

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



please ask for Paula Everitt
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date 5 December 2013

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 16 December 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 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 21 October 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.	* Verbal
10	End of Life Care To receive a presentation relating to the End of Life Care Pathway in Central Bedfordshire.	* Verbal
11	Meppershall Care Home To receive a joint report on activities at Meppershall Care Home, and the impact on our customers.	* 11 - 22
12	Healthwatch update To receive an update from the Chairman of Central Bedfordshire Healthwatch.	* Verbal
13	Care Bill To provide an update and seek comments on the Councils response to the Care Bill.	* 23 - 32
14	Quarter 2 Capital Budget Management Report 2013/14 To receive Q2 Capital Budget Management outturn 2013/14.	* 33 - 40
15	Quarter 2 General Fund Revenue Budget Monitoring Outturn 2013/14 To receive the General Fund Revenue Budget monitoring outturn for 2013/14.	* 41 - 54
16	Quarter 2 Housing Revenue Account Outturn Report To receive the Q2 Housing Revenue Account Outturn Report.	* 55 - 70
17	Performance Monitoring Report (Q2) To receive the Q2 performance monitoring report for the Social Care, Health and Housing directorate.	* 71 - 82
18	Quarter 2 Public Health Revenue Budget Monitoring 2013/14 To receive the Public Health Revenue Budget Monitoring outturn for 2013/14.	* 83 - 92

- 19 **Work Programme 2013-14 & Executive Forward Plan** * 93 - 100
To consider the currently draft 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, 21 October 2013.

PRESENT

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

Cllrs R D Berry
Mrs G Clarke
P A Duckett

Cllrs Mrs S A Goodchild
M A Smith

Apologies for Absence: Cllrs C C Gomm
Mrs D B Gurney

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

Officers in Attendance: Mrs P Everitt – Research and Business Support
Officer
Mr N Murley – Assistant Director Business &
Performance
Mrs J Ogley – Director of Social Care, Health and
Housing
Mr J Partridge – Scrutiny Policy Adviser
Ms E White – Safeguarding Vulnerable Adults
Manager

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

SCHH/13/62 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 9 September 2013 be confirmed and signed by the Chairman as a correct record, subject to the following amendments:-

- **Cllrs C C Gomm (in place of G Clarke)**
- **Nick Murley Assistant Director Resources**

SCHH/13/63 Members' Interests

- Cllrs Mrs Goodchild, Clark and Duckett declared interests as members of their family were service users.
- Cllr Smith declared an interest for item 12 as he was a member of the Community and Voluntary Service.

SCHH/13/64 Chairman's Announcements and Communications

The Chairman announced that Cllr Ruth Gammons had resigned from the Council. Everyone on the Committee wished to join the Chairman in her grateful thanks to Ruth for her significant contribution to the work of the Council and the Social Care, Health and Housing Committee.

Following the visit to Biggleswade Hospital and the Greenacres facility on Friday 1 November, Members were invited to attend the Commissioning Fare taking place in the Council Chamber on that day.

SCHH/13/65 Petitions

No petitions were received.

SCHH/13/66 Questions, Statements or Deputations

No questions, statements or deputations were received.

SCHH/13/67 Call-In

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

SCHH/13/68 Requested Items

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

SCHH/13/69 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:

- Progress was being made on Domiciliary Care.
- A report and demonstration of the IT based system MINDINGS would be provided to a future meeting.
- Attendance at the Older People's Festival.
- Attendance at the Adults Conference in Harrogate at which the Minister Norman Lamb led a session on the Care Bill, on which a report would be provided to the Committee in December.
- Attendance at a meeting with Housing Services to discuss estate improvements.
- Dukeminster had reached the next stage in the tendering process.

- An invitation to all Committee Members to take part in the 10,000 step challenge as undertaken by officers of the Council recently.

SCHH/13/70 **Bedford Hospital Update**

The Chairman welcomed Stephen Conroy, Acting Chief Executive at Bedford Hospital to the meeting. Prior to the meeting, the Committee had received an update from the Bedford Hospital NHS Trust on the Care Quality Commission (CQC) inspection and Hospital action plan. Full details of the action plan were available on the Bedford Hospital website.

Stephen Conroy reported he was confident that CQC Inspectors would be assured that that action plan put in place by Bedford Hospital by 31 October 2013, resolved the issues and ensured the Hospitals full compliance. An invitation was extended to all Members of the Committee to visit Bedford Hospital wards.

An update on Paediatric Services was also circulated prior to the meeting. The Trust had eight consultant paediatricians in post in addition to its current staff and was currently reviewing pathways and clinical protocols to rebuild the service.

With regards to the Hospital's deficit budget, the Trust Development Authority (TDA) and NHS England would look into the possibility of partnerships with a range of organisations as there was no clear pathway to become a Foundation Trust with Milton Keynes Hospital. More work on the proposed shape of this proposal and timescales was underway. Dr Diane Gray, Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) shared her concerns about the current financial model going forward and stated that all parties would be involved in continued conversation, however a long term solution would take time to agree.

In light of the update Members discussed the following:-

- The issue of staff morale. Stephen Conroy explained that morale was low amongst the nursing staff and he expected it to remain so until the CQC Inspectors had returned and paediatric services were back. The uncertainty was unsettling for staff and the Hospital would continue to focus on managing this .
- The manner in which Members of the Committee could receive assurances from other hospitals used by residents in the area regards their performance. Diane Gray, Director of Strategy and System Redesign, BCCG, commented that work had been undertaken by a member of her team and this data would be shared with the Committee.

Ruth Featherstone, Chairman of Central Bedfordshire Healthwatch stated that she had raised two issues with Bedford Hospital regards staff ratios to patients and the handling of complaints. In response Stephen Conroy informed the Committee that nursing staff numbers had been increased by 20. It had proved difficult to recruit to the vacant posts and a recruitment drive had taken place in Madrid. The newly appointed staff would fill those posts currently filled by agency staff by Christmas. With regards to complaints, the Hospital received a small percentage and would usually log 30 complaints in a month, 15 of which

would be formal complaints. This was compared to 1200 patients seen by the hospital in a month. The most common complaint was issues arising from end of life care.

The Chairman and Members thanked Stephen Conroy for his attendance and helpful contribution.

NOTED the updates.

SCHH/13/71 Health Scrutiny of changes to Paediatric Services at Bedford Hospital

The Committee received a briefing paper on the proposals by Bedfordshire Clinical Commissioning Group (BCCG) to start the process to change paediatric services in Bedfordshire. The Committee was asked to consider whether they felt the changes to paediatric services in Bedfordshire constituted a substantial variation of services and if so to consider and agree a Joint Health Overview and Scrutiny Committee (JHOSC) was necessary. Members were advised that Bedford Borough Council had agreed to a JHOSC.

Dr Diane Gray, Director of Strategy & System Re-design, BCCG, advised Members that pre-consultation engagement would be completed by 31 October. The formal consultation would be launched on 11 November. and finished on 10 January 2014 with a final decision on the model of delivery made by the CCG's governing body by 5 March 2014. Officers advised that other authorities had been invited to join the JHOSC, however at the current time they did not feel it was necessary.

RECOMMENDED

- 1. That the Committee consider the Paediatric Services Review by the Bedfordshire Clinical Commissioning Group to be a substantial variation of service.**
- 2. That a Joint Health Overview and Scrutiny Committee (JHOSC) be established with Bedford Borough Council constituted by the following Members**
 - **Cllr Rita Drinkwater**
 - **Cllr Naomi Sheppard**
 - **Cllr Mark Smith**
 - **Cllr Susan Goodchild**

Substitutes:

 - **Cllr Doreen Gurney**
 - **Cllr Ray Berry**

SCHH/13/72 Annual Report of Bedford Borough and Central Bedfordshire Adult Safeguarding Board

The Chairman of Bedford Borough and Central Bedfordshire Safeguarding Adults Board and Director of Social Care Health and Housing introduced the Safeguarding Adults Board Annual Report 2012-13.

The report outlined the year's activity and informed Members of next year's proposed activity. Members' attention was drawn to the increased level of safeguarding alerts and referrals.

Members of the Committee discussed the content of the report in further detail and raised a number of queries, all of which were addressed by the Executive Members and Officers in attendance.

- That a rigorous process of assessment was in place, especially in the case of mental health groups. The Safeguarding Adults Manager explained that her team frequently shadowed and audited case files, especially in high risk cases, including outreach work.
- That no mention was made in the report to sports activities and physical fitness as a whole. This would be addressed by officers.
- Relatives were aware of what good care looked like and had received the Council's Safeguarding vulnerable adults leaflet. The Safeguarding Adults Manager confirmed leaflets were widely distributed and the current leaflet would be replaced with a pictorial leaflet. The Director of Social Care Health and Housing explained that changes in the Care Bill would enable the Council to provide more advice and the Committee would receive a report at their December meeting on the Care Bill and its implications.

The Committee was reassured that no serious case reviews in Central Bedfordshire or Bedford Borough had taken place to date and thanked officers for their report.

NOTED the report and strategic objectives for 2013/14 and requested that the new Safeguarding Vulnerable Adults leaflet be circulated to all Members of the Committee.

SCHH/13/73 **Annual Adult Social Care Customer Feedback report**

The Committee considered the Adult Social Care Customer Feedback report. The report fulfilled the Council's statutory duty to monitor the effectiveness of the complaints procedure. The Director of Social Care, Health and Housing was concerned that not enough complaints were coming through, as each complaint provided a means of considering how to change services for the better. An example of this was Direct Payments, which had led to an action plan to improve the service.

Members noted that the number of compliments the service had received and commented that customers should be encouraged to give their feedback.

NOTED the report.

SCHH/13/74 **Quarter 1 Performance Monitoring Report**

Members received the performance report for Social Care, Health and Housing for Quarter 1 of 2013/14. The Assistant Director of Resources explained there were three measures currently under performing. The first of these (C2 MTP) was red and related to the number of "Extra Care" flats to be provided, this was due to the likely delivery date for Dukeminster being June 2015, which was outside the original target of 2014.

The performance of C6 MTP, Customers received self-directed support was also rated red. Performance has improved to an outturn of 75.9% and this exceeded the national target of 70%.

The percentage of decent homes (Council stock) was rated as amber and the target of 100% may not be achieved. However all remaining indicators were on target.

NOTED the report.

SCHH/13/75 General Fund Revenue Budget Monitoring Quarter 1

The Committee received the General Fund Revenue Budget Management Report for Quarter 1 for Social Care, Health and Housing that set out the financial position at the end Quarter 1 of 2013/14. The project General Fund outturn overspend was 0.6%.

NOTED the report.

SCHH/13/76 Capital Budget Management Quarter 1

The Committee received the Capital Budget Management report for period ended 30 June 2013 for Social Care, Health and Housing. The report set out capital financial position for the first quarter in 2013/14.

NOTED the report.

SCHH/13/77 Quarter 1 Housing Revenue Account Outturn Report

The Committee received the Quarter 1 Housing Revenue Account projected outturn position for 2013/14 for both revenue and capital.

NOTED the report

SCHH/13/78 Work Programme 2013-2014 & Executive Forward Plan

The Committee considered their work programme and the latest Executive Forward Plan. Reports on the Care Bill, Meppershall Care Home and a Healthwatch update would be received at the 16 December meeting.

RESOLVED that the work programme be endorsed subject to the amendments as detailed in the Minute above.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.45 p.m.)

Meeting: Social Care Health and Housing Overview and Scrutiny Committee
Date: 16th December 2013
Subject: The Closure of Meppershall Care Home (MCH)
Report of: Cllr Hegley , Executive Member for Social Care, Health and Housing
Summary: The report sets out the background to the closure of Meppershall Care Home, provides a summary of the work that took place and outlines the role of the Council and other Agencies involved.

Advising Officer: Julie Ogle, Director of Social Care, Health and Housing
Contact Officers: David Jones & Elizabeth Saunders
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. <ul style="list-style-type: none"> • Promote health and well being and protect vulnerable people • Value for money – freezing council tax |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Financial:

- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 2. The cost of monitoring standards within care homes is funded through a number of different budgets including contract management. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

In relation to the closure of Meppershall Care Home (MCH), costs were incurred across the Service and by other agencies including SEPT and BCCG. The net cost of the placement changes which were incurred when residents were moved to alternative placements as of the 1st October 2013 were: £47,860 and this is a part year effect as all placements commenced sometime from w/c 8th July thorough to the 19th July 2013. Other costs which were incurred included: additional payment to staff to work longer hours to facilitate moves, removal costs, and management consultancy and agency staff to keep the home functional during the closure process; these amounted to £26,521. The total cost incurred so far is £74,381.

Legal:

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 3. The duty to provide care and monitor standards is covered by a number of Acts. The Regional Standard is a common set of processes and documents that have been approved by the Association of Directors of Adult Social Services (ADASS) – Eastern Branch and adopted by the Council. |
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Risk Management:

4. The report illustrates the risks involved in procuring quality care and the complications associated with this requirement. Within the limitations of the legislation and agency responsibilities, the report describes ways of mitigating these risks.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. The Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics

These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Public Health

7. Care homes provide care to some of the most vulnerable people within our community who, because of their frailty or ill-health, are unable to remain living safely within their own homes

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. **Consider and Comment on the report**

11. Background

- 11.1 Meppershall Care Home was an 84 bedded home in Meppershall providing nursing and residential care for older people and included 28 beds for people with dementia. It was located in the part of Central Bedfordshire where there is a particular lack of this type of provision. The registered owner was GA Projects Limited and it was closed on 19th July 2013.

