health and behaviours that challenge.
- 2.4.9 The Winterbourne View Joint Improvement Programme asked local areas to complete a stocktake of progress against actions made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1st June 2014. An important action in the plan is to ensure that all key agencies know their responsibilities and duties regarding safeguarding and that each authority is engaged with local safeguarding arrangements in line with the ADASS protocol and has working links between the Care Quality Commission, contracts management, safeguarding staff and case managers to maintain alertness to concerns.
- 2.4.10 Local Authorities were to lead the stocktake process and the responses were developed within the Bedfordshire Clinical Commissioning Group and were signed off by the key representatives of the Councils and the Clinical Commissioning Group representing the Health and Wellbeing Boards

2.5 Quality Assurance and protection

- 2.5.1 Both Councils have continued to develop their quality assurance programme.
- 2.5.2 Central Bedfordshire Council undertakes quarterly audits of case files from all teams including SEPT and has commissioned one independent external audit during the year. The results of these audits are fed back to managers and staff, and used to inform practice development work and action planning.
- 2.5.3 Common strengths arising from the audit work include:
- Good initial holistic assessments with clear evidence that person is at the centre
 - Good understanding of continuity of care
 - Evidence of multiagency working
 - Evidence of investigation reports becoming clearer in telling the story
- 2.5.4 Common areas for development arising from the audit work include:
- Risk assessments only take into account the main risk and do not always take into account strengths and protective factors. This can mean missed opportunities in identification of risk and early intervention.
 - In some cases clearer documentation is required regarding the person's views and outcomes particularly when there are mental capacity issues.
 - Chair of safeguarding meetings should provide clear leadership in assuring that person centred approach is considered and reviewed and in challenging care providers where appropriate.
 - Lack of evidence that the person is aware of the protection plan and poor evidence that protection plans are being shared more widely with the multi disciplinary team.
- 2.5.5 The Central Bedfordshire safeguarding team have reviewed a sample of 27 alerts that had not progressed to investigation to ensure decision making is consistent. The ADASS advice and guidance note for Directors (March 2013) draws attention to the need to ensure that services are not "swamped by demand or that cases of serious harm will not fall through the net". The safeguarding team has identified that inappropriate alerting falls into one of the six categories below and has developed an approach to ensure that appropriate alerts are prioritised and that referrals through to the locality teams are proportionate. All information received receives a response and is forwarded to the correct route but those identified in the categories below will not be processed as safeguarding alerts.
- Complaint
 - Referral for assessment of need
 - Quality assurance info for contracts management
 - Disciplinary process for provider
 - Information sharing about a vulnerable person requiring no further action
 - Inappropriate contact
- 2.5.6 Bedford Borough Council have commissioned two independent audits from an ex regulatory inspector in August 2012 and February 2013. Cases were selected at random and for each case staff were required to write a case summary and critique. The outcomes from the audit are fed back to Managers and teams to strengthen safeguarding practice.

2.5.7 The Auditor noted the following strengths and achievements across the cases analysed:

- High quality and consistency of threshold decisions which exceeded anything he had seen in other local authorities
- High quality, skilled and robust management oversight
- A focus on quality
- The capacity of staff to learn from feedback and self reflection
- Critiques prepared for the audit were of an exceptional and high quality standard
- The investment made in improving the effectiveness of case conferences has led to tangible improvements
- Committed and skilled staff
- Good quality case conference minutes
- Adults at risk were involved in the safeguarding process
- The practice of completing mental capacity assessments where there were doubts about a person's capacity to participate in the safeguarding process was highly commended.

2.5.8 Areas of improvement and development identified:

- New set of recording tools not yet implemented
- Small number of cases demonstrated a difficulty in distributing case conference minutes in a timely manner
- There was a difficulty in completing the internal audit process in a timely way in some cases
- Cases demonstrated the difficulties of safeguarding people where financial abuse was an issue

2.5.9 The Auditor concluded that Bedford Borough Council were “delivering a high level of performance in relation to safeguarding case work” and “some of the case work interventions were carried out under difficult circumstances.

“Performance was in the range of good to excellent and reflects positively on the skills and commitments of frontline staff and their managers / supervisors”

2.5.10 The independent Auditor also analysed 9 randomly selected safeguarding alerts that had not progressed to investigation, in order to provide an independent evaluation of these decisions. The Auditor judged the decisions to be safe and secure commenting that the decisions

- Were clearly articulated and robustly recorded
- Were recorded who had been consulted, what information was gathered, factors taken into account and the rationale of the decision.

His recommendations included scope for even more robust recording around intelligence checks and discussion with Bedford Borough Council Care Standards Team and the Care Quality Commission.

2.5.11 Both Councils have implemented action plans based on the six priority areas of prevention, workforce development and accountability, partnership, quality assurance and protection, involving people and empowerment and outcomes and proportionality.

2.6 Involving people and empowerment

2.6.1 Bedford Borough Council has commissioned POhWER to run “Keep Safe” training course for service users with a learning disability who have been subject to a safeguarding investigation. Bespoke programmes are delivered to very small groups and cover the topics of assertiveness and confidence, friendship and relationships and communication. The training has the potential to develop and meet different needs. Refresher courses are held to go over issues and evaluate what learning has occurred and to obtain service user feedback. 28 service users have attended and feedback has been positive from service users and the Adult Learning Disability Team.

- 2.6.2 Central Bedfordshire Council has developed a new information leaflet in consultation with users groups and the learning disability partnership board. It is designed to be accessible to a range of people how may have sight or cognitive impairments.
- 2.6.3 In both Councils the involvement of service users and advocacy services have been the focus of practice development work, best interest's audits and case file audit. While further work is required in this area, the Independent Mental Capacity Advocacy service (IMCA) and advocacy services providers continue to report an increase in referrals to their services. Advocacy services have introduced safeguarding as a regular topic in their "Voices" groups.

2.7 Outcomes, improving people's experience and proportionality

- 2.7.1 Both Councils continue to operate a risk enablement forum, chaired by the safeguarding manager or assistant director, to examine issues where service users appear to be making unwise decisions with regard to their support plan. The forum examines ways in which decisions can be supported and provides a link between personalised support planning and preventing safeguarding incidents.
- 2.7.2 Both Councils have continued to seek feedback from people who have been involved in safeguarding interventions. This involves visits from safeguarding support workers and involves advocacy services. Both Councils have identified that there is a need to develop different ways of gaining feedback as visits and questionnaires are not always suitable.
- 2.7.3 Central Bedfordshire Council has reviewed the way we gather information about safeguarding and has developed a new process of evaluation that is built into the work completed by the social workers. Comments arising from visits to people who have been through safeguarding have included:

"The social worker was pretty good to me, and she wouldn't do enough for me."

"The advocate kept me informed throughout the process I thought that they were going to pull the advocate out and not visit me again but I feel at ease as they still gave me advocacy support."

- 2.7.4 Bedford Borough Council also uses the feedback process to gain the views of carers and family members when they have been involved in a safeguarding investigation. Comments from Bedford Borough service users and carers include:

"Process explained fully and kept informed at all times"

"Views and opinions were listened to"

"Would approach the social worker again if needed"

"Outcomes and actions were printed and sent to family members which was very much appreciated"

2.8 Use of the Serious Concerns Procedure

- 2.8.1 The purpose of the Serious Concerns procedure is to adopt a consistent and proportionate response when serious, non compliance with minimum care standards is raised about a care provider.
- 2.8.2 Bedford Borough Council has initiated the serious concerns procedure in relation to a residential/nursing home for older persons. Serious safeguarding concerns were raised about the standards of care within the home and their ability to meet the needs of the service users. As a result a number of service users were identified as being high risk and moved to new placements. CQC placed a limit on the maximum number of service users within the home of 15 and an embargo on all admissions.
- 2.8.3 There has been ongoing multiagency support to improve the standards of care within the home and a high level of monitoring by the Bedford Borough Safeguarding Team, Care Standards Team, Complex Care Team and by the Care Quality Commission. Bedford Borough Council actively worked with the provider to improve standards by implementing an improvement plan to address specific issues.
- 2.8.4 Following a CQC inspection where the home was deemed to be complaint in all areas the embargo has been lifted and the home is working with Bedford Borough Council on a planned schedule of new admissions. The home is no longer being monitored under the Bedford Borough Council serious concerns procedure.

- 2.8.5 Central Bedfordshire Council has initiated the serious concerns procedure in relation to one domiciliary care service in 2012-13. The concerns related to ongoing missed or late care calls with significant impact on people's lives for example, medications and food. There were numerous concerns and complaints raised and there were also concerns about the response of the agency to those individual's concerns.
- 2.8.6 The Council suspended the start of any new care packages and undertook reviews of 300 people using the service. In some cases these reviews resulted in a new care provider being found. The Council initiated a robust action plan which was closely monitored and resulted in a significant improvement in the service, so that new packages of care were able to recommence.

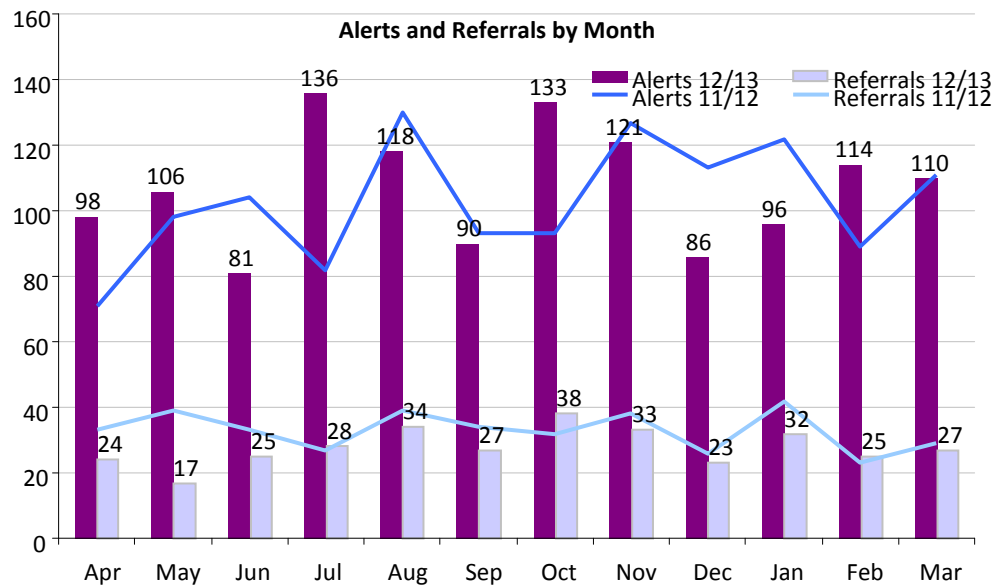
2.9 Serious Case Reviews

- 2.9.1 The purpose of a Serious Case Review is to establish the lessons learnt from a case about the way in which local professionals and organisations work together to safeguard and promote the welfare of adults at risk. It is used to identify clearly what those lessons are, how they will be acted on, and what is expected to change as a result. As a consequence the outcomes are to improve inter-agency working and better safeguard and promote the welfare of adults at risk.
- 2.9.2 There were no serious case reviews in Bedford Borough or Central Bedfordshire in 2012-13.

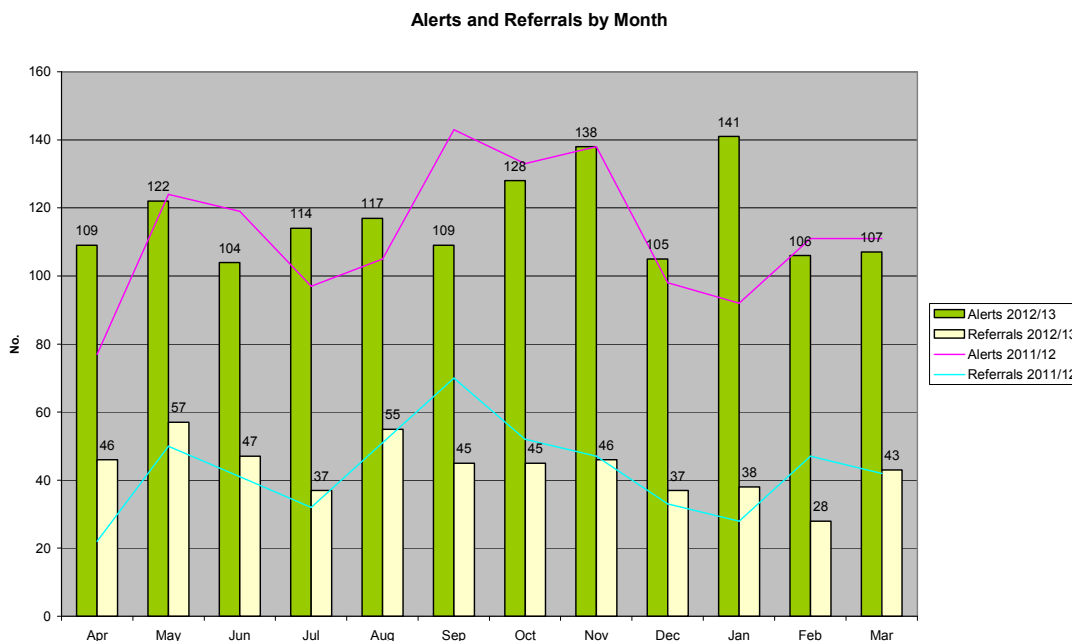
3. Safeguarding Activity April 2012 – March 2013

3.1 Number of alerts and referrals

Bedford Borough



Central Bedfordshire

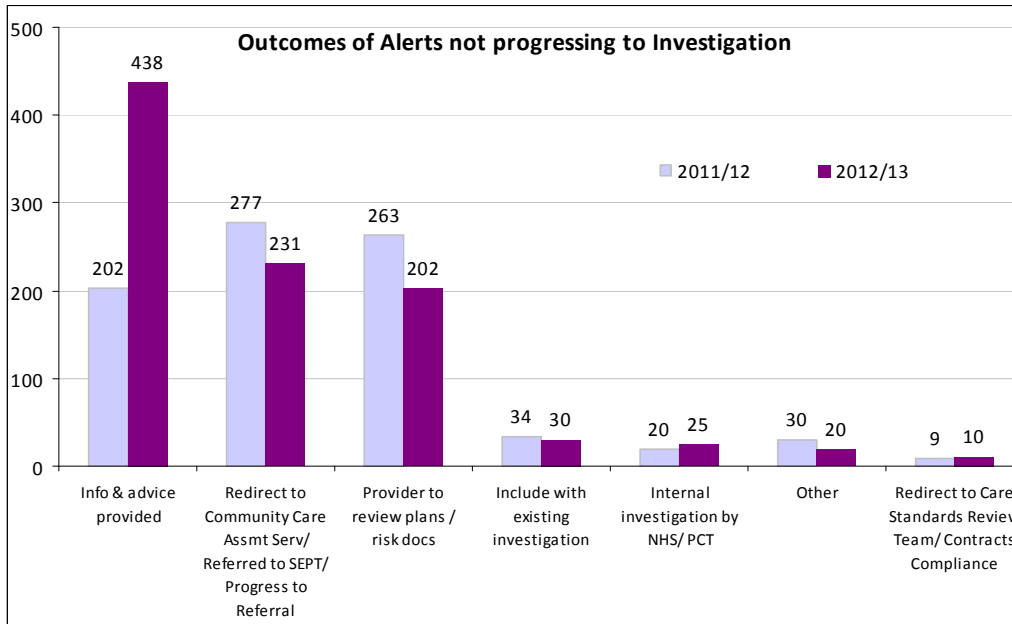


- 3.1.1 In 2012+ – 2013 Bedford Borough Council received 1289 alerts, an increase of 56 alerts compared to 2011 – 2012. In comparing month for month between both years, July and October are reflecting significant increases, there appears to be no obvious reason for these increases.
- 3.1.2 During 2012 – 2013 the total number of Bedford Borough alerts which progressed to referral were 333 which equates to 26% of alerts received. This is a decrease compared to the previous year when 32% of alerts progressed to referral. This can be attributed to better screening at the alert stage and a high level of reporting of minor issues.
- 3.1.3 This is the 4th year Bedford Borough has seen continued increases in the number of safeguarding alerts received which can be attributed to the ongoing safeguarding awareness campaign.
- 3.1.4 Central Bedfordshire Council received 1400 alerts during the year, a small increase of 52 from the previous year. There has been an increase in alerts year on year over the last three years,

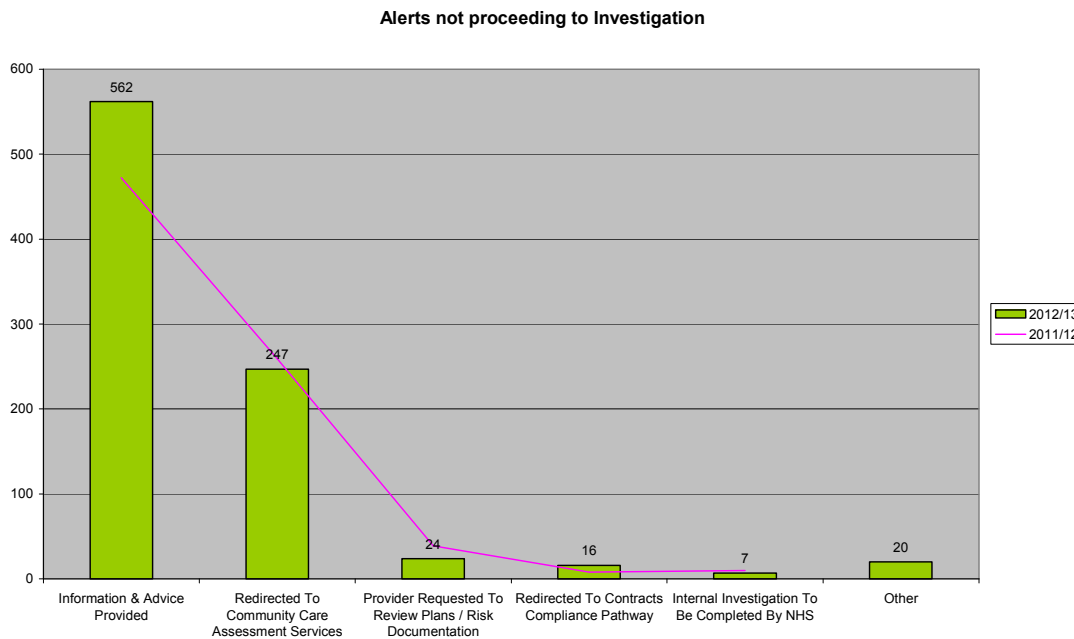
but the increase this year is much smaller. 524 alerts progressed to investigation, 37% of the total alerts. This is a similar percentage of alert to referrals as last year (38% 2011-12), and could be indicative of a plateau in volume of alerts and referrals following a period of increase.

3.2 Alerts not proceeding to referral (investigation)

Bedford Borough



Central Bedfordshire

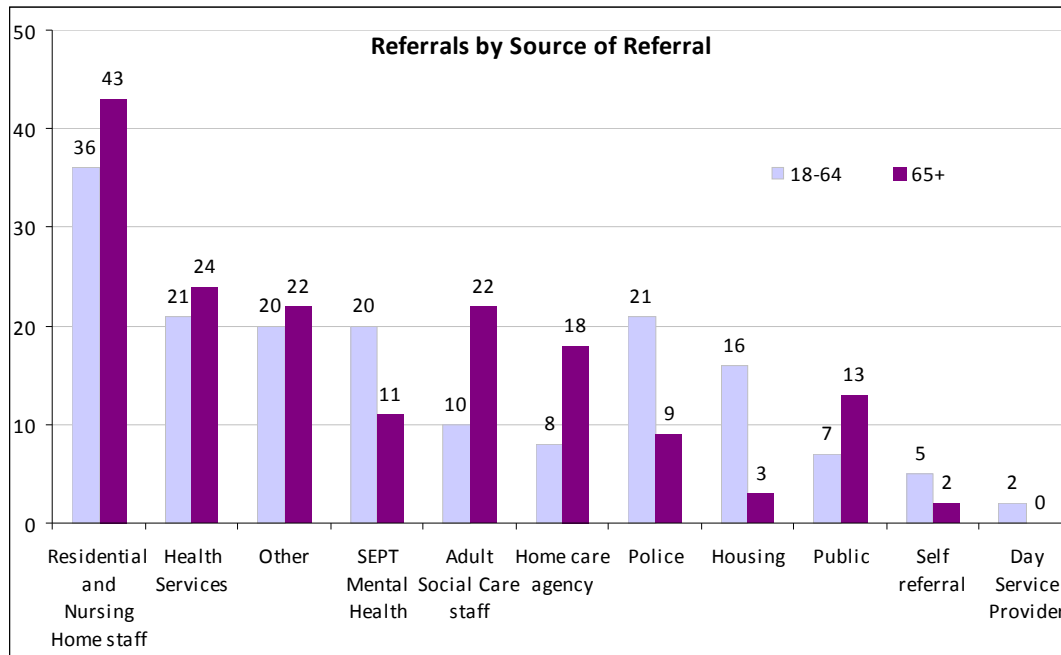


3.2.1 In Bedford Borough Council the number of alerts received which did not progress to the referral stage totalled 956 in 2012 – 2013, and increase of 121 from the previous year. Of the 956 alerts received:

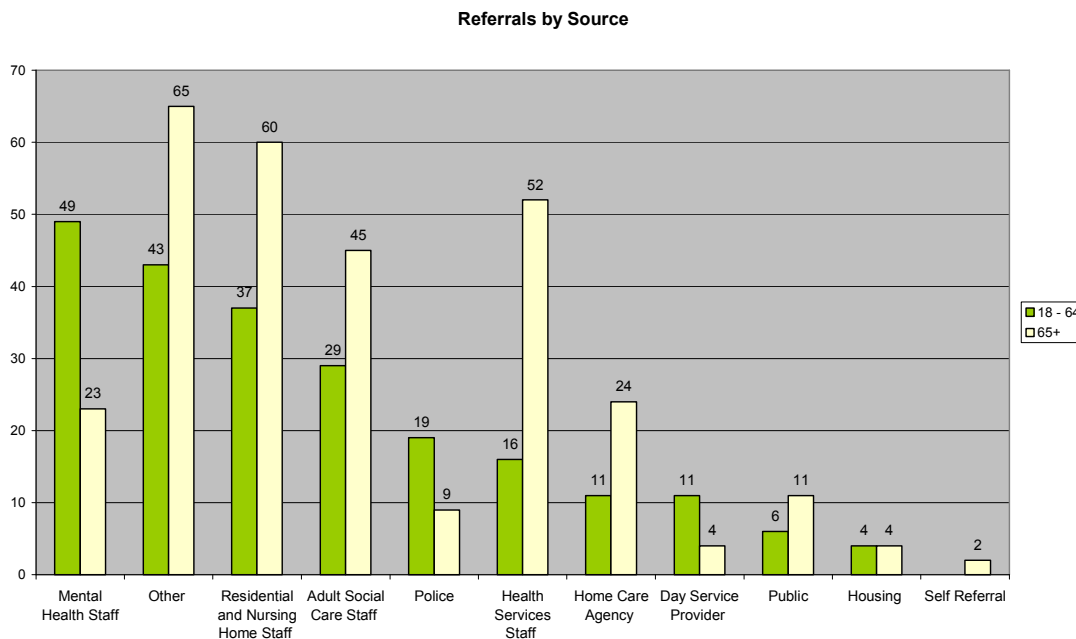
- 438 (46%) resulted in information and advice being provided, an increase in 236 from the previous reporting year.
- 231 (24%) were redirected to community assessment teams, this is a decrease in 35 from the previous reporting year
- 202 (21%) alerts resulted in providers being requested to review plans and risk documentation, a decrease of 61 from the previous year

- 3.2.2 Two thirds of the safeguarding outcomes make up information and advice along with providers to review risk assessments, this demonstrates a high level of alerts being received that indicate a low level of risk that can be managed by providing advice and information or reviewing risk assessments and support plans by the provider. In these alerts the referrer may have correctly identified safety or vulnerability concerns but may be using the safeguarding alert system as a safety net to record concerns. The safeguarding team continues to work with providers to develop understanding of what constitutes an inappropriate safeguarding alert.
- 3.2.3 The number of safeguarding alerts in Central Bedfordshire not progressing to safeguarding investigation totalled 876, a small increase from the previous year. The trend in responses to these alerts mirrors 2011-12, with the majority (64%) of responses being advice and guidance. A significant proportion (28%) is referred to the community assessment and care management teams for a response. This means that 65% of all safeguarding alerts receive formal response from adult social care.
- 3.2.4 Last year it was identified that high levels of alerts are being raised that should be managed by routes other than safeguarding, prompting a review of the current safeguarding thresholds. Section 2.5.4 details the approach within Central Bedfordshire Council towards alerts that are not considered to be appropriate.

**3.3 Source of referral
Bedford Borough**



Central Bedfordshire



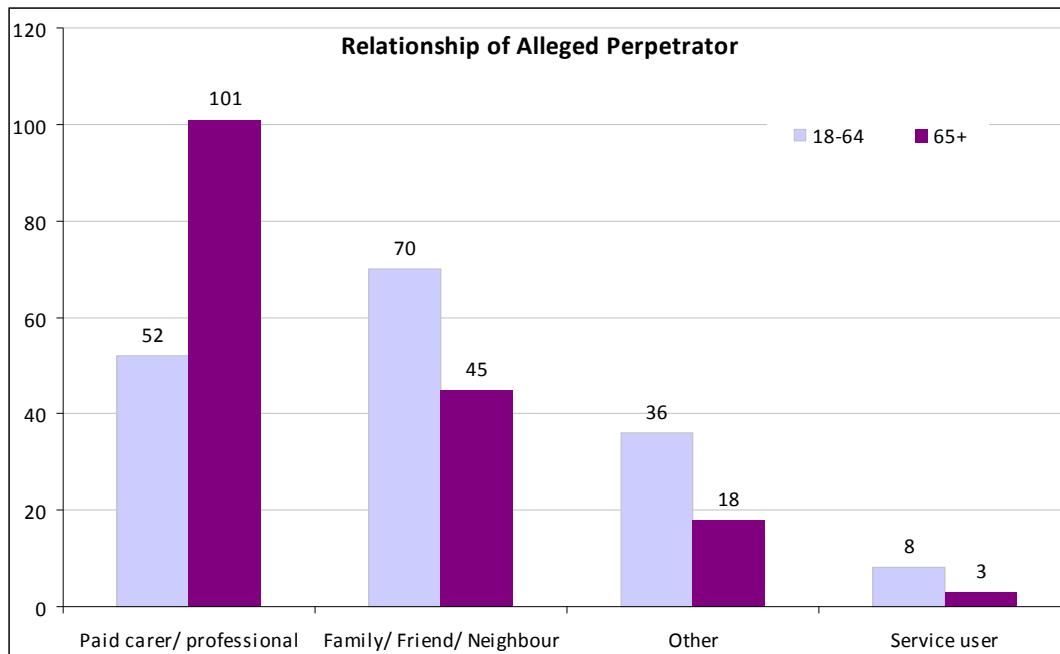
- 3.3.1 In Bedford Borough Council the main source of referrals continues to be from social care staff which includes residential/nursing staff, domiciliary, day care and social workers reporting an alert. Most alerts are received from residential and nursing homes and Bedford Borough hosts 124 regulated service providers within its area. Figures for this report show the number of referrals raised from social care staff remain at a similar level to last year.
- 3.3.2 In Bedford Borough there has been an increased level of alerts received from the police, housing and the other category which includes voluntary organisations, probation, prison, advocacy services and CQC. This demonstrates that an increased awareness of safeguarding across a range of agencies (and they continue to work in partnership with groups within the voluntary sector and advocacy to raise awareness of safeguarding and how to report concerns).
- 3.3.3 In Bedford Borough there is a similar level of referrals for the 16-64 and 65+ group, with referrals with residential / nursing care and health care agencies, social care staff, other and the public being higher for the over 65 group. This is likely to be as a result of more people in residential

care, receiving care at home and potentially receiving hospital treatment being over 65. The police, SEPT and housing have reported significantly more alerts for the 18-64 group, which may be a result of people within this age group being in the community and having more contact with or receiving more services from these agencies.

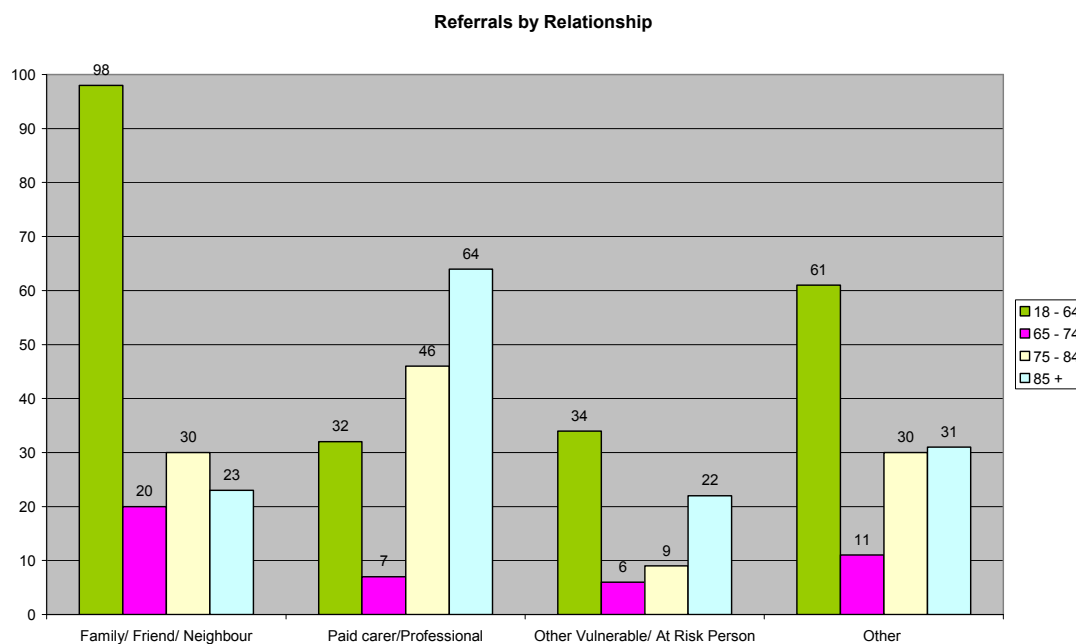
- 3.3.4 The low number of 20 alerts received from the public indicates that more community work is required to raise safeguarding awareness to communities in Bedford.
- 3.3.5 In Central Bedfordshire the majority of referrals relating to older people come from residential and nursing homes (20%) and health services (17%). The majority of alerts relating to people under the age of 65 come from mental health services (22%) and residential and nursing homes (16%). There is large number of alerts from "other" categories – these are for example from the regulator, voluntary agencies, prison and probation services, which individually account for small numbers of referrals. There has been a considerable increase in referrals from adult social care staff since the previous year.
- 3.3.6 In Central Bedfordshire a significant figure to note is the large proportion of referrals in relation to people over the age of 65, made by primary or community health care staff. This trend was notable in the previous year's figures. It is likely that community health care workers will be those who come in to frequent contact with older people living in the their own homes. Given that there has been a sharp increase in incidents within people's own homes, it is also notable that reports by family members remain low, meaning that safeguarding teams remain reliant upon the community professionals that work with people's homes - adult social care, domiciliary care and health services staff.

