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

please ask for Paula Everitt
direct line 0300 300 4196
date 20 February, 2014

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time
Monday, 3 March 2014 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), Mrs A Barker, 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. **Minutes**

   To approve as a correct record the Minutes of the meeting of the Children's Services Overview and Scrutiny Committee held on 27 January 2014 and to note actions taken since that meeting.

2. **Members' Interests**

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

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

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

4. **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.

5. **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.

6. **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.

7. **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

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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, 27 January 2014.

PRESENT

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

Cllrs	R D Berry	Cllrs	Mrs S A Goodchild
	Mrs G Clarke		Mrs D B Gurney
	P A Duckett		M A Smith

Members in Attendance:	Cllrs	P N Aldis	
		D Bowater	Vice-Chairman of the Council
		Dr R Egan	
		C C Gomm	
		C Hegley	Executive Member for Social Care, Health & Housing
		A M Turner	Deputy Executive Member for Social Care, Health & Housing
		M A G Versallion	Executive Member for Children's Services

Officers in Attendance:	Mr N Costin	–	Head of Private Sector Housing
	Mrs P Everitt	–	Scrutiny Policy Adviser
	Dr T Gilbey	–	Private Sector Housing Area Manager (North)
	Mr S Mitchelmore	–	Assistant Director, Adult Social Care
	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 Saunders	–	Assistant Director Commissioning

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

	Central Bedfordshire
Mrs P McNamara	Sue Ryder Care
Mr M Titcomb	Programme Director, East of England Ambulance Service
Mr R Winter	Executive Director Integrated Services Bedfordshire & Luton (Community Service)

SCHH/13/98 **Call-In**

None

SCHH/13/99 **Minutes**

RESOLVED that the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 16 December, 2013, be confirmed and signed by the Chairman as a correct record subject to the addition of Cllr P N Aldis to the attendance list.

SCHH/13/100 **Members' Interests**

- Cllr Mrs G Clarke declared an interest as a family member worked for the Clinical Commissioning Group
- Cllr Dr R Egan declared an interest as a sheltered housing tenant.

SCHH/13/101 **Chairman's Announcements and Communications**

The Chairman announced she would provide an update on the progress of the Joint Health Overview and Scrutiny Committee at the next meeting.

SCHH/13/102 **Petitions**

None

SCHH/13/103 **Questions, Statements or Deputations**

The Committee were informed that two speakers had registered to speak. The Chairman announced the speakers would be invited to speaker in advance of the relevant item.

SCHH/13/104 **Requested Items**

None

SCHH/13/105 **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:-

- An informal budget discussion that had taken place for Members and had been well attended.

- Hoarding at the Priory View site (formally known as Dukeminster), which were now in place and provided excellent branding for the Council.
- An anniversary event at the Terence Higgins Trust that she had recently attended.
- Attendance at performance meetings with officers.

SCHH/13/106 **Bedford Hospital Update**

The Chairman welcomed Stephen Conroy who was pleased to announce that the Care Quality Commission (CQC) had lifted all of the warning notices that had been imposed last summer, apart from one concern relating to governance. Arrangements to improve governance arrangements were now in place. The challenge remained for Bedford Hospital to ensure consistent standards were maintained. Two Members of the Committee attended a tour of the Hospital in December and were impressed with the enthusiasm and commitment of staff and the cleanliness of the wards.

Members congratulated Stephen Conroy on the turnaround at Bedford Hospital and noted the steps taken to ensure all governance measures had improved.

NOTED the update

SCHH/13/107 **Hospital Discharge Task Force**

The Corporate Policy and Scrutiny Manager introduced the Hospital Discharge Task Force report. The report outlined recommendations of the task force review of performance relating to the pathway for leaving hospital and set out the implications of several of the recommendations for implementation. It was noted that the content of the report was largely historical in nature due to the time taken to gather information and events that had overtaken the initial piece of work.

Members of the Committee wished to thank the Task Force for a good report and requested that a letter of thanks be sent to those witnesses that had attended meetings.

RECOMMENDED

1. **That the recommendations contained in the report of the Task Force be endorsed.**
2. **That the appropriate NHS bodies submit an update to the Committee in two months time outlining progress in implementing the recommendations detailed in the Task Force report.**
3. **That the Committee receive regular monitoring reports on hospital discharge performance.**

SCHH/13/108 **End of Life Care**

Penny McNamara of the Sue Ryder Trust gave a presentation that explained the End of Life Pathway in Central Bedfordshire. Public and media concern was raised last year following the publication of the Neuberger Report into the Liverpool Care of the Dying Pathway (LCP). The Neuberger report findings

established an inconsistent approach by care providers and LCP had become a 'toxic brand'.

From July 2014 all providers would be required to deliver care to an agreed set of standards, this included communication with relatives.

In light of the presentation, Members discussed the following issues:-

- The importance of communication and transparency with relatives and patients.
- The importance of managing the expectations of relatives and patients when providing care.

The Chairman and Members of the Committee expressed their thanks for the informative presentation.

NOTED the presentation

SCHH/13/109 **East of England Ambulance Trust Update**

Ross Brand, General Manager, Bedfordshire, East of England Ambulance Service NHS Trust (EEAT) and Mark Titcombe, Programme Director, East of England Ambulance Service NHS Trust, presented a report which provided an update on the Trust's turnaround plan to deliver better services for patients and explained the specific picture for Central Bedfordshire. The report included performance against national Ambulance Care Quality Indicators in the Bedfordshire area compared to the rest of the Trust's region. The Trust had achieved all national standards with the exception of Cardiac Arrest survival to discharge from hospital, which was slightly below target.

Dr Anthony Marsh had been appointed as the new Chief Executive of the Trust with effect from 1 January 2014. In Bedfordshire there was a fully staffed establishment and steps had also been taken to recruit 350 student paramedics. Staff training had been delivered on new respiratory intervention procedures and end of life care pathway at the request of staff members.

The Chairman thanked the EEAT representatives for their update report that displayed all the properties of a good service.

NOTED the report.

SCHH/13/110 **SEPT Services including Biggleswade Hospital**

A member of the public expressed their concern to the Committee that no action had been taken since the last meeting where concerns were raised regarding Biggleswade Hospital. In particular the need to admit patients to the men's ward and the need for beds for patients from the surrounding area.

Another member of the public also expressed the need for a bed at Biggleswade Hospital for his wife who was currently being cared for at Bedford Hospital.

The Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) and the Director of South Essex Partnership

Trust (SEPT) introduced a report that set out the position on the utilisation of the commissioned beds at Biggleswade Hospital.

The Director of SEPT Services advised that all beds at Biggleswade Hospital were available for use and the criteria had been flexed for admissions, however, to date the beds had not been required. Assurances were given that work was underway behind the scenes and there had been an increase of 38% of patients being safely cared for at home.

The Chief Executive Bedford Hospital advised there was a gap in provision and there was a bigger requirement for patients with advanced dementia than rehabilitation. Provision for dementia patients was not available at Biggleswade Hospital.

In light of the report Members raised the following issues:-

- Whether a clear action plan to implement the Community Bed Review was available. The Director BCCG advised that work had been carried out behind the scenes. The Director of Social Care Health and Housing explained that the Better Care Fund report, due to be considered by Members at their next meeting would include integration information which would help clarify matters.
- Whether plans to provide a Short Stay Medical Unit (SSMU) in the north of Central Bedfordshire for residents would be considered. The Director BCCG advised that any plans for a SSMU would be drawn out from the Bedfordshire Health Services Review that would be complete later in the year.

In light of the discussion Members requested to be kept informed of the monitored use of rehabilitation beds at Biggleswade Hospital. The Director of SEPT agreed to update the Committee at their next meeting and continue to keep Members informed.

NOTED the report and requested the Director of SEPT Services update the Committee at their next meeting

SCHH/13/111 **Domiciliary Care Retender**

The Assistant Director, Strategic Commissioning introduced a report that provided the Committee with a six month update on the operation of the framework agreement in respect of domiciliary care. To date the new Framework had attracted new high quality providers to Central Bedfordshire and customers had more information and choice.

In light of the update, a Member asked if the Council required providers to meet a standard on pay, sick pay, holiday pay and travel time as part of the contract. The Assistant Director agreed to provide a written response to this question that outlined contract terms.