11.2 Concerns had been raised about the standard of care over a number of years and a series of actions were taken including numerous visits, meetings, action plans, training and some embargoes of new placements. A number of Safeguarding alerts relating to institutionalised and undignified practice have been raised over the last couple of years. The regulations are such that a home is required to meet minimum standards to operate. Meppershall Care Home consistently improved its care and met these requirements. Standards improved then fell back on a number of occasions. The chronology over this period can be summarised as follows:

11.3 The Chronology

- In April 2009 the commissioning responsibility for Meppershall Care Home transferred from Bedfordshire County Council to Central Bedfordshire Council and was at that time on a partial embargo of new placements. The service through 2009, 2010 and 2011 spent much of the time under serious concerns with either a full or partial embargo of placements. The Central Bedfordshire Council Serious Concerns Process is part of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board procedures. Central Bedfordshire Council would instigate a Serious Concerns Process under delegated responsibility from the Safeguarding Adult Board..
- The pattern that emerged was of a service that through intensive support from Contracts and other professional agencies would show improvements but as soon as the support reduced the service would not be able to sustain the improvement. The key areas of concern were always staff competencies, quality of management, a lack of investment in quality training and equipment and a culture in the home that resisted maintaining a high quality of care at all times.
- Following a full compliance visit in February 2012, carried out by contract officers from CBC, an action plan was agreed with Meppershall Care Home and over the course of the year improvements steadily were being made. In addition, working with the Bedfordshire Clinical Commissioning Group, the Manager and staff were supported with HR processes, including producing new job descriptions and assessment of nursing competencies which led to identified training for nurses being offered by Bedfordshire University. A Serious Concerns review meeting was held in January 2013 and all agencies involved offered their agencies' views of the quality of the care at the home at that time.
- This multi-agency feedback was positive with clear signs of improvements. However, a change of Home Manager late in 2012 subsequently had an impact on the stability of the service, and it became apparent in April 2013 that the Service was again becoming unable to sustain the consistency in the quality of care provided.

- 11.4 From January 2013 to May 2013 there was intensive support by contract monitoring, care management and safeguarding activity which sought to tackle the poor standards of care and avoid the need for closure.
- 11.5 On the 13 May 2013 The Care Quality Commission (CQC) carried out an inspection on the home to ensure residents were being appropriately cared for. The report from this inspection was published on 20 June 2013. This report identified actions, including enforcement action against all 11 standards. The owner was required to send CQC a report by 27 June 2013 setting out the actions they would take to meet the standards. As this requirement was not met, further inspections were undertaken. However, the owner failed to respond adequately and the regulator (CQC) concluded that enforcement action was required.

It is important to note that the CQC do not always inspect all 16 core standards and use their judgement to target particular areas of concern. The inspectors in this case used their intelligence to target where the focus on inspection activity needed to be.

- 11.6 Initially the first floor of Lavender Dementia Unit (12 residents) – was the subject of a closure notice then the downstairs was decommissioned (14 residents), by the Council and the Bedfordshire Clinical Commissioning Group. At this point, the Council, as Lead Agency for the Serious Concerns Process, organised a number of meetings with all families and relatives to inform everyone of the current position. During the families' and residents' meeting, the Council went to great lengths to communicate the situation for the residents at Meppershall Care Home. However, a couple of days later, standards deteriorated further and on 14th July, CQC withdrew the registration so the company could no longer provide a service within the home.
- 11.7 Whilst the closure decision was made by the regulator, CQC, the Council fully understood the reasons for enforcement action. The decision was distressing especially for residents and relatives but by this stage there was no real alternative. It is important to fully recognise the responsibilities of the owner. In this situation, it is a clearly the responsibility of the owner to meet the quality of care delivered in the home.

11.8 **Media Interest**

From early in July, CBC and partner agencies started to prepare statements setting out the Councils position regarding the drop in standards of care at MCH. CBC made clear its priority to protect the residents at MCH. These statements also made clear distinctions between the role of CQC as the regulator, with the power to close homes and the Councils role in monitoring standards of care and protecting vulnerable adults.

The local press started to pick up the story quickly referring “to shocking/dreadful standards in Bedfordshire Care Home” (Bedfordshire on Sunday, 7th July 2013). By the 13th July the Council press statement aimed to reassure families and relatives that “our absolute priority has been to ensure the wellbeing of the residents in the home and to reassure their relatives that they are safe and well cared for “ Julie Ogly, Director of Social Care, Health and Housing.

However, information from families and relatives articulated at 2 separate public meetings highlighted a different view and perspective. At that point families and relatives were very angry with the Council and CQC and did not accept, initially, that the quality of care within MCH was poor. It was only later on reflection and when residents were resettled and showed signs of improvements did families and relatives exchange views and opinions on just how bad things had got at MCH.

12. The Closure of the Home

- 12.1 Once the closure was announced by CQC the Council, as the host authority, had 5 days to arrange assessments and the transfer of all the residents to other homes. Only 32 of the residents were funded by this Council, 9 were funded by the NHS (Continuing Health Care), a small number were funded by other local authorities and 18 paid for their own care.
- 12.2 The Council took over the responsibility for running the home, assisted by a partner (another registered care home owner). This was challenging as some of the staff did not inform anybody they would not be reporting for work and it was necessary to take on the responsibility for GA Projects staff without having the formal employment responsibility and supplement them with Council, SEPT, BCCG nurses and additional agency staff.
- 12.3 It was understandably distressing for residents and relatives that everybody had to move within 5 days. However, it became very apparent that care standards were even worse than expected and it would not have been possible to have provided a safe and acceptable service for a longer period.
- 12.4 Residents were moved to new locations as follows:

Central Bedfordshire	18 residents
Bedford	7 residents
Luton	10 residents
North Hertfordshire	24 residents
Other areas	9 residents
(Cambridgeshire, Milton Keynes, Peterborough)	

- 12.5 Whilst it was this Council's responsibility to ensure that residents were appropriately placed, this does not mean that the Council took on financial responsibilities. The following indicates where financial responsibility lies:

Central Bedfordshire	32 residents
NHS (Continuing Health Care)	13 residents
Self	18 residents
Bedford	3 residents
Luton	1 resident
Hertfordshire	1 resident

12.6 **Reviews of Placements**

The Council agreed to review the care arrangements of all residents. Reviews were undertaken at 4 and 8 weeks after the move for all previous residents of Meppershall Care Home. Seven criteria were used to ascertain the impact of the move on the individuals' health and wellbeing and feedback was also sought from their families and the social workers.

Elements of assessments carried at the 8 week reviews looked at areas of improvement and changes to; appetite, weight changes, mood, social activity, mobility, personal hygiene and appearance and skin integrity.

The vast majority of residents showed signs of improvements in many of the areas stated above. For example:

Mrs JB, gained weight and was much more settled

Mr HB much improvement in appetite

MR BD More relaxed, more weight gain and more comfortable

Ms JC Improvements in mood, more social interest and more engaged in social activities.

However, a small number reported a decline in a couple of areas assessed, but they were in fact a very small minority. It is interesting to note that responses from family and social workers about improvements and changes were very similar.

Subsequently, one resident, who was already very ill, has died and two residents, at their request, have moved to other homes.

Summary

It is very clear that very few people were adversely affected by the move and the majority of responses confirmed that in fact there had either been no change or real improvements in the ex Meppershall residents health and wellbeing. One of the comments often made by families was that they realised the care at Meppershall Care Home was not good only when they were able to compare it with the standard of care being provided by the new home.

13. The Review by Officers Closing the Home

13.1 On 1st August a session was held for staff from the Council, BCCG and SEPT (Community Health) who had been involved in the closure work. An analyse of the outcomes for residents was presented in order to learn lessons on which aspects were especially successful and areas that could have been more effective. The learning from this home closure will inform practice in the future.

13.2 Staffing

Overwhelmingly positive; team work, sharing of knowledge and person-centred approach was very evident. At times there was over 40 staff from the different agencies working together within the home. This necessitated providing an emergency only service across Adult Social Care and some parts of local Community Health Services during the 'closure week'. Advice was provided to Meppershall Care Home staff on housing and employment. Some additional administrative support would have been useful with designated officers for equipment, supplies and transport. Familiarity with manual handling techniques and sufficient support needed targeted support. Regular briefings of all staff were essential. (Generally 3 were held at set times each day).

13.3 Multi-Agency Working

Again overwhelmingly positive; comments included 'joint working at its best', 'great co-ordination and great work experience'. Some staff gained greater knowledge of working with professionals from other agencies which should help to develop a more integrated customer centred approach in the future.

13.4 Leadership

Very positive feedback was received on co-ordination, support, planning and communications. This included managing the home as well as the assessment and transfer work. SEPT and BCCG senior management gave full support. However, an earlier engagement with GPs would have helped. The on-site leadership was a significant success factor.

13.5 Placements

There are few care homes in the northern part of Central Bedfordshire so it was necessary for 24 residents to move to North Hertfordshire. It was difficult at the time to compile a list of vacancies in homes to find placements. However, we have recently reviewed our practice on having a more up to date system of where vacancies exist on a day to day basis. During the period of finding placements, homes were visited promptly to undertake assessments. The availability of real time on-line placement information for staff and residents/relatives is an area that is being further developed.

13.6 **Interface with Home**

As detailed earlier, the Council took over the responsibility for providing care, assisted by a partner (another registered care home owner). This arrangement worked really well as it was challenging to ensure there was sufficient staff available at all times during the week. It was necessary to work in a 'grey area' by taking on the responsibility for GA Projects workers without having the formal employment responsibility and supplement them with Council, SEPT nurses and additional agency staff. The continuation of administrative support by a long standing staff member was particularly helpful.

13.7 **Equipment**

This theme was the subject of the most negative feedback initially. ICT support was late until the escalation of this issue to the Director of Improvement and Corporate Services, who moved this issue as a top priority to assist with the smoothness of the home closure. At first, the absence of community equipment over the weekend delayed the completion of assessments. This was rectified and it was very helpful that the home had a large training room and adjacent facilities for storage of equipment and providing a base for the co-ordination of the closure. The availability of a large enough base and ample food and refreshments is an essential requirement for such an intensive complex operation.

13.8 **Transport**

There was a more mixed response to the provision of transport. Until assessments had been completed, it was often difficult to determine the balance between passenger, tail lift and ambulance transport. Support from individual staff members within this service area was however, outstanding.

13.9 **Communications**

This proved to be a very diverse set of requirements from media and political/corporate/other agency briefings – with excellent support from Corporate Communications – to regular staff updates and the effective use of flipcharts to monitor progress in relation to every resident. The feedback was largely very positive.

- 13.10 Although there were some features probably unique to Meppershall Care Home, such as the employment contracts and accommodation arrangements, there are some more general learning points and good practice issues which have been drawn from the experience. These have been included in a more detailed report. Obviously, the approach would be different in some respects if there is a longer period of notice rather than a deadline of 5 days.

Following the home closure, CQC has made a number of very complementary public comments about the approach taken by Central Bedfordshire Council and its partners. It has taken a positive view of the practice evident from the transfer of residents and the final closure work.

In summary, the key requirements to successfully manage a home closure include:

- Contingency planning
- Relationship and partnership working
- Open and accessible communication
- Real time decision making
- Knowing what to expect
- Coordination and activation of resources
- Engagement and communication.

14. The role of the Council and other organisations in the Closure of Care Homes

- 14.1 The common assumption, very evident from meetings with relatives of the residents who were living at Meppershall Care Home, is that the Council is solely responsible for the standards of care in homes within the Central Bedfordshire area.
- 14.2 16 years ago, the regulation and inspection of care homes was transferred from Councils and Health Authorities, to a predecessor of the Care Quality Commission.
- 14.3 There are now three agencies that have some responsibilities:

The Care Quality Commission (CQC)

The CQC are the current regulator which carries out inspections and issues reports on care homes. Judgements on quality through star ratings were discontinued in 2010. Now inspection reports measure against 16 standards. Those relevant to Meppershall Care Home were: respecting and involving people who use services; consent to care and treatment; care and welfare of people who use services; safeguarding people who use services from abuse; cleanliness and infection control; management of medicines; safety and suitability of premises; safety, availability and suitability of equipment; staffing; supporting workers; assessing and monitoring the quality of service provision.

CQC give a judgement and reasons against each domain as well as a summary of the inspection.

Specific actions which the Care Quality Commission instigated in relation to Meppershall Care Home were:

1. Compliance actions – failed to secure improvement
2. Warning notices – failed to achieve compliance
3. Urgent action to prevent admission
4. Urgent action to remove people from 1st floor of dementia unit
5. Assessment of risk factors across whole home
6. Urgent action to remove location from owners conditions

CQC has recently redefined its role and responsibilities and the fresh approach has been declared in the following way:-

- **“Our Purpose** – We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
- **Our Role** – We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find. In the future this will include performance ratings to help people choose care.
- **Our Judgements** – will be independent of the health and social care systems.
- **We will** – always be on the side of the people who use services”.

14.4 **The service provider**

In the case of Meppershall this was a private company, GA Projects Limited. All homes have to have a registered manager and the organisation has to be registered to provide care. Registration for the quality of care, health and safety, appropriately qualified staff, are all the responsibility of the service provider.

14.5 **The Council**

The Council has a number of roles relating to:

- Individual placement reviews;
Councils have the legal responsibility of making appropriate care arrangements for those people who meet the criteria for accessing care and support. Councils also have duties to provide information and advice relating to care arrangements for those people who fund their own care. Once councils arrange care and support for their service users, they have a duty to review care packages (wherever the setting: either in a residential or in domiciliary care), at least on annual basis or when there is a need to review more frequently.

- Adult safeguarding;
Councils have duties and responsibilities regarding safeguarding vulnerable adults. These duties are discharged under delegated authority from the Safeguarding Adult Board.
- Contractual management;
The contractual role within Council's Adult Social Care relates to monitoring quality of care provided within commissioned services. The contractual role within care homes is targeted at raising standards and delivering high quality care for vulnerable people

Councils cannot close independent sector homes but can stop placing publically funded people in poor homes, although self funders may still choose to live there.

- 14.6 It should be noted that the Council had funding responsibility for just under half of the residents; in these cases, reviews were undertaken by social workers soon after placement, following significant changes and annually. However, the Council did not know most of the other elderly people where this requirement did not apply, and this proved to be challenging.

The issues raised by the home closure:

- Confusion over roles of CQC/Councils.
- Need to engage with relatives as soon and as frequently as possible;
- The public to be aware of what good care is.
- The need for everyone to be vigilant about the quality of care, not just the professionals involved, but families and relatives as well.
- Importance of monitoring contracts through the comprehensive assessment using the ADASS (Association of Directors of Adult Social Services) workbook.

15. Reflections and Questions Summary

- 15.1 The sharp decline in standards of care at MCH and inability of the provider to sustain improvements led to its closure. The Council and its partners were responsible for ensuring the residents were cared for until they could move to other placements.
- 15.2 All staff worked very hard to achieve a smooth transition to placements, especially when residents' care needs were not known to the Council and its partners.
- 15.3 The need to "close" Meppershall Care Home resulted in social care staff being re-directed to work at the home. This meant we then needed to move to a "duty emergency cover" for the rest of Central Bedfordshire, to deal with everyday business.
- 15.4 The Council and its partners will continue to monitor and review the care of the former residents. It may be possible when the home is reopened, for former residents to return to Central Bedfordshire.