3.4 Relationship to victim

Bedford Borough



Central Bedfordshire

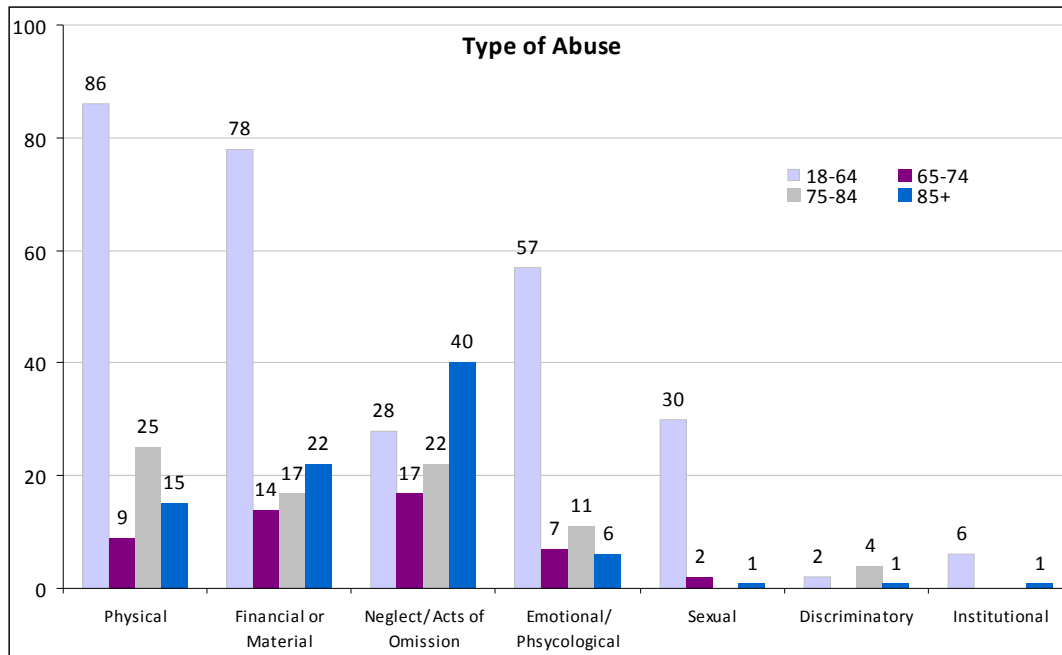


3.4.1 In Bedford Borough the relationship between the person causing harm and the person at risk is predominantly that of paid carers/professionals (45%). This is in line with reporting from the previous year. Evidence indicates the location of abuse tends to be within a persons own home, or a care home where a person is likely to be supported by a paid carer. The majority of referrals relating to the over 65 age group are more likely to be as a result of receiving residential nursing care or being supported to live in the community via social care providers and self directed support. The Care Standards Monitoring and Review Service actively work and engage with social care providers through site visits, improvement plans, provider forums to promote safeguarding awareness and good practice as well as addressing safeguarding concerns.

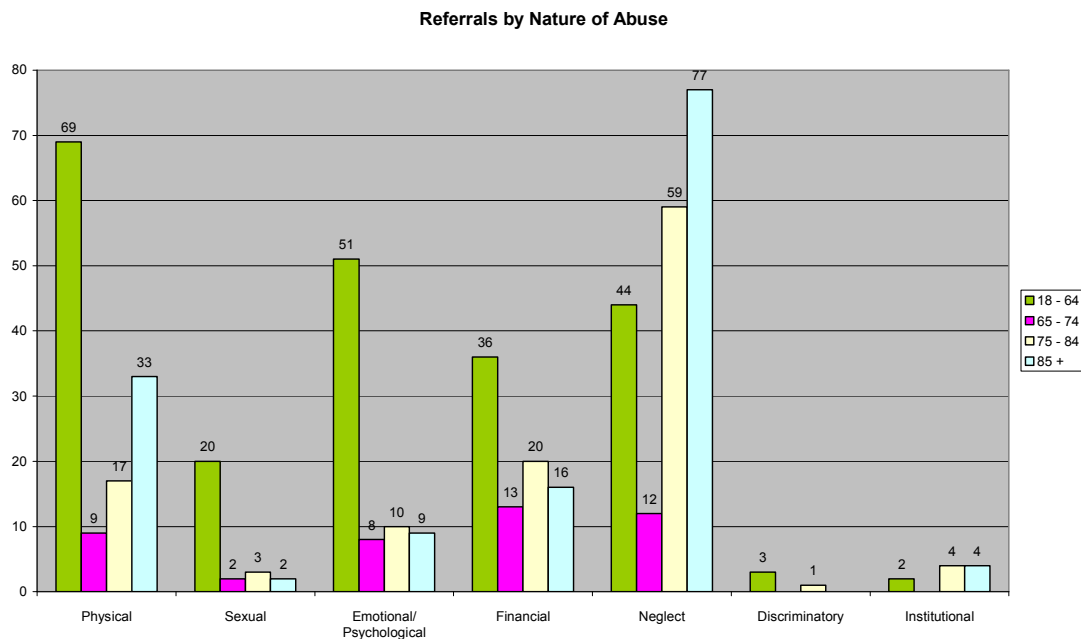
3.4.2 A significant number of referrals relate to friends, family and neighbours (34%). This is likely where the family member is the main carer as the location of abuse is more likely to take place within a person’s home and be related to a financial concern.

- 3.4.3 Alerts for family/friends/neighbour category are higher for the 18-64 group and this is likely to be as a result of more service users within this group living within the community and being more vulnerable to friends, family and neighbours.
- 3.4.4 Similarly a higher proportion of the 18-64 referrals is related to 'other' which includes members of the public and strangers, which is likely to be as a result of living in the community and having more contact with members of the local community.
- 3.4.5 There is a low level of investigations involving other service users. This highlights the majority of alerts reported including service users do not meet the threshold for an investigation but are managed by reviewing support plans, care management involvement and advice given.
- 3.4.6 In Central Bedfordshire a significant proportion (44%) of referrals in relation to people under the age of 65 relate to incidents where the person causing harm is a family member, friend or neighbour. For older people, the person causing harm is a family friend or neighbour in 24% of cases, and a professional or paid carer in 40% of cases. The number cases where the person causing harm is a paid carer increases as people get older. Activity reports over the past year show a considerable rise in the number of alerts and referrals where the person causing harm is a paid carer. Analysis undertaken in quarter 4 indicates that where the person causing harm is a paid carer, the person at risk is likely to be over 85, living either in a care home or in their own home, and at risk of neglect or acts of omission. This is also demonstrated by chart 3.5 below. "Other" includes strangers and or that the person causing harm is unknown at the time of the alert.

3.5 Types of abuse
Bedford Borough



Central Bedfordshire



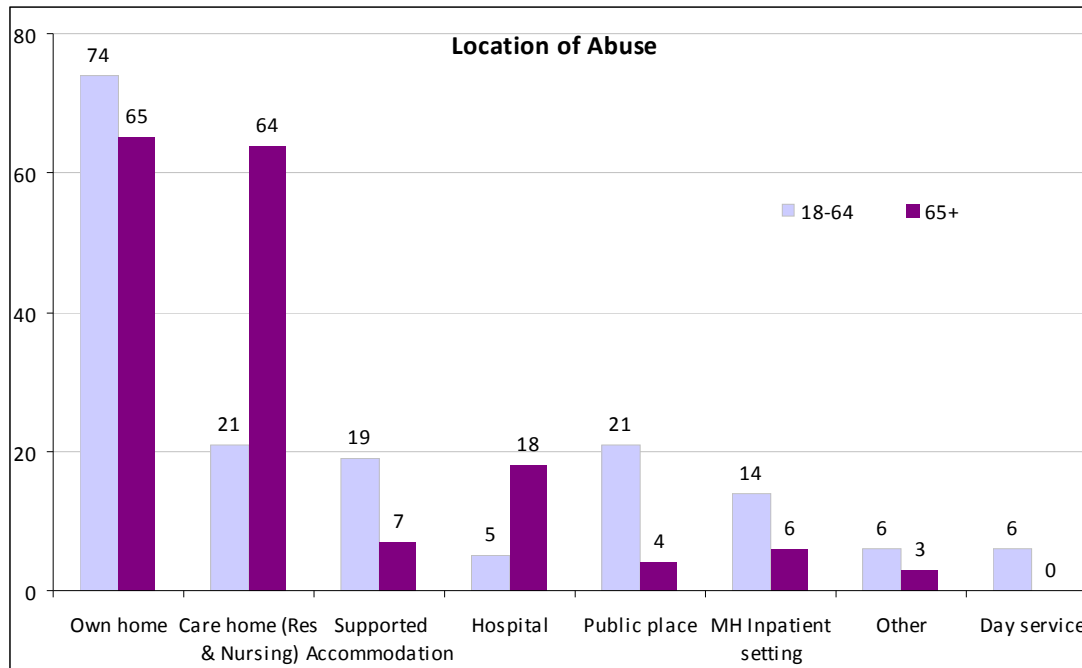
- 3.5.1 In Bedford Borough Council there has been an increase in all types of abuse. Physical abuse remains the most common form of referral this is consistent with the previous years reporting and the 18-64 age group remain the largest age group, with an increase from 112 to 135 referrals. 333 alerts progressed to investigation, within these alerts there was often more than one type of abuse recorded therefore, the overall figure for types of abuse will be higher than actual investigations due to multi recording.
- 3.5.2 Financial abuse has increased across all age groups. There is a growing trend with financial abuse, often relating to family members and taking place within a persons own home. Financial abuse is more prevalent within the 18-64 age group, this is likely to be because a larger population of this age group of vulnerable adults live in the community and manage their own finances, making them susceptible to abuse from family members, people known to them and the public. Recent benefit changes where housing benefit is paid directly to the individual rather than the landlord may further impact on levels of financial abuse for this age group. The situation has

to be monitored within the context of a current financial recession and changes to welfare benefits and housing assistance and the impact on family life.

- 3.5.3 Referrals for Neglect/Acts of omission has increased slightly with significantly more alerts raised for the 65+ age group compared to the under 65 age group, the biggest increase is in the 65 – 74 age group, which has increased from 8 to 17. This will include medication errors, poor hospital discharge, missed or poor domiciliary care support and incidents within a residential unit. Continuous monitoring of all safeguarding alerts takes place to identify trends and patterns amongst service providers, and also highlight issues with an individual provider. This will enable appropriate action to be taken, such as sign posting to further safeguarding training, care management action or involvement of the Bedford Borough Care Standards Team.
- 3.5.4 There has been an increase in emotional/psychological abuse, this category of abuse is often part of an alert relating to another type of abuse such as physical abuse or neglect or acts of omission where the referrer feels there has also been an emotional impact on the individual as well. The increase in this category is likely to be because many alerts now include emotional/psychological abuse along with the main alert. This is particularly evident in the 18-64 age group and demonstrates a more holistic approach to a safeguarding concern.
- 3.5.5 Central Bedfordshire's chart reflects last year's profile in that physical abuse is the most common in relation to people under 65 and neglect is the most common in relation to people over the age of 65. Since 2011-12, there has been a small drop in the number of referrals relating to physical, financial, discriminatory and institutional abuse. There has been an increase of 12% in referrals relating to neglect, which corresponds with the increase in referrals relating to paid carers. During 2012-13 the safeguarding team support workers have begun to work with local care homes to raise awareness of safeguarding and dignity, and this increase in alerts may be attributable to this activity.
- 3.5.6 In Central Bedfordshire, a low volume of concerns in relation to discrimination is reported. Hate crime is an area of priority that has been identified through the course of 2012-13 and is prioritised in the learning section of this report.

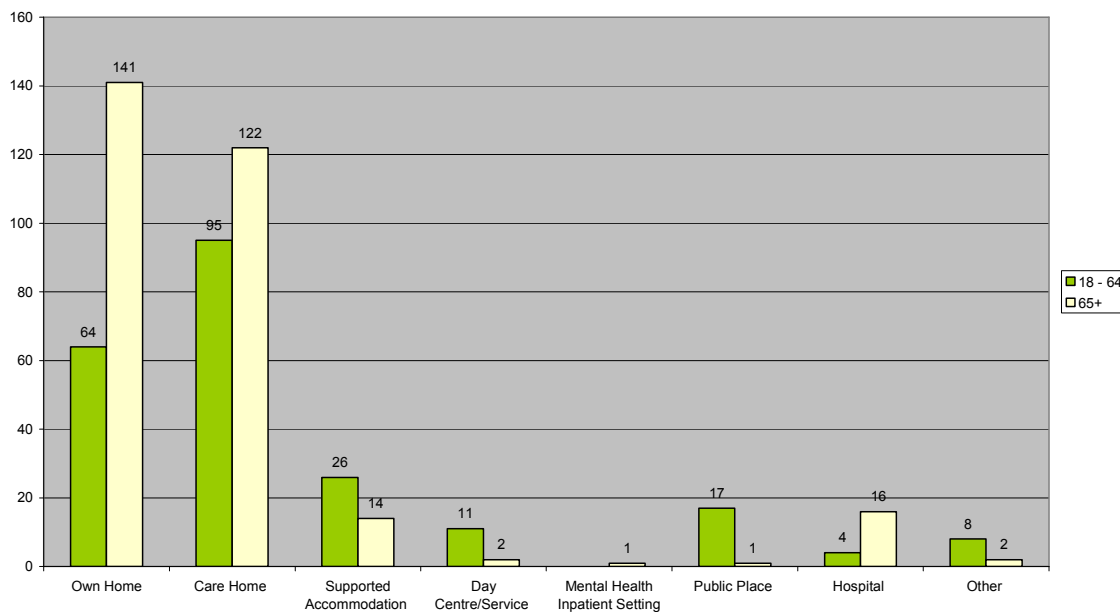
3.6 Location of abuse

Bedford Borough



Central Bedfordshire

Referrals by Location

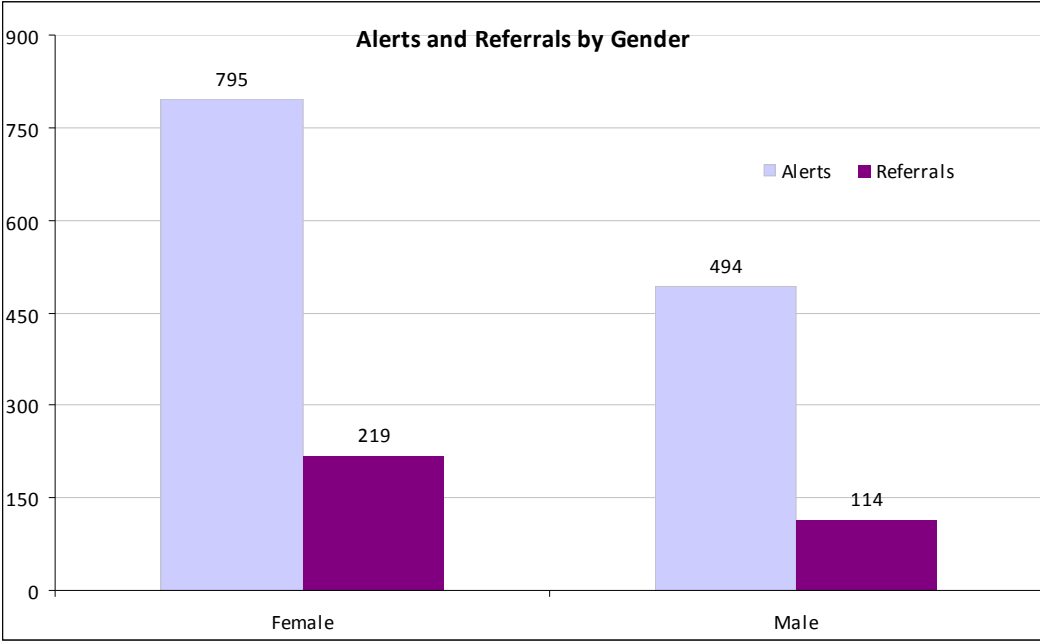


3.6.1 The highest number of safeguarding referrals relate to abuse taking place within a persons own home. In Bedford Borough in 2011-2012 139 alerts were raised to a safeguarding referral, this is a decrease of 14% on the previous reporting year. The decrease in levels of investigations is likely to be as a result of robust screening at the alert and involvement of care management and reviewing risk assessments and where individuals have wanted a lower level of involvement rather than a full investigation. The majority of abuse within a persons own home is likely to be related to a paid carer or family member and may include financial abuse. There has been an increase in complex financial abuse issues involving family members. Additional training is being commissioned for social care staff to highlight issues and address the increasingly difficult financial and family dynamics. As more people are supported to live at home, it is envisaged that this may be an area of increasing safeguarding concerns and reporting.

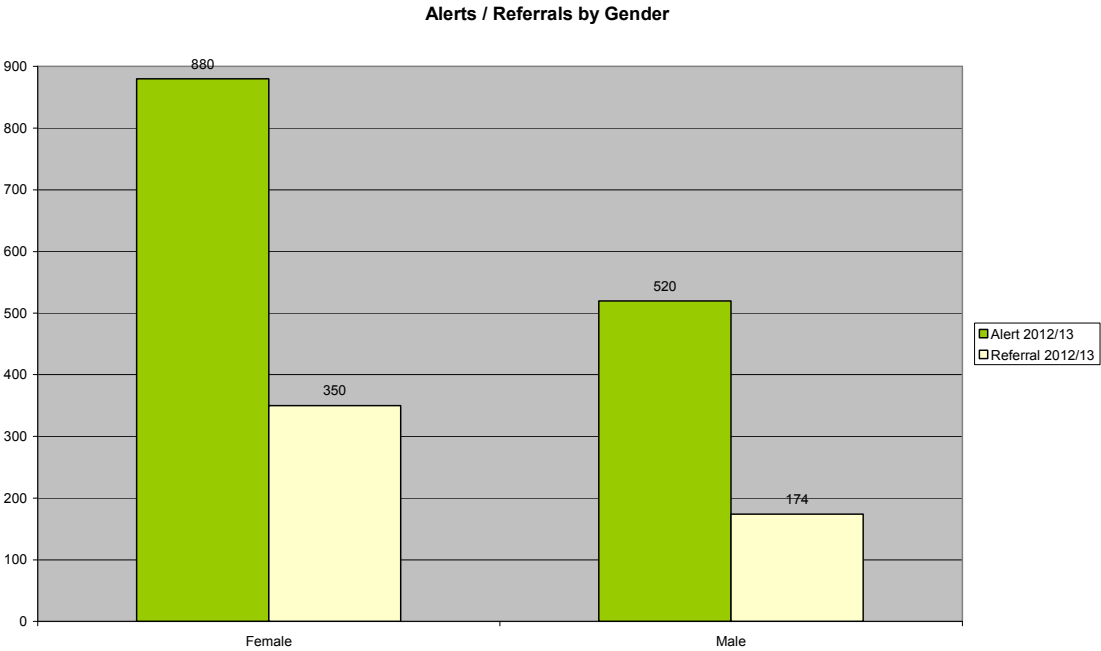
- 3.6.2 Referrals within care homes has decreased from 111 to 85. A high level of alerts is received from care homes, and the decrease in the number of alerts going on to a safeguarding investigation could indicate better practice within care homes, robust screening at the alert stage resulting in a high number of alerts being dealt with via reviewing risk assessments, support plans and care management involvement. The majority of referrals relates to the over 65 age group which is expected as the majority of people receiving residential care will be in this age bracket.
- 3.6.3 Referrals for supported accommodation has increased, this is likely to be as a result of more people receiving support in this type of accommodation. Service users within these services are likely to be more vulnerable to abuse when managing their own finances, or when dependant on support from care agencies which may result in missed domiciliary care calls and medication errors.
- 3.6.4 In Central Bedfordshire, the proportion of incidents over the year occurring in the persons own home and in a care home are the same (39% and 41% respectively). There was a notable increase in reports relating to incidents in the person's own home during quarter 3 of this year, but over the year numbers are broadly the same as last year. Last years annual report showed a significant increase in incidents in the person's own home compared to the previous year. A large proportion of incidents occurring in the person's own home relate to people over the age of 65. Based on the previous charts 3.4 and 3.5, a significant proportion of these will involve neglect or acts of omission by a paid carer.
- 3.6.5 In Central Bedfordshire there has been a 44% increase in incidents taking place in care homes. As described in 3.5, during 2012-13 the safeguarding team support workers have begun to work with local care homes to raise awareness of safeguarding and dignity, and this increase in alerts may be attributable to this activity.

3.7 Alerts and referrals by gender

Bedford Borough



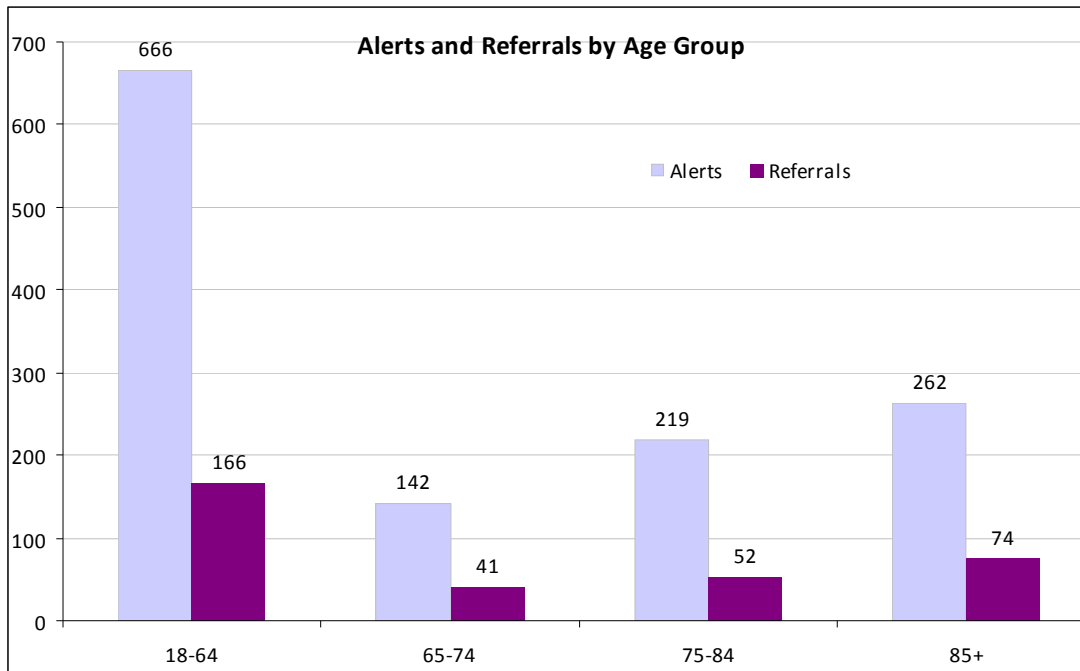
Central Bedfordshire



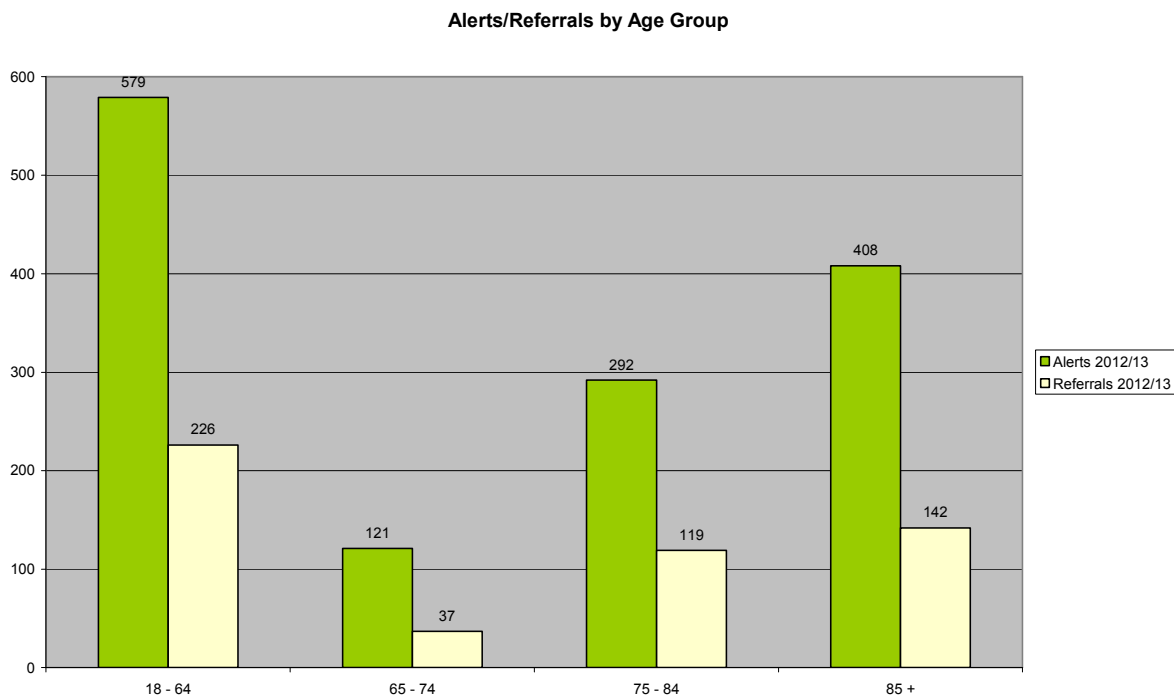
- 3.7.1 In Bedford Borough, as with previous years the larger proportion of alerts and referrals relate to women. This reflects the national picture where female life expectancy is higher than males and there is a higher proportion of incidents involving females being reported.
- 3.7.2 Approximately 60% of clients receiving a service within Bedford Borough are female, this is reflected in the above figures. The overall number of alerts for both females and males has increased from the previous year, however has decreased number of alerts progressing to referrals, 28% of alerts for females progress to a referral as compared to 23% of males.
- 3.7.3 In Central Bedfordshire the ratio of male to female alerts and referrals is the same as the previous year, with the majority of people at risk being female.

3.8 Alerts and referrals by age group

Bedford Borough



Central Bedfordshire



3.8.1 In line with the previous year for Bedford Borough, the majority of safeguarding alerts and referrals relate to people aged 18-64. There has been an increase in the amount of alerts for this age group but a decrease in the proportion of alerts being raised to investigation (24.9%). The reduction in the amount of alerts progressing to referral is likely to be as a result of many of the incidents between service users which are managed by other routes such as care management and reviewing risk assessments. Physical and emotional abuse are noted as being the highest alerts amongst this age group.

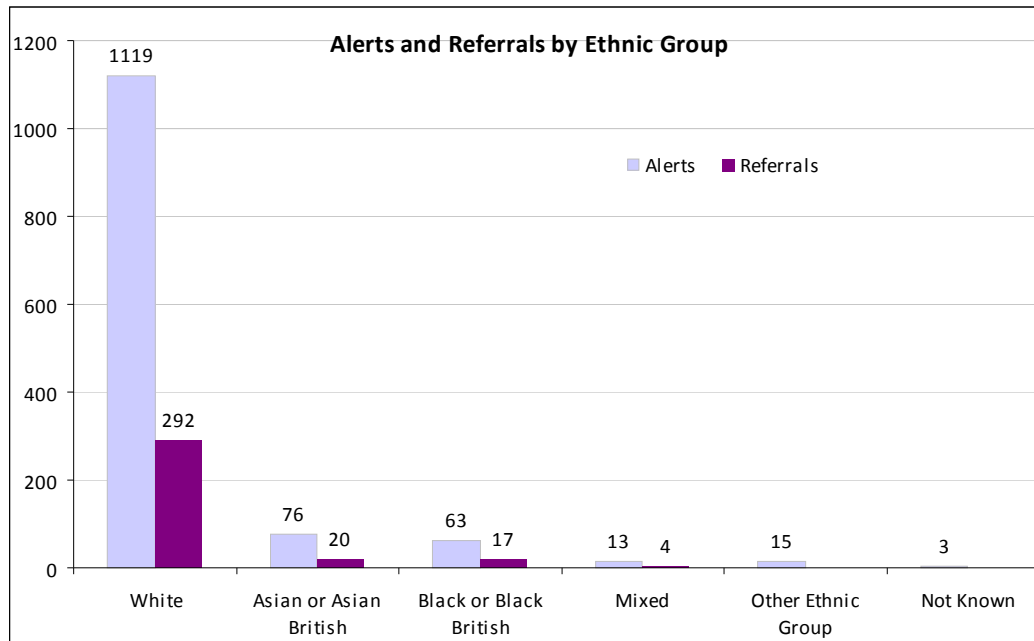
3.8.2 In Bedford Borough alerts for the 65+ have also increased, with 26.8% of alerts progressing to referral. This shows that a high number of alerts are screened out at the alerting stage. Neglect is highest in the 65+ category. This will include many alerts for missed medication and

domiciliary care calls where it was not deemed proportionate to instigate a safeguarding investigation but managed via review of services provided and care management involvement.

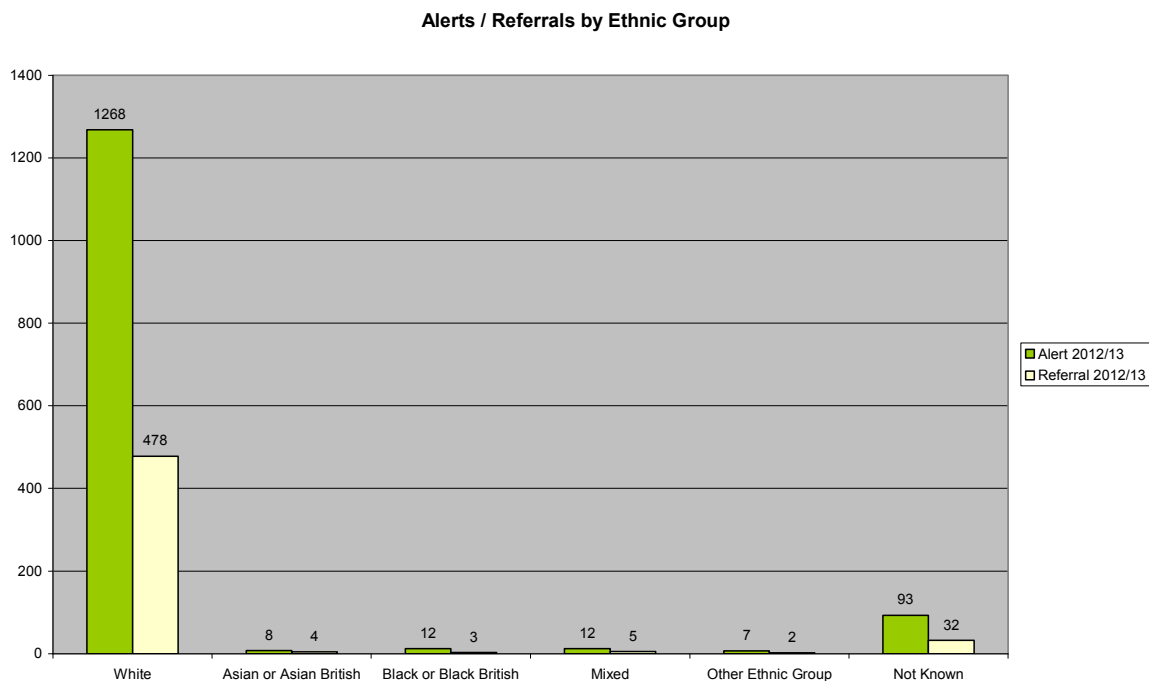
3.8.3 In Central Bedfordshire, the ratios of ages and alerts and referrals is the same as the previous year, with 50% of alerts relating to people over the age of 75. The proportions of alerts progressing to referral have not changed from last year.