With regards to the good feedback received to date on the web portal, a Member asked what steps had been put in place to ensure self-funded patients access the information. The Assistant Director acknowledged this was an important point and work was underway to develop access.

A Member requested background information on providers to determine a meaningful decision based on their ranking. The Assistant Director advised this information was being collated and would be available in addition to customer satisfaction ratings.

RECOMMENDED that the Framework Agreement for Domiciliary Care Services be scheduled into the work programme for May 2014 to provide a full year's update and officers look to include provision in contracts to include providers staff retention packages criteria.

SCHH/13/112 **Park Homes Licensing Fees Policy**

The Head of Housing Solutions introduced the draft Park Home Site Licensing Fees Policy. The Policy gave the Council the ability to recover costs associated with the licensing of park home sites through the fees as set out and enabled the Council to monitor conditions on sites more effectively. In order for the Council to charge site owners a fee for a site licences the Policy needed to in place by 1 April 2014.

A consultation and a residents event had recently been held to explain the changes in legislation that would allow all local authorities to charge fees for issuing and monitoring site licenses and to take enforcement action if conditions were not met. Residents had welcomed the event that had given them the opportunity to raise their concern that site owners would pass on the new charges to park home residents. Residents were also aware of the Council's role under the new legislation.

In light of the report, Members discussed the following issues:-

- Whether site owners could pass on the new costs of site licences to residents and what support officers would provide to vulnerable residents in such cases. The Private Sector Area Housing Manager advised that the new legislation would see the introduction of a new procedure for increasing pitch fees. Residents would be able to challenge unfair charges at a tribunal, however, officers would not be able to get involved in private contract arrangements.
- Whether site owners were aware of the changes in legislation. The Private Sector Area Housing Manager advised there had been a consultation on the proposals to the industry, local authorities and housing associations and the Council had held a Site Owners Engagement Event in September 2013. Whilst annual fees would apply to all non-exempted sites, transfer and amendment fees would only apply where a site owner requested a transfer or amendment of an existing licence, and initial licence fees only where an application was made for a new site not previously licenced.
- That the Park Homes Strategy reflect that officers would intervene and offer assistance to help vulnerable residents who are victims of harassment and asked for help

RECOMMENDED

1. **That a section be incorporated in the Park Home Strategy to ensure assistance to vulnerable residents is available.**

2. **That the Committee endorse the draft Park Home Site Licensing Fees Policy.**

SCHH/13/113 **Draft Budget 2014/15, Medium Term Financial Plan 2014/18 and Capital Programme 2014/15 to 2017/18**

The Assistant Director Resources gave a presentation that outlined the Social Care Health and Housing draft Budget, Medium Term Financial Plan in addition to the efficiencies and key pressures for the directorate. In light of the report and the further clarification provided by the Executive Member the Committee and officers present, Members discussed the following issues in detail:-

- Whether the Director was confident that the directorate could respond to the pressure of an ageing population and whether the level of need arising from this pressure was adequately monitored. The Director assured Members she was confident that the Council could meet the additional pressure arising from an ageing population. Performance measures would be introduced in light of the Better Care Fund that would hold various agencies to account to ensure need in Central Bedfordshire was being met.
- Whether the Council could effectively support the transition from childhood to adulthood in light of proposed reductions in budgets. The Director confirmed that colleagues in Children's Services and Adult Social Care were working together to provide the best care for those in need.
- Concerns regarding the increase in variations to residential care costs and care packages. The Executive Member shared her concern and would monitor these costs very closely.

RECOMMENDED that the Council's draft budget for 2014/15 Medium Term Financial Plan and Capital Programme 2014/15 to 2017/18 in relation to Social Care, Health and Housing be endorsed.

SCHH/13/114 **Fees and Charges (2014/15)**

The Assistant Director Resources introduced the proposed revised fees and charges for Social Care Health and Housing, which included a 2% increase.

Cllr Dr Egan declared a personal interest in relation to Supporting People Charges and asked for a written explanation as to how these charges had been prepared. A member also requested additional information regarding the charges for the Lifeline Service.

NOTED the proposed fees and charges for the Social Care, Health and Housing directorate.

RECOMMENDED

1. **That a Briefing note on the charges applied to sheltered accommodation be prepared for circulation to Members of the Committee.**

2. **That further details be supplied on the Lifeline charges.**

SCHH/13/115 **Draft Housing Revenue Account Budget 2014/15**

The Assistant Director Resources introduced the Housing Revenue Account Budget and Investment Plan 2014/15 – 2019/20 and gave a presentation on the key issues. The average increase in rent was proposed at 5.46% and a review of services charges had been undertaken, given the current charges did not cover costs.

In light of the presentation and report, Members discussed the rent increases for tenants in 1 bedroom housing in the south of Central Bedfordshire compared to charges for tenants in bigger houses. The Executive Member advised the charges continued to be below the market rent and offered good value to tenants.

Cllr Dr Egan declared a disclosable pecuniary interest and asked the Committee to consider a freeze in rents for tenants in sheltered housing accommodation because of the inequity in charges. The Executive Member agreed to share a comprehensive briefing note that explained how rents at Council properties were calculated and the comparisons used in the private sector (market rents).

Members asked what plans were being considered to create more extra care housing in the north of Central Bedfordshire. Members were concerned that some residents had not been offered the same level of service as those in the south of Central Bedfordshire because of a lack of extra care housing. In response the Executive Member agreed to hold an informal session with Members to share the plans and ambitions currently being discussed.

RECOMMENDED

1. **That the Housing Revenue Account Budget and Investment Plan for 2014/15 – 2019/20 be endorsed.**
2. **That comments received during the Executive Member Budget briefing session be circulated separately to the Committee.**
3. **That an informal briefing session be arranged for Members on the proposals to deliver more extra care housing currently being discussed**.

SCHH/13/116 **Work Programme 2013/`14 & Executive Forward Plan**

The Committee considered the current draft work programme which would be updated to include the two items detailed in the body of the Minutes

RECOMMENDED that the work programme be approved subject to the addition of two items detailed in the body of the Minutes.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.55 p.m.)

Meeting:	**Social Care Health and Housing Overview & Scrutiny Committee**
Date:	**03 March 2014**
Subject:	**Better Care Fund (Formerly Integration Transformation Fund)**
Report of:	**Cllr Mrs Carole Hegley, Executive Member for Social Care and Health and Housing**
Summary:	This report outlines the steps being taken to develop Central Bedfordshire Better Care Fund Plan. It sets out details of the Better Care Fund and allocations for Central Bedfordshire. It describes the national conditions which must be met for disbursement of the fund and the performance metrics used to measure impact and outcomes of the plan.

Advising Officer:	Julie Ogley, Director of Social Care, Health and Housing
Contact Officer:	Patricia Coker , Head of Partnerships and Performance, Social Care, Health and Housing
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

- Promote health and wellbeing and protecting the vulnerable.

Financial:

2. The development of the BCF plan has financial implications for both the Council and the Clinical Commissioning Group for the following reasons:
   - Financial and demographic pressures facing councils and the NHS and the requirement to protect services
   - The combined pooled budget of Adult Social Care and the CCG will require a robust governance framework to manage the pooled funds
   - Elements of the Care Bill for implementing new and health and social care responsibilities are aligned to the Better Care Fund
   - The reduction of NHS Acute allocations to support the implementation of the Better Care Fund Plan could impact on Acute Providers if the agreed outcome measures are not delivered.

Legal:

3. Legal implications will be considered as part of delivery of the Better Care Fund Plan.

Risk Management:

4. Risk issues will be identified within the Better Care Plan.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. The Better Care Fund is focussed on improving the health and social care outcomes for older people. The Better Care Plan will be based on the Joint Strategic Needs Assessment and will reflect the priorities set out in the Joint Health and Wellbeing Strategy, commissioning plans and strategies, which have been or will be subject to the appropriate equalities impact assessments and take account of the protective characteristics of the Equality Act 2010

Public Health

7. The Better Care Fund Plan will focus on improving health and social care outcomes for older people, with an emphasis on promoting health and wellbeing through prevention and early intervention.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. Receive a presentation on the Better Care Fund Plan

2. To consider and comment on the requirements for the Better Care Fund

3. To consider and comment on the emerging Better Care Fund Plan and the wider implications for the health and social care economy in Central Bedfordshire and for the Council as a whole.