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

Date: 16 December 2013

Subject: Care Bill 2013

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

Summary: This paper provides a summary of the Care Bill setting out Government's vision for a modern care system, encompassing the recommendations of the Law Commission and the Francis Inquiry which identified failure across the health and care system.

The Bill puts into legislation the changes recommended by the Commission on the Funding of Care and Support to introduce a cap on the costs that people will have to pay for their care in their lifetime.

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

Contact Officer: Nick Murley, Assistant Director , Resources

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS
Council Priorities:
<ol style="list-style-type: none">1. The Care Bill has implications for effective delivery of Council's statutory functions and more specifically will contribute to the priority to Promote health and wellbeing and protecting the vulnerable. <p>Financial:</p> <ol style="list-style-type: none">2. The Care Bill will have important implications for the Council and Adult Social Care Services. From April 2015, there will be a universal requirement for local authorities to offer people the option of deferring payment towards the cost of their care services, within a certain criteria. The Council will need to fully consider the financial implications of further resources required to manage a capped cost model as well the additional cost of discharging the new duties for assessment and support of carers, provision of information and advice and the national minimum eligibility framework. As yet, it is unclear what financial support will be available from the Government to support the changes proposed by the Bill. <p>Legal:</p>

3. The Care Bill proposes fundamental changes to adult social care legislation and the future provision of care and support. It refocuses the law around the person not the service and strengthens rights for carers to access support. It introduces a new statutory adult safeguarding framework.

Risk Management:

4. Risks will be determined and recorded as further policy and project work on the implications of the Care Bill is carried out.

Staffing (including Trades Unions):

5. The Workforce implications of the Care Bill proposals are yet to be determined.

Equalities/Human Rights:

6. Equality impact assessment of the Care Bill has been undertaken by Government. It sets out the financial and non-financial implications of the proposed changes. It is likely that the proposals will have a positive effect on people's health and wellbeing, however the specific impact on equality locally will not be known until further examination of the Bill is taken forward.

Public Health

7. The Care Bill makes provision for local authorities to improve people's wellbeing and sets out new statutory principles for the promotion of wellbeing and prevention which includes physical, mental and emotion wellbeing.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. The Bill sets out some key principles for shaping the market for care and support and for how care and support is commissioned.

RECOMMENDATION: The Committee is asked to note the changes associated with proposals as set out as part of the Care Bill and the potential implications for the transformation of Adult Social Care in Central Bedfordshire.

Introduction.

11. The Care Bill which was published in May 2013 brings together the Government's vision for the transformation of adult social care. The Bill is intended to put into primary legislation government policies as set out in the white paper 'Caring for our future: reforming care and support'. In addition, reflect the changes put forward by the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, that introduces a cap on the costs that people will have to pay for care in their lifetime. It also looks to address the recommendations of the Law Commission in its report on adult social care.

12. The Care Bill takes forward key elements of the Francis Report and advocates that the quality of care and people's experience should be the basis on which providers of health and care are judged.

Key themes of the Care Bill

13. The Care Bill is formed on a number of themes which emphasise the following principles that:
- Individuals, communities and the Government have a responsibility to do everything they can to prevent, postpone and minimise people's need for care and support. The support system should therefore be based on the simple notion of promoting people's independence and wellbeing.
 - Individuals should have control of their own care and support and be empowered to make the choices that right for them, using personal budgets, direct payments and by accessing clear, comparable information and advice. This principle is intended to improve the quality and integration of care being provided with local authorities having a responsibility to provide leadership in shaping the local market and ensuring local services are integrated.
 - A transparent and fair approach to charging for care alongside a new funding system that will help people plan and make provision to pay for their future care needs.

Promoting Individual Wellbeing and Prevention

14. The Care Bill makes provision for local authorities to improve people's wellbeing and sets out new statutory principles for the promotion of individual wellbeing as the driving force underpinning the provision of care and support. It makes clear that local authorities must arrange services that can contribute towards prevention, delaying and reducing the need for care and support. This general duty for prevention and promotion of wellbeing includes:
- Physical; mental and emotional wellbeing
 - Personal dignity, protection from neglect;
 - Control by individual over day to day life
 - Participation in work, education etc
 - Social & economic wellbeing
 - Control for individual prevention
15. The Bill makes clear the importance of identifying services, facilities and resources already available in the authority's area and the extent to which these could be used in promoting wellbeing and prevention.

16. The Bill promotes the integration of care and support provision with health and health related services in order to contribute to local wellbeing, preventative action and improved care services through joint working, including assessment, delivery and recording of care services. This will challenge local authorities and partners to share resources and develop innovative health and care services with Trusts, Clinical Commissioning Group's and Third-Sector partners. Local authorities will have to consider:
- The services, facilities and resources already available in the area (for example local voluntary and community groups), and how these can be developed to offer more preventative options and support local people to remain independent.
 - How to identify people and carers in the local area who might have care and support needs that are not being met in order to increase wellbeing.

Providing Information & Advice

17. The Care Bill requires local authorities to provide comprehensive information and advice about care and support services in their local area. This will help adults and carers to understand the local care and support services available, the options for meeting their care needs, the main service providers (public, private & Not-for-profit) and how services can be accessed.
18. The Bill strengthens the offer to people who do not have eligible needs, to ensure they receive advice and information about reducing, preventing or delaying the need for care and support.
19. The Bill clearly sets out that local authorities must provide advice, guidance and information on:
- The type and availability of care and support services – e.g. specialised dementia care, befriending services, reablement, personal assistance and care accommodation
 - The process or system that local people will need to follow to access care and support services
 - The range of local care providers and the support services offered
 - Access to independent advice and support in relation to both accessing and paying for care and support services, including financial advice.
 - Access to local advocacy groups and support networks that enable adults to challenge poor care and develop shared resilience
 - How people can raise concerns about the safety or wellbeing of someone who has care and support needs
20. The Bill emphasises the need for cooperation and partnership working in the exercise of the functions relating to adults with needs for care and support. A key consideration will be how local authorities intend to develop data and information sharing protocols with local partners in order to create a common understanding of community care priorities, and how local services can be shaped to meet priority needs and safeguard adults.

Care Duty and Personalisation

21. The Care Bill sets out local authority responsibilities to meet care and support needs of adults and will enshrine in legislation access to services which are person-centred; enabling people to make decisions about their care needs and exercise choice over the services they want in order to improve their wellbeing.
22. There is a legal responsibility to provide each individual with a care and support plan or a support plan in the case of a carer. The support plan must be worked out together with the person themselves and their carer to support person. This duty applies even if a person does not have any eligible needs (self funders) and must be given support and information to help prevent further needs developing. These responsibilities do not end once the care and support plan has been put into place. There is a requirement to review the plan to make sure that care needs and outcomes continue to be met over time.
23. There is a legal entitlement for an individual to receive their personal budget which outlines the total costs involved in providing the agreed care and support plan identified.
24. An important consideration for local authorities will be how they will deliver care and support that enables adults to access personalised services whilst also meeting their duty of care, particularly in relation to safeguarding adults from harm and self neglect.
- 25.. The Bill also requires local authorities to develop, provide and review Independent Personal Budgets for self funders specifying what the costs of meeting the eligible needs for care and support would be to the local authority. The local authority must advise people about their cares needs and the options for accessing support. Understanding the cost of accessing care will be central to creating an effective local funding system.
26. All individuals will have the right to ask the local authority to arrange their care for them, irrespective of who is funding the care package. These plans should ensure there is a consistent approach for everyone with eligible needs to get the care and support they require.

Assessment & Eligibility

27. The Care Bill aims to simplify existing legislation and create a new single duty for local authorities to undertake an assessment of an adults care needs and determine eligibility for support against a new national minimum threshold which are yet to be set in regulations. Local authorities must ensure that assessments:
 - Are provided to all adults and carers who appear to need care and support, regardless of a their finances or whether the local authority thinks they will be eligible;
 - Are focussed on the adults' and carers' needs and the outcomes they want to achieve, not just the provision of care and support services;
 - Are carried out with involvement from the adult and, where appropriate, their carer, family members or someone else they nominate
 - Consider the adults' and carers' capabilities and what other support might be available from the individual, family or local community to contribute to those outcomes and to prevent or delay their wellbeing deteriorating.

28. The Care Bill proposes to make the provision of assessments and services to Carers a statutory duty. There is a clear duty to undertake a carer's assessment, placing support for carers on an equal standing to meeting an adult's care needs. Local authorities must have regard for whether the carer works or wishes to do so, or is participating in education, training or recreation.
29. This supports the promotion of individual wellbeing, encouraging informal carers to come forward and also formally requiring local authorities to consider, where appropriate, the care and support needs of both the carer and the service user side by side, to ensure that care and support arrangements support the individual and collective wellbeing of these individuals.
30. It will be important to develop an assessment process that considers any additional support for achieving the adult's care outcomes. For example this may involve alternative housing accommodation or health services. Evidence of this will help to demonstrate how authorities are meeting their duty of care and promoting wellbeing.
31. Further provisions in the Bill will enable local authorities to combine adults' and carers' assessments where both parties agree, and work jointly with local partners undertake different types of assessments at the same time. This gives an opportunity to further develop integrated services.
32. Where a local authority is satisfied of the need for care and support, it must determine whether any of the needs meet the eligibility criteria and a written record and reasons for the determination of edibility must be provided.
33. From 2015, a national minimum eligibility threshold will be introduced to replace locally determined eligibility. Once introduced, local authorities will be free to set their eligibility threshold at a more generous level but will not be able to tighten it beyond the new national threshold. The national eligibility criteria, will replace the current Fair Access to Care Services (FACS) statutory guidance. Currently, each social services local authority is required to establish an eligibility for care services policy based upon the FACS guidance; the FACS guidance specifies four broad eligibility criteria aligned to the assessed care needs of an individual;
 - Critical
 - Substantial
 - Moderate
 - Low
34. An initial review of the proposals for a national minimum eligibility threshold for adult care and support, published in June 2013, indicates that the Care Bill would implement eligibility criteria that would include those with moderate assessed care needs.

Development of Internal & External Care Markets

35. The Care Bill requires local authorities to develop and support a market that delivers a wide range of care and support services that offers greater choice and gives people more control over their care. Therefore, the local market will need to offer care services that meet individual needs and promotes wellbeing.

36. Local authorities will be expected to set priorities for the design and development of services that meet the needs of their local communities. Key to this will be the development of a Market Position Statement which identifies the type of services that are needed to best support the population and allow service providers to design solutions geared to local needs. The Market Position Statement will enable local authorities to influence the type of services required locally and will set out how those services will be commissioned.
37. In relation to market oversight, the Bill introduces a clear responsibility on local authorities to ensure continuity of care for all, where a care provider fails, regardless of who pays,. The Bill will place a duty on local authorities to:
- Cooperate with local partners, agencies and providers to deliver care and support; and
 - Fulfil a temporary duty to ensure that both residential and domiciliary care continues where providers fail
- It will therefore be important for local authorities to develop effective contract monitoring controls that enable joint working and information sharing with health, housing and other partners.
38. The Bill further strengthens market oversight by enabling the Care Quality Commission (CQC) to assess the financial sustainability of care providers and enforce measures on providers to address identified risks. Importantly, CQC will be required to inform local authorities of likely provider failings and enable access to the provider's business information where it would support the authority to maintain care and support services.

Paying & Charging for Care

39. The Care Bill intends to set out a transparent and fair approach to charging people for the care they receive alongside a new funding system that will help people plan and make provision to pay for their future care needs.
40. Regulations will set the powers available to local authorities to charge for providing care and support with some restrictions in relation to specific services and low income levels. There will be a clear duty to assess people's financial means to pay for their eligible care needs, taking into account both income and capital assets, and provide a written explanation of amount they will be expected to contribute.
41. The Care Bill proposes the introduction of a cap on the financial contributions made by any individual towards their eligible care and support to help protect the assets and savings of people and to encourage them to make plans to meet the costs of their care and support needs in advance of the needing care.
42. The cap is proposed to be set at £72k for those people above the state pension age attending residential care, £27k for those people receiving Home Care with a lower cap, yet to be determined, for those who are below that age. Those people with eligible care and support needs at the age of 18 will not be required to contribute at all towards the costs of their care. Once the cap has been reached the local authority will be required to meet any further reasonable costs for those with eligible care needs. It will be important for local authorities to fully consider the financial implications of the cap in relation to a growing older population, increased life expectancy and looked after children and young people transitioning to adult social care.

43. The funding cap will apply whether an individual is receiving care and support within the community or within a care home. Similarly, the cap will apply regardless of whether an individual is funding all the costs of their care and support or whether the Council is also providing a financial contribution.
44. The duty to complete a financial assessment for everyone with eligible care and support needs, regardless of whether the Council is also making a financial contribution supports the introduction of the Care Account, which is a record of an individual's accrued costs towards the cap.
45. From April 2015 a national deferred payments scheme, for when people enter residential care to allow individuals to delay the sale of home will be introduced. Under conditions yet to be determined, local authorities will be required to cover all care costs and operate a deferred payment scheme to recover costs and reasonable interest at a later date.
46. Central Bedfordshire Council already operates a deferred payments scheme; however this will need to be reviewed in line with national scheme.
47. While the funding framework has yet to be determined, it will be important for authorities to develop a flexible system that tracks care costs for all including self funders and enables people to access financial support, particularly for those on low incomes. Any system will also need to take account of provisions in the Bill that will enable the recovery of care costs between local authorities where an adult's ordinary residence either changes or is in dispute.

Quality & Safety

48. The Care Bill builds on the 'No Secrets' statutory guidance and reinforces the priority that safeguarding is everyone's business. Provisions in the Bill places greater importance on organisations working together to protect vulnerable people who need care and support.
49. The duty of local authorities in relation to safeguarding is set around the promotion of adult wellbeing when making decisions about their care needs and outcomes. The Bill sets four key duties for local authorities in relation to safeguarding adults:
 - A duty to undertake or request all reasonable enquiries where an adult in the local area (whether or not ordinary resident) is believed to be experiencing or at risk of abuse or neglect and is unable to protect themselves. This also includes financial abuse.
 - A duty to set up a Safeguarding Adults Board (SAB) in the local area with membership of the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues. The Board will be required to develop joint safeguarding plans for protecting vulnerable adults and publish an annual report to inform and engage with other local agencies and organisations.