3.9 Alerts and referrals by ethnic group

Bedford Borough



Central Bedfordshire



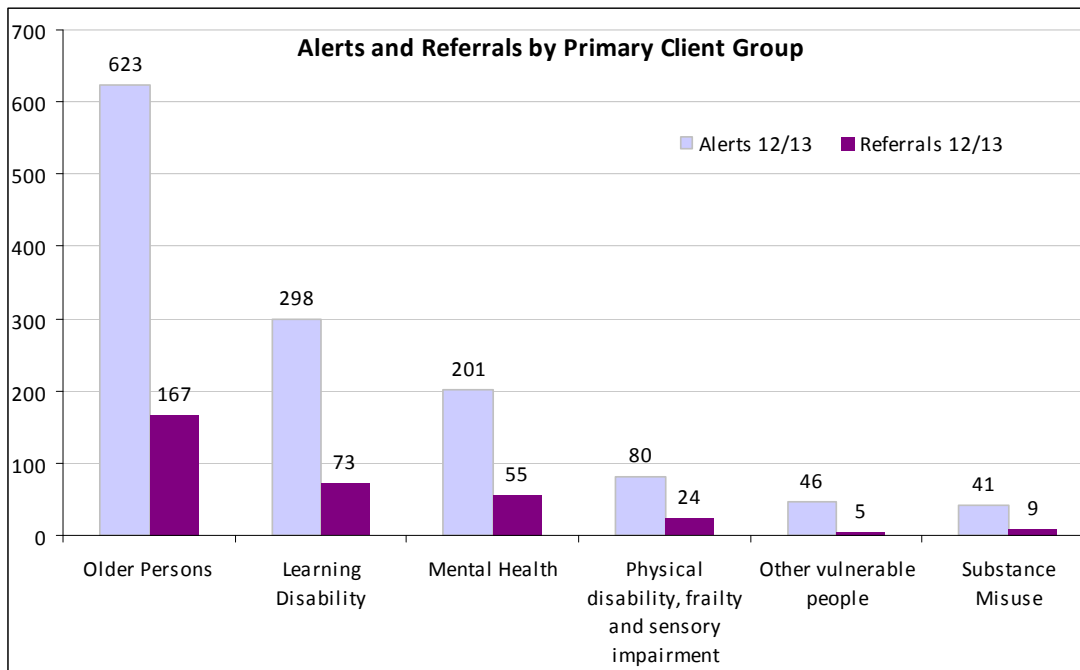
3.9.1 In Bedford Borough the number of alerts relating to ethnicity remains similar to the previous year with the largest category being white. This reflects the overall population mix of the local community. The 2011 census shows 83.88% of adults are white British which is a similar level to the 86.8% of alerts for white British people. Alerts for people with Asian ethnic backgrounds were

5.9% compared to 10.1% in the adult population. Alerts for people with black ethnic backgrounds were 4.9% compared to 3.88% in the adult population.

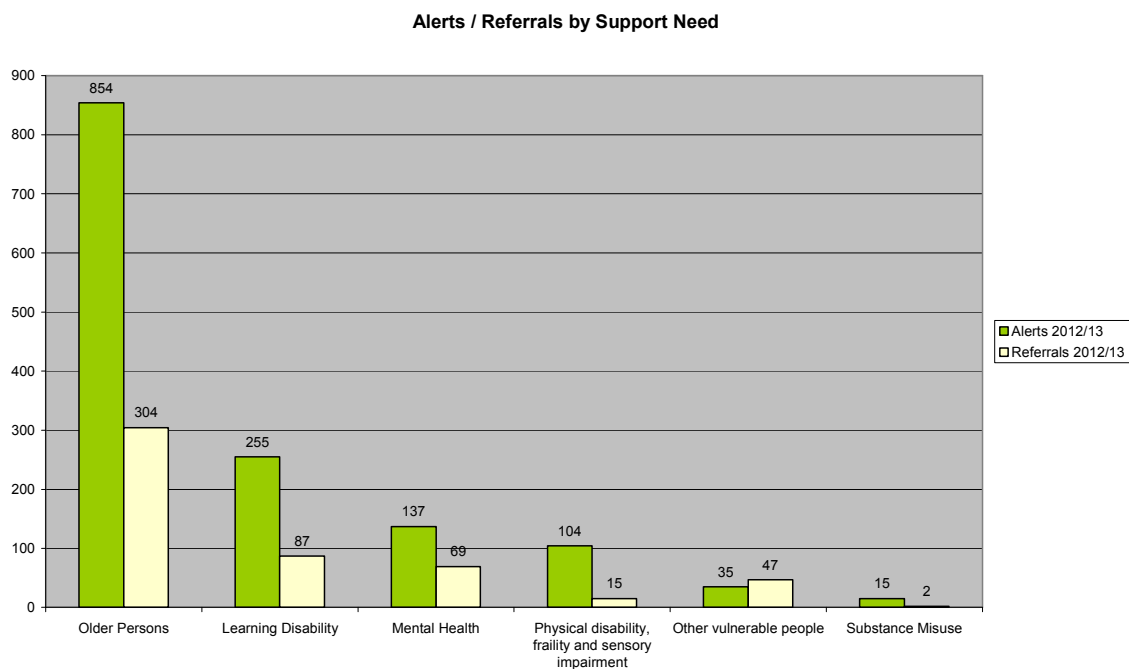
3.9.2 90% of alerts and referrals in Central Bedfordshire relate to White British people. The low number of alerts within Central Bedfordshire is a reflection of the communities within the locality and the presenting population which is predominantly White British. There has not been a change in patterns over the previous three years. The proportion of alerts progressing to referral for White British people is the same as for people of other ethnicities, and there has not been a change over the previous three years.

3.10 Alerts and referrals by support need

Bedford Borough



Central Bedfordshire



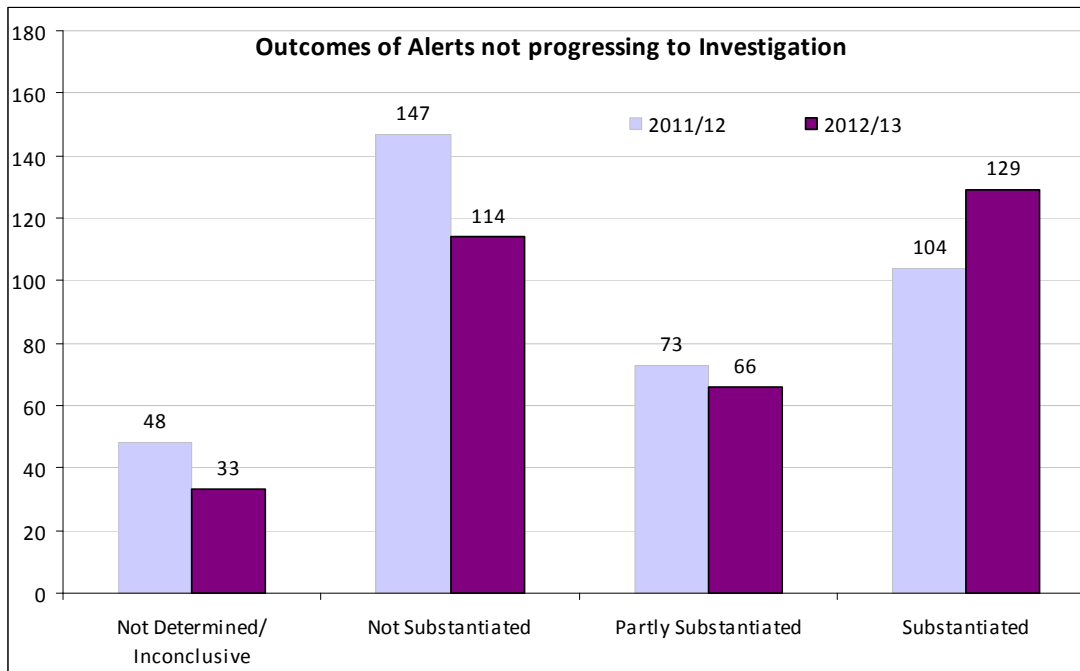
3.10.1 The older person's category continues to be the one with the highest alerts followed by learning disability and mental health. There has been an increase in alerts received in older persons

client group from 444 to 623 (39%), and an increase in alerts progressing to referral from 167 (16%).

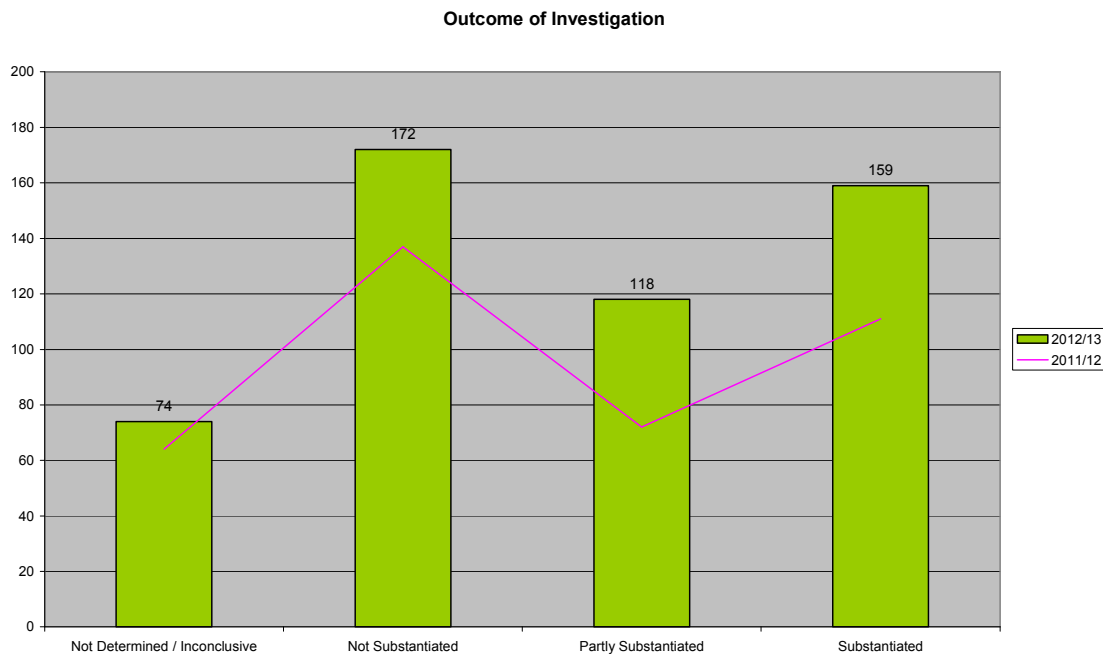
- 3.10.2 The high level of alerts for older people is a result of care homes and care agencies reporting where a risk or concern has been identified but does not meet the threshold for a safeguarding investigation. These alerts are managed by reviewing care plans, giving advice and information and care management involvement.
- 3.10.3 Alerts within the older persons group also relates to abuse within the persons own home by either a paid carer or persons known to the service user such as a family member. A high proportion of alerts will be as a result of missed calls or medication where no significant harm occurred. As more older persons are supported at home, it is likely that levels of reported concerns will increase in this area.
- 3.10.4 Learning disability and mental health client groups have seen a reduction in both alerts and referrals. Awareness raising and development work about appropriate raising of alerts has been completed with service providers in these areas and it is likely that this had an impact with more appropriate reporting.
- 3.10.5 Central Bedfordshire's statistics are consistent with the previous year, the majority of alerts and referrals relate to older people. Proportionately, fewer of these alerts progress to referral – about 30-40% over the past two years. Many of these alerts are passed through to the assessment and care management teams as they are frequently identified as "persons at risk" through needing urgent care and support, rather than because of being at risk of harm from abuse or neglect. While there are fewer alerts in relation to people with mental health needs, it is notable that 50% of these alerts progress to referral. This may be because of more appropriate reporting, or because of the higher perception of risk at the time of the alert.
- 3.10.6 Central Bedfordshire's charts above show it is possible to conclude that safeguarding referrals are more common in respect of allegations of neglect and acts of omission, in relation to older white women, living either in their own home or in a care home, receiving paid care and support.
- 3.10.7 In Central Bedfordshire, safeguarding referrals in relation to people with a learning disability are more likely to involve physical abuse. There is also a higher incidence of reports of allegations of sexual abuse and emotional abuse in relation to people with learning disabilities. The person causing harm is more likely to be a family member, friend or neighbour, but locations can vary across supported living, residential accommodation and the person's own home.

3.11 Outcomes of investigations

Bedford Borough



Central Bedfordshire



3.11.1 In this reporting year there has been an increase in the number of Bedford Borough safeguarding cases where the outcome has been substantiated from 104 to 129. This is likely to be as a result of the screening process and the decision making at the alert stage improving with a consistency in applying the thresholds. Fewer cases progressed from an alert to an investigation, the higher level of cases substantiated indicate that initial information and facts gathered at the beginning of the process and robust investigations have led to more appropriate referrals and improved outcomes.

3.11.2 All other outcomes have reduced signifying better use of resources to investigate Bedford Borough safeguarding alerts. Analysis of the Not determined / inconclusive outcomes shows that the outcomes are reached based on lack of evidence.

3.11.3 In Bedford Borough the outcomes of investigations can be broken down as follows:

	2012/13	2011/12	2010/11
Not Determined / Inconclusive	9%	12%	16%
Not Substantiated	33%	40%	38%
Partly Substantiated	20%	20%	8%
Substantiated	38%	28%	38%

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

	2012/13	2011/12	2010/11
Not Determined / Inconclusive	14%	17%	8%
Not Substantiated	33%	36%	57%
Partly Substantiated	23%	19%	11%
Substantiated	30%	29%	25%

3.11.5 In Central Bedfordshire, there has been a small increase in the number of cases substantiated and a decrease in the number not substantiated, which can be considered positive, although there has been a small increase in the numbers not determined. The majority of cases are not substantiated. As reported previously, the reason for this remaining a high outcome along with “not determined” is often the lack of evidence available where people are not able to discuss what happened to them. In addition, there has been a renewed focus on resolving concerns to the satisfaction of the person at risk and devising an appropriate protection plan, rather than focusing on the person causing harm. This has become increasingly common in family relationships, where models such as family group conferencing are being used.

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

4.1 Bedford Borough

Deprivation of Liberty Applications Received 2012-13

Bedford Borough	Authorisations granted	Authorisations not granted
18-64	1	4
65+	17	16
Total	18	20

Bedford Borough	Authorisations granted	Authorisations not granted
Male	3	5
Female	15	15
Total	18	20

Health NHS	/	Authorisations granted	Authorisations granted	not
18-64			1	4
65+			14	36
Total			15	40

NHS /Health	Authorisations granted	Authorisations granted	not
Male		10	23
Female		5	17
Total		15	40

4.2 Central Bedfordshire

Deprivation of Liberty Applications Received 2012-13

	Authorisations granted	Authorisations granted	not
18-64		0	2
65-74		4	0
75-84		6	7
85+		0	4
Total		10	13

	Authorisations granted	Authorisations granted	not
Male		6	5
Female		4	8
Total		10	3

Mental Capacity Requirement Not Met		1
Eligibility Requirement Not Met		1
Best Interests Requirements Not Met		11

4.2.1 The department of Health fifth annual report into the IMCA service was published in February 2013. Nationally there was a 9% increase in referrals from the previous year. The numbers have more than doubled in five years; however there are still wide disparities in the rate of IMCA instructions across different local areas which cannot wholly be explained by population differences. The report highlights that nationally referrals to IMCA in safeguarding cases have dropped and asks local authorities to review these. This will be taken forward as part of the 2012-13 action plan.

4.2.2 On 1 April 2013 when Primary Care Trusts (PCTs) ceased to exist, their supervisory body responsibilities under Deprivation of Liberty Safeguards relating to hospitals passed to local authorities. In the lead up to this state a series of meetings were held between Bedford Borough Council, Central Bedfordshire Council & PCT/ Clinical Commissioning Group to ensure a smooth transfer of responsibilities. This means that as from 1st April 2013, any Deprivation of

Liberty Safeguard queries for health related institutions will need to be referred to the relevant Local Authority and will be based on the Ordinary Residence criteria.

- 4.2.3 The Bedford Borough Mental Capacity Act Coordinator has continued to raise awareness of Mental Capacity and Deprivation of Liberty Safeguards across a range of providers to improve practice and implementation.
- 4.2.4 Bedford Borough Council continue to audit mental capacity assessments and the quality of best interest assessments with feedback being given to individuals completing the assessments.
- 4.2.5 Bedford Borough hold quarterly training and refresher sessions for all qualified Best Interest Assessors as part of their professional development.
- 4.2.6 In March 2013 the Mental Capacity Act Coordinator completed a review of Central Bedfordshire Council's approach in respect of its responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards. Eight themes were identified from this review which have populated the current action plan, which are:
- Reviewing and formalising the DOLS process within the safeguarding team
 - Developing clear reporting processes on DOLS including for the new national data collections
 - Best Interests Assessor training, learning, development and supervision
 - Improving the Quality Assurance of Best Interests, specifically the scrutiny role of the supervisory body
 - Developing support to managing authorities to improve their understanding on DOLS and the MCA.
 - Developing support to adult social care staff to improve practice in relation to mental capacity assessments and DOLS, including audit, review and practice development
 - Develop a person centred planning approach to mental capacity assessments and DOLS process
 - Support for adult social care teams with applications to the Court of Protection and the High Court.

5. Learning from Safeguarding Activity

Learning Outcomes	Action To Ensure Learning
Improvement in safeguarding practice and recording required as a result of independent audit and peer review.	We will ensure safeguarding paperwork and documentation is shared with individuals, families, and relevant agencies in a timely way. We will ensure transparency and timeliness of information sharing with care providers around safeguarding concerns where staff are involved.
Activity data continues to show a high volume of alerts which do not require a formal safeguarding investigation. This is a trend over four years. An increased volume of alerts is a national trend reflected in ADASS Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services March 2013.	We will continually review the types of alerts that are being raised for quality of information and appropriateness. Feed back to alerters where necessary. We will continually review responses to alerts within the safeguarding teams to ensure prioritisation and consistency in the face of increasing volume.
Activity data continues to show a low number of alerts received from members of the public and people at risk.	We will run awareness raising campaigns and will link into existing public forums and local campaigns.
National reports and analysis of local safeguarding information has shown that people with disabilities remain vulnerable to abuse and harassment.	Work completed in the previous year on hate crime and disability related harassment has been shared with both Councils Community Safety Partnerships and we will continue to work together in this area in 2013-14.
Financial abuse is on the increase and the issues involved are increasingly complex with family dynamics, property, money management and wills involved.	We will commission and review outcomes of training on financial abuse. We will continue to provide additional support for complex cases in the form of data analysis and practice development.
Locally there continues to be low numbers of applications for authorisation of the Deprivation of Liberty Safeguards. Nationally local authorities are charged with reviewing the use of IMCA in safeguarding cases.	We will continue to develop the role of the Mental Capacity and Deprivation of Liberty Coordinators to link in with services to raise awareness and increase the profile of the IMCA service.
Ongoing quality issues with services highlighted in national media and locally	We will continue to monitor and analyse trends and patterns and continue to share information with contracts and care standards teams. Data is used to trigger a serious concerns process or individual and service reviews where patterns are noted.

Appendix 1

Strategic Objectives for 2013-2014

Strategic aims:

1. Prevention and Raising Awareness
2. Workforce development and Accountability
3. Partnership Working
4. Quality Assurance and Protection
5. Involving People and Empowerment
6. Outcomes and Proportionality

Members of the Board must be able to:

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

1 Prevention and Raising Awareness

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

2 Workforce Development and Accountability

- Staff should be able to recognise and manage risks in supporting and caring for adults at risk of harm or abuse.
- Staff should treat people with dignity.

- Staff should understand how to empower people and enable positive risk taking.
- There should be a focus on achieving outcomes for individuals and evidencing that these have been achieved, rather than processes.
- There should be competency based training to ensure that practice meets good quality standards and targeted training.
- Mental Capacity Assessments and Deprivation of Liberty Safeguards including the use of Independent Mental Capacity Advocates to raise awareness and improve practice within these areas

3 Partnership Working

- Secure electronic information sharing arrangement - receive reports and monitor progress and management of information.
- Tissue viability issues addressed through the Harm Free Care group and actions to be put arrangements and NHS bodies to monitor.
- Mental capacity and unwise decision making – put mechanisms, guidance, training in place.
- Ensuring safeguarding remains a priority and that lack of continuity does not cause risk to vulnerable person through organisational change.
- Ensure links are maintained to the Health and Wellbeing Boards, Community Safety Partnerships, Children’s Safeguarding Boards and other strategic partnerships.
- Improvements to out of hours responses.
- Improve multi agency collaboration in respect of people not accessing services.
- Respond to national focus on care quality by continuing to work in partnership with key agencies and commissioners to improve quality in health services, learning disability services and with adult social care providers

4 Quality Assurance and Protection

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

5 Involving People and Empowerment

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

6 Outcomes and Proportionality

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

Appendix 2

Partnership Contributions to Adult Safeguarding 2012/13

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Name Of Organisation:	Bedfordshire Clinical Commissioning Group (BCCG)
Name(s) Of Person(s) Reporting:	Anne Murray, Director Nursing and Quality Yvette Aris, Head of Adult Safeguarding
<p>1. Local priority: Prevention and raising awareness</p> <p>BCCG appointed a Patient Safety Project Nurse to support the delivery of the Harm Free Care initiative ‘no avoidable grade 3 and grade 4 pressure ulcers’ the work programme includes the following activities: review of Root Cause Analysis (RCA) of pressure ulcer alerts and serious incidents, feedback lessons learnt into the Countywide Pressure Ulcer Group; delivery of ‘Stop the Pressure Training’ to service providers within the community particularly residential homes and care agencies. The project nurse will work closely with the CCG safeguarding team participating in unannounced visits where a concern has been identified with pressure care.</p> <p>During 2012/13 the Patient Safety Project Nurse’s have delivered six sessions to Central Bedfordshire providers, overall feedback from the events have been positive with care providers identifying actions to help them improve the quality of care delivered i.e. identify service users that are at risk of pressure ulcers and clear documentation; Implementation of the use of the pressure ulcer safety cross in individual care plans which identifies how many days the area is free from pressure ulcer development. Sessions for Bedford Borough providers have been organised for 2013/14.</p> <p>BCCG continue to raise awareness around the safeguarding adults agenda via a number of forums, using the BCCG extranet a safeguarding page has been developed where CCG staff and members can access policies, recent documents, contact details and links for safeguarding training; the safeguarding team also works with locality leads within BCCG and attends practice meetings providing training with locality specific information.</p> <p>2. Local priority: Workforce Development</p> <p>Bedfordshire CCG has developed a training strategy for Adult and Children Safeguarding training, the strategy outlines CCG staff and member requirements for Safeguarding training; requirements were agreed at a multiagency meeting that included local authority, commissioning and named/designated GPs.</p> <p>The CCG completed an audit with GP practices in Bedfordshire and requested that each GP practice identified a safeguarding lead for their organisation; all practices in Bedfordshire have a safeguarding adult lead. As part of the training strategy the GP leads will be required to attend a face to face training session which it is anticipated will be delivered at the end of the year.</p> <p>The CCG safeguarding team have been promoting Skills for Health e-learning module for Safeguarding adults to all staff, CCG members and practice staff. The team has administration rights to this module; uptake is monitored via the Integrated Safeguarding Adult and Children Meeting.</p> <p>The safeguarding team continues to participate in locality meetings and protected learning events to raise awareness and share local data with GPs, Practice Nurses and Practice staff.</p> <p>3. Local priority: Partnership working</p> <p>The CCG safeguarding team has been working with both acute providers to share A&E admission data for patients admitted from nursing and residential homes. This data allows the CCG to identify nursing and residential homes within the community</p>	

with high admission rates; the data is reviewed for time and reason for admission to see if the CCG can support the homes with appropriate signposting and reduce admission rates.

Membership with local authority quality assurance steering groups continues; information shared at these groups includes serious incident, pressure ulcer, infection control and acute admission data. In addition to this the safeguarding team meets regularly with safeguarding leads.

The CCG regularly share information with the CQC at meetings held with the local authority. The information is triangulated to ensure all partners are aware of concerns and work together to improve and support services.

4. Local priority: Quality assurance

In 2012/13 Bedfordshire CCG received 373 health related safeguarding alerts from Bedford Borough and Central Bedfordshire local authority.

Every month the safeguarding team completes a thematic review of the alerts received and reported to the CCG Board via the quality dashboard.

The top five themes for 2012/13 were as follows;

- 1) Neglect
- 2) Physical
- 3) Pressure Care
- 4) Poor Discharge
- 5) Medication

Bedfordshire CCG have seen an increase in the number of safeguarding alerts received referring to physical abuse, the majority of these alerts have involved mental health service users with drug and alcohol use issues, any alerts raised to investigation are led by SEPT and CCG are informed of outcomes. A number of physical abuse alerts also relate to dementia service users and involve other service users in residential homes during periods of agitation, where applicable the Continuing Health Care team are involved and reviews completed to ensure the care package in place continues to meet the service user's needs.

In December 2012 the CCG appointed a Patient Safety Project Nurse, this position is a job share and the nurses work together to deliver the Harm Free Care Initiative 'No avoidable Grade 3 and 4 Pressure Ulcers', this includes delivering training across Bedfordshire to residential/nursing and care agency staff around pressure ulcer prevention, working closely with the safeguarding team and patient safety coordinator reviewing incidents of pressure care and collecting information on service providers; all of the above helps to inform the nurses when an unannounced visit is required to understand issues around pressure care.

The CCG and local authority are working closely with acute providers to support improvement around the discharge of vulnerable patients. A starting point was to look at the themes taken from the safeguarding trigger tool that related to poor discharge of CBC residents, this was then forwarded to the acute trust with a request to look at the cases and ensure appropriate actions are taken. This work remains under review and scrutiny.

The CCGs Care Home Lead Pharmacist is a member of the Integrated Safeguarding Adult and Children Group and feeds back any concerns and/or work completed with residential homes in Bedfordshire. In addition, the lead pharmacist supports the safeguarding team with safeguarding investigations involving issues with medication.

5. Local priority: Involving People

The safeguarding lead is committed to ensuring that all vulnerable adults involved in the safeguarding process, have been fully informed of the process and relevant decisions and have been given the information that is required for the person to make the decisions, or offered the opportunity to have an advocate.

6. Local priority: Outcomes and Improving Experiences

During 2012/13 there were 354 Serious Incidents (SI) reported to NHS Bedfordshire and NHS Luton. There was a small decrease in numbers reported since last year, however, it should be noted that the criteria for reporting pressure ulcers has changed which may have had an impact on this.

Pressure Ulcers are the highest reported SIs, and falls resulting in fracture the second highest reported incident. The majority of patients developing a pressure ulcer are patients who have multiple co-morbidities, are elderly and may decline pressure relieving equipment until the pressure ulcer has developed. In some cases assessment of pressure areas has been incomplete; however, the “SSKIN bundle” is now being introduced by providers, which includes skin inspection risk assessment and treatment. The Clinical Commission Groups host a ‘Harm Free’ Care Group and County Wide Pressure Ulcer Group in which data is reviewed, both from SIs and the Safety Thermometer and recommendations and actions are shared. Representatives from all providers attend both these groups. Initiatives this year includes pressure care training to care home staff, and a review of the publicity material on pressure ulcers in order to take forward an awareness campaign. The providers also participate in the ‘Pressure Alert’ System in which pressure ulcers that have occurred outside the providers care are passed to the relevant provider and if necessary raised as an SI or shared with the Safeguarding Team.

Falls are also reviewed at the Harm Free Care Group through both SIs and Safety Thermometer data. There are various initiatives by the Trusts including implementation of the Royal College of Physician’s ‘FallSafe’ care bundle, 2 hourly care rounds, the cohort of high risk patients into one area, the use of low rise beds and work on pathways for patients with dementia. This work links with the Falls Prevention Steering Group.

There have been three prison related SIs reported. All are currently being investigated and are subject to Prison Ombudsman reviews. Commissioning arrangements for offender health care has changed following restructure of the NHS and is now commissioned by the National Commissioning Board in the Anglian Hub.

Highlight report of key issues arising during 2012/13, addressing the priorities

Lessons have been learned in 2012/13 from serious concerns of a Care home, with joint working from all partners in supporting the home. Ensuring residents in care homes have equal access to healthcare and are cared for in safe environments

Working with providers to ensure Community services are able to continue to support patients in the community where appropriate and deliver care safely and effectively.

Identifying poor discharge themes, and working with acute trusts to examine causes and produce action plans.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

The Independent provider trigger tool has been implemented to monitor and identify providers that have concerns logged. This is a method for using information gained

via patient safety nurse visits and quality team. The information gathered acts as an early warning system so that prompt action can be taken.

Data sharing from acute trusts in relation to hospital admissions, to identify independent providers who may require extra support or reasons for admission that can be avoided.

Serious incident reporting has shown a decrease in hospital acquired pressure damage. Due to this reporting and monitoring, the majority of pressure damage begins in the patient's own home. The countywide pressure area group are developing a leaflet for pressure ulcer awareness and prevention to be distributed via all pharmacies and domiciliary care agencies in Bedfordshire with the aim of raising public awareness.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

Safeguarding face to face training with GP's to commence, and continue promoting safeguarding awareness at Health professionals' meetings.

BCCG to continue to monitor and act on incidence of pressure ulcer reporting, through training via the patient safety nurses

BCCG will develop a strategy to capture patient experience; the aim being to gather information by listening to our patients and public so that we really understand what it feels like to experience services. This will be an early warning indicator and support the commissioning of pathways based on patient views.