Introduction

1. The Better Care Fund (BCF - previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round, to ensure transformation in integrated health and social care.

2. The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent on health and care to drive closer integration and improve outcomes for patients and service users and carers. It is intended to provide a better experience of care to patients and service users and by so doing reduce the pressure on residential care and acute hospitals.

The June 2013 Spending Round set out the following:	
2014/15	2015/16
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the Fund will be created from:	
£1.9bn of NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: • £130m Carers' Break funding • £300m CCG reablement funding • £354m capital funding (including £220m Disabled Facilities Grant) • £1.1bn existing transfer from health to adult social care.	
Note: £1bn of the £3.8bn is to be linked to achieving outcomes; the Planning Guidance summarises the basis on which the performance related elements will operate.	
Central Bedfordshire Allocations	
For 2014/15 the revenue allocation of the national pot of £1.1bn for Central Bedfordshire will be £3.821m, an increase of £0.722m over the NHS Transfer funding for 2013/14.	
The national allocation of £3.8bn for 2015/16 will lead to an apportionment of £15.290m to Central Bedfordshire taking account of the other funding streams set out above. The amount includes £1.19m for Disabled Facility Grants and Social Care capital grants with £14.1m transferring from the Bedfordshire Clinical Commissioning Group.	

3. Local plans need to be jointly agreed between the local authority and CCGs and signed off by Health and Wellbeing Boards. To assist Health and Wellbeing Boards a template has been developed and will be used for agreeing and publishing the Better Care Fund Plan. It sets out the key information and metrics that the Health and Wellbeing Boards will need for assurance that plans address the conditions of the BCF.

4. The BCF provides an opportunity to transform local services so that people are provided with better integrated care and support and is seen as an important enabler to take the integration agenda forward at scale and pace. It supports the aim of providing people with the "right care, in the right place, at the right time", including through a significant expansion of care in Community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing to develop integrated care and on understanding the patient/service user experience.

Requirements of the Funding – National Conditions

5. In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

6. Each statutory Health and Wellbeing Board will sign off the plan for its constituent Councils and CCGs. The Fund plan must be developed as a fully integral part of a CCG's wider strategic and operational plan, but the Better Care Fund elements must be capable of being extracted to be seen as a stand-alone plan.

7. Six national conditions for access to the Fund have been set:
    1. Plans to be jointly agreed.
    2. Protection for social care services (not spending) – explanation of how local services will be protected.
    3. 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.
    4. Better data sharing between health and social care, based on the NHS number.
    5. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
    6. Agreement on the consequential impact of changes on the acute sector.

8. The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are:
    1. Delayed transfers of care;
    2. Emergency admissions;
    3. Effectiveness of re-ablement;
    4. Admissions to residential and nursing care;
    5. Patient and service user experience (a new national measure is being developed)

9. In addition to the five national metrics, local areas should choose one additional indicator that will contribute to the payment-for performance element of the fund. This could be from the Outcomes Framework for the NHS, Adult Social Care or Public Health. The proposed chosen local measure is 'Injuries due to falls in people aged 65 and over'.

The Local Context

10. There are important challenges for delivering a Better Care Fund programme in the context of a rapidly growing and ageing population, in a predominantly rural area across the catchment areas of seven acute hospitals – none of which is within the Central Bedfordshire Council area. By 2021, the population is set to increase to 282,000, with a projected increase of almost 53% in the over 65s.

11. There are four existing and well-defined population centres based around the towns of Dunstable/Houghton Regis, Leighton Buzzard/Linslade, Ampthill/Flitwick, and Biggleswade/Sandy. These population centres form the basis of well established localities (Chiltern Vale, Leighton Buzzard, West Mid Beds and Ivel Valley) that are to be the focus of developments in health and social care. The Council's older people and disabilities services are coterminous with these localities and we have already established integrated health and social care locality arrangements in the Chiltern Vale area and plan to expand this approach across the rest of Central Bedfordshire, with a particular focus on improving outcomes for older people.

12. A number of strategic initiatives which will influence our Better Care Fund Plan are already underway:
    - Work with health partners to re-engineer key medical and primary care to triage services, which aligns with key projects, for example in Biggleswade and Dunstable.
    - The Demonstrator Project in the south of Central Bedfordshire for frail elderly people, with comprehensive geriatric assessment on arrival in hospital to reduce admissions and length of stay in hospital, supported by community based intermediate and reablement services.
    - Re-commissioning of community and mental health services over the next 12 months, which presents real opportunity to redesign community health services in line with the vision for more integrated locality based care, working closely with the hospital to break down traditional barriers to focus on community based services.
    - The Review of Health Services in Bedfordshire and Milton Keynes will help to inform the plan.

Conclusion and Next Steps

13.. Work has started to develop a deliverable Better Care Fund Plan for Central Bedfordshire. The plan will be evidence based and informed by current strategies such as the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and Commissioning Intentions documents.

14. Detailed discussions will take place about where the efficiencies will come in the system and what targets/measures need to be owned across the health and social care sector.

15. Further engagement with key providers, service users and carers will take place between February and April.

16. A Peer Assurance Process that has been developed along with some regional funding to assist Councils and CCGs.

17. An initial submission of the Better Care Fund plan for Central Bedfordshire will be submitted on 14 February 2014. A final draft will be submitted to NHS England on 4 April 2014.

Background Papers: (open to public inspection)
Appendix A - Better Care Fund, Technical Guidance (attached)

Location of papers: Priory House, Chicksands

Appendix A

Better Care Fund – Technical Guidance

This document is designed as a reference to use in completing your Better Care Fund (BCF) planning template. It is not intended to be a complete guide to the Better Care Fund. In developing your plan for the Better Care Fund, you should also refer to:

- CCG Planning Guidance - which can be found on the NHS Planning page
- BCF Annex to Planning Guidance - which can be found on the NHS Planning page;
- BCF allocations – which can be found on the BCF Planning page
- "Guidance to local areas in England on pooling and aligning budgets"[1], DCLG;
- Planning FAQs - which can be found on the NHS Planning page

The document (i) discusses each section of the Better Care Fund Template in turn, (ii) sets out the detailed specification for each of the five national metrics underpinning the performance element of the Fund, (iii) provides further guidance on the choice of local metric, and (iv) provides further information for you in setting plans for each metric.

The Better Care Fund Template

Finance – Summary

The finance tabs of the template need only be filled out once for each Better Care Fund. This will normally mean that they are filled out by each Health and Wellbeing Board, but in some cases several Health and Wellbeing Boards may join together to make a single plan. Note that CCGs may appear in more than one BCF plan, if their population lies in multiple Health and Wellbeing Boards.

Contributions table

Organisation	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1			
CCG #1			
CCG #2			
Local Authority #3			
etc			
BCF Total			

This table is intended to provide a summary of each participating body's contribution to the Better Care Fund in 2015/16, and of any spending on BCF schemes which is planned in 2014/15.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/8313/1508565.pdf

We will now describe the columns in more detail:

- **Organisation** – there should be a separate row for each organisation which is contributing some funds to the Better Care Fund. In many cases, the list will include an upper-tier local authority and a number of Clinical Commissioning Groups (CCGs) covering the same geographical area. Another organisation (e.g. a provider trust) may also choose to invest in the fund.

  In some cases, a group of multiple local authorities and CCGs may choose to plan together for the Better Care Fund. In such cases only one financial plan is needed, but each local authority and CCG should be listed separately in this table.

- **Spending on BCF schemes in 14/15** – some schemes to deliver the aims of the BCF will need investment in 14/15. There is £200m in the Better Care Fund in 2014/15, which will come as part of the s.256 transfer from NHS England to LAs. In addition, other partners may wish to invest early in order to realise benefits in 2015/16.

- **Minimum contribution (15/16) –** in this column, please record against each organisation the minimum amount which they must pay into the BCF in 2015/16. For local authorities, this will be the sum of the social care capital grant and the Disability Facilities Grant for 2015/16; for CCGs, this minimum will be given in the BCF allocations.

- **Actual contribution (15/16) –** CCGs and local authorities can choose to contribute more than the minimum. In this column, please record the actual amount which each organisation has contributed in 2015/16.