- A duty for the SAB to carry out adult safeguarding reviews where it knows or suspects that serious abuse or neglect has contributed to the death or harm of an adult receiving care, and there is reasonable concern about how the SAB or its partners have worked to safeguard an adult.
- A duty for the SAB to request and share information in relation to safeguarding enquiries. Requests for information must be met where it will assist the SAB's functions, and the person or organisation (i.e. GP or voluntary group) subject to the request is likely to have the relevant information.

50. It will be important for local authorities to consider how best to facilitate collaboration and develop strong relationships between the SAB and local partners in order to make sure information sharing protocols work effectively to protect adults.

51. In its current form the Bill does not give local authorities any powers to enter an adult's home in the event of safeguarding concerns or suspected abuse or neglect. It is unlikely that further changes to the Bill will introduce such powers.

Transition for Children to Adults

52. The Care Bill introduces a statutory duty on local authorities to for effective and appropriate transition of services. It seeks to help children and young people plan for adulthood by giving them the right to request an assessment before they reach the age of 18 and need to access adult social care services.

53. The Bill will place a duty on local authorities to:

- Undertake an assessment of a child, young carer or an adult caring for a disabled child if they are likely to have care needs when they, or the child they care for, reaches the age of 18, and where it is considered there is 'significant benefit' in doing so. This is regardless of whether the person currently receives children's services.
- Provide information and advice to help children, young carers or adults caring for a disabled child understand the options for meeting their eligible care needs and how they improve their wellbeing or prevent their need for care and support.
- Provide a written explanation of decisions not to undertake an assessment of need.

54. Local authorities will have flexibility on whether and at what point an assessment should be undertaken in order to take account of individual circumstances. The Bill's provisions in relation to 'transitions' will directly support the Government's objective to develop joined up assessment and support planning processes across education, health and social care, as proposed by the Children and Families Bill. This will require local authorities to consider how to improve cooperation between all services to best support children and young people moving into adulthood and how to secure continuity of care, particularly for children with Special Education Needs.

Conclusion and Next Steps

55. The Care Bill has far reaching implications for all aspects of adult social care and introduces new statutory duties and powers on local authorities. It prioritises people's wellbeing, needs and goals so that individuals will no longer feel like they are battling against the system to get the care and support they need. It transforms significantly the way in which care and support is provided and accessed.
56. There are important financial implications. The introduction of a funding cap introduces a fundamental change to the current system for charging and paying for care, where the level of individual contribution is determined by financial assessments based on an individual's assets. As a consequence, it is likely that there will be an impact on the Council's projected income and the need for significant changes to the financial assessment process and recording.
57. A significant amount of work will be required to ensure effective implementation of the proposed changes. This will include understanding the potential volume of assessments and the capacity required to sustain such increases.
58. Work has already started to analyse and assess the implications for the Council and a programme management approach will be used to manage the implementation of the actions required to meet the duties as set out by the Bill.

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

<http://www.publications.parliament.uk/pa/bills/cbill/2013-2014/0123/14123.pdf>

<http://www.parliament.uk/documents/impact-assessments/IA13-14E.pdf>

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

Date: 16 December 2013

Subject: Capital Budget Management Report for period ended 30 September 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 September 2013

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

Contact Officer: Nick Murley, Assistant Director Resources

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 September 2013.

Purpose of Report

1. To provide information on the Directorate capital financial position as at the end of September 2013.

Summary

2. At the end of September the capital budget monitoring reporting indicates that the year end forecast outturn position is an under spend of £0.741m. The major area of under spend is the Disabled Facilities Grant (DFG) which was declared at the end of quarter 1.
3. The HRA Capital programme is now monitored as part of the HRA's budget report.

Status of Programme

4. The following table summarises the position against the revised budget as at the end of September.

<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	1.909	(1.909)	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	0	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	0.100	0	0.100	(0.170)
Renewal Assistance	0.150	(0.050)	0.100	0.250	(0.150)	0.100	0
Total	8.655	(5.646)	3.009	5.973	(3.705)	2.268	(0.741)

5. 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.
6. The following table indicates the type of major adaptations completed to September in the DFG programme.

Type of adaptation	Total No complete to September 2013
Level access shower/wet room	81
Straight stair lift	17
Curved stair lift	11
Toilet alterations	6
Access ramps	17
Dropped kerb and hard standing	0
Wheelchair/step lift	0
Through floor lift	2
Major extension	10
Kitchen alterations	5
Access alterations (doors etc)	17
Heating improvements	2
Garage conversions/minor additions	4
Safety repairs/improvements	2
Other	9
Total	183

9. 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.
10. Approximately £0.114m of payments were made in September, which is low compared to previous months (partly due to a slow down over the summer).
11. Requests for OT Assessments provide a further prediction of demand for 2013/14. In September, 63 assessments resulted in 32 referrals for a DFG. If the current rate of referrals continued for the rest of the year this would result in a total of 406.
12. The Council's waiting list for assessments has increased recently to 73 (from 50 in April 2013 due to a short term loss of two OTs). This is being addressed with current procurement of OT resource to ensure that the waiting list is addressed.
13. 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
Jun-13	18	22	40
July	16	21	37
August	14	21	35
Sept	16	16	32
2013/14 to date	95	108	203
2013/14 Projection	190	216	406

14. 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.
15. 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.
16. Affordable Warmth Assistance remedies fuel poverty, usually in association with external funding.
17. 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.
18. 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.

19. The work completed to September 2013 is as follows;

Type of assistance	Up to Q2 2013/14	2012/13
Safety Security Emergency Repair grant	6	17
Home Improvement Assistance	12	56
Affordable Warmth Assistance	4	14
Relocation assistance	2	
Disc DFG	2	
Total	26	87

20. 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.

21. 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 £0.063m. This repayment will allow the Council to progress some of the cases being held on the waiting list.

22. 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.

23. Having regard for the matters considered above, the full year forecast net outturn corresponds to the original budget.

24. Expenditure on **Empty Homes** relates to Empty Dwelling Management Orders (EDMOs) and Empty Homes Loans.

25. 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 eleven Empty Homes Loan cases at enquiry stage. There is one major scheme in Dunstable that might provide several units of accommodation.

26. 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. Shortly before the final EDMO came into force on the 29th August, the owner placed the property on the market. At the end of

September, a sale had been agreed. The council is therefore unlikely to undertake this work.

27. 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.
28. The total projected outturn at 30th September is in the region of £0.100m.
29. The Executive approved the contract award for the **Timberlands** refurbishment at its meeting in February 2013. The main contractor Thomas Bow Ltd commenced works in April 2013 and these were scheduled to complete in November 2013.
30. Our Building Surveyor team have raised concerns with the contractor regarding the quality of work on the amenity buildings. Works are continuing on site and we are in negotiations with the contractor to agree an improvement plan in order to bring the programme back on target and to rectify any defective work.
31. The work at Timberlands is due to be completed on schedule, however there is a risk that the current negotiations may result in the programme not being completed in the current financial year.
32. The **NHS Campus Closure programme** has three remaining projects for Central Bedfordshire. The scheme in Silsoe commenced in July 2012 and opened in October 2013.
33. The second scheme, Steppingstones which is based in Dunstable, is the refurbishment of a local authority property and a new build. The refurbished house opened in October 2013. Planning permission has been granted for the new build and work will commence as soon as the s257 is signed.
34. 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.
35. 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.
36. The final Luton Borough scheme will be funded from sale of Overstones, a LBC based property. Work is under way to refurbish an existing LBC property to incorporate respite and day care services, which is a move

away from the original plan and will require a new s257 being drawn up and agreed.

Background papers and their location: None

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 16 December 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 Two 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:

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

Financial:

2. The financial implications are set out in the report

Legal:

3. Not applicable.

Risk Management:

4. Not applicable.

Staffing (including Trades Unions):

5. Not applicable.

Equalities/Human Rights:

6. Not applicable.

Public Health:

7. Not applicable.

Community Safety:

8. Not applicable.

Sustainability:

9. Not applicable.

Procurement:

10. Not applicable.

RECOMMENDATION: The Committee is asked to note the General Fund outturn variance of £0.433m, an over spend of 0.7%.

Introduction

11. The report sets out the position at the end of Quarter Two of 2013/14.

General Fund Executive Summary Revenue

12. The **General Fund** outturn for the directorate is a projected over spend of £0.433m or 0.7%.

13. 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
Housing Standards, Advice & Assistance	1,516	1,450	(66)	(66)
AD Adult Social Care	58,590	59,990	1,400	846
AD Commissioning	13,264	13,289	26	(114)
AD Resources	(7,665)	(7,460)	205	(263)
Total General Fund	65,895	67,489	1,595	433

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

Expenditure type	Forecast Outturn (Before use of Reserves) £000
Staffing Costs	17,824
Premises and Transport	900
Supplies and Services	5,174
Third Party Payments	60,054
Other Payments	7,260
Total Expenditure	91,212
Income	(14,458)
Grants	(9,265)
Total Income	(23,723)
Net Expenditure	67,489

15. **Housing Standards, Advice and Assistance** is under spent by £0.083m year-to-date with a full year forecast under spend of £0.066m. 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.

16. The **Adult Social Care** service is over spent by £0.846m or 1% of the budget (£0.3m over spend for Quarter One). The key reasons for this are an over spend is in older people's care packages of £1.5m due to efficiency shortfalls, a projected over spend of £0.307m in under 65 mental health packages due to volume increases which are offset by projected under spends of £0.564m on Reablement, £0.168m on in-house learning disability services and £0.330m on under 65 physical disability packages. The Quarter Two spend extrapolated indicates a full year forecast outturn after reserves of £64.4m - £1.9m lower than the current forecast. This difference is accounted for by the following items:
- NHS grants not yet committed
 - New under 65 mental health placements starting from Qtr 3 – additional spend £0.170m
 - Reablement – increased spend on pay in quarter 3 and 4 £0.100m
 - Recruitment to first half year vacancies in Commissioning £0.100m
 - Rest of year additional spend on training £0.110m
 - Rest of year additional spend on Campus Closure revenue £0.085m
 - Recruitment to first half year vacancies in Learning Disability and Mental Health management £0.130m
17. **Older People** care package costs are over spent by £1.54m which is equivalent to 6% of the budget allocation of £26.5m. Within this, there are over spends in Residential 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, using reablement and reviewing to ensure the 'right sizing' of care packages and 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.
18. Residential placement activity is much higher than for the equivalent period last year with an additional net 44 placements (8% increase) since 1 April 2013. 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.
19. For **Learning Disabilities**, the service area is over spending by £0.243m on care packages after use of a reserve to offset Ordinary Residence pressures. The over spend includes a significant underachievement of other local authority income of £0.388m. Efficiencies are broadly on target.
20. Within the **Older People** client service group, the impact of former self funders continues to be tracked. In the first two quarters of 2013/14 14 service users in this category have required council support at an estimated full year cost of £0.173m. If the trend continues, the net cost for 2013/14 will be £0.239m. The customer numbers are slightly 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.

- 21.** The **Commissioning** service is under spending by £0.114m (£0.054m in Quarter 1) after contributions from reserves. This is due to small over and under spends on contracts and one-off under spends on pay following recruitment to new structures. Of the £0.200m set aside for the residential dementia fee uplift, £0.140m is assumed to be used in the forecast.
- 22.** Customer income is over budget by £0.284m (3%) within the **Business & Performance** service area. This reflects higher levels of residential care income due to higher than budgeted placement numbers.

Detailed Commentaries

Director

- 23.0** The over spend of £0.030m is a result of unachieved managed vacancy factor and additional administration support costs.

Assistant Director – Housing Standards, Advice and Assistance (GF)

- 24.0** Across Housing Standards, Advice and Assistance there is a positive variance between expenditure and budget to date of £0.083m, and a full year forecast indicating it will be under spent by £0.066m.
- 24.1** 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.
- 24.2** Within Prevention, Options and Inclusion there is a year to date positive variance of £0.054m and a full year forecast positive variance of £0.127m. This is due to staff vacancies remaining unfilled whilst the service undergoes restructuring. The savings made have been partially offset by agency staff.
- 24.3** 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 has created a new service to be called Housing Standards, Advice and Assistance. This is forecast to deliver further efficiency savings in the financial year 2014/15 of £0.100m.
- 24.4** Provision of “Crisis Loans” and “Community Care Grants” was devolved to local authorities from Department of Works & Pensions (DWP) from April 2013. The Council received a grant of £0.431m consisting of £0.356m programme funding and £0.075m administrative funding. The Council scheme is called “Local Welfare Provision”, with Emergency Provision replacing the former crisis loans and Grant Provision replacing Community Care Grants, the criteria being based broadly on the DWP system.

- 24.5** There have been substantial efficiency savings in the delivery of the service compared with DWP. This has contributed to the low level of expenditure, but using temporary staff during the launch period could exceed the administrative funding and would have to be topped up by the programme funding. The overall efficiencies are in line with those experienced by other local authorities in this area.
- 24.6** The Council scheme has not at this early stage experienced the volume of applications or awards, for either Grant or Emergency Provision, compared with the level of demand experienced by DWP.
- 24.7** Local Welfare Provision has made awards to September 2013 totalling £0.040m for Grant Provision and £0.014m 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 £28.51 (DWP £63.46) and Grant Provision £325 (DWP £545). Salary related costs are £0.076m up to September.

24.8

LWP Statistics to September 2013		
Emergency Provision (EP)		
	CBC	*DWP
Total applicants	782	1340
Total awards	496	1000
Award Rate	63%	75%
Average Award EP	£28.50	£62.00
Total Spend to September	£14,143.00	£31,200.00
Grant Provision (GP)		
	CBC	*DWP
Total applicants	251	520
Total awards	124	240
Award Rate	49%	46%
Average Award GP	£324.65	£546.66
Total Spend to September	£40,256	£131,200

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

- 24.9** There is a year to date adverse variance at the Travellers sites of £0.026m 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

- 25.0** The overall position presents an over spend of £0.846m after reserves (£0.306m at Quarter 1). The highest risk areas for external care packages are reporting an over spend of £1.54m (6%) for Older People, an under spend of £0.330m (7%) for People with Physical Disabilities and an over spend of £0.243m (2%) for People with Learning Disabilities.

25.1 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.