BCCG will separate the resources and governance structures from Luton CCG from September 2013. This will enable more of a focus and the strengthen the approach within Bedfordshire going forward.

Name Of Organisation:	Bedfordshire Police
Name(s) Of Person(s) Reporting:	DCI Hawkes-Detective Chief Inspector Public Protection Bedfordshire Police

Highlight report of key issues arising during 2012/13, addressing the priorities

Introduction

Bedfordshire Police continue to place the service to the most vulnerable in society as a key priority. This commitment is reflected in the fact that recent force restructures have left the Public Protection structure mainly untouched.

A major development in the past year is the introduction of the Police and Crime Commissioner who has now published his priorities with an emphasis on the victims of Hate Crime, Anti-Social Behaviour and Domestic Abuse.

Below are some of the headlines over the past year.

Workforce development

Bedfordshire Police continue to develop the services we provide to the most vulnerable in our communities, both adults and children. The Safeguarding Investigation Units (SIU's) North and South of the county are now well embedded with well-defined referral processes and multi-agency partnership working in place.

The Public Protection Unit Support Team (PPUST) remains the gateway into and out of the organisation and takes responsibility for assessing and disseminating referrals.

The force restructure implemented in 2012 with the merger of the uniformed response teams and local policing officers across the North and South of the county is currently subject of a 6 month organisational review.

In October 2012 a new unit, Domestic Abuse Repeat Offenders Unit (DARO) was formed consisting of a sergeant and three constables. This team focus on the most prolific perpetrators of domestic abuse and take an offender management approach in managing the risk to potential victims. This work dovetails with the victim focussed approach of the Multi Agency Risk Assessment Conference team (MARAC team) who manage the safety planning around the very highest risk domestic abuse victims.

Management and membership change

Over the past year the senior management personnel within the Public Protection Unit has changed with the Head of Department, Detective Superintendent Karena Thomas in post, supported by Detective Chief Inspector Will Hawkes. DS Thomas and DCI Hawkes are supported by three Detective Inspectors.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Workforce development/ Partnership working

During the past year Bedfordshire Police have formed a Safeguarding Steering Group (SSG) whose membership consists of Safeguarding managers within the police and SOVA leads from the three local authorities. This group was formed to improve communication at a management level, check the effectiveness of processes and practise, and be a forum where concerns can be raised and dealt with. The group is chaired by DCI Hawkes and the meetings so far have been lively and productive. The actions are tracked with a Safeguarding Improvement Plan.

The police response to Hate Crime is managed by Chief Inspector Gavin Hughes–Rowlands and he has coordinated improvements in the way this crime is recorded and managed. The connections with this and Anti-Social Behaviour are well understood and following a recent inspection Bedfordshire Police have been given positive feedback on the improvements made.

Raising awareness

Vulnerable adult training has been delivered to PPU staff along with Serious Case Review reflection inputs, covering both national and local incidents. This training has received positive feedback from all and ensures a raised awareness to the risks facing the vulnerable and how we can better safeguard. Continuous Professional Development Days (CPD) are now scheduled into the PPU calendar to ensure learning from internal and external audits.

Quality Assurance

As part of the SSG (Safeguarding Steering Group), the safeguarding improvement plan is reviewed at supervisory level with relevant actions raised and completed within the organisation.

Currently the Standard Operating Procedures (SOPS) for Vulnerable Adult and Child

Safeguarding are being reviewed as part of the PPU improvement Plan, with new practices being included.

Audits have become an increasingly important quality assurance tool with both internal and multi-agency audits being undertaken. Lessons learnt from these are disseminated as described above in the training section.

Outcomes / investigations

Since the Vulnerable Adults Investigation Unit (VAIU) was subsumed into the Safeguarding Investigation Units (SIU) in 2011 there has been a marked increase in criminal cases reaching a prosecution stage. This is mainly due to the improved resilience within these larger teams, improved supervision and the expertise of these complex crimes being investigated by suitably trained detectives.

The cases that the specialist units investigate fit a criteria based around the victims capacity and what support that victim requires for living, if in the community. Clearly Bedfordshire Police deal with all aspects of vulnerability and careful consideration is given to the most suitable area of the organisation for ownership of each crime.

In the last year 1834 SOVA referrals were processed in the PPU Support Team. Of these, 121 were formally investigated by the Safeguarding Investigation Units in relation to identified criminal offences, with 55 investigations for the North of the county and 66 for the South. Although this may appear to be a small proportion, the supervisors within the PPUST deal with the majority of these referrals at source, ensuring the police participate in strategy meetings where required, and providing advice and guidance on general concerns and police intervention. Should there be any disagreement on the level of police involvement there is an identified escalation procedure.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

As previously mentioned there is currently a Post Implementation Review taking place within Bedfordshire Police where structures are once again being assessed. The review will report back in the autumn. The organisations promise to fight crime and to protect the public is the key objective and as such the protection of the most vulnerable people within Bedfordshire will remain a priority.

The Safeguarding Steering Group will continue to evolve ensuring that the police and social care in particular work closely in problem solving. This group will also be able to ensure that the response to vulnerabilities around hate crime, domestic abuse and Anti-Social behaviour are joined up.

The continuous professional development (CPD) of the workforce will remain a priority with CPD days scheduled in at regular intervals.

There is work taking place with Bedfordshire Police and Bedford Borough around the formation of a Multi-Agency Safeguarding Hub (MASH) during 2013/14. Whilst primarily aimed initially at child protection it is envisaged that as it matures there will be a place for SOVA referrals and enhanced joint working.

Name Of Organisation:	Bedford Hospital NHS Trust
Name(s) Of Person(s) Reporting:	Nina Fraser/Tracey Brigstock/Anna Taylor/Susan Albon
Highlight Report Of Key Issues Arising During 2012/13	
The following report relates to the safeguarding vulnerable adult's agenda and activity	

for 2012/13, improvements made in year and improvements planned 2013/14.

1.0 Alerts upheld in 2012/13

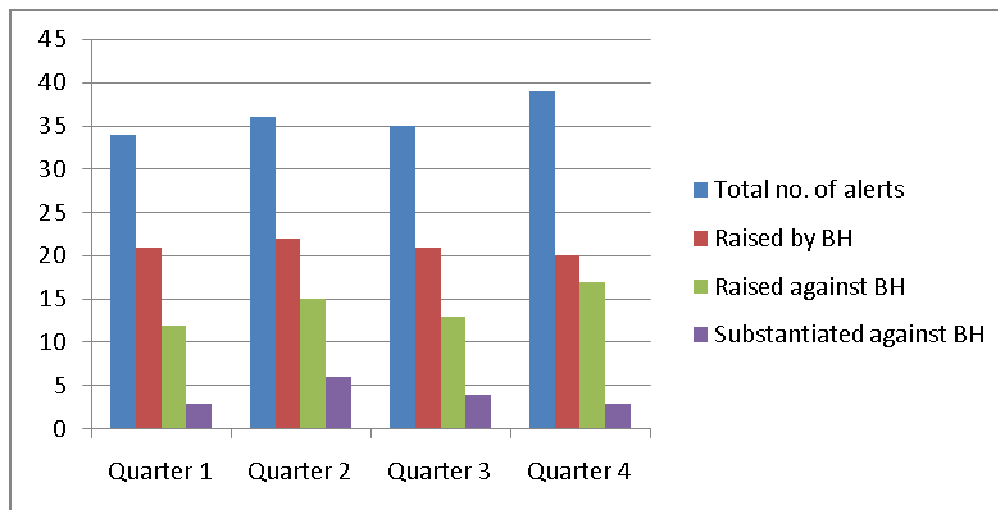


Fig 1

As indicated in the table above, 144 alerts were raised in 2012/13, a decrease of 17% from the previous year.

There were 26 alerts substantiated (hospital and community) in 2012/13 of which 16 were against the trust.

2.2 Themes

All safeguarding themes, of the 26 substantiated, are reflected in the table below (Fig 2)

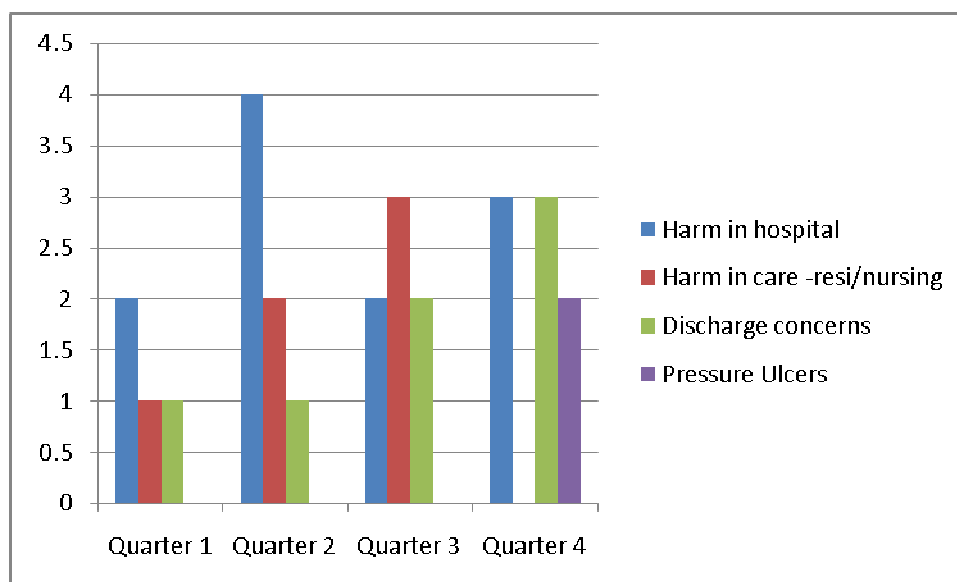


Fig 2

Examples of 'harm in hospital' include missed medications, basic hygiene needs not being carried out promptly, injury sustained and inconsistent documentation.

Within the hospital, Incidents of harm are monitored through the Datix reporting system, with appropriate action plans developed and monitored through quality governance frameworks.

Improvements Made In Adult Safeguarding During 2012/13

Following a 3 day inspection by the Care Quality Commission in Quarter 2 (July 2012), the Trust was deemed 'compliant' in Outcome 7 'People should be protected from abuse and staff should respect their human rights'.

The Trust has undertaken a Nursing Establishment Review concluding March 2013. A financial investment has been agreed which will increase nursing establishment on each general ward and support Senior Ward Sisters to become more supervisory in their role moving forward into 2013, strengthening leadership and improving patient safety and experience

The hospital introduced a ward Quality Dashboard in February 2013, whereby each ward audits the processes that underpin patient observation, falls, pressure ulcers, nutrition and hydration and documentation, on a monthly basis across all adult inpatient wards. Results are published and presented to Quality Board for monitoring and assurance.

A thematic review of patient falls has been undertaken which has demonstrated that the falls rate has been steadily increasing over the last three years, partly explained by the numbers of increasing elderly vulnerable patients entering acute care with complex health needs. Recommendations from the report include creating a Falls Lead post and the introduction of 'fallsafe' care plans that include medication reviews for all high risk patients.

The service user/Hospital Learning Disability Forum continues to meet quarterly. Highlights of the agenda for the year include the completion and launch of the Bedford Hospital DVD; this involved people who have a Learning Disability and hospital staff showing the experience you would expect as an inpatient, having a blood test, chest x-ray and ultrasound. We are also now discussing completing a poster campaign which will be entitled 'See Me not my Disability' to raise the profile for learning Disabilities within the hospital and a Learning Disability Awareness training DVD for staff to complete.

A briefing paper was written for in response to Winterbourne View and an action plan is in place, including a 'flagging' system for notification of repeat admissions to the LD Liaison Nurse.

Work continues on the LD 'Self Assessment' Action Plan- aiming for completion in March 2014.

In January 2013, the LD service supported 50 service users including inpatients and outpatients, which proved to be the busiest month for LD Support Services since August 2010 and the commencement of recording this data.

In response to National directives and initiatives arising from the Francis report, Winterbourne View enquiry and the Jimmy Savile investigation the Trust has responded by reviewing the findings all reports and developing action plans relevant to people being cared for within the Trust, as well as revising appropriate Trust policies.

Staff Training

SOVA Training compliance

Training Data for SOVA – 3 years rolling YTD – March - 2013

(Note :The highlighted staff groups are those receiving annual training as part of Clinical Update, the other staff groups receive training on a three yearly basis.)

Staff Group	Target No	Actual number of staff trained over 3 year period	% against target
Add Prof Scientific and Technic	100	97	97%
Additional Clinical Services	319	285	89%
Administrative and Clerical	382	256	67%
Allied Health Professionals	171	122	71%
Estates and Ancillary	200	122	61%
Health Care Scientists	7	5	71%
Medical and Dental	270	142	53%
Nursing and Midwifery Registered	780	738	95%
	2229	1767	79%

The Trust Education and Development department commissioned a one day Safeguarding (level 2) course with the University of Bedfordshire. This includes half the day covering the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. 68 Nursing and midwifery staff attended in 2012/13. Staff reported that they felt more confident to follow the process for raising concerns following attending this training event. So far, in response to applications made within the Trust a further 26 places have been commissioned for 2013/14.

Externally sourced Level 3 Safeguarding and Mental Capacity Act training specifically for Senior Clinicians and Nurses have been carried out in Quarters 2 and 3. In addition, the Mental Capacity Act Co-ordinator employed by Beds Borough Council gave a presentation to the Trust's Nursing and Midwifery Professional Forum in year. MCA training compliance is currently 62%.

Partnership Working

Bi-monthly safeguarding meetings have continued between Bedford Borough Council (BBC) and Trust representatives (Deputy Director of Nursing and Trust Safeguarding Lead) to communicate relevant developments within organisations potentially impacting on service delivery, for example, workforce changes.

The Safeguarding Adults Lead and the interim Operational Lead have been attending the PAN Bedfordshire safeguarding meetings and Operational Group and Quarterly meetings have been scheduled with the Bedford Clinical Commissioning Group (formerly PCT) Safeguarding Adults Lead and SEPT Safeguarding Adults Practitioner to continue partnership working.

The internal SOVA Operational Group meets monthly – with interdisciplinary representation, to review SOVA cases and to determine actions / feedback for learning. A sub group has been formed to implement the Hydration Care Bundle (charts and care plan) pilot – with rollout planned 2013/14.

The Dementia Steering Group, established in January 2013 includes a carer representative, SEPT and CCG Dementia Care Leads and to date outputs include the adoption of the Butterfly scheme, development of a Carers Audit and links to the inpatient pathway work stream within the hospital Transforming for Excellence programme.

A joint bid with Bedford Borough Council has been put forward to DH (Jan 2013) to promote the patient environment in both settings for people with dementia. This includes the consistent use of colours, furnishings and signage from one care setting

to another. In Q4, the Trust has been informed that the bid has successfully reached the second stage of approval with notification of the outcome anticipated by 30th June 2013.

Four patient council sub groups have been developed for Nutrition and the Care Environment, Patient Information, Dignity and Compassion and Discharge and Aftercare – where work programmes are being developed 2013/14 aligned to Trust objectives and Quality Account priorities.

Improvements Planned In Adult Safeguarding During 2013/14

Following the final publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry (5 Feb 2013) the Director of Nursing reviewed the 290 recommendations and undertook a gap analysis on those relevant to acute settings. An organisational Action Plan has been developed and shaped through a series of listening events with key staff and patient groups, with a Trust Action Plan in progress.

In year 2 of the Equality Delivery System (4 year National Strategy) the Trust was pleased to report a number of improvements taking several indicators from ‘amber’ to ‘green’ in areas such as providing interpreters and access to services. Trust self-assessment and recommendations were supported by community interest groups attending the event held in March 2013, with the final outcome awaited.

Following problems with delayed discharges related to patient transport services, the hospital met with our current provider and it has been agreed that a monthly report will be generated by Medical Services detailing both day time and out of hours discharges (including weekends) and time delays in the system – for action.

The Patient Council subgroups will meet bi-monthly, to deliver work programmes aligned to the National Inpatient Survey results and corporate objectives (patient safety, effectiveness and experience)

The Trust continues to drive towards a ‘zero’ ambition of all avoidable pressure ulcers with focussed work including staff education and training, patient information and introduction of the hydration care bundle. This is currently being piloted on two wards for rollout 2013/14

A review of nursing documentation has been commissioned by the University of Bedford to inform the future model 2013/14 and to promote standards of record keeping. This will be developed in year.

A hydration care bundle has been implemented on one medical ward and one surgical ward, with a planned rollout 2013/14, led by the hospital Resuscitation Team.

An improvement plan has been put in place reflecting the recommendations of the report entitled *‘Improving Acute Hospital Care for Adults with a Learning Disability and Adults with Autism in the East of England. A Review of the Acute Hospital Self Assessments and Improvement Plans’* (September 2012) and forms part of the LD work plan this year, with a completion date of March 2014.

In Summary

The SOVA Operational Group will continue to monitor and review key publications and national / local directives throughout the year, taking action where appropriate and reporting these through to the Quality Committee for assurance purposes.

A comprehensive ‘Self Assessment and Assurance Framework’ document was completed in Quarter 3 and this will form the basis for the 2013/14 work programme

for safeguarding vulnerable adults.

Key priorities for 2013 / 14 include strengthening partnership working, strengthening clinical leadership and developing the quality of staff education and training for improved patient and carer experience, while continuing to strengthen patient pathways from one care setting to another.

Name Of Organisation:	Bedfordshire Care Group
Name(s) Of Person(s) Reporting:	Andrea Thasan
<p>1. Local priority: Prevention and raising awareness National priority: Prevention - It is better to take action before harm occurs</p> <p>This is done via Provider forums in both Local Authorities and by meetings held with members of the Bedfordshire Care Group, highlighting relevant issues/concerns; smaller meetings are also been held where providers and the safeguarding leads have shared case scenarios highlighting lessons to learn from.</p> <p>2. Local priority: Workforce Development National priority: Accountability - Accountability and transparency in delivering safeguarding</p> <p>As well as all providers being required to deliver safeguarding training, the SOVA competencies continue to be required to be completed and providers are aware safeguarding is given high priority in any inspections carried out.</p> <p>3. Local priority: Partnership working National priority: Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse</p> <p>Homes should provide information to family and friends visiting with respect to safeguarding and publicise how concerns can be raised via posters in the home etc, discuss this in staff, relatives and service user meetings.</p> <p>4. Local priority: Quality assurance National priority: Protection - Support and representation for those in greatest need</p> <p>Each provider has their own quality assurance systems and Local Authority Quality Monitoring Teams and CQC feed into this process. Advocacy services also provide support alongside professionals to represent those in need.</p> <p>5. Local priority: Involving People National priority: Empowerment - Presumption of person led decisions and informed consent</p> <p>Service users are always consulted wherever possible to seek consent with respect to any action taken.</p> <p>6. Local priority: Outcomes and Improving Experiences National priority: Proportionality – Proportionate and least intrusive response appropriate to the risk presented</p> <p>Providers continue to feedback where there are concerns relating to people's experiences to the relevant SOVA leads with a view to learning from lessons.</p>	

Highlight report of key issues arising during 2012/13, addressing the priorities
Ongoing issue of minute takers at Strategy Meetings held by SEPT, and lack of accurate and timely minutes
Improvements made in adult safeguarding during 2012/13, addressing the priorities
Provider meetings relating to safeguarding where anonymous case scenarios and lessons to learn were shared. Sharing of best practice at these meetings. Sharing of information from the Eastern Region Safeguarding Conference.
Improvements planned in adult safeguarding during 2013/14, addressing the priorities
Introduction of the Sector Compact by the Department of Health in November 2013. Ongoing Partnership Working

Name Of Organisation:	Bedfordshire Fire and Rescue Service
Name(s) Of Person(s) Reporting:	AC Simon Barker

Highlight report of key issues arising during 2012/13, addressing the priorities
Bedfordshire Fire and Rescue Service is a referring agency only and does not undertake specific case work therefore no known key issues arose during 2012/13. BFRS continues to attend partnership board meetings and when necessary operational meetings relating to Safeguarding of Vulnerable Adults.
Improvements made in adult safeguarding during 2012/13, addressing the priorities
Prevention and raising awareness During 2012-13 Bedfordshire Fire and Rescue Service rolled out Safeguarding of Vulnerable Adults training to all frontline staff to raise awareness of adult safeguarding. The objective of the training was to allow frontline staff to identify possible safeguarding issues and how to raise a referral if they were to come across any.
Workforce Development The Service has its own safeguarding policy which all staff are familiar with and is reviewed and updated if necessary annually.
Partnership working The Service had worked in partnership with Adult Safeguarding Services to make sure our policy and processes were current and in line with current legislation.
Quality assurance BFRS continues to monitor the number of referrals the service receives to make sure the information provided is correct and all the correct processes have been followed. No known feedback was received.
Improvements planned in adult safeguarding during 2013/14, addressing the

priorities
<p>Bedfordshire Fire and Rescue Service will continue to review our policies and processes to ensure they are relevant and up to date to promote 'best practice'. BFRS accepts feedback and will be willing to make any improvements if required. The Service is a key participant in raising awareness of adult safeguarding and providing training to all necessary staff when deemed necessary.</p> <p>Overall BFRS referred 18 cases that were believed at the time to be a safeguarding concern; however many of these were a need for further assistance and not necessarily safeguarding. The Service intends to work with frontline staff and Adult Social Care to continue to raise awareness of adult safeguarding and to ensure the correct type of referrals are made; minor changes will be made to the Services Safeguarding Policy.</p>

Name Of Organisation:	Bedfordshire Probation Trust
Name(s) Of Person(s) Reporting:	Emma Osborne, Assistant Chief Officer

Highlight report of key issues arising during 2012/13, addressing the priorities

Over the last few years the Ministry of Justice published 'Breaking the Cycle', and 'Punishment and reform; effective Probation services'. Both consultation documents looking at the future delivery of community Probation services or community criminal justice.

These consultation documents used in conjunction with the 'Transforming Rehabilitation' programme agenda laid out plans on how the Government aims to rehabilitate offenders in the future.

The new ways of working included a 12 month statutory community supervision or licence for all offenders serving a period of 12 months or less in custody (not currently delivered by the Probation Trusts). The new ways of working also included a through the gate resettlement programme, opening up the majority of community Probation services to competition in the private sector and introducing payment by results incentives to new providers for reducing reoffending rates.

Since March, timeframe dates for completion of the competitive process and the implementation of new programmes of work have been set to start in the summer 2013 and completing with new contracts up and running by January 2015. The Probation Trust will be delivering 'business as usual' services to both offenders and partnerships until further notice. Changes to service delivery that may impact on partnership working will be communicated as the new processes are rolled out.

Prevention

2012/13 saw the Probation Trust set objectives around early intervention work with perpetrators of domestic abuse and enter into a contract with Bedford Borough local authority to deliver the IDAP (Integrated Domestic Abuse Programme) to men who were not statutory offenders. Since October 2012 BPT has received 24 referrals from a number of sources to include, children's social care, Strengthening Families teams, GP's, private law firms, Cafcass and self referrals.

The project has a Women Safety Officer support for the partners of the men attending the programme, these women are often vulnerable and require safety planning work, advice, signposting to community agencies that specialise in mental health support, drug and alcohol treatment and therapeutic services. To-date 7 men have completed the programme and a further 10 are attending regularly. Project

effectiveness is being guided by Police call out numbers and pre and post psychometric testing measuring attitude and behaviour change.

BPT has continued to focus energies and financial resource in the PREVENT and counter terrorism agenda, all staff have attended training to recognise and identify extremist behaviour and how offenders identified as having vulnerabilities maybe more susceptible to radicalisation. Close working relationships with the Police and Prison has greatly supported our work in this area.

2012/13 priorities were also set around working with offenders who evidenced both mental health issues and those identified as having personality disordered type behaviours.

Bedfordshire Probation Trust (BPT) was successful in tendering for money from the Ministry of Justice to employ Psychologists, to support operational staff to improve the psychological health and wellbeing of offenders currently assessed as being high risk. The specific focus of the project has concentrated on reducing the number of incidents of suicide attempts, threats of self harm of those offenders accommodated in our Approved Premises, reducing the number of recalls back to custody due to mental health related offending, support staff skills' development and retention of staff.

This project is currently being rolled out and has gained wide support from operational staff in identification of skills development in working with this difficult cohort, as well as knowledge regarding access to community services, professional mental health screening and support in the diagnosis of borderline personality disorder cases.

BPT have also this year employed two mental health nurses that have supported both the Integrated Offender Management team (prolific offender cohort) and also the provision of services to women offenders in order to divert those with children from custody when appropriate.

Quality Assurance

April 2013 saw the first HMIP inspection into adult offending, the content of the inspection had a focus on violence and covered the Trusts ability to minimise risk, the effectiveness of our work with victims and reoffending rates. The final report is yet to be published but initial verbal feedback was positive and specifically referenced our work with the courts and our work with partnerships as strengths.

BPT continues to be involved in internal audits of services and have particularly focused our efforts on the Multi Agency Audit of high-risk offenders, Multi Agency Public Protection cases or MAPPA and those high-risk cases who have and are in contact with their children.

BPT has also focused on the quality assurance process linked with OASys (our risk of reoffending and risk of harm assessment tool) in order to support staff development and assure ourselves that we are managing the risk and supervision of offenders appropriately.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Involving people.

2012 saw the commencement of BPT's offender engagement and service user feedback project. Over the last 8 months staff across the organisation have been involving victims and offenders in the planning, development and improvement of

services delivered, it is now widely accepted that service users are experts through their own life experiences at knowing where problems exist in the criminal justice process and how in their opinion, measures can be put in place to improve service delivery.

Results from this project have fed into Trust planning supported by service users who were actively and genuinely involved in defining issues and giving their time free to achieve change and improvements.

Staff have also welcomed this project and are keen to extend the project to focus on how to improve the interventions we deliver and the experiences of offenders who are being accommodated in our approved premises.

BPT continues to deliver a victim satisfaction questionnaire, and score in excess of 95% satisfaction for services delivered to victims of crime. We have increased our resource in our Victims Liaison Unit recently in order to support increasing workloads and maintain quality of service.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

Workforce Development

BPT has also looked at issues of disability hate crime in our offender population, and although very low numbers of this type of offending were identified, policies and procedures have been developed to support timely referrals into adult social care. Additional guidance has also been developed for victim liaison officers to support cases in a meaningful way when identified.

Our experience in BPT is that very few of the offenders or victims under our supervision meet the adult social care threshold for vulnerability, this year we are focusing on getting a clearer definition of vulnerability for the people we work with and how we can improve how we safeguard and meet our responsibilities, especially the identification of where victims of offences may meet the vulnerable adult definitions.

Priorities include getting better definitions of vulnerability, getting better and more timely information from Police, in order for staff to be able to make reference to victim vulnerabilities in their reports to court.

This could mean more appropriate interventions and sentence recommendations identified to manage risk and needs and making sure there is community criminal justice focus at SOVA Board level.

Name Of Organisation:	Community and Voluntary Service
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Name(s) Of Person(s) Reporting:	Martin Trinder – Chief Officer
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Highlight report of key issues arising during 2012/13, addressing the priorities

1. Prevention / raising awareness

Community & Voluntary Service has worked over the last year to raise the overall awareness within local voluntary and community sector organisations of the adult safeguarding agenda. Hundreds of local community group and charities work with or come into direct contact with adults who are vulnerable. Many more organisations may have indirect contact with vulnerable adults as they deliver their services in the local communities.

Community & Voluntary Service continued to deliver workshops on safeguarding issues to local voluntary and community organisations. These courses are aimed at organisations working with children and adults. During the period of this report, we delivered five courses and trained 23 people from 17 organisations.

The course content has been adapted to reflect recent changes to guidance and updated toolkits and resources available to Voluntary and Community Sector organisations. The courses were free for Voluntary and Community Sector organisations to attend.

In addition we enabled a further 101 individuals from 39 organisation to access safeguarding e-learning; many of these organisation also received one-to-one advice on safeguarding issues. Our funding and development service provided one-to-one advice to hundreds of organisations, providing an opportunity to discuss safeguarding arrangements and offer support to frontline organisations as required.

We have also promoted safeguarding in our regular mailing Beds-Spread, on our website and in our development work with frontline organisations. In particular, new requirements relating to Disclosure and Barring Service checks have been featured.

2. Workforce development

See information under 1 above – during this period a total of 124 people from 56 organisations received safeguarding training.

3. Partnership working

We held a Safeguarding Community Lunch on 24th January working with Bedford Borough Council's Safeguarding Adults Team and Local Authority Designated Officer (LADO). The event was designed to provide Voluntary and Community Sector organisations working in Bedford Borough with an opportunity to meet the key safeguarding contacts and find out more about their roles. Presentations covered:

- how to make a referral and what happens when you do
- what to do when an allegation or concern is raised about a volunteer or staff member

29 people attended from 23 organisations.

Community & Voluntary Service Volunteer Centre staff worked in partnership with Bedfordshire Rural Communities Charity to provide three drop-in sessions during March giving advice on the new Disclosure and Barring Service and the revised procedure for getting checks done.

Community & Voluntary Service also met with Vivien Matthews from Bedford Borough Council to discuss how to improve safeguarding referral pathways for voluntary and community groups. It was agreed that any opportunities for the Bedford Borough SOVA Team to provide an awareness presentation or outreach to community groups would be arranged with the team – to include the forthcoming Information Fair linked with the Bedford Borough Partnership. Training provision and safer commissioning were also discussed and we will meet again to review progress and plan future work.

4. Quality Assurance

No relevant activity

5. Involving people in development of safeguarding services

See information under 3 above.

6. Outcomes and improving people's experience

No relevant activity

Improvements made in adult safeguarding during 2012/13, addressing the priorities

1. Prevention / raising awareness

A larger number of individuals from voluntary & community organisations have accessed our safeguarding training than in previous years. Requests for one-to-one advice have increased and feedback from groups shows that they are better able to put adequate safeguarding measures in place in their organisation.

The safeguarding course content has been adapted to reflect recent changes to guidance and updated toolkits and resources available to Voluntary and Community Sector organisations.

2. Workforce development

See information under 1 above

3. Partnership working

We are working more closely with Bedford Borough Council's Safeguarding Adults Team and Local Authority Designated Officer (LADO). We are also working in partnership with other local support and development organisations to provide better signposting and more support with safeguarding issues, in particular through joint work with Bedfordshire Rural Communities Charity and local funders.

4. Quality Assurance

No relevant activity

5. Involving people in development of safeguarding services

See information under 3 above.

6. Outcomes and improving people's experience

No relevant activity

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

1. Prevention / raising awareness

A new website is currently being developed which will include information on Safeguarding for voluntary and community organisations. The new website is due to launch by September and will improve access to and content of the information available to groups.