- **BCF total -** the total value of each column.

Contingency plans

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

The Better Care Fund is intended to provide a means for joint investment in integrated care, which ought to reduce the pressure on social care and hospitals by providing treatment before a crisis. CCGs will have to make significant efficiencies to generate the money to invest in the BCF, and there is a risk that if BCF plans do not deliver the anticipated results (e.g. reductions in residential care admissions or

reductions in emergency hospital admissions) resources will be needed to meet the demand (e.g. funding care packages or extra staff for A&E).

In this text box, please explain how you will meet any additional demand on health and care services if your BCF schemes do not deliver the anticipated reduction in demand.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

This table gives some quantitative background to the contingency plan, allowing the reader to compare the scope of planned savings against the level of extra investment needed if the savings are not delivered. In more detail:

- **Outcome** – in this column, you should list the key metrics which you are using to measure the success of your BCF plan in reducing pressure on health and social care services. These are likely to include the national metrics, but may also include measures determined locally.

- **Planned savings (if target fully achieved) –** this row should give the level of savings expected if targets are achieved (e.g. if emergency admissions are reduced, reducing the amount of overtime required from A&E staff.)

- **Maximum support needed for other services (if targets not achieved) –** this row should give the amount of funding required to meet the additional need if the planned improvement in outcomes does not occur. E.g. if part of your BCF plans are that reablement means 100 fewer people need residential care, this would be the cost of putting those 100 people into residential care.

- Columns give the cost/benefit in 2015/16 and ongoing.

Finance – Schemes

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Scheme 1									
Scheme 2									
Scheme 3									
Scheme 4									
Scheme 5									
Total									

This table breaks down the financial implications of each element of your BCF plan across recurrent and non-recurrent, spending and benefits. In more detail:

- **BCF investment** – please use this column to list each scheme for using BCF spending. Please also include in this column the contributions paid from the BCF to district councils for the Disability Facilities Grant, unless they are included as part of another scheme. You may combine a number of small schemes into a single line, provided that the total value of that line is not greater than 10% of the BCF.

- **Lead provider –** this column should identify the primary provider for that scheme. Among other things, this might be an NHS provider, a charity, a council or a private company.

- **Spending –** these columns should match up to the total 14/15 and 15/16 spending listed in the Financial Summary sheet. This should be divided into recurrent and non-recurrent spending.

- **Benefits –** the Better Care Fund is intended to provide a better experience of care to patients and service users and by so doing reduce the pressure on residential care and acute hospitals. This column should capture any financial savings which are associated with the BCF initiatives, e.g. through reducing unplanned admissions.

Outcomes & Metrics

You should provide details of the expected outcomes and benefits of the scheme and how these will be measured for each metric (other than patient experience) in the box provided (please expand the box as required).

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

A patient/service user experience metric will be included for the 2nd (October 2015) payment and can be based on either an existing or newly developed local metric, or a national metric that is currently in development. If you are choosing a local metric for patient/service user experience, please provide details of how the local metric meets the following criteria:

- The metric should be meet SMART criteria (Specific, Measureable, Attainable, Realistic and Timely)
- The metric should target the population you are focussing on improving the health and well-being of. For example, the frail and more vulnerable elderly
- The metric should be centred around the core areas of improvement you are trying to make regarding patient experience. For example, understanding the extent to which people feel supported to manage their long term condition and have control over their daily lives
- The metric should look at patient experience across settings, considering how services work together.

If you are choosing the national metric, this is currently in development and details of payment will be confirmed once the national metric has been agreed.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

Ministers, stakeholder organisations and people in local areas will wish to be assured that the Fund is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand. To support this, for each metric you should provide details of the assurance process underpinning the agreement of the performance plans.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

In addition to the local assurance the plans will also go through an assurance process involving NHS England and the LGA to assure Ministers.

Where it is agreed locally, you can work together with other HWBs to set a plan at a higher level – for example at county level. In this situation all HWBs within the area must sign up to the plan, and it should be clear what each HWB and each CCG is accountable within the plan.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Details should be provided in the template. In addition, plans should be submitted for each individual HWB, as well as the multiple-HWB combined (to allow reconciliation).

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*		N/A	
	Numerator			
	Denominator			
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	*Metric Value*			
	Numerator			
	Denominator			
		(TBC)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience [for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]			N/A	
		(insert time period)		*(insert time period)*
[local measure - please give full description]	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	*(insert time period)*	*(insert time period)*

You should provide a baseline for each metric, as well as a plan that will underpin each payment (April and October). We will now describe each column of the template in more detail:

- **Metrics** – this lists each individual metric, against which a baseline and plans need to be submitted. For the patient / service user experience measure, you should add the details of the metric that you propose to use here (if you do not provide these details then you will be agreeing that the as yet undetermined national metric for patient / service user experience). For the local measure, you need to provide details of the exact metric that you have chosen to contribute to the payment-for-performance element of the Fund.

- **Current Baseline** – To put performance plans in context, the template should set out a baseline level of performance for all of the metrics. For the permanent admissions to resident care and effectiveness of reablement metrics, the baseline should be 2012-13 data, which is available in the Operational Planning Atlas for CCGs. For delay transfers of care, data is available monthly and therefore you will want to choose the most appropriate period (in terms of representativeness of true underlying performance) to use as the baseline, although we recommend this should cover at least six months. For avoidable emergency admissions, historic data is not yet available at local authority level, and so NHS England will provide this data in January 2014. For the patient / service user experience measure you only need to enter a baseline if you have proposed a specific metric (as opposed to the as yet undetermined national metric). For the local measure, you will also need to provide a baseline figure. For all metrics you should provide the numerator and denominator as well as the overall metric value (typically a proportion or rate) to support the assurance process. For patient experience we'd anticipate that numerator and denominator data will not be available.

- **Performance underpinning April 2015 payment** – You should set out the level of ambition against which your performance will be assessed for the first payment of the performance element of the Fund here. The time period to which this should correspond has been stated in the template, although for the local metric you should specify this. A level of ambition is not required here for the permanent admissions to resident care and effectiveness of reablement metrics as these are annual metrics and will not underpin the April 2015 payment. Similarly we anticipate that any patient / service user experience metric will be annual, and so will not underpin the April 2015 payment. As with the baseline, you should provide the numerator and denominator (although typically this is based on ONS population estimates you may have to just assume no change) as well as the metric value.

- **Performance underpinning October 2015 payment** - You should set out the level of ambition against which your performance will be assessed for the second payment of the performance element of the Fund here. The time period to which this should correspond has been stated in the template, although for the local metric you should specify this. For the patient / service user experience measure you only need to complete this if you have

proposed a specific metric (as opposed to the as yet undetermined national metric).

Specification of Metrics

1) Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	
Outcome sought	Reducing inappropriate admissions of older people (65+) in to residential care
Rationale	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.
Definition	**Description**: rate of council-supported permanent admissions of older people to residential and nursing care. **Numerator**: Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers between residential and nursing care (aged 65 and over). This is from the ASC-CAR survey. **Denominator**: Size of the older people population in area (aged 65 and over). This is the ONS mid-year estimate.
Source	Adult Social Care Outcomes framework (HSCIC: http://www.hscic.gov.uk/article/2021/Website-Search?q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&go=Go&area=both) Population statistics (Office for National Statistics, http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html)
Reporting schedule for data source	Frequency: annual (collected Apr-March) Timing: Provisional data in 2012-13 was published July 2013 (4 month lag), final due early 2014 (9+ month lag) Baseline: This should be 2012-13 data available in the Operational Planning Atlas for CCGs. Payment : For this metric there will only be payment in October 2015 and this will be based on annual 2014-15 data.
Historic	Data first collected 2011-12 (currently two years data available – 2011-12 final, 2012-13 provisional)

2) Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Outcome sought	Increase in effectiveness of these services whilst ensuring that those offered service does not decrease
Rationale	Improving the effectiveness of these services is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Ensuring that the rate at which these services are offered is also maintained or increased also supports this goal.
Definition	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services. **Numerator:** The number of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. This excludes those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months. Collected 1 January to 31 March of relevant year for all cases in denominator. **Denominator:** The number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital. Collected 1 October to 31 December for the relevant year. Alongside this measure is the requirement that there is no decrease in the proportion of people (aged 65 and over) discharged alive from hospitals in England between 1 October 2012 and 31 December 2012 (including all specialities and zero-length stays) that are offered this service.
Source	Adult Social Care Outcomes framework (HSCIC: http://www.hscic.gov.uk/article/2021/Website-Search?q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&go=Go&area=both)
Reporting schedule for data source	Frequency: annual (although based on 2x3 months data – see definition above) Timing: Provisional data in 2012-13 was published July 2013 (4 month lag), final due early 2014 (9+ month lag) Baseline: This should be 2012-13 data available in the Operational Planning Atlas for CCGs. For the proportion offered reablement the baseline should be 2013-14 data (since this data is not required now to set this part of the level of ambition) Payment : For this metric there will only be payment in October 2015 and this will be based on 2014-15 data.
Historic	Data first collected 2011-12 (currently two years data available – 2011-12 final, 2012-13 provisional)

3) Delayed transfers of care from hospital per 100,000 population	
Outcome sought	Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.
Rationale	This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.
Definition	Average delayed transfers of care per 100,000 population (attributable to either NHS, social care or both) per month. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer AND (b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND (c) the patient is safe to discharge/transfer. **Numerator:** The total number of delayed transfers of care (for those aged 18 and over) for each month included* **Denominator:** ONS mid-year population estimate This rate should be divided by number of months included in numerator in order to give average total monthly delayed discharges (this is important in order to allow comparison of rates across the different payment periods – see *Reporting schedule for data source* below) *Note: this is different to ASCOF Delayed Transfer of Care publication which uses 'monthly snapshot' collected for one day each month.
Source	Delayed Transfers of Care (NHS England http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/) Population statistics (Office for National Statistics, http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html)
Reporting schedule for data source	Frequency: Numerator collected monthly. (Denominator annual) Timing: 2 month lag. (ONS population denominator available for previous year in July - updated September. Where more appropriate ONS population projections can be used) Baseline Monthly data is available in the Operational Planning Atlas for CCGs for the period April 2012 to September 2013. Alternatively, the total monthly delayed transfers of care data is also available from NHS England (http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14/) although the most up to date ONS population figures should be used to calculate rates. HWBs can choose an appropriate period to use although it is recommended that this covers at least six months and should be the latest available data. Payment Apr 2015 payment to be based on Apr-Dec 2014 (Q1-Q3 2014-15) Oct 2015 payment based on Jan-Jun 2015 (Q4 2014-15 and Q1 2015-16)
Historic	Data first collected Aug 2010 (39 months currently available)

4) Avoidable emergency admissions	
Outcome sought	Reduce emergency admissions which can be influenced by effective collaboration across the health and care system.
Rationale	Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the NHS improve the quality of care and reduce the frequency and necessity for emergency admissions. About a third of avoidable admissions are for people with a secondary diagnosis relating to mental health. Progress in reducing emergency admissions is likely to need a strong focus on improving the physical health of people with mental health conditions.
Definition	Composite measure of: • unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages) • unplanned hospitalisation for asthma, diabetes and epilepsy in children • emergency admissions for acute conditions that should not usually require hospital admission (all ages) • emergency admissions for children with lower respiratory tract infection. Details of each of these separate indicators can be found in the NHS Outcomes Framework: https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014 The composite measure will match that used in the Quality Premium except it will be based on Local authority (using resident population) rather than CCG geography (GP registered population). http://www.england.nhs.uk/wp-content/uploads/2013/05/qual-premium.pdf Numerator: emergency admissions for primary diagnoses covering those in all 4 metrics above for all ages, by local authority of residence Denominator: Local authority mid-year population estimate/projected estimate (ONS) This will be used to give the crude rate of avoidable emergency admissions per 100,000 population
Source	Hospital Episode Statistics
Reporting schedule for data source	Frequency: Quarterly Timing: 4 month lag Baseline Historic data will not available to HWBs so NHS England will provide baseline data in January 2014. Payment April 2015 payment will be based on Apr 2014-Sep 2015 data October 2015 payment will be based on Oct 2014-Mar 2015 data.
Historic	Quarterly data will be produced from January 2014 but historic data will be available to extract for last 5 years

5) Patient/service user experience	
Outcome sought	To demonstrate local population/health data, patient/service user and carer feedback has been collated and used to improve patient experience. To provide assurance that there is a co-design approach to service design, delivery and monitoring, putting patients in control and ensuring parity of esteem. (Details of patient/service user engagement in development of BCF Plan should be included in Part 1 of the BCF Planning template)
Rationale	Effective engagement of patients, the public and wider partners in the design, delivery and monitoring of services: • Improves communication between communities, service users, commissioners and providers • Gives patients, carers & their families a better understanding of their conditions and treatment plans to achieve better outcomes • Increases understanding of patients and the public about health and social care services • Empowers communities to have a say in the delivery of local services • Encourages better decision-making and leads to more effective service delivery; by involving communities in the design/delivery of services they are more likely to be successful in terms of their relevance, usage levels and, therefore, their impact.
Definition	Payment can be based on either an existing or a newly developed local metric or on a national metric. Please note that it is not possible to provide details of a national metric at this stage. Analysis of potential existing measures has identified a number of shortcomings in these measures, particularly in their ability to reflect experience across entire journeys of care and sectors. Therefore, a new national metric is currently being developed. For those choosing to use the national metric details of payment will be confirmed once the national metric has been agreed. The following criteria should be applied by those choosing to use a local metric: • The metric should be meet SMART criteria (Specific, Measureable, Attainable, Realistic and Timely) • The metric should target the population you are focussing on improving the health and well-being of. For example, the frail and more vulnerable elderly • The metric should be centred around the core areas of improvement you are trying to make regarding patient experience. For example, understanding the extent to which people feel supported to manage their long term condition and have control over their daily lives The metric should look at patient experience across settings, considering how services work together.
Source	To be determined at a local level (national metric currently being developed)
Reporting schedule for data source	October 2015 data to be provided through an agreed local metric or a national metric. No single national measure of integration currently exists. Work is currently being undertaken to provide an appropriate

	initial national data source for reporting in October 2015.
Historical comparisons	Data for October 2015 submission based on a local or national metric. Historical comparisons will not be available unless local metrics have been used previously. A national metric is currently being devised for reporting in October 2015.

Local Metric

In addition to the five national metrics, you should choose one additional indicator that will contribute to the payment-for-performance element of the Fund. You are required to either select one of the following metrics or another suitable local metric to underpin both the April 2015 and the October 2015 payment.

NHS Outcomes Framework	
2.1	Proportion of people feeling supported to manage their (long term) condition
2.6i	Estimated diagnosis rate for people with dementia
3.5	Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days
Adult Social Care Outcomes Framework	
1A	Social care-related quality of life
1H	Proportion of adults in contact with secondary mental health services living independently with or without support
1D	Carer-reported quality of life
Public Health Outcomes Framework	
1.18i	Proportion of adult social care users who have as much social contact as they would like
2.13ii	Proportion of adults classified as "inactive"
2.24i	Injuries due to falls in people aged 65 and over

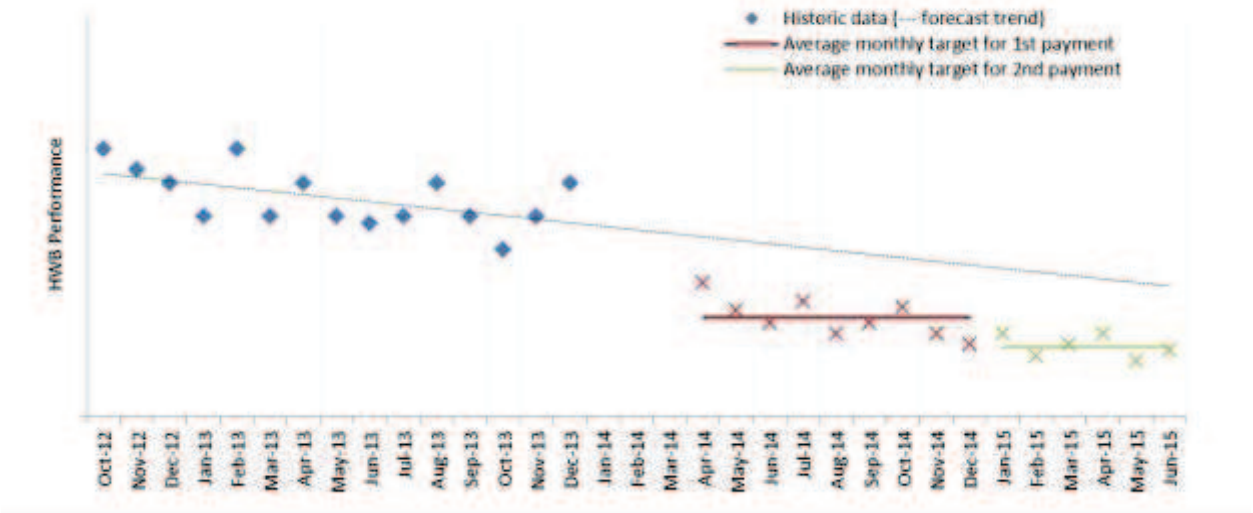
Whatever metric is selected (including those listed above), you must ensure that:

- it has a clear, demonstrable link with the Joint Health and Wellbeing Strategy;
- data is robust and reliable with no major data quality issues (e.g. not subject to small numbers – see "statistical significance" in next section);
- it comes from an established, reliable (ideally published) source;
- timely data is available, in line with requirements for pay for performance – this means that baseline data must be available in 2013-14 and that the data must be collected more frequently than annually;
- A numerator and a meaningful denominator should be available to allow the metric to be produced as a meaningful proportion or a rate;
- the achievement of the locally set plan is suitably challenging; and
- the metric creates the right incentives.

Setting plans for each metric

For the avoidable emergency admissions and delayed transfers of care metrics (and potentially the local selected metric) there should be sufficient historic data available to allow you to be able to use forecasting as a tool in setting your levels of ambition. This could involve plotting historic data, assessing the trend over time and using this to set a target which is "better" than that predicted by the current trend – *see chart 1* (preferably taking in to account statistical significance – see below).

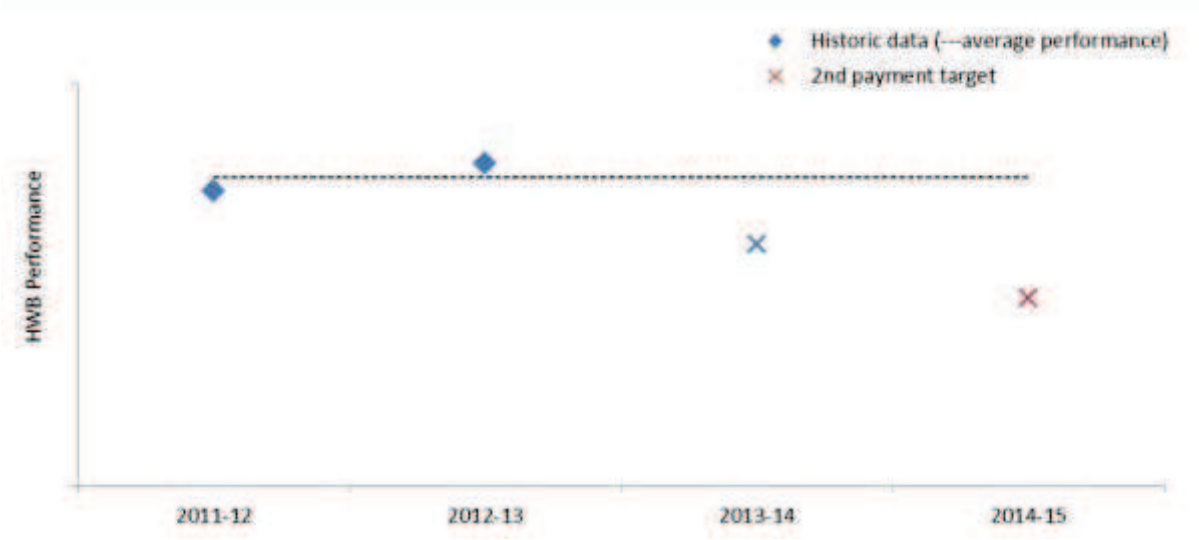
Chart 1: example of forecasting approach to setting targets for delayed transfer of care. The average monthly target for each payment could be set using the historic trend, and then the data collected from each month (red and green crosses) can be used to measure actual performance.



Any locally understood seasonal trends (periodic peaks or troughs) apparent in the data can also be taken in to account although it is anticipated that these variations will be marginal in most localities.

For the other metrics there will be insufficient historic data to allow this kind of forecasting. Instead the average historic performance may be a suitable starting point from which to base the level of ambition – *see chart 2.* Alternatively, the recent England 'trend' could be used as a means of forecasting.

Chart 2: example of average performance approach to setting targets for residential admissions.



It is important that you can provide assurance that detailed consideration has been given to the levels of ambition you set. Levels of ambition should:

- provide an overall goal and sense of purpose
- be related to actions known to be effective
- be achievable over a specified time
- be realistic but challenging
- be measurable and be able to be monitored
- be agreed by those who have a part to play in their achievement
- be expressed in terms of health improvements or reductions in risk factors in the population.

Clearly you will need to identify the key actions that can be taken to improve health and social care integration and link these predicted effects to a realistic level of ambition.

Statistical significance

Alongside the above considerations, you should be aware that improvements below a certain threshold will not be differentiable from year-to-year random fluctuations and therefore may not provide sufficient assurance that 'real' improvement has been made. It is recognised however that the size of a local authority (or more precisely the size of the relevant population to a given metric) will have an impact on the threshold required to reach statistical significance and therefore this will tend to be tougher for smaller local authorities. Therefore it is important that this is considered when setting targets although for some localities it may not be realistic to set a target on the basis of statistically significant improvement within the timeframe of the Better Care Fund.

The table below gives an indication, for each metric, of the magnitude of relative improvements that would be required to show statistically significant improvement for half of all localities (the median) within the timeframes of interest in the Better Care Fund. For all localities to statistically significantly improve these would need to be markedly higher.

National metric	Relative improvement for half of localities to significantly improve
Residential care admissions	-13%
Reablement effectiveness	6%
Delayed transfers of care	-4%
Avoidable emergency admissions	Data not yet available
Patient experience	Data not yet available

In addition we have produced a "ready reckoner" that allows you to enter your baseline figures and the tool will show the approximate change required for it to be statistically significant. You may want to use this in setting your plans for the Fund. This tool uses a log-transform methodology to derive approximate confidence intervals around the rate/risk ratio between the baseline and the relevant payment period. To use this you will require:

- Your baseline numerator and denominator data (e.g. delayed transfers of care count and ONS local authority population),
- the expected target denominator for the particular payment period (this could be a forecast figure or, if expected to change little the same as the baseline denominator)
- The baseline and target periods used. These will be the same for some metrics (e.g. 12 months for reablement and residential admissions) but for others they may be different (e.g. delayed transfers of care). If different then the baseline and target numerators in the tool will represent figures for different time periods and will have to be divided through by the relevant periods in order to compare e.g. average monthly rate.
- There are also two dropdowns to choose the required direction of travel (e.g. target should be for delayed transfers of care to decrease) and the level of confidence in the statistical significance calculation. In many cases the 95% confidence level will be the appropriate level to use but a lower confidence level may be more appropriate, for example for smaller areas where it is harder to demonstrate statistical significance.

The tool will provide the target numerator that will be required for areas to show statistically significant improvement along with the relative percentage improvement required.

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

Date: **3 March 2014**

Subject: Empty Homes Strategy - review of performance

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

Summary: The report proposes that Members of Overview and Scrutiny review and note performance in tackling empty homes in Central Bedfordshire

Advising Officer:	Julie Ogley, Director of Social Care Health and Housing
Contact Officer:	Nick Costin, Head of Service
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The report supports the Council Priorities;
   - Enhancing Central Bedfordshire – creating jobs, managing growth, protecting our countryside and enabling businesses to grow.
   - Promote health and wellbeing and protecting the vulnerable.