25.2 Residential Care

The forecast outturn on spot contracts is an over spend of £2.2m (41% of budget). The number of service users in residential spots has increased by 47 since the end of March 2013. During the first half year there were 32 cases relating to a 12 week disregard period and 9 former self funders requiring local authority support. At the end of quarter two, overall residential placements numbers stood at 540, 44 more than as at March 2013. Of these, 255 were in residential block beds (92% occupancy versus 93% at the end of March 2013) and 285 in spot purchased beds (238 at the end of March 2013). This increase needs to be viewed in the context of c. 4% demography for this client group and of the associated efficiency to reduce residential placements by £1.2m. Further details of placement activity are set out below by source of admission and also by net turnover for the period (2012/13 figures in brackets):

Admitted from	April	May	June	Jul	Aug	Sept	Total
Hospital	5	6	7	3	4	8	33
Own Home	3	6	4	3	5	1	22
Rehabilitation	2	1	4	0	1	1	9
Respite	10	11	2	4	4	10	41
Other	1	2	2	0	0	0	5
Total	21	26	19	10	14	20	110

	April	May	June	July	Aug	Sept	Total
Net Movement	+9 (-8)	+13 (+3)	+11 (0)	+6 (+4)	+1 (+4)	+15 (+3)	+55 (+6)

Admissions to residential care are up by 26% year-on-year for the equivalent period and discharges down by 31%.

25.3 Nursing care

The forecast outturn is an under spend of £0.220m. During the first half year, there were 12 cases relating to a 12 week disregard period and 5 former self funders requiring local authority support.

25.4 Home care

The forecast outturn is an over spend of £0.238m (3% of budget). The Reablement service has achieved reductions in hours during the first half year of 1,302 hours with an associated saving of £0.206m with further projected savings for the year of £0.184m. The review of home care packages has also resulted in savings of £0.405m with projected further savings of £0.121m to the end of the financial year.

25.5 Respite Care

There is a projected underspend of £0.433m (52% of budget). Respite care in response to emergency situations/crises has diminished as a result of services put in place such as the Step-up, Step Down facility at Greenacres and the new Short Stay Medical Unit.

25.6 Physical Disabilities

An under spend of £0.328m (7% of the £4.8m budget) is forecast. The largest under spend is against residential care £0.229m but there is also a significant underspend against nursing care £0.201m.

25.7 Learning Disability

An over spend after reserves of £0.243m 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 £0.388m. New transitions from Children's services since the beginning of the financial year are forecast at 34 with an associated part year cost of £0.533m with an additional full year effect of £0.185m.

25.8 A reserve of £0.433m was brought forward from 2012/13 to address the risk associated with Ordinary Residence (OR) transfers. Recent OR cases mean that £0.352m of this reserve is expected to be used in the current year with on-going funding to be picked up from the remaining reserve and from the 2014/15 base budget. A significant provider has recently signalled that they intend to deregister in October 2013 with potential part year costs of £0.042m. This is not included in the forecast currently.

25.9 Mental Health

An over spend of £0.307m is forecast. This is mainly in the areas of residential care and home care. There have been six new additional residential placements in 2013/14 with a part year impact of £0.269m (and a full year impact in 2014/15 of £0.425m). These, along with existing placements and projected further increases in 2013/14, present a full year forecast outturn of £0.648m, an over spend of £0.392m. In combination with a forecast overspend on home care of £0.185m, this pressure is partially offset by an under spend on direct payments of £0.200m. The budget for direct payments has increase significantly between years reflecting the expectation that more service users would receive cash to arrange their own support rather than using traditional services. The number of customers who started to receive direct payments in the first half year is 10 (an increase of 33%) below expectations.

Assistant Director – Commissioning

26.0 This area is forecast to under spend by £0.114m 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.

26.1 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.

26.2 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 £0.140m of this will be used.

Assistant Director – Resources

27.0 This area is forecast to under spend by £0.263m. The main reason for this is the additional residential placement income being achieved due to placements being higher than budgeted £0.256m. Fairer Charging income is also exceeding the target by £0.211m (9%).

Revenue Virement Requests

28.0 The original budget was £65.607m Virements totalling £0.288m have increased this to give the current budget of £65.895m as follows:

- Additional employer's superannuation contribution +£0.295m
- Centralisation of Customer First efficiency +£0.024m
- Transfer to other service directorates -£0.031m

Achieving Efficiencies

29.0 For 2013/14 the efficiencies target amounts to £4.734m. A shortfall of £0.391m is forecast.

29.1 There are three efficiencies which are significantly short of their target

- Reduction in the use of 65+ residential care £0.869m
- Review of Learning Disability care packages £0.124m
- Seek further efficiencies from mental health services £0.099m

These are partially offset by two efficiencies significantly exceeding their target

- Development of a joint approach with health £0.388m
- Renegotiate high cost Learning and Physical Disability placements £0.226m

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

Reserves position

30.0 Appendix C shows the full list of reserves for the directorate. The total General Fund reserves available as at April 2013 were £5.069m.

30.1 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.

30.2 The Social Care Reform reserve has an opening balance of £0.187m and will be used to fund future Personalisation and improvement projects.

- 30.3** 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 of which £0.352m is expected to be used during 2013/14 and 2014/15 subject to the de-registration of two major providers within Central Bedfordshire.
- 30.4** The Greenacres Step-up, Step down reserve has an opening balance of balance of £0.490m which will be used to fund scheme costs during 2013/14.
- 30.5** 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. Of this £0.102m is assumed to be drawn down in the current forecast.
- 30.6** 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 and in 2014/15.
- 30.7** 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.
- 30.8** The Outcomes Based Commissioning reserve was created in 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.

Debt Analysis and Prompt Performance Indicator

31.0 General Fund Debt

- 31.1** General Fund debt at the end of Quarter 2 stood at £4.7m (£4.3m end of Quarter 1) of which £2.2m was house sales debt and £0.9m Health Service debt. Of the remaining general debt of £1.6m, £1.041m (64%) is more than 60 days old. General fund debt includes legacy debt of £0.6m as well as Central Bedfordshire debt. There are 31 debtors whose outstanding balance is greater than £0.010m which are all under active management.

Appendices:

Appendix A Net Revenue Position Full Analysis

Appendix B Efficiencies

Appendix C Reserves

Appendix D Debt Analysis

Background papers: None

Location of papers: Technology House

Appendix A

	Cumulative to Date				Full Year				Outturn Variance after use of earmarked reserves. £000	Outturn as % of Budget	RAG	Risk	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					
Director of Social Care, Health, Housing	£000	£000	£000	£000	£000	£000	£000	£000					
	95	118	23	190	220	30	30	30	16%	red	Low	Unachieved M/F	
Housing Standards, Advice and Assistance	756	675	0	-83	1,516	1,450	-66	0	-4%	green			
Prevention, Options & Inclusion (GF)	435	353		-82	870	815	-55		-6%	green	High	Projected underspend on Housing Needs pay budget	
Private Sector Housing Options (GF)	328	299		-27	651	640	-11		-2%	green	Medium	Increased DF fee and some salary savings	
Housing Management (GF)	-3	23		26	-5	-5	0	0	0%	green	Low	Repairs and maintenance budget fully spent by Q1 (possibility that some may be capitalised at year end).	
Adult Social Care	29,343	29,346	-277	-274	59,590	59,990	1,400	-554	1%	amber			
Asst Director Adult Social Care	-124	-54	-50	20	-247	10	257	-100	-64%	amber	Low	Projected overspend on pay due to use of interim E46k, E50k, unachieved admin saving, full use of additional NHS grant of E660k forecast. Reserve of E91k available for hospital DOLS, £100k from reserve for Pressure contribution.	
Older People and Physical Disability Mgt	257	188		-69	514	384	-130		-25%	amber	Low	Projected under spend reflects care package contingency released	
Older People - Day Care Enablement	284	230		-54	568	470	-98		-17%	amber	Low	Underspend on Superannuation due to less than 100% take-up. Saving on delayed day care start post E42k.	
OPPD - Care Management Generic	925	800	-51	-376	1,849	1,387	-462	-102	-31%	amber	Low	Underspend due to variance on treatment teams E43k, support E26k from Children with Disabilities	
OPPD - Care Management North	6,972	7,048	76	1,663	1,083	-60	-80		-7%	green	High	Projected underspend on OT services reflects unadopted funding of E26k from Children with Disabilities	
OPPD - Care Management South	6,811	7,203	592	1,392	13,975	77	77		1%	green	High	Projected underspend on OT services reflects unadopted funding of E26k from Children with Disabilities	
LD & MH Management	205	134		-71	409	400	-9		9%	amber	High	See above	
Under 65 Mental Health Packages	379	404		26	748	1,056	307		41%	red	High	Pressure from additional residential placements agreed at Panel+ further new placements assumed + additional direct payments	
Learning Disabilities - Assessment and Care Mgt	8,074	7,986	-176	-264	16,138	16,544	406	-352	0%	green	High	Shortfall in OJA income E38k (mainly use of Unsettled by LBC). Care packages E145k under spent projected after the use of the QR reserve	
Learning Disabilities - Direct Services	1,933	1,809		-124	3,866	3,698	-168		-4%	green	Low	OPPD S15 and F75k under, Biddowade Centre E46k under, Workbase E6k over - no. of vacancies, Walkers Coase E45k over, Townsend E4k over. Day care underspend reflects their contribution to efficiency savings and supported living underspend reflect reduction of the service.	
Shared Employment	40	47		7	80	103	23		29%	red	Low	Loss of external subsidy for supported employment placements. E20k	
Emergency Duty Team	92	91		-1	184	185	1		1%	green	Medium	Loss of external subsidy for supported employment placements. E20k	
BUFA	3,114	3,053		-61	6,227	6,311	84		0	green	Medium	2% contract uplift assumed for 2013/14, £107k shortfall in income from OJAs	
Commissioning	6,728	6,612	-28	-144	13,264	13,289	25	-139	-1%	green			
Asst Director Commissioning	-137	78		215	-274	135	409		-149%	amber	Low	Commissioning efficiencies target of E307k not here but achievement Small vacancies against most contract lines - Meals E7k under, Dair Services SJA E52k under, MH S75 net overspend of E7k re supported living contracts - 2013/14. £107k shortfall in income from OJAs assumed, BIC underspend of E27k	
Contracts	2,261	2,174		-87	4,329	4,352	23		1%	green	Low	Remaining budget mainly back contracts with two major providers. Expected contract savings of E73k	
LD Transfer	2,535	2,451		-84	5,070	4,875	-195		-4%	amber	Medium	Only remaining ASC budget to be placements which are forecast on	
Housing Support Services	1,197	1,236		39	2,394	2,321	-73		-3%	amber	Medium	Charity Closure reserve use forecast at E10k. Forecast underspend on pay of E91k due to vacancies. Demerits premium budget of E200k held here - E84k under spend forecast	
Substance Misuse Packages	53	34		-19	105	43	-62		-59%	amber	Low		
Contracting	347	235		-110	694	654	-40	-139	-26%	amber	Low		
Personification	218	197		-21	436	439	3		1%	green	Low		
Commissioning	255	207		-48	510	470	-40		-8%	green	Medium	Underspend due to vacancies E31k	
Business and Performance	-3,807	-4,041	-214	-449	-7,665	-7,460	205	-468	3%	amber			
Asst Director Business & Performance	99	295	-214	-18	199	679	480	-468	12	6%	amber	Low	E12k forecast use of Social Care Reform reserve, E30k projected Overspend on Customer Finance pay E50k (incl unachieved M/F of E29k, Brokerage E17k and Blue Badges E11k)
Business Systems	471	535		65	941	1,001	60		6%	amber	Low		
Partnerships and Performance	474	377		-97	949	898	-51		-5%	green	Low	Shortfall on forecast income E91k, house sales income E48k and nursing care income E74k, unachieved residential income E878k and Fairer Charging E20k	
Customer Contributions	-4,850	-5,248		-398	-9,754	-10,038	-284		3%	amber	Medium		
Sub-Total Social Care, Health and Housing General Fund	33,117	32,710	-519	-926	65,995	67,489	1,494	-1,161	0.65%	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 £4.734m

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

EA51 reduction in residential care - £0.869m shortfall

EA74 Review of care packages within Learning Disabilities - £0.124m shortfall

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

EA46 development of a Joint Approach with Health - £0.388m over-achieved

EA44 renegotiate high cost learning and physical disability packages - £0.226m over-achieved

Appendix C

Earmarked Reserves - 2013/14 September

Description	Opening Balance 2013/14	Planned Transfer to Reserves	Spend against reserves	Release of reserves	Realignment of reserves	Proposed Closing Balance 2013/14
	£000	£000	£000	£000	£000	£000
Social Care Health and Housing General Fund Reserves						
Social Care Reform Grant	187	0	142	0		45
Deregistration of Care Homes	433	0	352	0		81
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	102	0	0	50
Outcome Based Commissioning	3,067	0	326	0	0	2,741
Mental Health Action Plan	138	0	0	0		138
Step up/Step down	490	0	0	0		490
GRAND TOTAL	5,069	0	1,161	0	0	3,908

Appendix D

DIRECTORATE DEBT AT 30th SEPTEMBER 2013

	Total Debt	Amt. Due	Amt. Overdue	From 1 to 30 Days	From 31 to 60 Days	From 61 to 90 Days	From 91 to 365 Days	Over 1 year
CBC Debt	598,898	0	598,898	0	0	0	0	598,898
Charges on property (residential and nursing) - Legacy	1,627,392	14,299	1,613,093	65,874	103,373	87,957	319,116	1,036,772
Charges on property (residential and nursing) - CBC	894,411	104,146	790,265	208,239	521,769	0	60,256	0
Health Service	1,620,101	373,845	1,246,255	138,352	66,631	66,898	596,392	377,982
General	4,740,302	492,290	4,248,512	412,465	691,774	154,356	975,765	2,013,652
		10.38%	89.62%	8.70%	14.59%	3.27%	20.58%	42.47%

ANALYSIS OF GENERAL DEBT BY VALUE, AGE AND VOLUME

Debt profile	>£100K	>=£50K	>=£10K	>=£1K	<£1K	Total	Age Ratio
No of debtors	1	1	29	201	1,400	1,632	
Amt Due	0	6,760	36,797	134,750	195,538	373,845	23%
1-30 days	0	0	85,525	21,485	138,352	138,352	9%
2 months	0	0	25,630	39,676	66,631	66,631	4%
3 months	0	1,023	32,272	31,014	66,898	66,898	4%
3-12 months	115,140	58,430	230,928	172,540	596,392	596,392	37%
> 12 months	0	0	183,690	175,330	377,982	377,982	23%
Total Debt	115,140	66,213	594,841	574,794	269,111	1,620,101	100%

Meeting: Social Care Health and Housing Overview and Scrutiny Committee
Date: 16 December 2013
Subject: Q2 Housing Revenue Account (HRA) Budget Monitoring Report 2013/14
Report of: Councillor Carole Hegley, Executive Member for Social Care, Health and Housing
Summary: The report provides information on the Q2 Housing Revenue Account projected outturn position for 2013/14 for both revenue and capital

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

CORPORATE IMPLICATIONS

Council Priorities:

<p>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.</p>

Financial:

<p>2. The financial implications are set out in the report.</p>

Legal:

<p>4. None</p>

Risk Management:

<p>5. None</p>

Staffing (including Trades Unions):

<p>6. Any staffing reductions will be carried out in accordance with the Council's Managing Change Policy and in consultation with the Trade Unions.</p>

Equalities/Human Rights:

<p>7. 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.</p>

Public Health

12. None.

Community Safety:

13. None.

Sustainability:

14. None.

Procurement:

15. None.

RECOMMENDATION(S):

The Committee is asked to:-

- 1. Consider and comment on the attached Executive report and associated appendices which was reviewed by the Executive on 10 December 2013.**

Executive Summary

16. The report sets out the projected financial outturn Housing Revenue Account (HRA) revenue and capital position for 2013/14 as at Quarter 2.