To continue to promote our training to individuals from voluntary & community organisations in order to ensure they have the knowledge and skills to put adequate safeguarding measures in place in their organisation.

To continue to update safeguarding course content to reflect changes to guidance and updated toolkits and resources available to Voluntary and Community Sector organisations.

To continue to promote safeguarding in our regular mailing, on our website and in our development work with frontline organisations in order to increase awareness and also enable more people to receive training.

2. Workforce development

See information under 1 above.

3. Partnership working

To continue to develop links with Local Authority Safeguarding Teams and other local support and development organisations.

4. Quality Assurance

No relevant activity

5. Involving people in development of safeguarding services

See information under 3 above.

6. Outcomes and improving people's experience

No relevant activity-

Name Of Organisation:	East of England Ambulance Service NHS Trust
Name Of Person Reporting:	Anneliese Hillyer-Thake
<p>1. Local priority: Prevention and raising awareness National priority: Prevention - It is better to take action before harm occurs.</p> <p>The Trust has processes in place to inform all new members of the Trust workforce to their responsibilities regarding safeguarding members of the public who use our services. Training is mandatory of all operational and non-operational staff and is integral in professional updates annually as well as all basic training programmes. The Trust has a low threshold for referral and operational staff are informed to relay any concern through to the local authority and GP as the issues arise. It is often difficult for Trust staff to gain a full insight into the patient/person's lived experience and as such the Trust believes a low threshold for referral is the safest measure the Trust can have in place. The Trust has a training strategy that defines the levels of each member of staff as per the ADASS standards. The Training strategy guides staff as to the professional responsibilities and supports them in their expectations of training. Often the Trust does not have knowledge of the patient/person prior to the 999 contact and as such it is often difficult for the Trust to take action prior to harm occurring. However where possible, when Trust staff do accessed a patient/person and concern for their safety or lived experience has been highlighted. Trust staff are told they must share the information known. The Trust has process in place to identify frequent callers; this process identifies monthly, people using the 999 service. The Trust has a process of evaluating the frequency via a stipulated process set out in the Trust policy (this is also part of a National evaluation process within Ambulance Trusts). Once a person is identified then their information is checked with the Trust safeguarding team, where the</p>	

safeguarding team are aware of the person, the safeguarding team will check with the person's GP and the local authority to see what actions have been taken from the information previously shared via a referral.

2. Local priority: Workforce Development

National priority: Accountability - Accountability and transparency in delivering safeguarding

Safeguarding is integral to appropriate work streams, the Trust safeguarding team works closely with areas of the Trust such as PALs and Complaints, HR and operations to ensure that effective communication is initiated at the time any incidents become apparent or where concerns may be notified by an external agency.

The Trust has robust policy and procedure inclusive of Safeguarding adults, children and consent and capacity.

The Trust reports quarterly to the board to inform of any issues or concerns in service delivery.

Clear lines of accountability are identified within the Trust structure.

The Trust was visited by the CQC in January 2013. The CQC was focused on safeguarding specifically as part of their evaluation of the Trust.

The CQC found:

- Safeguarding team within the trust who offer expert advice and guidance on all safeguarding matters
- Complete safeguarding quality audits across the trust and ensure the trust's policies and procedures were robust
- Named professional whom recently completed a Master's degree in safeguarding
- National Ambulance Service Safeguarding Forum and was about to embark in a peer review exercise where safeguarding leads in different trusts would audit each other's procedures and protocols to ensure best practice was achieved
- Safeguarding area general managers within the Trust who offer more local support to staff
- A member of the Trust board with specific responsibility for championing safeguarding matters at a high level within the Trust
- Evidence of monthly, quarterly and annual audits that had taken place covering all aspects of the Trust's safeguarding referral process including types of incidents reported and the quality of information recorded by staff about them in patient care records
- Trust safeguarding team had been working hard to gather feedback about the outcome of the safeguarding referrals its staff had made and had seen a steady rise in it as a result
- The Trust had excellent information on its public website about its safeguarding procedures as well as the results of local audits, its annual safeguarding report and national guidance, making it easily available to both staff and the people who used the service
- Evidence within editions of 'Clinical Quality Matters' (the Trust's in-house monthly newsletter for staff) of safeguarding with a particular focus on safeguarding challenges that staff might find in care homes that they visit. This meant that the trust communicated information about safeguarding issues to its staff and the public
- Safeguarding training for staff was provided as part of their yearly mandatory training and a number of managers had completed the level 2 Local Safeguarding Children's Board training
- Staff spoken to confirmed that they had received both adult and children's safeguarding training
- They told us that if they had any safeguarding concerns about people they shared this information with the hospital and also contacted the Trust's single point of contact centre (SPOC) who would make a referral to the appropriate safeguarding agency on their behalf. Staff told us this system worked well. Staff were very clear

about their responsibility to report any concerns and gave us many good examples of the type of referrals they regularly made

The Trust continue to participate in the audits specified within the 11 LSABs within the Eastern region, seeking feedback and assurance as part of the evaluation, and where appropriate ensure changes to practice .

3. Local priority: Partnership working

National priority: Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

The Trust continue to work in partnership with Local Safeguarding Children Board (LSCB) and the local safeguarding adult boards (LSAB) around the Eastern Region. The assistant general managers with safeguarding responsibilities have started to attend these meetings supported by the Named Professional and the SAGMs in order to strengthen local area networks.

The Trust has undertaken an audit of engagement at the beginning of 2012 to ensure that all the Local Safeguarding Boards for both Adults and Children for the eleven Local Authorities (Las) of the Eastern region are satisfied with the Trust engagement and level of participation. The audit included analysis of whether boards have made contact with and begun to engage with the Safeguarding Assistant General Managers (SAGM), this has been a good process of updating LSCB and LSAB details and to give all the boards an opportunity to express any feedback in relation to involvement and participation.

The Trust continues to be an integral member of the National Ambulance Service Forum; the Trust Named Professional has attended the DH in representation of the National Group to support the DH in NHS developments and Safeguarding reforms. The Trust Named Professional is vice chair of the National Group and will become chair within this coming year.

4. Local priority: Quality assurance

National priority: Protection - Support and representation for those in greatest need

The Trust seeks assurance for practice in many different ways, this will be through internal audit of practice undertaken monthly, quarterly and annually.

Learning from these audits has been incorporated into the Safeguarding Teams Action plan and wider Trust agenda. Audits are undertaken to achieve the following outcomes focuses:

- An audit of the referrals numbers made by staff and what areas of the Trust they have been made by
- The quality of the referrals made by the Out of Hour (OOH) call handlers regarding data entry and accuracy of information
- The quality of the information supplied by the Trust member of staff making the referral
- Tracking the referral from 999 call through to the patient care record completed and referral data entered, the audit looks to see if the information ties up together and if environmental issues are recorded
- Feedback from the Local Authority (LA) and the General Practitioner (GP) is obtained. This process is to check what actions have been undertaken once the referral is made. Included in this is an assurance process of the Local Authority or GP having received and processed the information
- Auditing of the pathway selected by the Trust practitioners and to ensure that any

referral made to the GPs for a vulnerable person has been made appropriately and does not need to be a safeguarding concern requiring the LAs focus

- The Trust has very closely monitored the referral pathway for vulnerable patients; this information is sent through to the patients GP the following working day
- The safeguarding team will check these referrals within three working days to ensure that the GP was the correct option and that there are no concerns that may require action from the LA
- A sample of Patient Care Record's relating to referrals are also audited

This information is shared with external agencies on request and to the Trust Board for assurance.

Where issues are identified the actions required will be logged on the Safeguarding action plan and monitored by the Trust safeguarding forum.

5. Local priority: Involving People

National priority: Empowerment - Presumption of person led decisions and informed consent

The Trust has a regular PPI engagement and the Head of safeguarding has accessed that forum to gauge some support around having feedback from service users.

The Trust has a Consent and Capacity policy and a process of evidencing assessment of capacity and acting in the patient's best interest. This policy has just been reviewed and is due to be signed off by the Trust Board. The Trust audits monthly the completion of Capacity forms from both Emergency and Non-Emergency partitions. This monthly audits focus on outcomes for patients, compliance to policy, use of and documentation of restraint. The safeguarding team triangulate this to the number of referrals made for safeguarding of adults at risk. The audits results are provided to the Trust Board and the final agreed audit document is published on the Trust web page.

6. Local priority: Outcomes and Improving Experiences

National priority: Proportionality – Proportionate and least intrusive response appropriate to the risk presented

The Trust continues to seek the views of service users via service user feedback surveys and has seen a drop in PALs and Complains issues within the Trust.

Highlight report of key issues arising during 2012/13, addressing the priorities

The Trust identifies:

Problems in gaining feedback to staff as this is difficult to get back from LA's and GP's

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Significant progress was made in 2012/13;

The last year has seen regular involvement of the safeguarding team in supporting Trust staff to focus on the differences between vulnerability (where information is sent to the patient's GP) and safeguarding concerns (where information is sent to the Local Authority).

Monitoring of the safeguarding referral line has remained consistent over the last year; this work ensures the quality of data leaving the Trust and the pathway choices are evaluated no more than 3 days after the referral is made. If vulnerability has been highlighted, but issues around safeguarding are present the Safeguarding Team will redirect to the LAs as appropriate.

Further training has been undertaken to support all Trust staff in using the Consent and Capacity Policy and paperwork. The Trust issued further guidance regarding restraint and how to use restraint, how to document the use of such procedures and what the Trust expects of Trust staff. Further work will continue over the next year.

The Trust has also updated its public and intranet website in relation to Safeguarding, both sites, containing the Trust's declaration of compliance (updated this year). There is a wealth of useful information for staff and members of the public including; Trust policies and procedures, staff bulletins, learning outcomes (internal and national), Department of Health and other National and Trust publications. These are updated and monitored regularly by the safeguarding team. The CQC praised the web page during the most recent routine inspection.

Work has been undertaken to support private and voluntary ambulance services and Community First Responders (CFR) working with the Trust and ensuring that all Safeguarding procedures are followed. This work is undertaken by the Named professional working closely with governance, procurement and the senior managers of the Trust's non-emergency services. The quality of support agencies to the Trust is monitored through audit, assurance visits and contracting, the Named Professional offers support in all these areas.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

The Trust will be focused on the following issues of the next year, these issues have been highlighted from Government initiatives and new legislation, SCR outcomes and ongoing monitoring of Trust systems to ensure the Trust keeps up to date on all changes as the NHS and Safeguarding restructures take place nationally.

- Sexual exploitation – the Trust has already developed this as a type of abuse within the Trust and has integrated this into Trust staff mandatory training. Further work in informing all Trust staff on this focus will be undertaken via fact sheets for the Safeguarding Team
- Safeguarding policy review by the Government – the Safeguarding team for the Trust is focused on monitoring changes and ensuring compliance to statute set out in Working Together 2013
- Robust training - the Trust intends to further support operational staff with Safeguarding by ensuring that all senior managers and clinical managers round the Eastern Region have attended Bedfordshire LSCB level 2 multiagency training. This will ensure that senior staff have a full understanding of the statutory and volunteer agencies engagement within the Safeguarding children and young people agenda, this will assist senior managers to support and supervise staff more effectively
- Development of Adult safeguarding – the government is likely to increase statute for safeguarding adults once the Health and Social Care Bill has been passed in parliament. The Trust Named Professional will monitor requirements to ensure compliance to legislation as appropriate
- Trust move to sector led areas – the Safeguarding team will support the move to sector leads and look to improve safeguarding support within the local areas. It is currently unclear as to how this will look, however proposals have been developed

Name Of Organisation:	Healthwatch Bedford Borough
Name(s) Of Person(s) Reporting:	Anne Bustin
Highlight report of key issues arising during 2012/13, addressing the priorities	
Local Priority 3 - A major consideration is the fact that on the 1 April 2013 Bedford	

LINK will transform into Healthwatch Bedford Borough (HBB). It will be the new local consumer champion for publicly funded health and social care. It is to deliver services which can be summarised as:

- **Influencing** – helping shape the planning of health and social care services
- **Signposting** – helping people access and make choices about care
- **Information, advice and guidance** – including independent advocacy for individuals making complaints about healthcare

Whilst Bedford LINK does not have a formal Safeguarding Policy, it is the intention to introduce one for HBB, because the new organisation will have a far wider remit than the LINK.

A Community Interest Company (CIC) will be the delivery vehicle for contractual purposes. It will therefore be important and mandatory, that all those people, volunteers and paid staff who will be engaged in the management of the CIC have received appropriate development in Safeguarding issues.

It is likely that this will be based on an introductory half day highly participative session, followed by regular updating.

Quite clearly the role which has been identified for HBB will in some respects mirror services already being successfully delivered by many voluntary, community and other organisations.

Indeed in a recent report prepared by the local voluntary and community sector it identified that there is in excess of 90 organisations that either provide a full range or a proportion of the services identified above.

It is hoped that in partnership with many individuals, colleagues and organisations HBB will be able to provide direct support to the future work of the Safeguarding Board

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Local Priority 2 - Training for five volunteers who are going to undertake Enter and View visits was provided. This included a mandatory session on Safeguarding issues.

The Management Group met with an Inspector from Ofsted – this provided an excellent insight into the work of this organisation. It was very useful to the Management Group as plans are made for the necessary future Healthwatch activity in working with children and young people.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

Training/development for the Healthwatch Bedford Borough Management Group in Safeguarding Issues is to be arranged.

Name Of Organisation:	Luton & Dunstable University Hospitals Foundation Trust
Name(s) Of Person(s) Reporting:	Patricia Reid, Chief Nurse

1. Prevention and raising awareness

Safeguarding continues to have a high profile within the Trust, and there is ongoing work to develop staff awareness as detailed below.

The Trust intranet-safeguarding site, that was launched in August 2011 and has been continually updated since, was designed to support staff by providing access to information, procedures, policies and referral forms. The information has also been available in a Safeguarding Folder in all clinical areas since October 2012. This has

been a highly successful project with excellent feedback from staff, especially when trying to find forms and other documentation for referral and clarification of procedures.

The Trust has also raised awareness through presentation of a safeguarding case at an Schwarz round. The Schwarz round provides the multi professional health care team staff with an opportunity to reflect on and share their experiences of caring and providing care to patients that may have presented challenges and/or situations that were unusual and unfamiliar for some or all of the team.

A Dementia Awareness event, hosted by University of Bedfordshire Social Care Team in March 2013, provided the Safeguarding Lead Nurse an opportunity to display information on work within the hospital; the event was attended by paid and unpaid carers of people with Dementia from primary care, secondary care and third sector organisations.

As an acute teaching and training hospital pre registration students care for our patients. The Trust Safeguarding Lead has agreed to provide MCA and Consent training to the nursing students at the start of their training programme; the training is currently scheduled at the end of the 3rd year and is felt to be a missed opportunity to raise awareness and understanding of safeguarding practice before students have contact with patients.

PREVENT is 1 of the 4 elements of [CONTEST, the government's counter-terrorism strategy](#). It aims to stop people becoming terrorists or supporting terrorism. The Trust has identified a lead and training has been provided to raise awareness of the contribution healthcare professionals can make to stop people becoming terrorists or supporting terrorism. The PREVENT lead is now cascading this training to Trust staff.

The Trust established a Safeguarding Adult Board chaired by the Deputy Chief Nurse in November 2012; a core action plan based on strategic safeguarding aims for the Trust is in the process of being developed. The inaugural meeting was held in November 2012 and quarterly meetings were held in January & April 2013. Membership of the group includes voluntary organisations and partner agencies (Luton & Bedfordshire CCG, SEPT, Adult Social Care and POHWER).

The Trust has received a donation of textbooks and funds to purchase copies of national reports relevant to safeguarding. These resources will be available to Trust staff and university students from all disciplines in a designated Safeguarding area of the Medical Education Centre Library.

2. Workforce Development

A named Consultant and Executive Director support the Safeguarding Adult Lead Nurse to develop a competent and capable workforce that can safeguard adults in our care. In addition an Honorary contract has been negotiated for a volunteer with extensive DOLS and Mental Capacity Act Coordinator experience to provide regular training to staff in conjunction with the Safeguarding Lead Nurse. The Learning Disability Liaison Nurses are employed by SEPT but contracted to the Trust to provide a liaison service for learning disability patients and hospital staff responsible for providing ongoing care. The recently appointed Dementia Nurse Specialist further complements this team; this is a new role developed in recognition of the increasing need to provide dementia friendly services.

Safeguarding adults is incorporated in the Trust corporate induction programme, annual mandatory update and medical staff education programmes.

A six-month Safeguarding Champions Course was commissioned in September

2012 in collaboration with University of Bedfordshire for 25 senior healthcare professionals to enhance their level of safeguarding knowledge and skills and enable them to share their learning and act as an expert resource for staff working in the clinical areas. A second course was commissioned in March 2013 to start in June with ancillary staff and administrative staff involved in discharge planning enrolled on the course.

An updated Mental Capacity Act training day, incorporating accountability and consent, has been developed that is available for staff who require more than the hour long MCA training sessions that are held weekly. With support from key professionals within the organisation we are continuing to ensure this legislation is embedded as part of everyday practice and assessments are undertaken when capacity to make decisions is questioned.

3. Partnership working

Partnership working with other health and social care colleagues is essential if we are to provide a robust and seamless service and develop effective practices that avoid duplication.

The Trust is actively engaged with the key local authorities, Luton, Central Bedfordshire & Bedford Borough with the Chief Nurse, Deputy Chief Nurse and Safeguarding Lead Nurse representing the Trust at the quarterly Safeguarding Boards, quarterly Operational Boards and six weekly Safeguarding leads meetings respectively. In addition the Safeguarding Lead Nurse meets with the CCG & LBC, the Trust's lead authority for Safeguarding, to review and discuss open cases and alerts. The Deputy Chief Nurse and/or Safeguarding Adults Lead Nurse represent the Trust at the Safeguarding Operational Group, Pan Bedfordshire Safeguarding Group and Bedfordshire Dementia Commissioning Strategy Group and the Health Sub Group for Learning Disabilities chaired by NHS Luton Commissioners.

The Deputy Chief Nurse and Operations Director attended an Overview & Scrutiny Committee Task & Finish Group: Hospital Discharge Review meeting with Luton Borough Council following concerns regarding discharges from the hospital. In response to this the group visited the hospital to understand the patient pathway and process from admission to discharge. The work is ongoing and now includes the Integrated Operations Manager for the Trust.

The Learning Disability Nurses represent the needs of LD patients at the Trust's Equality & Diversity Committee, Patient Information Group, Safeguarding Adults Board & Patient Experience Group. A Learning Disability Task Group, chaired by a Parent and supported by the Trust Chairman was established and met quarterly until early 2013; there are ongoing discussions regarding the future of the group and a proposal to encompass the group into the Trust Safeguarding Adult Board that was established in November 2012.

4. Quality assurance

There were in excess of 300 alerts raised during 2012/13, 56 of which were raised against the Trust. The emerging themes from the alerts raised against the Trust were discharge, communication and documentation. Actions to address these issues have been taken in conjunction with our commissioner and local authority partners.

An unannounced CQC inspection took place on 15-18 June 2012, with a focus on learning disabilities among other aspects of clinical care. The formal report has been issued with a positive outcome for outcome 7 and not actions or improvements required.

A standard safeguarding alert referral form for hospital staff has been agreed with

Luton and Bedfordshire Councils. The new referral form was launched in the Trust in January 2013 and meets the ADASS Protocol for inter authorities' investigation of vulnerable adult abuse. A Standard Operating Procedure has been developed to guide staff with completion of the form.

The Domestic Abuse Committee inaugural meeting was held on 27 March 2013. The membership of this newly established committee includes representation from Safeguarding, Maternity, Occupational Health and Human Resources.

The Learning Disability Action Plan, incorporating East of England NHS Learning Disability QIPP: 'Improving Acute Hospital Patient Pathways for Adults with a Learning Disability and Adults with Autism has been progressed through the LD Task Group.

All patients aged 75 and over are routinely screened for cognitive impairments that may indicate the early onset of Dementia and a questionnaire has been developed for carers of people with Dementia to understand if they feel supported in their caring role, as part of the CQUIN for Dementia.

5. Involving People

The LD Nurses have developed guidance for Carers of Patients who have a Learning Disability and a protocol for inclusion of stakeholders, patients and carers, in relation to adults with a learning disability. A number of easy read leaflets and information has also been developed for complaints, discharge and patient feedback. This work is complimented by the LD Patient Experience coffee mornings that are held quarterly, facilitated by the LD Nurses and attended by the Chief Nurse, Deputy Chief Nurse and Safeguarding Lead Nurse. The coffee morning is an opportunity for LD patients to share their experiences and feed into the Trust Patient Experience Group in a non threatening, supportive environment and representatives of POWHER and MENCAP to share the experiences of their service users and clients who are unable to communicate their experiences personally.

The Trust has established a Patient Experience Group with service users and Trust Governors included in the membership to ensure views and experiences of patients are appropriately represented and shared. Information from the Patient Experience Call centre, that calls all patients who have had an in patient stay 24 hours after discharge, is discussed at the meeting and any areas of concern addressed.

6. Outcomes and Improving Experiences

The Ward 17 report was published in January 2013 and acknowledged the improvements that had been made in Safeguarding at the L&D.

The Safeguarding Adults Named Nurse has worked with A&E staff to develop an electronic alert system for flagging patients with known dementia/cognitive impairment. This system is designed to improve the patient experience through early identification on repeat admissions.

A substantive Integrated Operations Manager commenced employment in March 2013 and joined the existing liaison meeting with the local authorities, facilitated by the CCG, to support progress of the discharge from hospital work stream.

The Integrated Operations Manager and Safeguarding Lead Nurse have established a process for reviewing all patients reported to have experienced an issue on discharge, as identified by the CCG, with a full case note review. This approach has been beneficial in identifying key themes and issues that the Trust is now focusing on to improve the patient experience. This process will be continued on a regular basis

until assurance can be given that improved practice is embedded.

Preliminary work to link the Trust electronically with System One commenced in 2013. Access to this system will allow the Safeguarding Team to gain information on patients stored on the community based system that is pertinent to their care and any existing safeguarding concerns that may be of importance to the patient's current episode of illness requiring acute care intervention.

A Dementia Nurse Specialist and commenced in post in May 2013 and will take forward key issues and work closely with the clinical consultant lead in DME. These include supporting staff and patients, providing education and development programmes, identifying dementia champions at ward and department level, working with the local community towards best practice and to deliver the Dementia CQUIN targets.

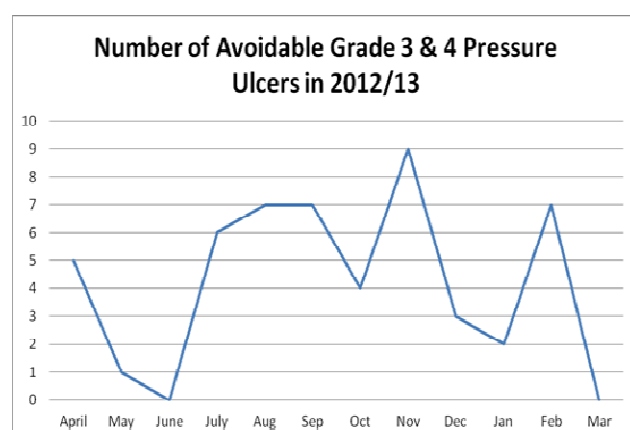
The Voluntary Services Manager has secured a volunteer from the Alzheimer's Society to set up a Dementia Support Service, based in Elderly Care Unit on a bi weekly basis commencing May 2013 as part of Dementia Awareness Week. We have continued to improve care for this client group in line with the National Dementia Strategy and Mental Health commissioners.

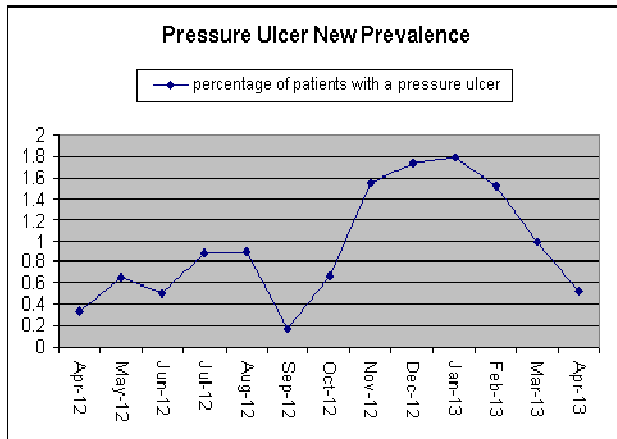
Improvements in care of LD patients include a daily email alert from the Trust's patient information system i.PM to Matrons, LD Nurses and Corporate Nursing Team with details of all registered LD patient admission/discharges over the previous 7 days. Matrons then visit all learning disability patients within 24hours of admission with ongoing daily feedback from ward managers to allow any reasonable adjustments to be made as necessary. Ward staff can also refer LD patients to the LD Nurses via Extramed, an electronic data management system used in the Trust.

A weekly email alert from i.PM is also sent to the LD Nurses informing them of all planned outpatient activity for LD registered patients in the forthcoming 2 weeks. This allows the LD nurses to contact any patients who are not already being supported in advance of their appointments to offer them support.

A number of LD Patient Pathways, as per the LD East of England QIPP recommendations, are in place in Pre-Assessment, Accident & Emergency, X-Ray/Imaging, Outpatients, and Medicine & GUM to guide and support staff in providing the best care for patients with an LD.

Preventing pressure ulcers has been a high priority for the Trust with an overall aim to eliminate all avoidable grade 2, 3 and 4 pressure ulcers. Key actions have been incorporated into a Trust pressure ulcer prevention action plan that has been driven by the Chief Nurse. Significant improvements have been achieved and progress continues.





Highlight report of key issues arising during 2012/13, addressing the priorities

There are nationally identified risks in relation to safeguarding and the transition period to Clinical Commissioning Groups (CCG) therefore it is essential that safeguarding processes and procedures across the Trust continue to be robust and effective.

The geographical position of the Trust has created some challenges when raising alerts with the local authorities; this issue was highlighted in the Ward 17 Serious Case Review published in January 2013. The publication of the revised ADASS protocols in January 2013 clarified the requirements that the location of the abuse determines which local authority the alert should be escalated to but there is still a need for partner agencies to agree the process and embed the change in practice as the lead authority for the Trust is not always the same as the authority where the abuse occurred.

A change in the referral process for Trust staff raising an alert; the local authorities did not have a standard alert form which caused confusion for staff and a potential delay in referrals being accepted when information was not provided in the required format.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

1. Prevention and raising awareness

The establishment of a Trust Safeguarding Board has provided a platform from which the successes and achievements to date within safeguarding can be progressed and developed further. The Board will be accountable for ensuring that the safeguarding priorities remain a focus of the Trust's wider agenda.

2. Workforce Development

Training and developing 25 registered nurses and allied health professionals for 6 months to take on the role of Safeguarding Champion has proved to be a success. The participants report a greater understanding of safeguarding and increased confidence in raising alerts and acting as an expert resource for colleagues. The Safeguarding Lead Nurse reports an increase in the number of staff contacting her for advice and to discuss a potential alert, further evidence of the value of the course.

3. Partnership working

The 6 weekly review meetings with LA's & the CCG has improved the working relationships between health and social care partners and provided an opportunity for more support and challenge in managing cases.

The establishment of a Dementia Support Service in the Trust in partnership with the Alzheimer's Society is a further example of effective partnership working.

4. Quality assurance

The results of the CQC unannounced inspection in July 2012 demonstrated significant improvements in safeguarding systems and outcomes for patients cared for within the Trust and for those accessing our services as out patients.

The dementia CQUIN will increase the number of people diagnosed with dementia and identify people at an earlier stage leading to earlier intervention and the potential to improve their quality of life for longer.

5. Involving People

The LD Patient Experience coffee mornings is an excellent example of the Trust working to involve people in the development of services and listening to patients.

6. Outcomes and Improving Experiences

The number and quality of referrals, both formal and informal, has increased and improved which is evidence that the ongoing education and training of staff has raised awareness and confidence of staff to raise concerns.

The appointment of a Dementia Nurse Specialist will improve the experience of patients with dementia and their carers.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

1. Prevention and raising awareness

The PREVENT agenda is particularly important for the L&D given the demographic and cultural mix of the local population; the area has been identified as one of the top 3 high risk areas nationally. Trust staff need to be aware of the early warning signs that someone may be at risk of being coerced or in the process of planning terrorist activities and how to escalate this concern to the appropriate authorities.

Dementia has been identified as an area that requires significant investment both in terms of better and early diagnosis and the care and treatment of people with the condition. The Trust is planning to roll out the 'This is Me' booklet Trust wide for all in patients. 'This is Me' provides staff with important information about the patient that can be used to provide more personalised care that will safeguard the patient more effectively and reduce their risk of harm and the potential for harm to others.

2. Workforce Development

We currently provided basic awareness training for all staff but National competencies have been developed outlining 4 levels depending on the amount of engagement staff have in the Safeguarding process (National Safeguarding Adult Competency Framework). It has been proposed that all clinical staff should receive education at level 2 so a review of Safeguarding Education and development of a standard Level 2 programme for relevant clinical staff will be progressed in 2013/14.

The second Safeguarding Champions course will be progressed and consideration given to the need for a third cohort during 2013.

The focus on increasing staff knowledge and practice in completing MCA and DOLS will be maintained with the aim of all necessary staff being trained by the end of 2013.

3. Partnership working

The Safeguarding Lead Nurse and Executive Director for Safeguarding will continue

to work in Partnership with LBC and seek to resolve current issues with LBC, working to improve on communication, responsiveness to alerts and agreeing what is an appropriate level of response to an alert.

4. Quality assurance

The case note review of health records for alerts relating to discharge will be continued and improvements in practice made to improve the patient experience on discharge from the hospital.

5. Involving People

A focus on establishing support for carers of people with dementia will be a priority for 2013/14 and maintaining the achievements in caring for people with a learning disability.

6. Outcomes and Improving Experiences

The Trust aims to achieve the Dementia CQUIN target set for 2013/14 and to improve on the 2012/13 self-assessments for adult safeguarding and learning disabilities that were initiated by the Midlands & East Strategic Health Authority.

Name Of Organisation:	POhWER and Advocacy for Older People (AOP)
Name(s) Of Person(s) Reporting:	Glenda Tizard, Community Manager, POhWER Simon Daize , Safeguarding Manager, AOP

Highlight report of key issues arising during 2012/13, addressing the priorities

The IMCA service responded to 117 issues referred to POhWER during 2012/13 (81 from Bedford Borough, 36 from Central Bedfordshire). Of the 117 referrals, 39 were referrals in respect of safeguarding. **(Priority 4 and 6)**

There have been some instances where inappropriate IMCA referrals have been made – these have been referrals which, on investigation have not met the criteria for the service. Those not meeting the criteria include:

- Bedford Borough Council Social Work team – 2
- Central Bedfordshire Social Work team – 2
- SEPT Care Coordinator – 1
- Bedford Hospital Medical staff – 1

In all cases a Community advocate has been provided.