Financial:

2. The capital programme is £270k for 2013/14. The business model for Empty Dwelling Management Orders (EDMO's) includes repayment of the capital costs through rent collected during the lifetime of the EDMO (maximum 7 years). The Council have access to £100K Government funding. This will be used primarily for non enforcement solutions. The Council are also partners with the charity Empty Homes, which enables Central Bedfordshire empty home owners to apply for loans of up to £15,000 through the Ecological Building Society without incurring set up fees/costs.

3. Council Tax changes applied in April 2013 has reduced numbers of long term empty homes by 266 to 989 at October 2013. Some, however, are being investigated by Revenues and Benefits Service and the Head of Service is of the view that it is too early to conclude the outcome of the Council Tax changes. The reduction in long term empty homes from October 2012 to October 2013 is 452. This reduction will result in New Homes Bonus of approximately £630,000, which could be payable for six years.

Legal:

4. All high level enforcement action in respect of empty homes is undertaken with close liaison with Legal and Democratic Services.

Risk Management:

5. The risks of not progressing enforcement action include dissatisfaction from neighbouring residents, reputational damage, and not meeting strategy objectives. There is, however, risk of Council action being challenged by owners. This risk is minimised through joint working between Housing and Legal and Democratic Services, and through the learning from previous enforcement actions. There is risk of capital programme under spending where delays occur. This is reported monthly.

   The Council are developing a new framework agreement to procure management services for Empty Homes and Private Leasing. Risks of this type of partnership working are being minimised by using lessons learnt from partnership work with Genesis and the pilot EDMO properties agreed by Executive in Sept 2009 which have been completed and occupied for over 12 months.

Staffing (including Trades Unions):

6. Not applicable.

Equalities/Human Rights:

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

8. The empty homes strategy is designed to help meet the needs of people needing accommodation in Central Bedfordshire. It is designed to increase availability of housing resources that are currently wasted through being empty and to tackle those homes that are blighting neighbourhoods as a priority. An equality impact assessment was completed as part of the development of the strategy. The assessment found that there was no evidence that vulnerable groups are more likely to be affected by problem empty homes.

9. Much of the proposed enforcement activity is set out in statute. All Officers are trained to ensure compliance with the law and to recognise the different needs of communities and apply the law in a fair and consistent manner so as to not discriminate.

10. Bringing problematic empty homes back into use should have a positive impact for all members of the community.

Public Health

11. Empty properties can be a source of distress to neighbours for fear of crime and problems associated with poor structural condition of neighbouring empty homes, particularly those who are older or vulnerable.

Community Safety:

12. The Council has a statutory duty under section 17 of the Crime and Disorder Act 1998 to do all that it reasonably can to reduce crime and disorder in its area. Empty properties are often a source of criminal or unsociable behaviour when they are visibly un-occupied, including the dumping of refuse, attempts to break in and cause damage, thefts etc. Consequently, the proposals of this report will progress action to bring these properties back into occupation and consequently improve community safety.

Sustainability:

13. Returning empty properties back into use has been shown to be a more sustainable approach to meeting housing need than new build housing, even where remedial works are required. It will also enhance the immediate residential environment and good management will help ensure that the initial improvements are maintained.

14. Any improvements required will normally include energy efficiency works, resulting in a more affordable home for prospective tenants.

Procurement:

15. The Housing Service is currently tendering for a Property Management service to manage empty properties brought back into use by the Council through enforcement action. If there is sufficient interest, it is hoped that a service can be procured in February 2014. The previous partnership agreement with Genesis Housing Association has ended and is not being renewed.

RECOMMENDATION(S):

The Committee is asked to:-

1. Consider and comment on the achievements obtained to date in respect of empty homes since April 2012, including the additional revenue the Council is likely to receive.

2. Consider and comment on the properties that will be recommended for further high level enforcement action where appropriate.

Background Information

16. Central Bedfordshire Council's Empty Homes strategy was approved by Executive in November 2010. Empty Homes are a potential resource and have to be considered in the wider housing agenda, particularly around the potential use of private rented accommodation in discharging homelessness duty. Returning empty homes to occupation can help improve access to good quality accommodation and can help meet housing need.

17. The Private Sector Housing (PSH) Service focuses activity and resource on the Priority Empty Homes, those empty for 5 years or more and/or subject to complaints. There are currently 208 priority empty homes and PSH has a target to review/check the status of these homes and any activity at least every quarter. This often includes contact with the owner to review progress. The priority register/list is updated regularly and reviewed annually in April, against data obtained from Council Tax data.

18. The Council, will however, work with owners of all empty homes and provide the appropriate advice and assistance required to facilitate the empty home being returned to use. The capital programme is a significant resource to offer empty homes owners. Progress can be slow in persuading owners of long term empty homes to use the funding to bring the property back into use. The programme is also used to fund appropriate enforcement action costs.

Review of Performance and Outcomes

19. The number of priority empty homes returned to use in 2012/13 was 28. To date in 2013/14, 32 priority homes have been returned to use, 13% of those on the register. Each has a case Officer responsible, who will work with the empty home owner where possible, providing practical advice and assistance, including possible financial assistance. The total number of empty homes and long term empty homes are included in appendix A. This indicates that generally the number of empty homes in Central Bedfordshire has reduced since April 2009, apart from April 2013, where an increase was experienced.

20. In addition to the priority register, the PSH service closely monitors and reports on progress of the “top ten” empty homes that were reported to Members in April 2012. These are the properties where enforcement action has been agreed. Progress made for each property is reported to Head of Service. Detailed update on these properties is contained in Appendix B.

21. In 2011, the Council successfully bid for £200K of Government Empty Homes funding. The scheme was in partnership with Genesis Housing Association, who offered to manage the properties in a lease agreement. This scheme was promoted to empty homes owners and interest was generated from around 20 owners. However, whilst the Council progressed these cases, the high management fees charged by Genesis and lower (Affordable) rent resulted in no completions to date. Although Capital funding was attractive, owners found the low rental income unattractive. Several owners, however, are now returning homes back to occupation with other Council assistance.

22. The Council offers Loan Assistance to owners of long term empty homes. There are currently 19 empty home loan cases in progress. Of these, two have completed, six cases have loans approved but not completed (with a value of £51K), and 11 are at the stage of working with the owner towards approval (with an approximate value of £54K). Total potential expenditure is £126K but many cases will slip into the 2014/15 programme. One major case providing several units of accommodation progressed without Loan Assistance; originally assistance of £30K was offered to the owners.

23. It can be challenging persuading owners of long term empty homes to make use of the Loan Assistance funding. The low level of expenditure from the Empty Homes programme to January 2014 (£24K) is due to delays in loan assistance cases mentioned in Para 22 above, and delays with Empty Dwelling Management Order (EDMO) cases. The programme is also used to fund enforcement action, including EDMO costs. Works were due to commence on a property in Caddington to the value of £55K where a Final EDMO had been served but at the last moment, the owner placed the property on the market for sale, which was agreed in January. Whilst this is a "good result" for the Council, it does result in funding earmarked for the scheme remaining unspent.

24. Impact of changes to Council Tax (CTAX) in April 2013 is still to be reviewed. There has been a reduction of 266 long term empty homes between April and Sept 2013. Revenues and Benefits are, however, investigating some of the claims concerning homes being returned to use during this period, which may have been prompted by the 150% charge. The number of empty homes has also been impacted by the exercise that Revenues and Benefits conducted in the autumn 2013 with Liberata to review empty homes. This resulted in 250 properties becoming occupied on CTAX records. Consequently, concluding the impact of the changes to CTAX discounts/exemptions becomes even more difficult.

25. The restructure of the Housing Solutions team in Housing Services is due to be implemented in June 2014. The proposals within the restructure at this time include a greater resource dedicated to tackling empty homes, working more closely with stakeholders within and outside of the Council.

Proposals for Further Enforcement Action

26. Using a scoring criteria detailed in the Empty Homes Strategy, properties on the Priority Register are scored against certain criteria as below:

    (a) Length of time empty
    (b) Number of complaints received about the property
    (c) Level of impact upon the surrounding neighbourhood.
    (d) State of disrepair to the property.

27. On 2 January 2013, the Leader of the Council signed a Notice of Variation of the Scheme of Executive Functions Delegated to Officers. The delegation to the Director of Social Care Health and Housing gave the Director power to exercise the functions in relation to Interim and Final Empty Dwelling Management Orders (Housing Act 2004), after consultation with the relevant Executive Member. The properties included in Appendix C are proposed to be subject to the Director's approval for such action (after consultation with the Executive Member).