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: 10 December 2013

Subject: September 2013/14 Housing Revenue Account Budget Monitoring Revenue and Capital Report

Report of: Cllr Carole Hegley, Executive Member for Social Care, Health and Housing and Cllr Maurice Jones, Deputy Leader and Executive Member for Corporate Resources

Summary: The report provides information on the 2013/14 Housing Revenue Account (HRA) projected outturn revenue and capital position as at September 2013.

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

Contact Officer: Nick Murley, Assistant Director Business & Performance

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 2012/13 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 September 2013/14 projected outturn Housing Revenue Account (HRA) revenue and capital report will be considered by the Corporate Resources Overview and Scrutiny Committee on 17 December 2013.

RECOMMENDATION:

Executive is asked to approve:-

1. that the Revenue forecast position is to achieve a balanced budget with a contribution to HRA Reserves of £7.131m, thus strengthening the Council's ability to invest and improve its stock of Council Houses;
2. that the Capital forecast position indicates that expenditure will be £2.345m less than the budget. This is due to lower than anticipated expenditure on the Dukeminster project and implementation of Housing Asset Management Strategy; and
3. that Right to Buy 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 September 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 CMT to consider the overall financial position of the HRA.

EXECUTIVE SUMMARY

12. The revenue forecast position as at the end of September 2013 projects a year end surplus of £7.131m compared to a budgeted surplus of £4.806m, an improvement of £2.325m.
13. There are four key positive variances arising from increased income (£0.592m), lower interest costs from the self financing debt (£0.940m), reduced maintenance costs (£0.214m), and savings in direct revenue financing of the capital programme (£0.720m). These are offset by other minor adverse variances that in total amount to £0.141m.
14. There are variances within the individual capital projects as a result of the change in approach to capital investment as set out in the Housing Asset Management Strategy (HAMS). This reflects the change in focus from planned maintenance to repairs led maintenance on certain projects.
15. The 2013/14 budget for the HRA anticipates a contribution to the Extra Care Development Reserve of £3.912m and a contribution to the Strategic Reserve of £0.893. The analysis above enables a total forecast contribution to reserves of £7.131m.
16. The forecast position for the HRA capital programme indicates an underspend of £2.345m, with an outturn of £8.550m against a budget of £10.895m.
17. Planning approval for the Dukeminster Extra Care facility was granted in June 2013. At that point approval was also granted for preliminary works to be progressed, so that the site could be cleared in readiness for construction works. The tendering process is currently under way, with 2 companies requesting an extension to the tender deadline. Allowing for this delay it is now anticipated that building work could commence in January 2014, subject to the appointment of a contractor in December 2013.
18. During July it was confirmed that the Council will receive £1.703m of funding towards the Dukeminster project from the Homes and Communities Agency (HCA), following a bidding process. This allocation is dependent on achieving a timescale for the build, which will see completion in the summer or early autumn of 2015.

19. On the current timeframe, it is predicted that £2.500m (£4.125m budget) will be spent from the budget set aside for the Dukeminster project in 2013/14. This expenditure will be financed from the Extra Care Development Reserve.
20. As a result, the year end balance in the Extra Care Development Reserve is now predicted to be £11.416m, with £6.389m available in the Strategic Reserve and £2.200m in contingencies. This equates to a predicted total reserve balance of £20.005m.
21. Forecast figures at the end of September are subject to variations as the revenue and capital programmes evolve over the course of the year.

HRA REVENUE ACCOUNT

22. The HRA annual expenditure budget is £22.572m and income budget is £27.378m, which allows a contribution of £4.806m to reserves to present a net budget of zero. A subjective breakdown of budget, year to date position and forecast outturn is shown below.

23.

	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	(27.378)	(13.689)	(13.773)	(0.084)	(27.970)	(0.592)
Housing Management	4.152	2.076	1.793	(0.283)	4.192	0.040
Financial Inclusion	0.200	0.100	0.066	(0.034)	0.150	(0.050)
Asset Management	0.965	0.483	0.473	(0.010)	1.026	0.061
Corporate Resources	1.320	0.660	0.728	0.068	1.410	0.090
Maintenance	4.528	2.264	2.247	(0.017)	4.314	(0.214)
Debt related costs	0.119	0.059	0	(0.059)	0.119	0
Direct Revenue Financing	6.570	3.285	2.925	(0.360)	5.850	(0.720)
Efficiency Programme	(0.190)	(0.095)	(0.095)	0	(0.190)	0
Interest repayment	4.908	2.454	1.987	(0.467)	3.968	(0.940)
Principal repayment	0	0	0	0	0	0
TOTAL Expenditure	22.572	11.286	10.124	(1.162)	20.839	(1.733)
Surplus	(4.806)	(2.403)	(3.649)	(1.246)	(7.131)	(2.325)
Contribution to / (from) reserve (actioned at year end)	4.806	2.403	3.649	1.246	7.131	2.325
Net Expenditure	0	0	0	0	0	0
^ Included for balancing and illustrative purposes only						

24. There are a number of year to date variances across the HRA. Total income has a positive variance of £0.084m (positive £0.076m August). A proportion of service charge income is not posted on a monthly basis; once this is taken into account, income is forecast to achieve a full year positive variance of £0.592m. The positive income variance is accounted for by increased rental income (£0.682m), offset by reduced investment income (£0.148m), and other minor positive variances (£0.058m).
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 £0.283m (£0.197m August). This is due to actual cost being incurred slightly out of budget profile for Stock Condition Survey (£0.128m) and insurance premiums (£0.050m), reduced utility costs due to decentralisation (£0.030m) of gas boilers, and other minor variances. The full year forecast is projecting a minor adverse variance of £0.040m, reflecting a slight increase in the staffing costs and an increase in spend on maintaining furniture and equipment at sheltered accommodation.
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 final year end calculation is undertaken.
28. The Maintenance budget has a year to date positive variance of £0.017m (adverse £0.058m August). The full year forecast is projecting savings of £0.214m. As a consequence of the changes initiated by the HAMS, external decorations have been rescheduled from a 5 year to a 7 year cycle. This is forecast to deliver savings of £0.037m. In addition further savings are anticipated from a reduction in expenditure on the maintenance of communal central heating systems (£0.033m), a reduction in forecast void costs (£0.070m), and other minor variances. Although savings are forecast in these areas, there is an element of uncertainty due to the unpredictability of responsive maintenance.
29. In respect of the debt costs, a saving of £0.940m is projected due to lower than budgeted interest costs. The average interest rate achieved on the Council's self-financing debt for 2013/14 is 2.40%, 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 0.57%. 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 September 2013. This rate rose from 0.55% to 0.57% and will not change again until the end of March 2014.

31. Since the variable rate for the second half of the year has been set in September 2013, an average variable rate of 0.56% has been achieved for the year 2013/14 as opposed to the variable debt budgeted rate of 2.65%.
32. The forecast revenue position for the financial year would allow a total transfer to reserves of £7.131m, an additional amount of £2.325m 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 a reduction in spend on financial inclusion, external decorations, communal central heating maintenance and reduced void maintenance 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 £1.064m at the end of September (£0.992m at September 2012). Current tenant arrears are £0.697m or 2.44% of the annual rent debit of £28.772m (£0.579m or 2.12% at September 2012). A total of £0.057m of HRA rent arrears debt was written off to September 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 60% of rental income is received from housing benefit payments.
38. Performance on former tenant arrears is 1.28% of the annual rent debit against a target of 1.00%, leaving a balance of £0.367m (1.52% with a balance of £0.413m at September 2012).
39. There are currently £0.122m of arrears non tenant arrears (£0.147m August), 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.

40. The HRA owns 26 Shops, 10 of which are on a long lease, 14 are on rental agreements, and 2 are vacant and available to let. Arrears from HRA shops are £0.048m (£0.52m August). There is one tenant who has an outstanding debt of £0.023m. Payment of this debt is actively being pursued through solicitors. The average arrears at the other HRA shops is £1,666.

HRA CAPITAL RECEIPTS

41. 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.
42. Up to the end of September 2013, 14 properties have been sold compared to 19 in the entire financial year 2012/13.
43. As a result of the changes to housing pooling the Council has a balance at the end of September of useable capital receipts of £1.615m (balance bought forward from 2012/13 £0.657m), of which £0.731m 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 £2.435m on new build by 30 September 2016.
45. The Dukeminster project has been awarded £1.703m from the HCA, therefore the retained receipts from RtB sales reserved for new build cannot be used on this scheme.
46. The HRA's Budget proposals for the period of the Medium Term Financial Plan (MTFP) propose significant investment in new build (in excess of £6.0m by 30 September 2016, excluding spend on Dukeminster).
47. There have been 27 RtB applications up to September. This compares to a total of 55 applications in 2012/13. It is quite likely that the total number of sales could be between 25 and 30 for the year, resulting in a residual receipt for the year of potentially £1.500m.
48. These funds will further enhance the resources available for the HRA's capital programme.
49. Careful monitoring of RtB sales will be required. Current projections suggest that these will not have a negative 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% (equivalent to approximately 500 properties) or more over the period to 31 March 2017, then this would pose a threat to the surpluses predicted both in the medium and longer term.

HRA CAPITAL PROGRAMME

50. There is a year to date positive variance of £0.323m (£0.128m in August) for the HRA Capital Programme, with a forecast year end outturn of £8.550m (£8.665m in August) against a budget of £10.895m.
51. The year to date position for the HRA Capital Programme reflects the implementation of the Housing Asset Management Strategy (HAMS), which incorporates a greater element of repairs led programmes as opposed to pre-planned improvements.
52. The Central Heating programme has a reduced forecast outturn due to a change in the timing of programme delivery as recommended by the HAMS. The Roof Replacement, General Enhancements and Drainage and Water Supply programmes are also forecast to have a reduced outturn, due to the move towards more repairs led improvement works in these areas.
53. Stock Remodelling is predicted to outturn at £0.709m, an adverse variance of £0.251m. The increase in spend in this area reflects the priorities of the HAMS for remodelling and regeneration of the housing stock.
54. A Business Case has recently been approved for the transfer of a former Children's Home in Westfield Road, Dunstable, from the Council's General Fund (GF) to the HRA. The property will be converted into 2 two bedroom homes, which will enhance the Council's stock of properties. Refurbishment and conversion costs are anticipated to cost in the region of £0.112m, which will be financed from the Stock Remodelling budget.
55. A year end underspend of £2.345m is anticipated for the HRA Capital programme, £1.625m of which relates to lower than budgeted spend on the Dukeminster project. At the current time it is predicted that £2.500m will be spent on Dukeminster from the Extra Care Development Reserve. It is proposed that the underspend on Dukeminster will be carried forward as slippage to spend in the next financial year.
56. Two of the companies that are tendering for the contract have requested an extension to the tender period. Given the relatively low number of companies that have agreed to tender, a two week extension has been granted to 25 October 2013. The technical and financial evaluation processes, including presentations by shortlisted bidders, will take a further 2 weeks. This allows a proposal to be put to Executive in December. Mobilisation by the successful contractor is likely to be delayed by the Christmas holiday period, so the earliest anticipated commencement of works is now the second week of January.
57. There is a forecast saving on Aids and Adaptations of £0.100m for the year, which is due to the more robust assessment approach taken by Occupational Therapy (OT).

RESERVES

58. The total reserves available as at year end 2012/13 were £15.374m, comprised of £2.000m in HRA Balances, £8.653m in the Extra Care Development Reserve, £1.284m in the Strategic Reserve and £3.437m in the Major Repairs Reserve.
59. The current position indicates a year end balance in reserves of £20.005m. HRA Balances are projected to remain at a contingency level of £2.000m, with the Extra Care Development Reserve increasing to £11.416m, the Strategic reserve increasing to £6.389m, and the Major Repairs Reserve (MRR) reducing to £0.200m.
60. 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 (and not used to finance capital spend).
61. 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 £5.105m is forecast to be transferred.
62. In total this equates to a forecast contribution to reserves for the year of £7.131m, offset by spend from reserves of £2.500m to enable a net increase of £4.631m.
63. An investment strategy is currently being formulated, that will set out proposals for the use of the reserves that are forecast to materialise in the short to medium term. This strategy will be referred to in the HRA Budget Report going before Council in February 2014.