The Community Advocacy service also receives referrals to support individuals who have been subject to a safeguarding alert. Advocates additionally raise alerts where disclosures have been made to them. During 2012/13 community advocates supported people with 27 safeguarding issues in Bedford Borough and 31 issues in Central Bedfordshire. **(Priority 4 and 6)**

Advocacy for Older People (AOP)

All AOP safeguarding work has been overseen by the independently funded part-time Safeguarding Manager post.

There have been 16 new safeguarding cases received specifically by AOP throughout the year. 10 of those cases related to clients living in the Bedford Borough area and the other 6 cases related to those living in Central Bedfordshire.

The abuse that was being reported and dealt with by the volunteer Advocates can be categorised as follows:-

Financial abuse - 7 cases
Physical abuse - 4 cases
Psychological and verbal abuse - 3 cases
Neglect - 2 cases

Of those 16 safeguarding cases resulting in partnerships with AOP advocates 10 have now been closed and the other 6 remain on-going. The duration of those closed partnerships ranges from the shortest being five days to the longest, spanning 8 months.

Some of the existing live cases referred last year have remained open beyond 12 months as a result of the complex nature of issues being addressed.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

The POhWER Community Manager has met regularly with the Safeguarding Leads from Bedford Borough Council and Central Bedfordshire Council to review activities and consider improvements. In particular the Community Development Workers have been considering how to engage their service users in the work of the Safeguarding Boards. Preventative work has been done in the Voice groups for people with learning disabilities, to raise awareness and understanding of safeguarding issues.

(Priority 1)

A modular training programme has been developed by Community advocates. The voluntary training under the generic title "Keep Safe" has been delivered to individuals who have been subject to safeguarding alerts and whom it was thought would benefit. 28 individuals have benefitted from one or more of the following modules:

- Assertiveness and confidence
- Communications
- Relationships

Regular reviews with service users are held to confirm what they have learned from the experience. **(Priority 3, 4, 6)**

Regular training updates have taken place during the year, both POhWER-wide and within the local teams, to refresh knowledge on safeguarding issues and on the role of the IMCA service. The Safeguarding lead for Bedford Borough has attended a Bedfordshire POhWER meeting to explain the Local Authority perspective on safeguarding. **(Priority 2)**

Advocacy for Older People (AOP)

All AOP Advocates and staff have received safeguarding awareness training and continue to receive various inputs throughout the year. As part of the mandatory induction training all new volunteer Advocates and staff received training on SOVA awareness/Pressure Sore Awareness/Accurate Record Keeping and Report Writing.

Through routine work, delivery of bespoke training and its Presentations programme, AOP staff have provided training, awareness raising, information and support to a range of external organisations and groups. These included: service users, service users' family, friends and relatives, staff and service user groups in nursing homes and day centres, the Alzheimer's Society, Goldington Day Centre and Potton House.

11 x AOP volunteer Advocates have been helping clients within safeguarding cases through the year, managed and overseen by the Safeguarding Manager.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

- Monitoring of inappropriate IMCA referrals and regular reporting to Safeguarding Leads
- Further development of “Keep Safe” training modules (**Priority 3 and 4**)
- Further training updates at team meetings (**Priority 2**)
- POhWER advocates to obtain feedback, where possible, from clients on their experiences of the safeguarding process (**Priority 4 and 5**)
- Advocacy for Older People (AOP)
AOP is seeking to continue and expand its Safeguarding provision. Work is on-going to secure independent funding for existing capacity; additional applications are being processed to resource expanded full-time cover incorporating the SOVA Manager post, increased volunteer Advocate capacity and a new part-time SOVA Co-ordinator post.

Name Of Organisation:	SEPT
Name(s) Of Person(s) Reporting:	Elaine Taylor Associate Director Safeguarding
Highlight report of key issues arising during 2012/13, addressing the priorities	

Prevention / raising awareness

A series of preventative and awareness raising initiatives have been implemented this year within the Trust and audits have evidenced that staff awareness and response to Safeguarding issues has improved in the timeframe process and quality of investigations. Within the Community Health Services (CHS) a series of training programmes have been developed and CHS staff have joined the Safeguarding Leads/Champions Group. Awareness sessions have been delivered on assessing pressure ulcers and the links to safeguarding issues. Analysis of all SEPT safeguarding cases are analysed for any trends and reported to the Trust Safeguarding Group

Workforce development

Safeguarding policies were updated in September 2012. The Training strategy has been updated and all Trust staff have been mapped against the level of training required dependant on their role.

Quality Assurance

A weekly report to the Trust Executive Team to give assurance of Safeguarding activity and compliance to timescales. The Trust Safeguarding Group monitors the Safeguarding action plan for assurance. The Trust have presented monthly reports to the Partnership Management Group and quarterly reports to each Joint Beds/Central Beds Local Safeguarding Adult Board. The Trust has been involved in four audits commissioned by BBC and CBC in the past year. The outcome of all independent audits gives assurance that SEPT is consistently effective in safeguarding service users.

Involving people in development of safeguarding services

The Trust has developed a Safeguarding Questionnaire for those subject to investigation. Feedback is reported regularly and influences the process of engaging service users, their families and advocates. Two ‘Lets Talk’ Service User and public events have been held in Bedfordshire this year. These are joint sessions where the safeguarding service is explained and discussed and participants have given feedback on the development of posters and leaflets etc. As a result new

Safeguarding Leaflets have been developed and distributed to all Trust areas.

Outcomes and improving people's experience

The outcomes of Independent Audits and Service User Questionnaires demonstrate an improved service has been delivered and experienced by Service users. The feedback from service user questionnaire state that people feel respected, treated with dignity and involved in investigation process

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Prevention / raising awareness

The numbers of referrals this year continues to rise and reflects the training programmes delivered which aim to raise awareness of safeguarding issues. Routine assessments now contain an assessment of risk and safeguarding issues which aim to identify potential concerns at an early stage thus preventing Safeguarding investigations being required

The Quarterly reports to the Bedfordshire Safeguarding Board now include information on Serious Incidents.

Workforce development

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

- Reflective practice
- Investigations training
- Mental Capacity and DoLs
- Safeguarding introduction

The Safeguarding Competency Framework has been delivered to all mental health managers and continues to be implemented within all teams.

Partnership working

The Trust continues to be active members of the Bedfordshire Safeguarding Board, Operational Group and other sub groups. Trust staff are involved in quarterly Safeguarding Peer Group Forums with BBC staff and quarterly peer audits with CBC staff

Quality Assurance

The Trust has reported consistent improvements in the safeguarding process and outcomes of BBC and CBC audits.

Involving people in development of safeguarding services

The Trust Service user Group has been involved in the development of Safeguarding service.

Outcomes and improving people's experience

The process for investigating cases has continued to improve. 95% of Strategy discussions and Closures comply with the Local Authority procedures. The result has meant that service user concerns are responded to and processed effectively and that all service users are involved in the process where appropriate.

Savile Inquiry

As a result of the Savile Inquiry in 2012, the Trust reviewed its policies regarding visitors and celebrities. A report was presented to Trust Board providing substantial assurance that measures are in place monitor and supervise visitors and celebrities

at all times. The Trust has a visiting policy in place.

Francis Inquiry

As a result of the Francis Inquiry, all staff received a presentation on the main findings and the response planned by the Trust. A task and finish group has been formed as a subset of the Trust Executive Team and is led by Executive Directors. Key themes for the groups include

- Culture of compassionate care and zero tolerance for harm
- Detecting problems quickly
- Accountability
- Leadership

In addition to the above, a series of listening exercises for service users and staff have taken place. The outcomes will be used to influence services strategies.

An electronic and anonymous reporting system has been developed in order that staff can raise concerns either through the whistleblowing policy or anonymously through this new initiative.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

Prevention / raising awareness

Continue to develop training programmes for CHS and mental health staff and raise mandatory training compliance to 95%

Workforce development

Continue to introduce the Competency Framework throughout the Trust workforce where relevant.

Partnership working

Continue working closely with BBC and CBC Safeguarding Teams and with Peer Review Forums and audit programmes

Quality Assurance

Involving people in development of safeguarding services

Continue to arrange service user group sessions.

Outcomes and improving people's experience

Explore alternative methods in obtaining feedback from Service users subject to a safeguarding investigation

Name Of Organisation:	Voluntary and Community Action
Name(s) Of Person(s) Reporting:	John Gelder

Highlight report of key issues arising during 2012/13, addressing the priorities

Prevention and raising awareness

We have consistently highlighted to the Adult Safeguarding Board the need to raise awareness of safeguarding issues with voluntary organisations and community groups and for organisations/ groups to have in place adequate Safeguarding Policies so as to improve practice within the sector, particularly in smaller groups that are run by/use volunteers. At the end of the year, Central Bedfordshire Council commissioned Voluntary and Community Action to deliver a programme of 25 half-day safeguarding awareness sessions to smaller voluntary and community

organisations throughout 2013/14.

Under the regulations for the new Disclosure and Barring Service, many voluntary and community sector organisations are no longer eligible to request disclosures for staff and volunteers who may come into contact with adults who may be considered vulnerable as they do not directly provide healthcare, personal care or social work; or assistance with cash, bills, shopping, financial and personal affairs or with transport. While DBS Disclosures are only part of an organisation's safeguarding procedures, their ineligibility to request a disclosure is likely to have a mixed impact: less bureaucracy and cost versus increased risk??

Workforce development

We attended and contributed to discussions at the Bedfordshire Training and Development Sub Group to consider arrangements for the endorsement of Safeguarding Training.

Partnership working

We highlighted the need to give greater prominence to safeguarding in the prospectus for a Police and Crime Commissioner and raised the issue of how safeguarding data relating to Central Bedfordshire (rather than Bedfordshire wide) was presented by partners.

Improvements made in adult safeguarding during 2012/13, addressing the priorities

Prevention and raising awareness

We provided information, advice and guidance on safeguarding or developing safeguarding policies to one voluntary and community organisation. Information on the new Disclosure and Barring Service was prepared and circulated to the voluntary and community sector.

Workforce development

Three staff (from Voluntary and Community Action) undertook Bedfordshire Adult Skills and Community Learning mandatory training, which includes safeguarding.

An Introduction to Safeguarding workshop was held in December 2012, attended by 12 participants from six organisations. One bespoke Safeguarding workshop was delivered in January 2013 to an organisation delivering services across Bedfordshire.

Partnership working

We attended and contributed to all Adult Safeguarding Board meetings held during 2012/13.

We made a strong contribution to the development of Healthwatch Central Bedfordshire, including the preparation of a draft Safeguarding Policy.

Quality Assurance

Our Safeguarding and Recruitment Policies have been updated to include the new Disclosure and Barring Service and the new Safeguarding Alert Form (agreed at the November 2012 Safeguarding Board).

Voluntary and Community Action was awarded the Matrix standard, a national quality mark for all organisations delivering information, advice and guidance services to support people in their choice of career, learning, work and life goals, including volunteering. Safeguarding was a feature of the assessment for this standard.

Improvements planned in adult safeguarding during 2013/14, addressing the priorities

Prevention and raising awareness

We will deliver a programme of 25 half-day safeguarding awareness sessions to smaller voluntary and community organisations throughout 2013/14, in partnership with Community and Voluntary Service. The programme is expected to reach 250-375 delegates across Central Bedfordshire.

We will continue to prepare and circulate information to the voluntary and community sector on changes to the new Disclosure and Barring Service. We need to review and update our Better Care resource pack to ensure that it is consistent with current practice.

Workforce development

All newly appointed staff will undertake Safeguarding Training. Once arrangements for the endorsement of Safeguarding Training are agreed/in place we will submit our Safeguarding Vulnerable Adults training workshop for endorsement.

Partnership working

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

Abuse is Everybody's Business Safeguarding is our Responsibility

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

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



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



BEDFORD
BOROUGH COUNCIL

Central
Bedfordshire

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



**CareQuality
Commission**

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

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



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

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Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date: 21 October 2013
Subject: Customer Feedback – Complaints, Compliments Annual Report
Report of: Cllr Carole Hegley, Executive Member for Social Care, Health & Housing
Summary: This report fulfills the statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care complaints. The report provides statistics for 2012/13 on the number of complaints received including those considered by the Local Government Ombudsman; the number of complaints that were well founded (upheld fully or in part); a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints.

Advising Officer: Julie Ogley - Director of Social Care, Health & Housing
Contact Officer: Sonya Branagan – Customer Relations Manager
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The annual report for noting links to the priorities

- Promoting health and wellbeing and protecting the vulnerable

Financial:

Effective management of complaint issues focuses resource on resolution and reduces the risks of financial remedies being paid. The learning from complaints is used to inform service improvements. The emphasis on local resolution and getting it right first time minimises the risk of cases requiring more costly formal investigations to achieve resolution.

Legal:

The production of an annual report is a statutory requirement and should be made available to anyone on request. The report will be posted on the council's web site.

Risk Management:

Complaints are assessed at the point of receipt to ensure risks are managed for example; safeguarding of vulnerable adults issues, risks to reputation. Effective complaints management ensures service failings are identified and remedied, thereby reducing the risk of public reports from the Local Government Ombudsman. There were no public reports about adult social care complaints.

Staffing (including Trades Unions):

There are no staffing issues arising from the report

Equalities/Human Rights:

The report includes limited analysis of equalities and diversity information due to the limitations of the capture and reporting system for complaints.

Community Safety:

To support vulnerable people to feel safe it is important that they know how to complain about services they receive; feel heard when they raise complaints; and that action is taken. The report evidences that service users have been able to complain, where complaints have been upheld failings are identified and improvements are put in place.

Sustainability:

There are no sustainability issues arising from the report

RECOMMENDATION:

- 1. That the Social Care, Health and Housing Overview and Scrutiny Committee note the content of the report.**

1. Introduction

- 1.1 The Council's Customer Relations Team, based in the Improvement and Corporate Services Directorate manages the council's customer feedback procedures. There are three procedures. Two of the procedures are statutory and are governed by Regulations, relating to Adult Social Care Services and Children's Services respectively. The third procedure covers all other council services.
- 1.2 The feedback procedures are the means by which customer compliments, comments and complaints are handled. Customer Relations provides a point of contact for customers wishing to complain via email, telephone or in writing. This provides an alternative access for those customers who may have lost faith in the services to respond to their issue. The team can offer guidance to customer's and staff on the procedure and log all complaints for the service.
- 1.3 The Council is required to monitor the effectiveness of the statutory complaints procedures and prepare an annual report. The Adult Social Care complaints report must be made available to any person on request.

2. Purpose of this report

- 2.1 This report provides an overview of the key issues in complaint handling for Adult Social Care for the period.

3. Adult Social Care customer feedback report

3.1 The Regulations require that the annual report should include:

The number of complaints received; the number that were well founded; the number referred to the Local Government Ombudsman; a summary of the subject matter of complaints received; matters of general importance arising or in the way complaints are handled; any matters where action is to be taken to improve services as a consequence of complaints.

3.2 The annual report addresses the requirements above and covers:

- The council's procedure for handling adult social care complaints.
- Equality and Diversity Monitoring.
- Summary Statistics including; number of complaints received; number referred to the Local Government Ombudsman; services most complained about; number well founded.
- Performance.
- Service improvements resulting from complaints.

3.3 To address the need to make the annual report available to anyone requesting it the report will be posted on the 'Feedback' pages of the council's website. The feedback pages contain information on how to provide compliments, comments and complaints

4. Complaints handling practice in 2012/13

4.1 The current approach to complaints requires each complaint to be assessed and a decision on the appropriate course of action. In addition all complaints made to the Council about commissioned services have to be considered under the Council's complaints procedure.

4.2 The percentage of complaints that were deemed to be well founded (upheld in full or in part) was 72% evidencing a receptiveness to customers' views and complaints.

4.3 As well as the statutory annual report, weekly, monthly and quarterly reports on customer feedback have been provided based on the Director's requirements for performance reporting. This meant that senior managers had the opportunity to monitor customer feedback for their services. The number of complaints received this year (61) was lower than last year (82). The number of compliments outnumbered complaints suggesting that whilst standards can sometimes drop there are also good examples of great customer care and service.

5. Key themes from complaints

5.1 The Older People's Service received the highest level of complaints, 40 of the 61 complaints. The main cause for complaint related to social work management of cases and dissatisfaction with the level or type of support provided or planned.

- 5.2 Included in the complaints for Older People's Services were a number of complaints about commissioned services, in particular home care services.

Complaints about the quality of services provided by care providers on behalf of the council were shared with the Adult Services Improvement Group and the Contracts Service. Whilst each individual complaint was actioned the Contracts Service ensured wider concerns about providers were monitored and managed to address contract and quality issues.

Appendices:

Appendix A - Annual Report 2012/13

Location of papers: Priory House, Chicksands

CENTRAL BEDFORDSHIRE COUNCIL ADULT SOCIAL CARE

CUSTOMER FEEDBACK –

COMPLAINTS COMPLIMENTS

ANNUAL REPORT 2012/13

Appendix A

INTRODUCTION

This report fulfills the statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care complaints. The report will be presented to the relevant local authority committee and will be made available on the Council's website.

The report provides statistics for 2012/13 on the number of complaints received including those considered by the Local Government Ombudsman; the number of complaints that were well founded (upheld fully or in part); a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints.

EXECUTIVE SUMMARY

The Council's Adult Social Care complaints procedure contains a number of different options to handle complaints. The complaints procedure requires individual complaints to be assessed with the emphasis on understanding the complaint at the outset and taking the right approach to resolving it. Services also seek to make improvements as a result of complaints.

Each option for handling complaints has a minimum standard timescale for responding:

- Local resolution by Service Manager – 10 working days, up to 20 for complex cases
- Independent Investigation – 25 up to 65 working days
- Conciliation – 10 working days
- Mediation – 25 working days

However, timescales can be flexible depending on the nature of the complaint. An extension to a timescale is acceptable where this is negotiated and communicated to the complainant. When the Council has fully considered a complaint the next stage is referral to the Local Government Ombudsman.

There were 61 new complaints received in the period compared to 82 the previous year, most related to services for older people.

53 complaints were actioned and closed. The majority (46) were dealt with by Local Resolution, and a further 3 cases remedied using conciliation.

Complaints were seen as important to services as a means of considering how to change things for the better. 72% of complaints were either upheld fully or in part suggesting a receptiveness to customers' views and complaints. Whilst individual cases had specific remedies put in place wider services improvements were also identified in a number of cases. These are detailed in Section 4.

There were more compliments than complaints this year with 64 compliments recorded where service users thanked or praised staff for the excellent service and support they had provided. This was an increase on the 58 reported in the previous year.

Service users and their families preferred to make complaints in writing via email or letters.

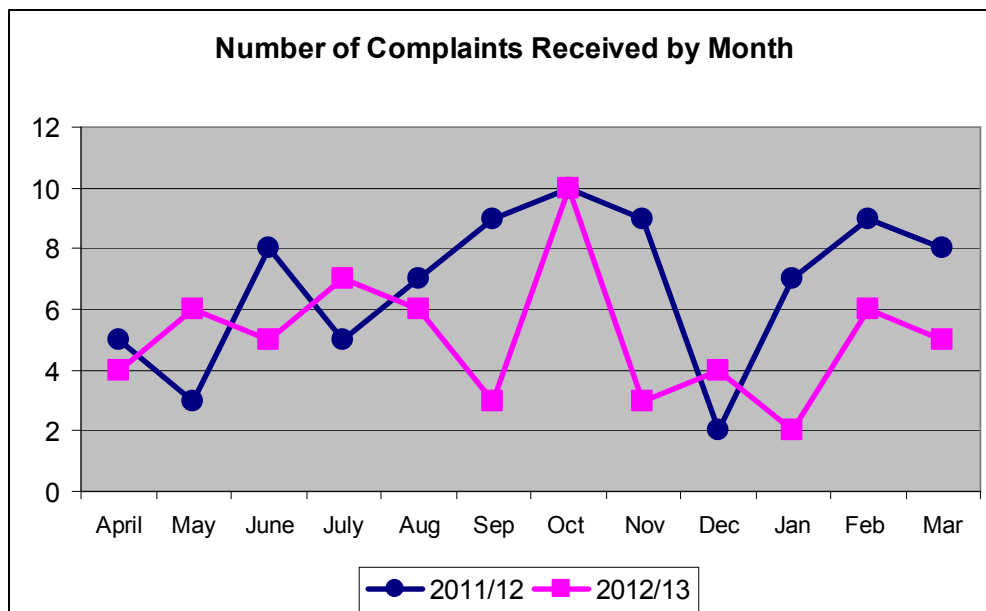
Appendix A

1 SUMMARY STATISTICS

1.1 Headline Data for Customer Feedback

Feedback Received	Q1	Q2	Q3	Q4	Total
Complaints	15	16	17	13	61
Compliments	14	19	21	10	64

1.2 Spread of Complaints Received



1.2.1 There were some similarities in the spread of complaints over the year compared to the previous year. December was one of the quieter months again. April and August saw similar numbers of complaints year on year. The peak for complaints in October last year was repeated again this year.

1.2.2 The peak of 10 complaints in October related largely to older people's services which received 8 complaints. There was no one cause for the peak in complaints with 4 complaints about delays handling direct payment issues, delay in putting in place care, disagreement with plans and customer care issues. Dissatisfaction in 3 cases relating to home care services and ranged from customer care; the quality of care and a missed call. The final complaint related to the quality of care in a residential home.

1.2.3 Health Services and Social Care Joint Complaints

There were 2 complaints received that related to both health and social care services delivered to an individual. Both received a coordinated single response to the issues.

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1.3 Trends - Services Most Complained About

- 1.3.1 The service receiving the most complaints was the Older People Service receiving 40 of the 61 complaints. Section 4 sets out the improvements services have put in place as a result of customer complaints.

22 complaints related to social work management of cases. A complaint can have more than one reason for dissatisfaction. The main causes of dissatisfaction were; the level of communication or customer care (10); decisions made about the level of support offered (6) and delay in providing support (4).

- 1.3.2 18 complaints related to services provided by external providers on behalf of social care i.e. home care and respite/residential services:

13 complaints about home care were mostly about poor communication and customer care; quality of care; and late or missed calls.

5 complaints about residential care related to quality of care and poor communication or customer care.

Complaints about the quality of services provided by care providers on behalf of the council were shared with the Adult Services Improvement Group and the Contracts Service. Whilst each individual complaint was actioned the Contracts Service ensured wider concerns about providers were monitored and managed to address contract and quality issues.

- 1.3.3 The remaining 21 complaints were spread across a number of service areas; Learning Disability Service; Disabilities; Business Support; Emergency Duty Services and the Safeguarding Service. The Disabilities Service had the highest number with 8 cases. No trends were identified.

1.4 Outcomes from concluded Complaints

- 1.4.1 Complaints were seen as important to services as a means of considering how to change things for the better. 53 Social Care complaints were considered and concluded in the period. 36% (19) were upheld. A further 36% (19) were partly upheld. This meant a total of 72% were deemed to be well founded in full or in part, suggesting a receptiveness to customers' complaints.

Whilst case specific remedies were put in place for individuals Section 4 details wider actions and improvements resulting from complaints.

1.5 Local Government Ombudsman (LGO) Complaints

- 1.5.1 The council received 7 complaint enquiries from the LGO about its adult social care services:

- 1.5.2 In 3 cases the LGO did not investigate; in 2 cases this was because the Council's handling of the complaint was deemed to be reasonable; in 1 case the matters were outside of the LGO jurisdiction.

- 1.5.3 In 4 cases the LGO decided to discontinue its investigations;

Appendix A

- in 3 cases no fault was found;
- in an historical case from 2010/11, the Council had investigated and agreed there had been failures to follow up concerns about a care provider's approach to safeguarding. This related to a learning disability service. Significant steps had since been taken to improve the Council's approach. The LGO agreed that the Council's actions and offer of a local settlement of £1000 was an appropriate remedy.

1.6 Compliments

1.6.1 64 compliments were captured about the services provided. Compliments related to the quality, helpfulness and timeliness of services and support.

37	Older People's Services	13	Business Support Services
8	Learning Disability Services	4	Disability Services
1	Service User Engagement	1	Out of Hours Service

The Older People Service received the most compliments with 37 out of a total of 64. Whilst there were complaints about the level of customer care in some cases there were also compliments from customers who experienced very good levels of communication and professionalism.

1.6.2 Extracts from compliments received:

Reablement Service

'I would like to add how grateful and impressed we were with the service that was provided by the falls team following mums illness and fall ... The care they gave and the fact that mum didn't have to go back to hospital resulted in her full recovery. it took time but we were hugely relieved that she avoided a return to hospital.'

Older People's Service

Thank you so much for getting back to me so quickly in regards to my brother. You have been so supportive words are not enough to say thank you.

..a very big thank you ... unable to find the words to say what a great guy (worker) is and what brilliant work he has done. (Service user) said that he did not want the work done as he thought that it was going to make his house look like an eyesore, but he was wrong, he said that it looks beautiful and for the first time in ages he was able to go out, he feels free, he went out and sat in the street for a while and his wife asked him what he is doing? He said that he is doing that because he can and is no longer tied to the house. He is very happy.'

Business Support – Finance Service

'thanking those involved for all the help provided to keep his mother safe and well in her later years.'

'Thank you for your commendable and friendly way in which you have helped me with my mother's financial situation'.

Appendix A

Learning Disability Service

'Spoke very highly of the care management team and the support they gave to the whole family - they say that this support really helped them through what was quite a challenging time The caring attitude of everyone they have spoken to has really made a difference.'

2 PERFORMANCE IN COMPLAINTS HANDLING

- 2.1 There is no set timescale in Regulations in which to respond to complaints. The emphasis is on assessing the complaint at the outset to fully understand the issues, and then agreeing a clear method of handling the complaint to a defined timescale. In response to this the Adult Social Care complaint procedure includes a range of options for resolving complaints, each with a minimum standard timescale for response. Timescales can be re-negotiated with the complainant if appropriate.
- 2.2 There were seven complaints assessed as not being suitable for the Council's complaints procedure which were dealt with using other procedures including referral to other Agencies. 53 complaints were suitable to be considered and were concluded. 74% of cases had an action plan setting out how the complaint would be handled.
- 2.3 Of the 53 cases that were concluded:
- 46 were dealt with using the local resolution method;
 - 3 were dealt with by conciliation meeting method;
 - 3 cases were concluded following a formal investigation carried out by an external investigator; and
 - 1 was subject to a review of the initial local resolution response which was found to be proportionate and reasonable.
- 2.4 Where an action plan was in place approximately 85% of cases were completed in line with the timescale in the agreed action plan. Of the 6 cases that took longer than the planned timescale:
- 2 went over by a maximum of 2 working days;
 - 2 were delayed by 9 working days or less;
 - 2 complaints were delayed pending responses from Health Services.
- 2.5 There were 14 cases that did not have an action plan in place:
- 9 were completed within the 10 working days suggested for local resolution responses;
 - 3 cases went beyond the 10 working day timeframe for local resolution by up to 10 working days;
 - 2 cases were subject to longer delays and took 15 working days and 31 working days more than the 10 working day timescale for local resolution.

3 EQUALITY & DIVERSITY MONITORING

- 3.1.1 The purpose of capturing data is to monitor access to the complaints procedure; to ensure services are appropriate for all service user groups; and to check whether any issues relating to discrimination have been raised. Data relates to the service user affected by the complaint or a person who has been affected by the actions taken by the service.

Appendix A

3.1.2 The system used for Adult Social Care complaints has the facility to capture the service user’s gender, ethnicity and whether the service user describes themselves as having a disability or not. However, the system has limited reporting functionality for analysis in this area to meet the needs of equality and diversity monitoring. Therefore, we can’t easily analyse the detail of complaints and trends relating to discrimination/human rights/age.

3.1.3 There were 4521 service users in receipt of a service during the period 2012/13. 61 new complaints were registered.

3.2 Accessibility to Complaints

3.2.1 Receipt Method for Complaints

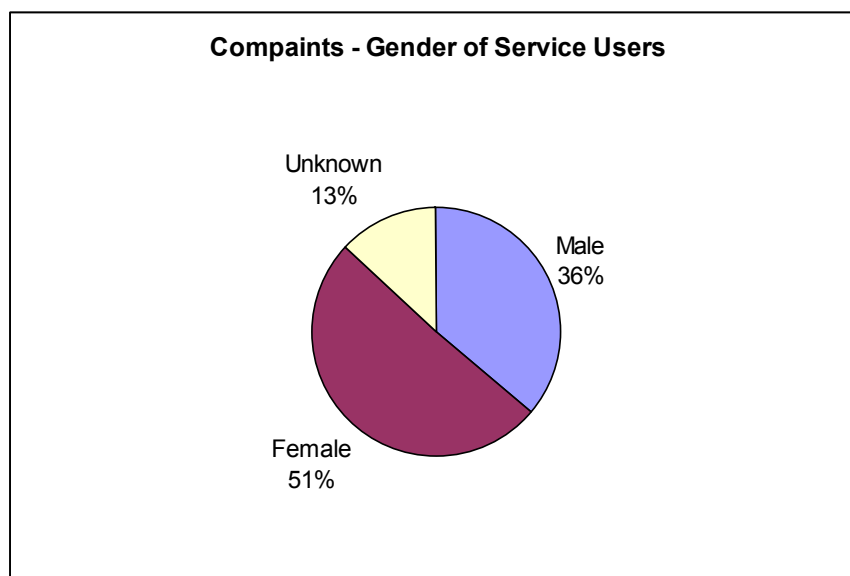
By having a range of contact options for complainants to make their complaints the Council aims to meet the needs of its service users in accessing the complaints procedure. People can make complaints in person; face to face or via telephone (including a direct line to Customer Relations), in writing; via email, letter, or complaint form.

61 new complaints were made by the following methods.

47% email	25 % telephone	21% letter
5 % complaint form	2 % personal visit	

3.2.2 Family members are often actively involved in supporting service users. A service user may use a representative to make their complaint. 65% of complaints were made by representatives. The majority of these were made by relatives or partners of the service user.

3.3 Social Care Complaints – Gender



3.3.1 Where information was captured 51% of complaints affected female service users, 36% affected males which reflected similar proportions of service users receiving services where 62% were described as female and 38% male. Service users of both genders are represented in the complaints procedure.

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- 3.3.2 From the information recorded both genders were affected by similar issues, complaints about services affected females more than males.

3.4 Social Care Complaints – Race

- 3.4.1 94% of service users receiving services were described as White British. 56% of complainants were recorded as 'White UK'. One other race was also represented in complaints, 'White Irish' (3%). The 40% 'unknown' cases may mask representations from ethnic backgrounds not reflected here.
- 3.4.2 The issues for complainants of the minority race were also raised by complainants recorded as 'White'.

3.5 Social Care Complaints – Disability

- 3.5.1 In 28 % of complaints service users described themselves as having a disability. However, a significant proportion of cases were recorded as 'unknown'. Social care services include services for older people, disabilities and adults with learning disabilities. Therefore, it is anticipated that a significant proportion of complainants would describe themselves as having a disability.
- 3.5.2 The issues affecting people accessing the Disabilities Service (8 complaints) were about the quality of service relating to Direct Payments, Occupational Therapy assessments of need; review of needs and Home Care.
- 3.5.3 There was no single service issue causing concern for people accessing services for those with a learning disability. Where people complained (5) they were largely concerned about getting the right quality and level of care from external care providers.
- 3.5.4 The figures demonstrate that people with disabilities are able to access the complaints procedure.

4 SERVICE IMPROVEMENTS RESULTING FROM CUSTOMER COMPLAINTS

The majority of the improvements identified in complaints are specific to individual cases and put in place to remedy the complaint, for example a review of services; providing information; carrying out an assessment.

The examples of learning from individual cases are set out below. In addition, the service is in the process of implementing a competency and development framework for staff which will assist in managing and developing social work practice moving forward.

4.1 Externally Provided Care Services (Commissioned Services)

The Commissioning Service routinely monitors complaints about care services and take appropriate steps to manage any concerns. Complaints data is considered alongside other relevant information. This includes regular liaison with operational staff, the safeguarding team, the Care Quality Commission, Health Services and other local authorities to support their investigations. Where appropriate the service worked with care providers on action plans and supported them in service improvement.

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4.1.1 Learning & Improvements from Complaints about Commissioned Services

- Friends and family record sheets amended to be able to record details of times of telephone contact as well as details of content. Clearer recording will be undertaken in relation to confirmation of service users returning home and the travel arrangements.
- A review of procedures in relation to the delivery of intimate personal care.
- Checking system introduced to ensure that any confidential paperwork has to be brought into the office the same day.
- Employee training/guidance provided to strengthen communication channels with office staff to ensure that customers are kept informed of any updates and changes in the future.
- A care home was reminded of the requirement to give discharge dates earlier in the day to allow time for social workers to communicate with family and ensure correct equipment is in place.
- A provider put in place systems for monitoring late calls and carers' performance. Communication issues were addressed through an office meeting highlighting the need to be open and update clients on progress.
- A provider of home care carried out spot checks on care workers appearance and found some carers appearance was unacceptable. They were issued with new uniforms. The company put monitoring arrangements in place to check the appearance of their carers.

4.2 **Learning & Improvements from Complaints about Social Care Administration Services**

- 4.2.1 Learning from complaints is being incorporated into the improvements being made to the information, advice and support to be offered to recipients of Direct Payments. As part of this the information provided to customers in relation to contributions to respite care will be improved.

The Direct Payment Customer Agreement will also be updated, along with monitoring arrangements. These changes aim to deliver greater integration between the assessment and review of needs by social workers and the monitoring of Direct Payment expenditure.

- 4.2.2 Anyone who sends in an appeal against a decision about their assessed financial contribution will be written to with an explanation of the next part of the process and the timescale.

4.3 **Learning & Improvements from Complaints about Social Work Practice**

4.3.1 Learning Disability Service

The operations manager gave a commitment to ensure that the Senior Practitioners who directly supervise Care Managers are made aware of the risk of using review minutes to reflect details of another meeting without clarifying this to be the case. Also to ensure the family are provided with a copy of the review. Should a similar scenario occur in the future review minutes must clearly state where information relates to a separate meeting, or at least refer to any meeting notes taken separately as an addendum to the review minutes.

4.3.2 Older People's Service

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A poor service was given when a senior in a team picked up a case to remedy previous poor experience with the aim of ensuring this did not happen again. The Locality Manager confirmed this would be addressed in supervision to prevent a repeat.

Communication has been improved to ensure departments are clear on respite homes specification. Processes are in place to ensure that social workers provide clients and their families with the correct information and contact details when ending their involvement. This followed a complaint where a former social worker did not inform the service user that they were leaving the department, and did not communicate the pre arranged respite dates which resulted in no respite. Practice will be monitored in supervision.

4.3.3 Emergency Duty Team (Out of Hours Service)

A complaint was received when information had not been relayed back to a family member. This occurred in a case where a number of family members had been making contact with the service over the same matter. It was acknowledged that the family wanted to ensure handovers between staff were managed more effectively. Where a number of calls are being received from different family members by out of hours officers, a co-ordinated approach will be agreed with the referrer. This will be communicated to other staff at the time of handover where required.

4.3.4 Complaint Handling:

Three learning sets were delivered in May 2012 to support managers and senior social workers staff to take a best practice approach to complaints including valuing complaints; action planning; learning from complaints; managing complaints about services provided by external companies; and managing difficult complaints.

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 21 October 2013
Subject: Quarter One 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 1 of 2013/14

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

Contact Officer: Nick Murley, Assistant Director, Business and Performance
Celia Shohet, AD, 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. Not Applicable.

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, Housing and Public Health indicators that are currently in the corporate indicator set.

Community Safety:

9. Not Applicable.

Sustainability:

10. Not Applicable.

Procurement:

11. Not applicable.

RECOMMENDATION:

The Committee is asked to consider and note the report

Introduction

12. This report provides information on how the Social Care, Health and Housing Directorate's contribution to the Medium Term Plan is being met.

Overview

13. The Directorate's performance for the Medium Term Plan priority of "Promote health and wellbeing and protecting the vulnerable" is being maintained.
14. Three of the measures are currently under performing. Two are Red: Number of Additional "Extra Care" flats provided (C2MTP) and Clients receiving self directed support (C6 MTP) and one Amber, Percentage of decent homes (Council stock)
15. Although progress continues to be made on delivering C2 MTP, Number of additional "Extra Care" flats. This measure is scored as Red, as the likely delivery date for Dukeminster is Summer 2015, outside of the MTP target of 2014. The proposal for 83 flats at Dukeminster, Dunstable was approved by Development Management Committee on 19 June 2013 and a planning application for 80 flats at Leighton Buzzard is also being made by Aldwyck Housing Association.

16. The performance of C6 MTP, Customers receiving self-directed support (SDS), is scored as red, although it continues to show an improving performance. The number of people receiving self-directed support continues to rise with 3,316 people receiving support between July 2012 and June 2013. Of which 1,449 customers are in receipt of direct payments. Central Bedfordshire Council's outturn for 2012/13 of 75.9% exceeded the national target of 70%, out performing both the regional, and England average as well as in its comparator group.
17. The Percentage of decent homes (Council stock) is scored as Amber as the MTP target of 100% decent homes may not be achieved. Following the adoption of the Council's Housing Asset Management Strategy, replacement of elements within Council properties (e.g. kitchens, bathrooms, etc) will no longer be based on failure of the Decent Homes Standard, but on the life expectancy of the element. 21 properties were identified as not meeting the Decent Homes Standard as at the end of June 2013.
18. The remaining indicators are performing in line with the milestones set.
19. Performance against C1 MTP, Protecting vulnerable adults, continues to progress. The audit of Safeguarding cases is now being carried out on a rolling monthly basis, using a combination of "peer audit" and safeguarding team case file audit. In total 25% of safeguarding cases will be audited by the safeguarding team.
20. The annual safeguarding report has been produced and presented to the Safeguarding Board in August and will be presented to this committee later in the year.
21. The necessary changes to the Adult Social Care database (Swift) for the new reporting framework have been implemented and a data quality framework is currently being developed.
22. Progress continues to be made in increasing the coverage of Village care schemes (C 4 MTP), with 90% ward coverage in Central Bedfordshire covered to date. The Council is on course to meet the MTP target for 100% coverage by 2014.
23. Good progress is being made on Council commissioned dementia care rated as good or excellent. One provider has been accredited through the Council's Dementia Accreditation Scheme and three providers applications were deferred to July accreditation panel for approval. Three further providers have submitted their self-assessment forms to register an interest in the scheme.
24. The number of health checks offered has exceeded this quarter's target, whilst the number accepting this offer is just slightly below the target.

Director's Summary – Social Care, Health and Housing

25. The Directorate continues to perform well against the Medium Term Plan priority of "Promote health and wellbeing and protecting the vulnerable".

26. Progress continues to be made in the proportion of customers receiving self-directed support (C1 MTP). The current performance of 77% is significantly above the national target of 70% and our finalised outturn for 2012/13 of 76% outperformed both the regional and national averages. The MTP target of 100% for 2013/14 still remains a challenging one. It has been recognised that not all services that customers receive require a support plan and therefore self-directed support is not applicable. These services include meals, equipment and professional support. Under these circumstances, it is likely that the maximum outturn that can be achieved is 86%. This will represent 100% of those clients that are eligible for self-directed support and therefore it is deemed that the target will have been achieved if this proportion is reached.
27. Following the adoption of the Housing Asset Management Strategy, by Executive on 14 May 2013, the replacement of elements within Council properties (e.g. kitchens, bathrooms, roofing, etc) will no longer be based on the failure of the Decent Homes Standard. Instead the capital programme will be informed by a repairs led programme of addressing elements in poor condition or where there has been a prevalence of repairs requests, coupled with a programme of more intensive refurbishment where required. As a result, the target of all Council-owned stock meeting the Decent Homes Standard (C3 MTP) may not be met by March 2014.
28. Planning permission for the extra-care units at Dukeminster (C2 MTP) has been achieved, but it is likely that the delivery date will be the Summer of 2015, thereby missing the Medium Plan target of December 2014.
29. Progress has been maintained in the other targets.

Director's Summary – Public Health

30. The number of Health Checks offered continues to exceed the target set, with more offered in Quarter 1 than were offered in the same quarter last year. It is also important to note that performance was also good during the quarter in terms of the number of people accepting the offer with 2,714 people actually taking up the health check during the quarter.
31. The Public Health Team have continued to work closely with those practices that have been unable to meet their 'Health Checks' targets, both directly and through the Clinical Commissioning Group. Alongside this work, Health checks continue to be offered in workplaces and other community settings, including to Council staff at the council offices, and these are proving to be very popular.

Appendices:

Appendix A – Quarter Performance Report Q1 2013/14

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

None

Appendix A - Quarterly Performance Report

Medium Term Plan Indicators

Quarter 1 2013/14

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	↓	RED - target missed / off target - Performance at least 10% below the required level of improvement	
Quarter on quarter	Compared to the previous quarter	↔	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	↑	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 1 2013/14	↔	G
C 2 MTP	Number of additional 'Extra Care' flats provided	Quarterly	Quarter 1 2013/14	↓	R
C 3 MTP	Percentage of decent homes (Council stock)	Quarterly	Quarter 1 2013/14	↑	A
C 4 MTP	Number of Village Care schemes in operation	Quarterly	Quarter 1 2013/14	↔	G
C 5 MTP	Percentage of council commissioned dementia care classed as 'good' or 'excellent'.	Quarterly	Quarter 1 2013/14	↔	G
C 6 MTP	Clients receiving self directed support	Quarterly	Quarter 1 2013/14	↑	R
C7 MTP	Percentage of 40 to 74 year olds offered a health check	Quarterly	Quarter 1 2013/14	↑	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 new safeguarding performance framework – September 2013					
Comment:	The audit of Safeguarding cases is now being carried out on a rolling monthly basis. This will be via a combination of “peer audit” and safeguarding team case file audit. In total 25% of safeguarding cases will be audited by the safeguarding team. The annual safeguarding report is currently being produced and will be presented to the Safeguarding Board in August and to SCHH O&S later in the year. The necessary changes to the Adult Social Care database (Swift) for the new reporting framework have been implemented and a data quality framework is currently being developed. Monthly performance reports are presented to the Executive and Deputy Executive members for SCHH.				
	Latest comparator group average	.	Report comparison	.	Performance Judgement
					G

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					
Comment:	Proposal to 83 flats at Dukeminster approved by Planning Committee on 19th June and a planning application for 80 flats at Leighton Buzzard will be made shortly. Likely delivery date Summer 2015.				
	Latest comparator group average		Report comparison		Performance Judgement
					R

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 21 October 2013
Subject: General Fund Revenue Budget Management Report for 2013/14 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 Quarter One 2013/14

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:

- | |
|--|
| <ol style="list-style-type: none">1. Sound financial management contributes to the delivery of the Council's value for money, enabling the Council to successfully deliver its priorities. |
|--|

Financial:

- | |
|---|
| <ol style="list-style-type: none">2. The financial implications are set out in the report |
|---|

Legal:

- | |
|--|
| <ol style="list-style-type: none">3. Not applicable. |
|--|

Risk Management:

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

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

Equalities/Human Rights:

- | |
|--|
| <ol style="list-style-type: none">6. Not applicable. |
|--|

Public Health:

- | |
|--|
| <ol style="list-style-type: none">7. Not applicable. |
|--|

Community Safety:

- | |
|--|
| <ol style="list-style-type: none">8. Not applicable. |
|--|

Sustainability:

- | |
|--|
| <ol style="list-style-type: none">9. Not applicable. |
|--|

Procurement:

10. Not applicable.

RECOMMENDATION: The Committee is asked to note the projected General Fund outturn of £0.401m, an over spend of 0.6%.

Introduction

10. The report sets out the position at the end of Quarter One of 2013/14.

General Fund Executive Summary Revenue

11. The **General Fund** outturn for the directorate is a projected over spend of £0.401m or 0.6%.

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	190	220	30	30
AD Housing (GF)	1,516	1,476	(40)	(40)
AD Adult Social Care	58,620	59,159	539	306
AD Commissioning	13,265	13,352	87	(52)
AD Business & Performance	(7,689)	(7,182)	507	157
Total General Fund	65,902	67,025	1,123	401

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

Expenditure type	Forecast Outturn (Before use of Reserves) £000
Staffing Costs	17,840
Premises and Transport	932
Supplies and Services	5,081
Third Party Payments	59,113
Other Payments	7,421
Total Expenditure	90,387
Income	(14,384)
Grants	(8,978)
Total Income	(23,362)
Net Expenditure	67,025

14. The **Housing (GF)** service is under spent by £0.020m with a full year forecast under spend of £0.040m. Savings are mainly due to staff vacancies within the Prevention, Options and Inclusion service. At this early stage the Local Welfare provision budget is under spent, with lower than anticipated demand for this service, however it is anticipated that expenditure might increase as the year progresses.

15. The **Adult Social Care** service is over spent by £0.3m or 1% of the budget. The key reasons for this are a projected over spend in older people care packages of £1.094m due to efficiency shortfalls, a projected over spend of £0.440m in under 65 mental health packages due to volume increases which are offset by projected under spends of £0.580m on reablement, £0.124m on in-house learning disability services and £0.396m on under 65 physical disability packages. The Quarter One spend extrapolated indicates a full year forecast outturn after reserves of £57.3m - £1.6m lower than the current forecast. This difference is accounted for by the following items:
- Grants not yet spent £0.660m
 - New under 65 mental health placements starting from Qtr 2 £0.190m
 - Contract uplifts subject to negotiation £0.130m
 - Reablement – phasing of pay enhancements £0.100m
 - Direct Payments – increased costs in Qtrs 2,3 and 4 £0.200m
 - Direct services – unaccrued small value items £0.100m
16. **Older People** care package costs are over spent by £1.094m which is equivalent to 4% of the budget allocation of £26.5m. Within this, there are over spends in Residential, Nursing and Home Care partially offset by under spends in Respite Care and Direct Payments. The 2013/14 efficiency targets for older people and physical disabilities stands at £3.3m and includes reducing the number of admissions to residential care, outcomes of Reablement and the 'right sizing' of care packages with increased funding from health. This is against a background of increasing demography, people living longer with more complex needs and with increasing numbers of self funders requiring the Council's support.
17. Residential placement activity is much higher than for the equivalent period last year with an additional 27 placements that have been approved. Customer choice is having an adverse impact on the use of block contract beds. Rates of attrition are also lower than for the equivalent period.
18. For **Learning Disabilities**, the service area is over spending by £0.080m on care packages. There are unachieved care package efficiencies of £0.357m overall but this is offset by projected under spends on Supported Living schemes.
19. Within the **Older People** client service group, the impact of former self funders continues to be tracked. In the first quarter of 2013/14 5 service users in this category have required council support at an estimated full year cost of £0.091m. The customer numbers are less than the equivalent for 2012/13 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 Care Bill.

20. The **Commissioning** service is under spending by £0.052m after contributions from reserves. This is due to small over and under spends on contracts and under spends on pay. Full use of the £0.200m set aside for the residential dementia fee uplift is assumed in the forecast.
21. This area is forecast to over spend by £0.175m. The main area of over spend is due shortfall in customer income in nursing care income £0.225m and telecare income £0.091m.

Detailed Commentaries

Director

- 21.0 The over spend of £0.030m 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 positive variance between expenditure and budget to date of £0.020m, and a full year forecast indicating it will be under spent by £0.040m.
- 22.1 An efficiency of £0.055m is projected to be achieved for 2013/14 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. There has also been a significant reduction in water and electricity bills for the Council.
- 22.2 Within Prevention, Options and Inclusion there is a year to date positive variance of £0.058m and a full year forecast positive variance of £0.029m. This is due to staff vacancies remaining unfilled whilst the service undergoes restructuring. The savings made have been partially offset by agency staff.
- 22.3 There has been an efficiency programme relating to the Housing Needs service over the last two financial years, that has delivered savings of £0.280m. Further savings are now envisaged as a result of the merger of Prevention, Options and Inclusion with Private Sector Housing. This will create a new service to be called Housing Advice and Assistance. This is forecast to deliver further efficiency savings in the financial year 2014/15 of £0.100m.
- 22.4 Provision of Crisis Loans and Community Care grants were devolved to local authorities from the Department of Works & Pensions (DWP) as of April 2013. The Council received a grant of £0.431m consisting of £0.356m programme funding and £0.075m of administrative funding. The Council chose to provide Emergency Provision and Grant Provision, the criteria being based broadly on the DWP system of Crisis Loans and Community Care Grants.
- 22.5 The grant funding transferred to the Council has been top sliced compared to the level of spend that the DWP historically made.

- 22.6** The Council scheme at this early stage has not yet experienced the volume of applications or awards, for either Grant or Emergency Provision, compared with the level of demand experienced by DWP.
- 22.7** Awards have been made to June 2013 totalling £0.012m (£0.006m May) for Grant Provision and £0.006m (£0.004m May) for Emergency Provision. In addition the average award made by the Council has been significantly lower than that of DWP with Emergency Provision payouts averaging £29.28 (DWP £59.90) and Grant Provision £340.94 (DWP £567.17).
- 22.8** The scheme is under monthly review and with the full impact of welfare reform still to materialise it is anticipated that expenditure will significantly increase resulting in the full year forecast outturn being met.

22.9

LWP Statistics to June 2013		
Emergency Provision (EP)		
	CBC	*DWP
Total applicants	402	710
Total awards	217	520
Award Rate	54%	73%
Average Award EP	£29.28	£59.90
Total Spend to June	£6,195.00	£31,200.00
Grant Provision (GP)		
	CBC	*DWP
Total applicants	84	280
Total awards	36	120
Award Rate	42%	43%
Average Award GP	£340.94	£567.17
Total Spend to June	£12,273.00	£66,600.00

* based on a pro rata average of DWP Statistics for 2011/12.

- 22.10** There is a year to date adverse variance at the Travellers sites of £0.039m with a forecast outturn on budget. The year to date variance is accounted for by spend on the installation of new air source heating pumps at the Chiltern View site (£0.042m).

Assistant Director – Adult Social Care

- 23.0** The overall position presents an overspend of £0.306m after reserves. The highest risk areas for external care packages are reporting an over spend of £1.094m (4%) for Older People, an under spend of £0.396m (8%) for People with Physical Disabilities and an over spend of £0.080m (0.14%) for People with Learning Disabilities.
- 23.1 Older people**
The care packages budget for older people included a major share of the demographic growth of £1.750m but also efficiencies of £3.7m 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 forecast outturn on spot contracts is an over spend of £1.9m (34% of budget). The number of service users has increased by 41 since the end of March 2013. During the first quarter there were 21 cases relating to a 12 week disregard period and 3 former self funders requiring local authority support. At the end of quarter one, residential placements numbers stood at 507, 31 more than as at March 2013. Of these, 248 were in residential block beds (89% occupancy versus 93% at the end of March 2013) and 279 in spot purchased beds (238 at the end of March 2013). Quarter one saw unusually high numbers of new placements with the source of admission as follows (2012/13 figures in brackets):

Admitted from	April	May	June
Hospital	5	6	7
Own Home	2	6	3
Rehabilitation	2	1	2
Respite	10	11	2
Other	1	2	2
Total	20 (8)	26 (20)	16 (7)

23.3 Nursing Care

The forecast outturn is an over spend of £0.033m (0.5% of budget). During the first quarter there were 7 cases relating to a 12 week disregard period and 2 former self funders requiring local authority support.

23.4 Home Care

The forecast outturn is an over spend of £0.056m (0.8% of budget). The Reablement service achieved reductions in hours during the first quarter of the year of 686 with an associated saving of £0.108m. The review of home care packages also resulted in savings of £0.200m with projected further savings of £0.303m to the end of the financial year.

23.5 Respite Care

There is a projected under spend of £0.444m (53% of budget). Respite care in response to emergency situations/crises has been displaced 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 Physical Disabilities

An under spend of £0.396m (8% of the £4.8m budget) is forecast. The largest under spend is against residential care - £0.250m – but there are some pending cases re transfers from Children’s services whose costs are not yet included in the forecast.

23.8 Learning Disability

An over spend after reserves of £0.080m is forecast on external care packages. There were some significant variances within care package lines including an under spend of £0.274m on other local authority services due to a reduction in use offset by a shortfall on other local authority income of £0.385m.

23.9 A reserve of £0.433m 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.

23.10 Mental Health

An overspend of £0.444m is forecast. This is mainly in the areas of residential care and home care. There have been five new additional residential placements in 2013/14 with a part year impact of £0.187m.

23.11 Other variances

There are two other key variances that are explained below:

- The Reablement Service is under spent by £0.580m (31% of budget); this mainly reflects vacancies within the reablement teams but also under spends on pay within the Intermediate Care and Support Planner/Broker Teams.
- Plans for use of the new Community Voices grant of £0.152m– are being developed; they may result in a small improvement to the forecast.

Assistant Director – Commissioning

24.0 This area is forecast to under spend by £0.052m comprising of net savings on a number of contracts. There are projected under spends on pay of £0.191m due to part year vacancy savings across various teams.

24.1 The Campus Closure re-provision programme for people with learning disabilities is forecast to spend £0.139m which will leave of closing balance of £0.282m in the earmarked reserve to finalise the last 3 remaining Central Bedfordshire schemes.

24.2 The Commissioning budget also includes £0.200m set aside to meet the potential costs arising from a revised fee policy for dementia for residential and nursing placements. The forecast assumes that this will be fully utilised.

Assistant Director – Business and Performance

25.0 This area is forecast to over spend by £0.175m. The main area of over spend is due shortfall in customer income in nursing care income £0.225m and telecare income £0.091m.

Revenue Virement Requests

26.0 There are no virements to report.

Achieving Efficiencies

27.0 For 2013/14 the efficiencies target amounts to £4.758m. A shortfall of £1.221m is forecast.

- 27.1** There were three efficiencies which are significantly short of their target
- Reduction in the use of 65+ residential care £0.637m
 - Review of Learning Disability care packages £0.276m
 - Further efficiencies from Domiciliary and Community Care services £0.225m

There is one efficiency which has exceeded its target by £0.201m; this is the development of a joint approach with health.

- 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 2013 were £5.069m.
- 28.1** In respect of the Campus Closure capital project, £0.139m is forecast to be drawn down from the reserve leaving £0.282m to meet the costs of the final 3 schemes in 2013/14.
- 28.2** The Social Care Reform reserve has an opening 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. The opening balance of £0.433m is expected to 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 has an opening balance of £0.490m which will be used to fund scheme costs during 2013/14.
- 28.5** The Winter Pressures reserve has an opening balance of £0.152m reflecting unutilised 12/13 Winter Pressures grants and baseline health funding for 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 Mental Health Action Plan reserve has been set aside to fund improvements identified in an action plan agreed with the Community NHS Trust provider.
- 28.8** The Outcomes Based Commissioning reserve has been rolled forward from 2012/13 to meet the costs of the residential care home transition and service modernisation programme and has an opening balance of £3.067m. A detailed financial model has been developed to capture the costs of the programme.
- 28.9** Although the reserves are earmarked, it is possible that some of them could be released fully or partially for alternative including to offset the current overspend on a one-off basis,

Debt Analysis and Prompt Performance Indicator

29.0 General Fund Debt

29.1 General Fund debt at the end of Quarter 1 stood at £4.3m (£4.8m end of 2012/13) of which £2.1m was house sales debt and £0.8m Health Service debt. Of the remaining general debt of £1.4m, £0.8m (77%) is more than 60 days old. This includes legacy debt of £0.6m as well as Central Bedfordshire debt. There are 30 debtors whose outstanding balance is greater than £0.010m which are all under active management.

29.2 Prompt Payment 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

	Cumulative to Date				Year							Risk	RAG	Activity level Medium/High risk budgets (COMMENTARY)
	Budget	Actual	Use of reserves	Variance after reserves	Approved Budget	Forecast Outcome	Forecast Variance	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.	Outturn as % of Budget				
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000				
Director of Social Care, Health, Housing	48	65		18	190	220	30	30	30	16%	red	Unachieved MVF		
Housing Management (GF)	379	359	0	-20	1,516	1,476	-40	0	-40	-3%	green			
Prevention, Options & Inclusion (GF)	218	160		-58	870	841	-29		-29	-3%	green	Projected underspend on Housing Needs pay £30k		
Private Sector Housing Options (GF)	163	161		-2	651	640	-11		-11	-2%	green	Increased DFG fee and some salary savings		
Housing Management (GF)	-1	38		39	-5	-5	0		0	0%	green	Repairs and maintenance budget fully spent by Q1.		
Adult Social Care	14,655	14,377	-58	-336	58,620	59,159	539	-233	306	1%	green			
Asst Director Adult Social Care	-62	-298	-25	-261	-247	-1,026	-779	-100	-879	356%	red	Projected full use of additional NHS grant of £660k, projected underspend of £18k on IMCA, £100k from reserve re Pressures contribution. Underspend reflects virements pending to other areas re NHS grants		
Older People and Physical Disability Mgt	129	92		-37	514	514	0		0	0%	green			
Older People - Day Care	142	109		-33	568	475	-93		-93	-16%	amber	Underspend on Superannuation due to less than 100% take-up. Saving on deleted posts		
Enablement	469	286		-183	1,875	1,295	-580		-580	-31%	amber	Underspend due to vacancies on residential teams £460k, support planners £49k and intermediate care team £50k		
OPPD - Care Management Central	290	311		21	1,159	1,206	47		47	4%	amber	Projected overspend on Hospital Discharge Team £74k - pay budget awarded for NHS grant funded posts		
OPPD - Care Management North	3,468	3,464		-4	13,872	14,021	149		149	1%	amber	Projected overspend on salaries in main SW teams of £631k - NHS grant pay budget virement pending. 65+ projected overspend on packages £1,094k Phys Dis packages projected underspend of £398k		
OPPD - Care Management South	3,298	3,597	299	299	13,192	14,351	1,159		1,159	9%	amber	See above		
LD & MH Management	102	69		-33	409	422	13		13	3%	amber	Pressure from additional residential placements agreed at Panel - £167k part year impact		
Under 65 Mental Health Packages	187	193		6	749	1,189	440		440	59%	red	Projected overspend due to non-achievement of care package efficiencies £357k, shortfall in CLA activities £108k, £135k projected cost of OR reserve. Projected underspend on St Nicholas scheme of £70k		
Learning Disabilities - Assessment and Care Mgt	4,045	4,112	-33	34	16,178	16,415	237	-133	104	1%	green	High St Sandy £68k under, Biggleswade Centre £70k under, Workbase £58k under, Walkers Chase £80k over		
Learning Disabilities - Direct Services	978	888		-90	3,910	3,786	-124		-124	-3%	green	Loss of external subsidy for supported employment placements		
Sheltered Employment	8	26		19	30	103	73		73	243%	red			
Emergency Duty Team	46	41		-5	184	185	1		1	1%	green			
BUPA	1,557	1,487		-70	6,227	6,224	-3		-3	0	green			
Commissioning	3,316	3,479	-11	152	13,265	13,352	87	-139	-52	0%	green			
Asst Director Commissioning	-69	45		114	-274	180	454		454	-166%	amber	Commissioning efficiencies target of £387k held here but achievement reported below - virements pending		
Contracts	1,082	1,110		28	4,328	4,301	-27		-27	-1%	green	Small underspends against most contract lines - Neals £37k, MH S75 net overspend of £71k re unachieved efficiency, forecast overspend of £70k on Bedford Hospital SJA due to OPAAL (will be funded by NHS Grant), forecast overspend of £28k on Equipment Pool due to demand		
LD Transfer	1,272	1,252		-20	5,088	4,875	-213		-213	-4%	amber	Remaining budget mainly block contracts with two major providers		
Housing Support Services	618	683		66	2,470	2,322	-148		-148	-6%	amber	Projected underspend on pay/budget of £64k (2 vacancies) and expected contract savings of £85k		
Bedfordshire Drug Action Team	26	0		-26	105	105	0		0	0%	green	Only remaining ASC budget to be placements which are forecast on budget		
Contracting	167	99	-11	-79	668	738	70	-139	-69	-10%	amber	Campus Closure reserve use forecast at £139k. Forecast underspend on pay of £74k due to vacancies, Dementia premium budget of £200k held here & forecast to be fully used		

	Cumulative to Date			Year							Risk	RAG	Outturn as % of Budget	Activity level Medium/High risk budgets (COMMENTARY)	
	Budget	Actual	Use of reserves	Variance after reserves	Approved Budget	Forecast Outturn	Forecast Variance	Proposed use of Earmarked reserves	Outturn Variance after use of earmarked reserves.						
Personalisation	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	1%	green	Low	
	109	105	-4	438	440	4	4	4	4	4	4				
Commissioning	111	185	74	444	391	-53	-53	-53	-53	-53	-53	-12%	amber	Medium	Underspends due to vacancies
Business and Performance	-1,922	-1,899	-79	-56	-7,689	-7,182	507	-350	157	-2%	green				
Asst Director Business & Performance	44	114	-79	-9	175	527	352	-350	2	1%	amber				£28k forecast use of Social Care Reform reserve, £222k projected use of Outcomes Based Commissioning reserve
Business Systems	235	283	48	941	941	982	41	41	41	4%	amber				£14k overspend on blue badges - income shortfall and medical fees
Business Infrastructure	237	191	-46	949	972	23	23	23	23	2%	amber				
Customer Contributions	-2,439	-2,487	-49	-9,754	-9,663	91	91	91	91	-1%	green				Shortfall on Telecare income £51k
Sub-total Social Care, Health and Housing General Fund	16,476	16,381	-148	-243	65,902	67,025	1,123	-722	401	0.61%	green				

Appendix B

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

Social Care, Health & Housing - the SCHH efficiency target for 2013/14 is £4.758m

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

EA51 reduction in residential care - £0.637m shortfall

EA74 Review of care Packages within Learning Disabilities - £0.276m shortfall

EA68 Commissioned Services - seek further efficiencies from domiciliary and community care services - £0225.m shortfall

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

EA46 development of a Joint Approach with Health - £0.201m over-achieved

Appendix C

Earmarked Reserves - 2013/14 June

Description	Opening Balance 2013/14 £000	Planned Transfer to Reserves £000	Spend against reserves £000	Release of reserves £000	Realignment of reserves £000	Proposed Closing Balance 2013/14 £000
Social Care Health and Housing General Fund Reserves						
Social Care Reform Grant	187	0	128	0		59
Deregistration of Care Homes	433	0	133	0		300
Deprivation of Liberty in hospitals	81	0	0	0	0	81
LD Campus Closure	421	0	139	0		282
Reablement 10/11	100	0	100	0	0	0
Winter Pressure	152	0	0	0	0	152
Outcome Based Commissioning	3,067	0	222	0	0	2,845
Mental Health Action Plan	138	0	0	0		138
Step up/Step down	490	0	0	0		490
GRAND TOTAL	5,069	0	722	0	0	4,347

Appendix D

DIRECTORATE DEBT AT 30th June 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
Charges on property (residential and nursing) - Legacy	604,132	0	604,132	0	0	0	0
Charges on property (residential and nursing) - CBC	1,534,866	65,188	1,469,678	24,733	43,916	40,409	366,810
Health Service	766,130	0	766,130	226,964	47,247	337,538	144,518
General	1,353,690	199,918	1,153,772	135,477	225,189	77,170	366,977
	4,258,818	265,106	3,993,712	387,174	316,352	455,116	878,305
		6.22%	93.78%	9.09%	7.43%	10.69%	20.62%

CBC Debt

Charges on property (residential and nursing) - Legacy
Charges on property (residential and nursing) - CBC
Health Service
General

ANALYSIS OF GENERAL DEBT BY VALUE, AGE AND VOLUME

Debt profile	>£100K	>=£50K	>=£10K	>=£1K	<£1K	Total	Age Ratio
No of debtors	1	1	28	140	1,313	1,483	0
Amt Due	0	0	24,339	44,121	131,458	199,918	15%
1-30 days	0	0	92,382	26,660	16,435	135,477	10%
2 months	115,140	9,861	55,597	36,249	8,342	225,189	17%
3 months	0	0	47,163	22,763	7,244	77,170	6%
3-12 months	0	48,570	176,442	129,009	12,956	366,977	27%
> 12 months	0	0	159,243	171,668	18,049	348,959	26%
Total Debt	115,140	58,431	555,166	430,470	194,484	1,353,690	100%

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 21 October 2013
Subject: Capital Budget Management Report for period ended 30 June 2013 for Social Care, Health and Housing
Report of: Cllr Carole Hegley, Executive Member for Social Care, Health & Housing
Summary: The report provides information on the Directorate General Fund Capital financial position as at the end of June 2013.