Appendices

Appendix A – Net Revenue Position Full Analysis

Appendix B – Debtors

Appendix C – Capital programme

Appendix D – Reserves

Appendices

Appendix A – Net Revenue Position Full Analysis

Month: September 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	-3,690	-3,679	0	11	-7,380	-7,192	188	0	188	
Housing Management (HRA)	800	742	0	-58	1,600	1,698	98	0	98	
Asset Management (HRA)	2,689	2,663	0	-26	5,378	5,219	-159	0	-159	
Prevention, Options & Inclusion	201	147	0	-54	402	275	-127	0	-127	
Total	0	-127	0	-127	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	0.201	0.195	0.135	0.166	0.000	0.697
Former Tenant						0.367
						1.064

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	0.007	0.016	(0.006)	0.003	0.004	0.024	0.048
Leaseholders	(0.002)	0	0	0.012	0.020	0.014	0.044
Void recoveries	0.003	0.011	0	0.013	0.026	0.006	0.059
Misc recoveries	(0.013)	(0.001)	(0.001)	(0.011)	(0.004)	0.001	(0.029)
	(0.005)	0.026	(0.007)	0.017	0.046	0.045	0.122

Appendix C – HRA Capital Programme

Scheme Title	Existing 2013/14 Capital Budget	Full Year Forecast as at September	Variance	Slippage to 2014/15	Monthly Budget Monitoring September 2013		
					Profilled Budget YTD	Actual YTD	Variance
					Net Expenditure	Net Expenditure	Net Expenditure
					£'000	£'000	£'000
General Enhancements (formerly Minor Works)	255	50	(205)	0	111	9	(102)
Garage Refurbishment	51	15	(36)	0	24	0	(24)
Paths & Fences siteworks	61	40	(21)	0	27	22	(5)
Estate Improvements	255	255	0	0	111	145	34
Energy Conservation	255	300	45	0	111	39	(72)
Roof Replacement	248	50	(198)	0	108	4	(104)
Central Heating Installation	1,071	861	(210)	0	456	440	(16)
Rewiring	347	347	0	0	147	137	(10)
Kitchens and Bathrooms	1,122	1,194	72	0	483	371	(112)
Central Heating communal	180	75	(105)	0	78	37	(41)
Secure door entry	357	275	(82)	0	156	167	11
Structural repairs	153	153	0	0	66	67	1
Aids and adaptations	887	787	(100)	0	387	143	(244)
Capitalised Salaries	350	350	0	0	150	172	22
Asbestos management	131	131	0	0	57	22	(35)
Stock Remodelling	458	709	251	0	198	163	(35)
Drainage & Water Supply	181	50	(131)	0	78	6	(72)
Plasticisation	408	408	0	0	177	97	(80)
Sheltered Housing Reprovision	4,125	2,500	(1,625)	(1,625)	0	561	561
HRA	10,895	8,550	(2,345)	(1,625)	2,925	2,602	(323)

Appendix D – Reserves

Reserves

Month: September 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
Extra Care Development Reserve	8,653	(2,500)		5,263	11,416
Strategic Reserve	1,284			5,105	6,389
Major Repairs (HRA)	3,437	(3,237)			200
	15,374	(5,737)		10,368	20,005

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

Date: 16 December 2013

Subject: 2013/14 Q2 Public Health Revenue Budget Monitoring

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

Summary: The report sets out the projected full year outturn position as at 30 September 2013

Advising Officer: Muriel Scott, Director of Public Health

Contact Officer: Simon Jones, Senior Finance Manager

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 the priorities set out in the Medium Term Plan.
Financial:	
2.	The financial implications are set out in the report.
Legal:	
3.	There are no direct legal implications arising from the report.
Risk Management:	
4.	Sound financial management and budget monitoring mitigates adverse financial risk.
Staffing (including Trades Unions):	
5.	Not applicable.
Equalities/Human Rights:	
6.	Public Authorities must ensure that decisions are made in a way which minimises unfairness and without a disproportionately negative effect on people from different ethnic groups, disabled people, women and men. It is important that Councillors are aware of this duty before they take a decision.
7.	Equality Impact Assessments were undertaken prior to the allocation of the 2013/2014 budgets and each Directorate was advised of significant equality implications relating to their budget proposals.
Community Safety:	
8.	Not applicable.
Sustainability:	

9. Not applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

- **Note the current projected full year outturn position is on budget.**

11. Consider this report.

Introduction and Key Highlights

12. The full year projected outturn position for 2013/14 as at September 2013 is a balanced budget.
13. The April to September spend is a £417k under spend. The majority of which relates to the unspent strategic reserve that is forecast to be fully utilised and under spends due to vacant posts/maternity leave and the saving on the SEPT contract within Children & Young People.
14. The forecast is dependent on the receipt of financial information from Bedford Borough Council (BBC) which hosts major demand led budgets on behalf of Central Bedfordshire (CBC).
15. A strategic reserve of £0.523m has been established from the 2013/14 budget – this is forecast to be fully used. Plans are currently being drawn up.
16. An earmarked reserve of £0.065m is available from the 2012/13 transitional grant. However a cost of £0.039m has been applied against this in July for ICT work stream costs for the transition project, leaving a balance of £0.026m.
17. CBC have recognised in the forecast an element of overhead recovery of £631k. (Previously £691k, however £60k has been allocated to create a controllable budget for Doolittle Mill costs).

18. Summary Table A: Directorate Overall position

	Approved Budget	Provisional Outturn	Full Year Forecast Variance (- under)/over spend	Full Year Forecast Variance after transfers to/from reserves (- under)/over spend
	£'000	£'000	£'000	£'000
Director	1,230	1,230	0	0
AD Public Health	1,215	1,217	2	0
Head of Service C&YP	3,058	2,997	(61)	0
Head of Service Adults	1,120	1,076	(44)	0
BDAT	3,250	3,184	(66)	0
Less Government Grant	(9,873)	(9,873)	0	0
Net Total	0	(168)	(168)	0

19. Table B – Subjective Analysis (Based on Forecast Outturn)

Expenditure type	Forecast Outturn (Before use of Reserves) £'000
Staffing Costs	793
Premises and Transport	73
Supplies and Services	1,315
Third Party Payments	12,086
Total Expenditure	14,266
Income	(2,929)
Public Health Grant	(9,873)
Other Grants	(1,633)
Total Income	(14,435)
Net Expenditure	(168)

Director of Public Health

20. The forecast for the Director of Public Health cost centre is on budget.

21. The forecast for a contribution to corporate overheads of £0.631m is on budget. A technical adjustment was processed in August for a transfer of £60k from the corporate overhead allocation to create a controllable budget for Doolittle Mill based on known lease costs plus estimates of utilities, repairs and maintenance and office costs.
22. The forecasts for the use of the 2013/14 strategic reserve of £0.523m is on budget. Plans for the spending of the reserve are currently being drawn up. The criteria being proposed for use of the Public Health strategic reserve are that they should fulfil ALL of the following criteria (on the basis this is what Public Health currently use when commissioning services):
 - a) There is a strong evidence base that it directly contributes to the strategic priorities of helping people to live longer and healthier lives and/or protecting the population from infectious disease and environmental hazards.
 - b) That it reduces health inequalities.
 - c) That it has been identified as a priority within the JSNA, based on population need.
 - d) That delivery of the objective is through an evidence based intervention or, where current evidence is limited is fully evaluated and reviewed.

Assistant Director Public Health

23. The costs of the Shared Team are budgeted here. Early advice from BBC is that there will be a small under spend on pay which will be shared with CBC.
24. The forecast is showing a saving of £37k on the payroll costs. This is for the post of the Head of Emergency Planning which has been removed from the structure. The total saving for this post is £62k. This saving will be shared with BBC in the 60/40 split ratio.
25. A cost of £39k for ICT work stream costs for the transition project is showing here. However a transfer from earmarked reserves from the 2012/13 transitional grant will take place. This shows as an over spend in the forecast in September which will be covered by a transfer from reserves, so a net nil effect on the figures.
26. The budget for Doolittle Mill is on target.

Head of Service Children, Young People & Health Inequalities

27. The overall position is an under spend of £61k.
28. Head of Service

The forecast is a £55k under spend. This is due to payroll savings from 1 vacant post and 2 employees on maternity leave.

29. Sexual Health Services

The forecast is showing a £66k over spend. The budget for Community Contraceptive and Sexual Health Services (CASH) Services was set at £689,000 for 2013/14. This was based on a contract value suggested by the previous NHS Commissioning organisation, which was subsequently found to be unrealistic to secure service provision adequate to meet local population need. The re-tender of the CASH contract has resulted in the annual contract value exceeding the allocated budget by £0.111m. The impact of this for Central Bedfordshire is an over spend of £0.066m – this will be met from savings within the Substance Misuse Contracts where the provision within the contract for provider redundancies will be less than expected.

30. Children's Services

Discussions have taken place with SEPT Community Services regarding agreed developments of the 5-19 Healthy Child Programme. This will result in a contract variation. It is anticipated that a non-recurrent under spend will arise in 2013/14 in the region of £120k, however this will be shared with BBC. CBC share of this underspend is £72k.

31. Other

This area includes Teenage Pregnancy, Fluoridation, Obesity Intervention programmes for young people and the Dental Health Service. The majority of these services are commissioned by BBC. These are all currently forecast on budget.

Head of Service Older People and Adults

32. The overall position is an under spend of £43k.

33. Head of Service

The forecast is an under spend of £43k. This is due to payroll savings for 3 vacant positions and one employee on maternity leave. The Resilience Support Office vacancy saving will be shared with BBC in the 60/40 split ratio. In total this is approximately £5k based on when the new starter starts. This is forecast to be in December.

34. Health Checks

This service is provided by BBC. Current indications are that the budget will be on forecast.

35. Stop Smoking Service

Shared Service – the shared service is provided by BBC. Current indications are that the budget will be on forecast.

CBC Stop Smoking Service – this budget is on target. An adjustment of £28k was made to the budgets in August for the non-pay budget realignments between CBC and BBC.

Head of Service Substance Misuse and Alcohol

36. Head of Service

The forecast is currently on target. A budget virement is required to set up a payroll budget. The budget for this is currently included under the Substance Misuse Contract budget.

37. Substance Misuse - Integrated Drug and Alcohol treatment system provision

The forecast on this budget is currently showing an under spend of £66k. This has arisen in the provision within the contract for provider redundancies, these will outturn at less than provided for. The under spend here will cover the over spend within Sexual Health Services with respect to the Community Contraceptive and Sexual Health Services (CASH) contract. All other items of expenditure against this cost centre are expected to be within budget.

38. Drug Intervention Programme

This is a service hosted on behalf of the three local authorities in Bedfordshire. Funding is from former PCT budgets and from the Police and Crime Commissioner (previously from the Home Office). It is expected that this service will be on budget. An income/expenditure budget was set for this cost centre in August with grant income, income from Bedford Borough Council and Luton Borough Council and expenditure budget transferred from the Substance Misuse budget.

Reserves position

39. The total earmarked reserves available as at the end September 2013 are £0.026m.

Income & Debt Management

40. There was no outstanding debt for Public Health at the end of the second quarter.

Prompt Payment Indicator

41. The performance target for payment to suppliers, where there is no dispute over the amount invoiced, is 90% of invoices paid within 30 days of invoice receipt date. For Public Health this figure for September 2013 is 50%, with 7 invoices out of 14 paid after the 30 days. April to September cumulative is 68.52% (August cumulative 75%).

Risks and Upsides

42. There is a potential risk of an additional £168k to the budgets regarding the Sexual Health Shared Service across GUM and Primary Care. The contract is an activity based contract and quarter one activity data is showing higher than expected GUM activity (Genito-Urinary Medicine). This forecast is based on a single quarter of activity and monitoring of this is being carried out by BBC.

It is expected that this risk will be mitigated by savings elsewhere within the Public Health service.

Public Health may become liable for certain prescribing costs currently picked up by CCG. Total risk to date estimated to be in the region of £900k of which £535k is CBC share. However current information suggests that this risk is low.

Virements

43. There have been 7 directorate budget realignments during the second quarter, July to September.
- £350k transfer of the Alcohol Misuse contract budget from the Alcohol Prevention budget to the Substance Misuse budget where the contract costs are charged.
 - £60k transfer from the corporate overhead allocation to create a controllable budget for Doolittle Mill based on known lease costs plus estimates of utilities, repairs and maintenance and office costs.
 - £601k transfer of the Drug Intervention Programme (DIP) BBC income and expenditure from Substance Misuse to the DIP cost centre.
 - £553k setting income/expenditure budget for DIP - Community Safety Grant and income due from Luton Borough Council.
 - £141k transfer of the Alcohol Misuse BBC income budget from the Alcohol Prevention budget to the Substance Misuse budget where the contract costs are charged.
 - £1,292k setting income/expenditure budget for LAT Offender Health Income within the Substance Misuse budget.
 - £28k setting the Stop Smoking non pay budget with income from BBC.

Appendices:

Appendix A1 Directorate Position analysed by AD

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Month: September 2013	Year to date				Year					
Director	Budget	Actual	Use of Reserves	Variance	Approved Budget	Forecast Outturn	Forecast Variance	Proposed transfer to reserves	Proposed use of Earmarked reserves	Forecast Variance after use of earmarked reserves.
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Director of Public Health	615	354	0	-261	1,230	1,230	0		0	0
Assistant Director Public Health	608	569	-39	-78	1,215	1,217	2	37	-39	0
Head of Service Children, Young People and Health Inequalities	1,529	1,459	0	-70	3,058	2,997	-61	61	0	0
Head of Service Older People and Adults	560	525	0	-35	1,120	1,076	-44	44	0	0
Head of Service B:DAT	1,625	1,652	0	27	3,250	3,184	-66	66	0	0
Less Government Grant	-4,937	-4,937	0	0	-9,873	-9,873	0		0	0
Total	0	-378	-39	-417	0	-168	-168	208	-39	1

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 16 December 2013
Subject: Quarter Two 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 2 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:

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Financial:

- | |
|-------------------------------------------------------|
| <p>2. There are no direct financial implications.</p> |
|-------------------------------------------------------|

Legal:

- | |
|---------------------------------------------------|
| <p>3. There are no direct legal implications.</p> |
|---------------------------------------------------|

Risk Management:

- | |
|--------------------------------------------------------------------------------------------------------------------|
| <p>4. Areas of ongoing underperformance are a risk to both service delivery and the reputation of the Council.</p> |
|--------------------------------------------------------------------------------------------------------------------|

Staffing (including Trades Unions):

- | |
|---------------------------|
| <p>5. Not Applicable.</p> |
|---------------------------|

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 and Public Health 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 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. As previously reported C2 MTP, Number of additional “Extra Care” flats is scored Red as the likely delivery date for Dukeminster is Summer 2015, outside of the MTP target of 2014. However progress continues to be made, including the securing of £1.7m of Homes & Communities Agency grant funding for Dukeminster scheme where work is planned to commence in January 2014. A planning application for the Leighton Buzzard site was submitted in August and Aldwyck Housing Group have advised that they also propose to start on site early in 2014 with a completion date of Summer 2015.
16. The performance of C6 MTP, Customers receiving self-directed support (SDS), is scored as Red, although it continues to show an improving performance (77.5%) The number of people receiving self-directed support increased with 3,363 people receiving support between October 2012 and September 2013. Of which 1,475 customers are in receipt of direct payments. Although the local target is 100%, the overall performance of indicator continues to exceed the national target of 70%
17. The Percentage of decent homes (Council stock) is scored as Amber (99.7%). However the number of properties not meeting the Decent Homes Standard fell from 21 in Quarter One to 13 in Quarter Two. As previously reported the replacement of elements within Council properties (e.g. kitchens, bathrooms, etc) is no longer based on failure of the Decent Homes Standard, but on the life expectancy of the element. This approach will affect the rate at which the MTP 100% target is achieved
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. In Quarter 2 the safeguarding team completed 26 case file audits of which four were excellent, 12 good, nine adequate and one poor. The poor outcome was escalated to the Assistant Director and line managers of the team for action. 33% of the closed case files were audited in Quarter 2, exceeding the 25% target.
20. The annual Safeguarding Report was presented to this Committee in October 2013.
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. The new performance framework will be reported in November.
22. Progress continues to be made in increasing the coverage of Village care schemes (C 4a MTP), with 87% of Central Bedfordshire is covered by a Village Care scheme, which represents 27 out of 31 wards. The four wards that are not covered by a Village Care scheme are Sandy and Leighton Buzzard/Linlode. Two schemes for these areas are currently being set up and will go live between December 2013 and March 2014. The MTP target of 100% is therefore on course to be met.