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 SCHH General Fund Capital Budget position at the end of June 2013.

Purpose of Report

11. To provide information on the Directorate capital financial position as at the end of June 2013.

Summary

12. At the end of June the capital budget monitoring reporting indicates that the year end forecast outturn position is an under spend of £0.534m. The major area of under spend is the Disabled Facilities Grant (DFG) programme which is demand led.

13. The year-to-date position for other schemes is an under spend of £0.106m.

14. The HRA Capital programme is now monitored as part of the HRA's budget report.

Status of Programme

15. The following table summarises the position against the revised budget as at the end of June.

<u>Table 1</u> <u>Capital</u> <u>programme</u> <u>summary</u>	Full Year Forecast Variance 2013/14						
	Gross Expend .Budget	Gross Income Budget	Net Total	Gross Expend. Forecast	Gross Income Forecast	Net Total	Variance
SCHH Directorate	£m	£m	£m	£m	£m	£m	£m
NHS Campus Closure	3.674	(3.674)	0	5.297	(5.297)	0	0
Disabled Facilities Grants Scheme (DFG)	3.000	(0.588)	2.412	2.500	(0.659)	1.841	(0.571)
Timberlands Gypsy and Traveller Site	0.914	(0.687)	0.227	0.914	(0.687)	0.227	0
Review of Accommodation /Day Support	0.347	(0.347)	0	0.347	(0.347)	0	0
Adult Social Care ICT Projects	0.300	(0.300)	0	0.300	(0.300)	0	0
Empty Homes	0.270	0	0.270	0.270	0	0.270	0
Renewal Assistance	0.150	(0.050)	0.100	0.237	(0.100)	0.137	0.037
Total	8.655	(5.646)	3.009	9.865	(7.390)	2.475	(0.534)

17. The grants provided to residents through the **Disabled Facility Grant** 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 who may then be unable to remain in their own homes. 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.

18. The following table indicates the type of major adaptations completed to June in the DFG programme.

Type of adaptation	Total No complete to June 2013
Level access shower/wet room	38
Straight stair lift	9
Curved stair lift	2
Toilet alterations	2
Access ramps	9
Dropped kerb and hard standing	0
Wheelchair/step lift	0
Through floor lift	0
Major extension	5
Kitchen alterations	3
Access alterations (doors etc)	9
Heating improvements	1
Garage conversions/minor additions	1
Safety repairs/improvements	5
Other	5
Total	89

19. Although the Council's waiting list for assessments is being tackled with additional Occupational Therapist (OT) resource, OTs 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.
20. Approx £0.200m of payments were made in June, double that of April and May. The slow start to the year was primarily due to a focused effort to completing works from March 2013.
21. Requests for OT Assessments provide a further prediction of demand for 2013/14. In June, 62 assessments resulted in 40 referrals for a DFG. If the current rate of referrals continued for the rest of the year this would result in a total of 396.
22. Having regard to all matters considered above, it is forecast that the outturn will not exceed £2.500m for 2013/14. Further monitoring may alter the forecast after assessing the value of new referrals over the following few months.

OT Referrals	North	South	Total
2009/10	220	147	367
2010/11	285	321	606
2011/12	217	291	508
2012/13	242	291	533
Apr-13	18	18	36
May-13	13	10	23
June-13	18	22	40
2013/14 to date	49	50	99
2013/14 Projection	196	200	396

23. The **Renewals Assistance** programme includes Safety Security Emergency Repair assistance, which is an “emergency” type of assistance for the most vulnerable households, for example dangerous wiring, a condemned boiler, etc.
24. Home Improvement 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 the health of occupants.
25. Affordable Warmth Assistance remedies fuel poverty, usually in association with external funding.
26. Relocation Assistance helps moves an eligible client to a new home where their existing home cannot reasonably or practicably be adapted or improved to meet their needs.
27. 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.
28. The work completed to June 2013 is as follows;
 - 4 Safety Security Emergency Repair grants
 - 4 Home Improvement Assistance
 - 3 Affordable Warmth Assistance

1 Relocation Assistance

29. The Council Warmer Homes Healthy People campaign last winter has increased demand for Renewal Assistance. There is a large waiting list which could impact upon the 2013/14 budget. The value of waiting list work cannot be captured until allocated to Officers to progress.
30. Most assistance is provided as Loan Assistance. The repayment of Loan Assistance is on change of ownership of the property that has been improved with such assistance. For the year to date, repayment has exceeded £0.029m. This repayment will allow the Council to progress some of the cases being held on the waiting list.
31. In addition, for assistance targeted at tackling fuel poverty, the Council can claim funding on a quarterly basis from the Bedfordshire and Luton Energy Scheme (BALES). For the year to date BALES funding has exceeded £0.067m. This is welcome news but is unlikely to be sustainable for the whole year. Income will be monitored over the coming months. From the initial allocation of BALES funding (£0.195m), approximately £0.080m is available.
32. Having regard for the matters considered above, the outturn is forecast to over spend by £0.037m.
33. Expenditure on **Empty Homes** relates to Empty Dwelling Management Orders (EDMOs) and Empty Homes Loans.
34. A number of Empty Homes loans are being considered for long term empty homes. Empty Homes Loan assistance is an alternative for owners of empty homes willing to work with the Council. There are ten Empty Homes Loan cases at enquiry stage. There is one major scheme in Dunstable that might provide several units of accommodation.
35. There are currently two EDMOs in progress. The first is in The Green, Caddington. This property has an interim EDMO approved on the basis that the Council works with the owner to give reasonable opportunity to progress the works. Progress of works has been insufficient and the Council will serve the final EDMO as soon as tenders for works required are obtained. Estimated costs for renovations are in the range of £0.045m to £0.055m (currently out to tender). It is likely that the owner will appeal the final EDMO.
36. The second EDMO relates to a property in Grove Road, Houghton Regis. The owners have received an EDMO notice and the Council is currently awaiting the end of the notification period. Estimated costs for this property are in the region of £0.040m.
37. The total projected outturn of the work above at June is in the region of £0.185m. In addition the value of new enquiries between June and March 2014 are estimated at £0.085m. Therefore the outturn is projected to be in line with the budget.

38. The Executive approved the contract award for the **Timberlands** refurbishment at its meeting in February 2013. Work has now commenced on site and work is due to complete within the financial year.
39. 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.
40. 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.
41. 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.
42. 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.
43. 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.

Appendices: None

Background papers and their location: None

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

Date: 21 October 2013

Subject: Q1 Housing Revenue Account (HRA) Budget Monitoring Report 2013/14

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

Summary: The report provides information on the Q1 Housing Revenue Account projected outturn position for 2013/14 for both revenue and capital.

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 5 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 2013/14 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:-

1. **Consider and comment on the attached Executive report and associated appendices which was reviewed by the Executive on the 24th September 2013.**

Executive Summary

11. The report sets out the projected financial outturn Housing Revenue Account (HRA) revenue and capital position for 2013/14 as at Quarter 1.

Explanations for the variances are set out in the report below. This report enables the Committee to consider the overall financial position of the Council and agree any further actions to deliver as a minimum a balanced financial year end.

Meeting: Executive
Date: 25 September 2013
Subject: Quarter 1, June 2013/14 Housing Revenue Account Revenue and Capital Budget Monitoring Report.
Report of: Councillor Carole Hegley, Executive Member for Social Care, Health and Housing and Councillor Maurice Jones, Deputy Leader and Executive Member for Corporate Resources
Summary: The report provides information on the 2013/14 Housing Revenue Account revenue and capital position as at Quarter 1, June 2013.

Advising Officer: Julie Ogle, Director of Social Care, Health and Housing
Contact Officer: Charles Warboys, Chief Finance Officer
Public/Exempt: Public
Wards Affected: All
Function of: Executive
Key Decision Yes
Reason for urgency/exemption from call-in (if appropriate) Not applicable

CORPORATE IMPLICATIONS

Council Priorities:

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 5 Council priorities.

Financial:

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

Legal:

2. None.

Risk Management:

3. None.

Staffing (including Trades Unions):

4. 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:

5. Equality Impact Assessments were undertaken prior to the allocation of the 2013/14 budgets and each Directorate was advised of significant equality implications relating to their budget proposals.

Public Health:

6. None.

Community Safety:

7. None.

Sustainability:

8. None.

Procurement:

9. None.

Overview and Scrutiny:

10. The Quarter 1 June 2013 Housing Revenue Account (HRA) revenue and capital budget monitoring report will be considered by the Corporate Resources Overview and Scrutiny Committee on 22 October 2013.

RECOMMENDATION:

Executive is asked to approve:-

- (1) **the Revenue forecast position which is to achieve a balanced budget with a contribution to HRA Reserves of £6.661m, thus strengthening the Council's ability to invest and improve its stock of Council Houses.**
- (2) **the Capital forecast position which indicates that expenditure will be £1.291m less than the budget. This is due to lower than anticipated expenditure on the Dukeminster project, and note:-**
- (3) **that Right To Buy (RtB) sales will be monitored for the possible impact on predicted surpluses in the medium to longer term.**

PURPOSE OF REPORT:

11. The report presents the 2013/14 HRA financial position as at the end of June 2013. It sets out spend to date against the profiled revenue and capital budgets, the forecast financial outturn, and provides explanations for any variations. This report enables the Executive to consider the overall financial position of the HRA.

EXECUTIVE SUMMARY:

12. The revenue forecast position as at the end of June 2013 projects a year end surplus of £6.661m compared to a budgeted surplus of £4.805m, an improvement of £1.856m.
13. There are four key positive variances arising from increased income (£0.567m), lower interest costs from the self financing debt (£0.843m), reduced maintenance costs (£0.234m), and reduced contributions to the HRA capital programme (£0.366m). These are offset by other minor adverse variances that in total amount to £0.154m.
14. The 2013/14 budget for the HRA anticipates a contribution to the Sheltered Housing Re-Provision reserve of £3.912m and a contribution to the Strategic Reserve of £0.893. The analysis above enables a total contribution to reserves of £6.661m.
15. The forecast position for the HRA capital programme indicates an under spend of £1.291m, with an outturn of £9.604m against a budget of £10.895m.
16. Planning approval for the Dukeminster Extra Care facility was granted on 19 June 2013. At that point approval was also granted for preliminary works to be progressed, so that construction works on site could commence by the end of November 2013, subject to the use of a framework order. There is still some uncertainty as to the achievement of this timeframe, but progress will be monitored carefully and reported monthly.
17. On the current timeframe, it is predicted that £3.200m (£4.125m budget) will be spent from the budget set aside for the Dukeminster project, the balance of £0.925m will roll forward into 2014/15. This expenditure will be financed from the Sheltered Housing Re-provision Reserve.
18. The remainder of the capital under spend is as a result of the change in approach to capital investment as set out in the Housing Asset Management Strategy. Any surplus resources will be rolled forward to support future investment plans.
19. As a result, the year end balance in the Sheltered Housing Re-provision Reserve is now predicted to be £10.716m, with £5.919m available in the Strategic Reserve and £2.200m in contingencies. This equates to a predicted total reserve balance of £18.835m.
20. Forecast figures at the end of June are subject to variations as the revenue and

capital programmes evolve over the course of the year.

HRA REVENUE ACCOUNT

21. The HRA annual expenditure budget is £22.572m and income budget is £27.377m, which allows a contribution of £4.805m to reserves to present a net budget of zero. A subjective breakdown of budget, year to date position and forecast outturn is shown below.

Appendices:

Appendix A – Net Revenue Position Full Analysis

Appendix B – HRA Debtors

Appendix C – HRA Capital Programme

Appendix D - Reserves

22.

	2013/14 Budget	Budget YTD	Actual YTD	Variance YTD	Full Year Forecast	Variance Full Year Forecast to Budget
	£m	£m	£m	£m	£m	£m
Total Income	(27.377)	(6.844)	(6.915)	(0.071)	(27.944)	(0.567)
Housing Management	4.152	1.038	0.892	(0.146)	4.191	0.039
Financial Inclusion	0.200	0.050	0.039	(0.011)	0.200	0.000
Asset Management	0.965	0.241	0.235	(0.006)	0.990	0.025
Corporate Resources	1.320	0.330	0.354	0.024	1.410	0.090
Maintenance	4.528	1.132	1.000	(0.132)	4.294	(0.234)
Debt related costs	0.119	0.030	0.000	(0.030)	0.119	0.000
Direct Revenue Financing	6.570	1.643	1.551	(0.092)	6.204	(0.366)
Efficiency Programme	(0.190)	(0.048)	(0.048)	0.000	(0.190)	0.000
Interest repayment	4.908	1.227	0.988	(0.239)	4.065	(0.843)
Principal repayment	0.000	0.000	0.000	0.000	0.000	0.000
TOTAL Expenditure	22.572	5.643	5.011	(0.632)	21.283	(1.289)
Surplus	(4.805)	(1.201)	(1.904)	(0.703)	(6.661)	(1.856)
Contribution to / (from) reserve (actioned at year end)	4.805	1.201	^ 1.904	0.703	6.661	1.856
Net Expenditure	0	0	0	0	0	0
^ Included for balancing and illustrative purposes only						

23. There are a number of year to date variances across the HRA. Total income has a positive variance of £0.071m (adverse £0.159m May) as a result of timing differences in the application of housing benefits to the rental income profit centre.
24. The full year forecast is a positive income variance of £0.567m. The positive income variance is accounted for by increased rental income (£0.682m), offset by reduced investment income (£0.127m), and other minor positive variances (£0.012m).
25. The additional rental income is accounted for by an additional rent charging week in 2013/14. Rent is charged every Monday and in this rent year (1 April 2013 to 31 March 2014) there are 53 Mondays. Due to the infrequent nature of this circumstance, the additional revenue was not built into the original budget.
26. Housing management is reporting a positive year to date variance of £0.146m (£0.066m May). This is due to actual cost being incurred slightly out of budget profile for Stock Condition Survey (£0.064m) and insurance premiums (£0.025m), together with other minor variances. The full year forecast is projecting a minor adverse variance of £0.039m, reflecting a slight increase in the staffing costs.
27. Corporate recharges are forecast to outturn at £1.410m, an adverse variance of £0.090m. This reflects the outturn position from 2012/13, although the final recharge for 2013/14 will not be known until the year end calculation is undertaken.
28. The Maintenance budget has a minor year to date positive variance of £0.132m (£0.232m May). The full year forecast is projecting savings of £0.234m. This is primarily due to the re-scheduling of external decorations (£0.127m), the efficient approach taken in managing void properties within the existing budget and a reduction in average void periods (£0.100m).
29. In respect of the debt costs, a saving of £0.843m is projected due to lower than budgeted interest costs. The average interest rate expected to be achieved on the Council's self-financing debt for 2013/14 is 2.46%, as opposed to 2.97% in the budget build.
30. The lower average rate is a result of the Council's decision to take approximately a quarter of the self-financing debt on a variable rate, currently at 0.55%. The interest rate for the HRA's variable rate debt is fixed on a six monthly basis, with the most recent change occurring at the end of March 2013. This rate rose from 0.54% to 0.55% and will not change again until the end of September 2013.
31. The forecast for the year is that an average variable interest rate of 0.78% is achieved. This is based on a forecast interest rate on the variable debt of 1.00% in September. The uncertain nature of variable rates require a cautious approach when setting the budget, therefore variances in this area are likely.
32. The forecast revenue position for the financial year would allow a total transfer to reserves of £6.661m, an additional amount of £1.856m compared to the original budget.

HRA EFFICIENCY PROGRAMME

33. 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.
34. The HRA revenue budget for 2013/14 was reduced by £0.190m, as part of the Council's efficiency programme. This efficiency is being delivered through efficiencies in staffing, reduced void periods, increased rental income and reduced repairs costs.
35. The HRA efficiency programme is on target to be fully achieved in 2013/14.

HRA ARREARS

36. Total current and former tenant arrears were £0.997m at the end of June (£0.971m at June 2012). Current tenant arrears are £0.651m or 2.27% of the annual rent debit of £28.626m (£0.590m or 2.17% at June 2012). A total of £0.053m of HRA rent arrears debt was written off to June 2013.
37. An analysis of rent collection data from the Housing QL system has commenced, with a view to determining the impact of welfare reform on arrears. Once this is completed it will be possible to create a realistic profile of projected rent arrears throughout the rent year, so that the percentage figure referred to above can be cross referenced to a profiled target. Currently 57% of rental income is received from housing benefit payments.
38. Performance on former tenant arrears is 1.21% of the annual rent debit against a target of 1.00%, leaving a balance of £0.346m (1.40% with a balance of £0.381m at June 2012).
39. There are currently £0.138m of arrears (£0.164m May), which is comprised of the following: 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 RECEIPTS

40. New Right to Buy (RtB) discounts and proposals for re-investing the capital receipts came into effect from April 2012, which have increased the maximum discount available to tenants from £0.034m to £0.075m.
41. Up to the end of June 2013, 4 properties have been sold compared to 19 in the entire financial year 2012/13.
42. The first housing pooling return is due at the end of July, at which point it will be possible to ascertain how much of the receipt may be retained.
43. As a result of the changes to housing pooling the council has a bought forward balance of useable capital receipts of £0.657m, of which £0.290m 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. The use of these receipts is restricted to schemes that do not receive Homes and Communities Agency (HCA) funding.

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 £0.968m 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 £16.0m by 31 March 2016) so the commitment above is very likely to be fulfilled.
46. There have been 11 RtB applications up to June. This compares to a total of 55 applications in 2012/13, some of which could progress to sales in this financial year. It is quite likely that the total number of sales could be 20-25 for the year, resulting in a residual receipt of potentially £0.800m.
47. These funds will further enhance the resources available for the HRA's capital programme.
48. 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 both in the medium to longer term.

HRA CAPITAL PROGRAMME

49. There is a year to date positive variance of £0.120m for the HRA Capital Programme, with a forecast year end outturn of £9.604m against a budget of £10.895m.
50. The year to date position for the HRA Capital Programme reflects the implementation of the Housing Asset Management Strategy, which incorporates a greater element of repair led programmes as opposed to pre-planned improvements.
51. The Central Heating and Kitchens and Bathrooms programmes have a reduced forecast outturn due to a change in the timing of programme delivery as recommended by the Stock Condition Survey. The Roof Replacement and Drainage and Water Supply programmes are also forecast to have a reduced outturn, due to the move towards more repair led improvement works in these areas.
52. Stock Remodelling has a year to date adverse variance of £0.085m and a year end outturn predicted at £0.859m, an adverse variance of £0.401m. The increase in spend in this area reflects the priorities of the Housing Asset Management Strategy for remodelling and regeneration of the housing stock.
53. Capitalised salaries has a year to date overspend against profile of £0.035m. This

is due to the profile of Capitalised Salaries being in line with the rest of the capital programme, where there is usually a slow start at the beginning of the year. Salary costs are capitalised on an identical profile of twelfths during the year. The variance will level out as the year progresses and the year end outturn is expected to be on budget.

54. A year end under spend of £1.291m is anticipated for the HRA Capital programme, most of which relates to lower than budgeted spend on the Dukeminster project, which is likely to materialise towards the year end although there is still uncertainty as to the timing of the initial construction phase. At the current time it is predicted that £3.200m will be spent on Dukeminster from the Sheltered Housing Re-provision reserve, although the balance of £0.925m will be rolled forward in to 2014/15.

RESERVES

55. The total reserves available as at year end 2012/13 were £15.374m, comprised of £2.000m in HRA Balances, £8.653m for Sheltered Housing Re-Provision, £1.284m for Strategic Reserve and £3.437m for Major Repairs Reserve.
56. The current position indicates a year end balance in reserves of £18.835m. HRA Balances are projected to remain at a contingency level of £2.000m, with the Sheltered Housing Re-Provision Reserve increasing to £10.716m, the Strategic reserve increasing to £5.919m, and the Major Repairs Reserve (MRR) reducing to £0.200m.
57. The opening balance in the MRR was comprised of a £0.200m contingency and an amount of £3.237m equivalent to depreciation in 2012/13. Due to the use of the Negative Capital Financing Requirement (CFR) to finance the capital programme in that year, the amount of £3.237m was retained in the MRR.
58. It is anticipated that at the year end 2013/14 this additional amount will contribute to the funding of the capital programme, reducing direct revenue financing by an equivalent amount. This will allow an additional contribution to the Strategic Reserve, so that in total an amount of £4.635m is forecast to be transferred.
59. In total this equates to a forecast contribution to reserves for the year of £6.661m, offset by spend from reserves of £3.200m to enable a net increase of £3.461m.

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Appendices

Appendix A – Net Revenue Position Full Analysis

Month: June 2013	Year to date				Year					
	Director	Budget	Actual	Use of Reserves	Variance	Approved Budget	Forecast Outturn	Forecast Variance	Proposed use of Earmarked reserves	Forecast Variance after use of earmarked reserves.
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Assistant Director Housing Service	-1,845	-1,540	0	305	-7,380	-7,190	190	0	190	
Housing Management (HRA)	400	355	0	-45	1,600	1,652	52	0	52	
Asset Management (HRA)	1,345	1,207	0	-138	5,378	5,169	-209	0	-209	
Prevention, Options & Inclusion	100	77	0	-23	402	369	-33	0	-33	
Total	0	99	0	99	0	0	0	0	0	

Appendix B – HRA Debtors

Debt Analysis - Tenant Arrears						
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	0.195	0.170	0.131	0.154	0.001	0.651
Former Tenant						0.346
						0.997

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	0.003	-	-	0.004	0.004	0.022	0.033
Leaseholders	0.002	0.009	(0.001)	0.007	0.016	0.016	0.049
Void recoveries	-	-	0.006	0.022	0.010	0.006	0.044
Misc recoveries	-	-	-	0.010	-	0.002	0.012
	0.005	0.009	0.005	0.043	0.030	0.046	0.138

Appendix C – HRA Capital Programme

Scheme Title	Existing 2013/14 Capital Budget	Full Year Forecast as at June	Variance	Slippage to 2014/15	Monthly Budget Monitoring June 2013		
					Profilled Budget YTD	Actual YTD	Variance
	Net Expenditure	Net Expenditure	Net Expenditure	Net Expenditure	Net Expenditure	Net Expenditure	
	£'000	£'000	£'000	£'000	£'000	£'000	
General Enhancements (formerly Minor Works)	255	255	0	0	39	9	-30
Garage Refurbishment	51	30	-21	0	9	0	-9
Paths & Fences siteworks	61	40	-21	0	9	15	6
Estate Improvements	255	255	0	0	39	47	8
Energy Conservation	255	300	45	0	39	31	-8
Roof Replacement	248	50	-198	0	39	4	-35
Central Heating Installation	1,071	861	-210	0	150	67	-83
Rewiring	347	347	0	0	45	19	-26
Kitchens and Bathrooms	1,122	1,078	-44	0	165	123	-42
Central Heating communal	180	75	-105	0	27	21	-6
Secure door entry	357	275	-82	0	54	69	15
Structural repairs	153	153	0	0	21	34	13
Aids and adaptations	887	887	0	0	135	73	-62
Capitalised Salaries	350	350	0	0	51	86	35
Asbestos management	131	131	0	0	18	5	-13
Stock Remodelling	458	859	401	0	69	154	85
Drainage & Water Supply	181	50	-131	0	27	6	-21
Plasticisation	408	408	0	0	60	28	-32
Sheltered Housing Re provision	4,125	3,200	-925		0	85	85
HRA	10,895	9,604	-1,291	0	996	876	-120

Appendix D – Reserves

Reserves

Month: June 2013

Description	Opening Balance 2013/14	Spend against reserves	Release of reserves	Proposed transfer to Reserves	Proposed Closing Balance 2013/14
	£000	£000	£000	£000	£000
HRA Balances	2,000				2,000
Sheltered Housing Re provision	8,653	(3,200)		5,263	10,716
Strategic Reserve	1,284			4,635	5,919
Major Repairs (HRA)	3,437		(3,237)		200
	15,374	(3,200)	(3,237)	9,898	18,835

Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 21 October 2013

Subject: Work Programme 2013 – 2014 & Executive Forward Plan

Report of: Chief Executive

Summary: The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

Contact Officer: Paula Everitt, Scrutiny Officer

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The work programme of the Social Care Health and Housing Overview & Scrutiny Committee will contribute indirectly to all 5 Council priorities. Whilst there are no direct implications arising from this report the implications of proposals will be details in full in each report submitted to the Committee

RECOMMENDATION(S):

1. **that the Social Care Health and Housing Overview & Scrutiny Committee**
 - (a) **considers and approves the work programme attached, subject to any further amendments it may wish to make;**
 - (b) **considers the Executive Forward Plan; and**
 - (c) **considers whether it wishes to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.**

Overview and Scrutiny Work Programme

1. Attached is the currently drafted work programme for the Committee.
2. The Committee is now requested to consider the work programme attached and amend or add to it as necessary.

Overview and Scrutiny Task Forces

3. In addition to consideration of the work programme, Members may also wish to consider how each item will be reviewed i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

Executive Forward Plan

4. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive's Forward Plan to ensure Members are fully aware of the key issues Executive Members will be taking decisions upon in the coming months. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report.

Ref	Issue	Indicative Exec Meeting date
1	Award of Responsive and Programmed Electrical Maintenance Contract 2014 to 2017 to Council Housing Properties	5 November 2013
2	Framework Agreement for Care Homes With and Without Nursing in Central Bedfordshire	5 November 2013
3	Dukeminster Extra Care Housing Scheme, Dunstable	10 December 2013

Conclusion

5. Members are requested to consider and agree the attached work programme, subject to any further amendment/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. 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.

Appendix – Social Care Health and Housing Overview and Scrutiny Work Programme.

Background reports

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-

<http://www.centralbedfordshire.gov.uk/modgov/mgListPlans.aspx?RPId=577&RD=0>

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.	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.
2.	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
3.	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
4.	16 December 2013	Draft Budget 2014/15	To consider and comment on the Social Care, Health and Housing directorate aspects of the Council's draft budget for 2014/15, Medium Term Financial Plan 2014-18 and Capital Programme 2014/15 to 2017/18.	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
5.	16 December 2013	Draft HRA Budget	To consider the Council's draft budget report for the Housing Revenue Account (Landlord Service) Business Plan and provide comments to be considered by the Executive at their meeting on 04 February 2014.	
6.	16 December 2013	Fees and Charges	To consider and comment on the Social Care, Health and Housing directorate aspects of the draft fees and charges for 2014/15 and comment as appropriate to the Executive.	
7.	16 December 2013	Meppershall Care Home	To receive a report on activities at Meppershall Care Home, and the impact on our customers.	For information
8.	16 December 2013	Housing Asset Management Strategy	To receive a report on progress made on implementing the Housing Asset Management Strategy	For information and comment.
9.	27 January 2014	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.
10.	27 January 2014	Homelessness Strategy	An update on the review of the Strategy.	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
11.	27 January 2014	Care and Support Bill	Update provided and comments sought on the Councils response to the Care and Support Bill, possibly to be scheduled in September.	
12.	27 January 2014	East of England Ambulance Service	To receive an update on performance relating to the EoE Ambulance Trust .	An update requested by Members at their July meeting
13.	27 January 2014	SEPT services	To receive a progress and approach update	
14.	03 March 2014	111 Telephone Services	To receive an update on provision of a 111 Telephone Service	
15.	03 March 2014	Ophthalmology Service	To receive an update on provision of Ophthalmology Services	
16.	03 March 2014	Allocations Policy	To receive and comment on the Allocations Policy	
17.	07 April 2014	BCCG: Bedfordshire Plan for Patients 2015/15		
18.	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

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
19.	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
20.	12 May 2014			
21.	23 June 2014			