23. Good progress is being made on Council commissioned dementia care rated as good or excellent (C 5a MTP). Using the ADASS quality workbook, 61% of dementia care providers are rated as Good or Excellent. Progress continues to be made with the Dementia Accreditation Scheme with seven providers been awarded the scheme between July and September, making a total of eight providers awarded the scheme. Two providers are also currently going through the probation period.
24. Good progress continues to be made on the number of Health Checks offered (C 7 MTP) with revised target being exceeded and in line to deliver the Medium Term Plan target.
25. In addition to the figures relating to those having been offered Health Checks, the percentage of people accepting this offer and actually having their Health Check remains high, at 91.1% cumulatively for the first two quarter of 2013/14. However, work to identify the reasons for this number not achieving either quarterly or 6 monthly targets indicates that there are some providers significantly underperforming and work is underway to support Primary Care with remedial action in the second half of the year to ensure that this target is met.

Director's Summary – Social Care, Health and Housing

26. The Directorate continues to perform well against the Medium Term Plan priority of "Promote health and wellbeing and protecting the vulnerable".
27. Progress continues to be made in the proportion of customers receiving self-directed support (C1 MTP The proportion of customers (34.0%) receiving support as a Direct Payment also continues to improve and met the profile target for Quarter 2.
28. The Council has secured £1.7m of HCA funding for Dukeminster and, once the preferred construction supplier is approved by the Executive in December 2013, work on the site is scheduled to start in January 2014 with the scheme being completed in Summer 2015.
29. Planning application for the Leighton Buzzard site was submitted in August and Aldwyck Housing Group have advised that they also propose to start on site early in 2014, with a completion date of Summer 2015.
30. Performance information is reported for the first time this quarter for the Village Care Scheme (C4 MTP) and commissioned dementia services (C5 MTP).
31. As at the end of Quarter Two, 87% of the wards in Central Bedfordshire have access to a Village Care Scheme, with schemes being established for the remaining wards, Sandy and the Leighton Buzzard/Linslade wards by March 2014.

32. The Directorate uses the ADASS quality workbook to rate the quality of providers of Adult Social Care, with 61% of dementia care providers being rated as good or excellent, thereby achieving the Medium Plan target of 60%. The Dementia Accreditation Scheme continues to be rolled out with providers, with a total of eight providers accredited to the scheme and two providers currently going through a probationary period.
33. Progress has been maintained in the other targets.

Director's Summary – Public Health

33. The number of Health Checks offered continues to exceed the quarterly targets set for 2013/14, with 65.36% of the annual target achieved in the first half of the year. As in previous years the challenge is in ensuring that as many of these offers as possible result in the take up of a Health Check. In the first six months of the year we have achieved 45.6% of our annual delivery target, so are slightly behind target. However with 5,042 Health Checks delivered in the first six months of this year we have already delivered 652 more than we did in the same period last year. Public Health are keen to further improve the up take of Health Checks and are working closely with Primary Care to support those providers who have been underperforming in the first six months of the year.
34. This sustained delivery in the provision of Health Checks continues to aid the early diagnosis of health issues leading to more effective treatment. Health Checks are also able to provide recipients with extremely valuable preventative advice which if taken will help them not only improve or maintain their health, but will also enable health services to make more effective use of their resources in the longer term.

Appendices:

Appendix A – Quarter Performance Report Q2 2013/14

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

None

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Appendix A - Quarterly Performance Report

Medium Term Plan Indicators and CMT Appendix A indicators

Quarter 2 2013/14

Report comparison - Depends on the nature of the indicator		Direction of travel (DoT)		Performance Judgement	
		↕	↔		
Seasonal	Compared to the same time period in the previous year	↕	Performance is reducing	R	RED - target missed / off target - Performance at least 10% below the required level of improvement
Quarter on quarter	Compared to the previous quarter	↔	Performance remains unchanged	A	AMBER - target missed / off target - Performance less than 10% below the required level of improvement
Annual	Compared to one fixed point in the previous year	↗	Performance is improving	G	GREEN - Target achieved or performance on track to achieve target

Overview of performance

Ref	Indicator	Performance will be reported:	Performance information being reported this quarter		
			Time period	Performance	
Promote health and wellbeing and protect the vulnerable					
C 1 MTP	Protecting Vulnerable Adults	Quarterly	Quarter 2 2013/14	↔	G
C 2 MTP	Number of additional 'Extra Care' flats provided	Quarterly	Quarter 2 2013/14	↔	R
C 3 MTP	Percentage of decent homes (Council stock)	Quarterly	Quarter 2 2013/14	↑	A
C 4a MTP	Number of Village Care schemes in operation	Quarterly	Quarter 2 2013/14		G
C 5a MTP	Percentage of council commissioned dementia care classed as 'good' or 'excellent'.	Quarterly	Quarter 2 2013/14		G
C 6 MTP	Clients receiving self directed support	Quarterly	Quarter 2 2013/14	↑	R
C7 MTP	Percentage of 40 to 74 year olds offered a health check	Quarterly	Quarter 2 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	Latest comparator group average	-	Report comparison	Performance Judgement
	2. Annual Safeguarding Report - Annual				
	3. Develop & implement new safeguarding performance framework – September 2013				G
Comment:	The monthly audit of Safeguarding cases is continuing and is 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 was presented to SCHH Overview and Scrutiny Committee in October 2013. 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. The new performance framework will be reported in November. Monthly performance reports are presented to the Executive and Deputy Executive members for SCHH.				

C 2 MTP Number of additional ‘Extra Care’ flats provided					
Milestones:	1. Secure Planning Permission; agree s106 – July 2013	Latest comparator group average		Report comparison	Performance Judgement
	2. Procure contractor - tbc				
	3. Commence Construction – January 2014				R
	4. Open New Provision – by December 2014				
Comment:	£1.7m of HCA grant funding has been secured for Dukeminster and the start on site is now scheduled for January 2014. As previously reported completion is due in Summer 2015. A planning application for the Leighton Buzzard site was submitted in August and Aldwyck Housing Group have advised that they also propose to start on site early in 2014 with a completion date of Summer 2015.				

C 3 MTP Percentage of decent homes (Council stock)										
Unit	Good is	2012/13			2012/13			Latest comparator group average	Report comparison	Performance Judgement
		Qu 1	Qu 1	Qu 1	Qu 1	Qu 2	Qu 3			
%		98.20	99.00	100	100	100	100			
Target		98.20	99.35	99.35	99.6	99.7				
Actual		99.3	99.4	99.35	99.6	99.7				A
Comment:	13 properties currently do not meet the Decent Homes standard, a reduction of 8 in the last quarter. As previously reported, following the adoption of the Housing Asset Management Strategy, replacement of elements within Council properties (e.g. kitchens, bathrooms, etc) will not be based on failure of the Decent Homes Standard, but on the life expectancy of the element.									

C 4a MTP									
Number of Village Care schemes in operation									
Unit	Good is	2013/14				Latest comparator group average	Report comparison	Performance Judgement	G
		Qu 1	Qu 2	Qu 3	Qu 4				
%	High	NA	87.1	90.3	100	-	-		
	Target				100				
	Actual	NA	87.1						
<p>Comment: 87% of Central Bedfordshire is covered by a Village Care scheme, which represents 27 out of 31 wards. The four wards that are not covered by a Village Care scheme are Sandy and Leighton Buzzard/Linslade. Two schemes for these areas are currently being set up and will go live between December 2013 and March 2014.</p>									

C 5a MTP									
Percentage of Council commissioned dementia care classed as 'good' or 'excellent'									
Unit	Good is	2013/14				Latest comparator group average	Report comparison	Performance Judgement	G
		Qu 1	Qu 2	Qu 3	Qu 4				
%	High	60	60	60	60	-	-		
	Target				60				
	Actual	NA	61.2						
<p>Comment: Using the ADASS quality workbook, 61% of dementia care providers are rated as Good or Excellent. Progress continues to be made with the Dementia Accreditation Scheme with seven providers been awarded the scheme between July and September, making a total of eight providers awarded the scheme. There are also two providers that are currently going through the probation period. The third application round will be sent out to providers in October.</p>									

C 6 MTP																
Clients receiving self directed support (ASCOF1c)																
Unit	Good is	2012/13				2013/14				Latest comparator group average	44.1 CIPFA 2011/12	Report comparison	Quarter on Quarter	Performance Judgement	R	
		Target (Outturn)	Qu 1	Qu 2	Qu 3	Qu 4	Outturn	Target (Outturn)	Qu 1							Qu 2
%	High	100	54.7	66.2	71.7	75.9	75.9	77.1	77.5							
	Target	100														
	Actual	52.9	54.7	66.2	71.7	75.9	75.9	77.1	77.5							
<p>Comment: The number of people receiving self-directed support continues to rise with a slight increase in Quarter 2. Between October 2012 and September 2013, 3,363 people received self-directed support, with 1,475 customers taking that support as a direct payment. As previously reported, the target of 100% for 2013/14 is still a challenging one and accounting for the identified exceptions, if performance reaches 86%, it will be deemed that the target will have been met. Progress to meeting this target continues, with a concerted effort being made to reach the target by March 2014.</p>																

C 7 MTP		NHS Health checks (percentage of people aged 40 to 74 years of age offered a health check).														
Unit	Good is	Latest comparator group average												Report comparison	Quarter on Quarter	Performance Judgement
		2012/13				2013/14				Quarter 1	Quarter 2	Quarter 3	Quarter 4			
%	High	2010/11	2011/12	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Outturn			
		Percentage offered a health check	Target	Number	12,999	20,822	6,014	6,014	6,016	24,058	3,979	3,979			15,916	
Actual	Number		14,923	21,466	5,057	4,978	6,651	25,769	6,091	4,312						
Number of Health checks delivered	Target	%	115	103	84	83	111	107	153	108						
	Actual	%	116	101	66	80	105	87	98	84						
<p>Comment: The number of Health Checks offered continues to exceed the revised target set and is in line to deliver as stated in the Medium Term Plan. The Quarter 2 actual was at 108% of target, giving a cumulative performance of 130% of the 6 monthly target achieved by the end of this period. The trend at Quarter 2 shows an increase in performance against target from 2012/13. In addition to the figures relating to those having been offered Health Checks, the percentage of people accepting this offer and actually having their Health Check remains high, at 91.1% cumulatively for the first two quarters of 2013/14. However, work to identify the reasons for this number not achieving either quarterly or 6 monthly targets indicates that there are some providers significantly underperforming and work is underway to support Primary Care with remedial action in the second half of the year to ensure that this target is met.</p>																



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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 16 December 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.	There are currently no items listed relating specifically to this Committee's terms of reference contained in the latest version of the Executive's Forward Plan. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report.
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?RPIId=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.	27 January 2014	Domiciliary Care Retender Contact: Elizabeth Saunders	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.
2.	27 January 2014	Park Homes Licensing Fees Policy	To consider and comment on the Park Homes Licensing Fees Policy and provide comments to the Executive.	
3.	27 January 2014	Review of Empty Homes Performance Contact: Tony Keaveney	To review performance of empty homes indicator	
4.	27 January 2014	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.	
5.	27 January 2014	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.	

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6.	27 January 2014	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.	27 January 2014	East of England Ambulance Service Contact: Sheila Shaw	To receive an update on performance relating to the EoE Ambulance Trust .	An update requested by Members at their July meeting
8.	27 January 2014	SEPT services Contact: Diane Gray	To receive a progress and approach update	
9.	03 March 2014	111 Telephone Services Contact: Diane Gray	To receive an update on provision of a 111 Telephone Service	
10.	03 March 2014	Ophthalmology Service Contact: Diane Gray	To receive an update on provision of Ophthalmology Services	
11.	03 March 2014	Allocations Policy Contact Tony Keaveney	To receive and comment on the Allocations Policy	
12.	03 March 2014	Housing Asset Management Strategy Contact: John Holman	To receive a report on progress made on implementing the Housing Asset Management Strategy	
13.	07 April 2014	BCCG: Bedfordshire Plan for Patients 2015/15 Contact: Diane Gray		

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14.	07 April 2014	Meeting the Accommodation Needs of Older People Contact: Tim Hoyle/Julie Ogley	To receive an update on progress in meeting the accommodation needs of older people	
15.	07 April 2014	Policy to Discharge Homelessness Duty Contact: Nick Costin	To receive a report on the creation of a policy to discharge the councils homelessness duty.	
16.	07 April 2014	Revenue, Capital and Housing Revenue Account (HRA) Budget Monitoring reports (Q3) Contact: Nick Murley	To receive Q3 reports for the Social Care Health and Housing Directorate	Executive: 18 March 2014
17.	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
18.	12 May 2014	TBC		
19.	23 June 2014	Homelessness Strategy Contact: Nick Costin	An update on the proposal for the Strategy.	For information and comment.

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