Conclusions on Performance

28. Whilst the Housing Service has made some progress in bringing priority empty homes back into use, there is a desire to undertake more activity to meet housing needs. Tackling empty homes is an" invest to save" activity in that New Homes Bonus is obtained for long term empty homes returned to use. 2013 performance has resulted in approximately £630,000 income, which should be paid for six years. In addition, CTAX changes will have increased income during 2013/14 but it is too early to predict how much at this time.

29. The disappointing results of the Government funded Leasing scheme is primarily due to high management fees required by Genesis Housing Association combined with lower rents. Whilst some of the funding has been returned, Council Officers are progressing a tendering process to obtain Management Services from a Letting agent at a rate that should be more attractive to owners. A further promotional programme will begin using the latest data from Revenues and Benefits in February or March 2014.

Next Steps

30. Using a scoring matrix to prioritise the empty homes register, the next tranche of priority empty homes for enforcement action have been identified. These are included in Appendix C and will be recommended to the Director to approve the commencement of Empty Dwelling Management Orders, after consultation with the Executive Member. PSH Officers, will, however, continue to work with owners of these homes to progress a non enforcement solution where possible.

31. A dedicated resource to focus on empty homes is being proposed within the Housing Service restructure. This resource will aim to grow activity using both enforcement and non enforcement tools.

32. Financial Regulations allow the Council to use Housing Revenue Account to potentially purchase, renovate and re-sell empty homes as part of rolling programme and at no long term cost to the Council. It is proposed that properties with outstanding CTAX arrears could be targeted for action as these properties might be subject to future enforced sale action by Revenues and Benefits team.

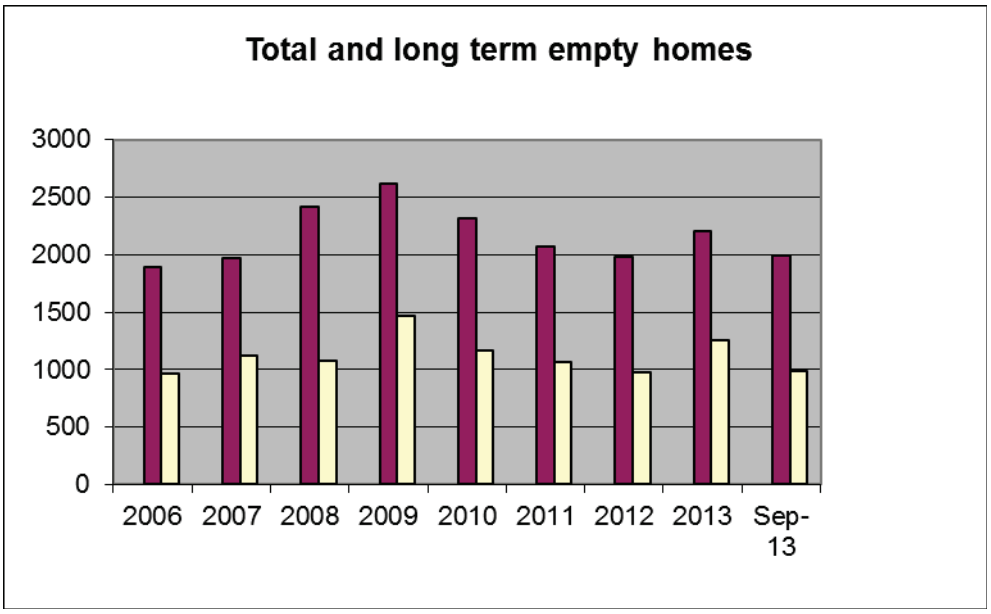
Appendices:
Appendix A – Number of empty homes Central Bedfordshire
Appendix B – Review of progress against previous Empty Homes agreed for Enforcement action
Appendix C – Summary of next tranche of empty homes for potential enforcement action

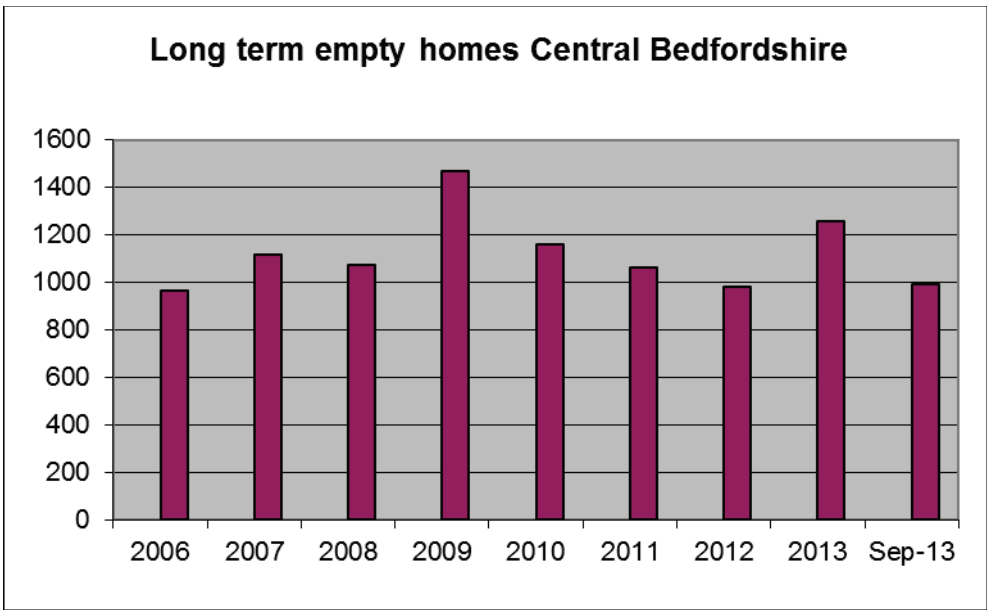
Background papers and their location: (open to public inspection)

Empty Homes strategy 2010 – 15 (on Website)
Empty Homes strategy equalities impact assessment (Watling House)
Executive report 2 November 2010

Appendix A – Numbers of Total and Long Term (6 month or longer) Empty Homes in Central Bedfordshire

The charts below are formed from Council Tax data. The reason for the increase in April 2013 is not known but data from September 2013 indicates that numbers have fallen again, possibly as a result of changes to Council Tax discounts.





Appendix B – Review of Top Five Homes agreed for Enforcement Action in 2010 and Top Ten Long Term Empty homes 2012

1 Highest Priority (Top Five) Empty homes where Executive agreed enforcement action

Two properties, Leighton Buzzard – Final EDMO's completed, and occupied

Caddington – Final EDMO approved but owner has now agreed sale of property. Contracts are being drafted by solicitors. Renovation works suspended.

Houghton Regis – EDMO applied for but withdrawn as property was occupied by squatters, making it exempt. Squatters left in summer 2012, so EDMO action can commence summer 2014 (2 year qualification period) if remains empty. Council are currently taking enforcement action to remedy statutory nuisance (leaking roof).

Totternhoe (Dunstable) – Enforcement action suspended following death of owner. Property occupied.

2 Top Ten for Enforcement Action 2012

Property A, Houghton Regis

EDMO applied for and Interim EDMO successfully obtained in November 2013. Approximate cost of works is £50K if progress to Final EDMO stage. The owner owes Council Tax and has previously asked if the Council would purchase the property. This is being explored with Landlord Services.

Property B, Potton

Works to improve the property have started following contact with owner. Property under review for enforcement action, depending upon further progress being made.

Property C, Shefford

The owners are quite old and have been ill but have stated intention to apply for Loan Assistance to renovate the property. The owner has given Council consent to act on his behalf to get quotes from builders.

Property D, Dunstable

Works in progress to convert building to flats without Council assistance. The works are scheduled to finish late early 2014. Enforcement action not appropriate.

Property E, Houghton Regis

The owner was eventually tracked down to Lincoln. This is a sensitive case where the owner had "switched off" from the fact that they own the property. Case Officer has worked with the owner who has cleared the garden and garage and helped obtain quotes for renovation works. These works are 70% completed and the property is expected to placed on the market for sale early 2014.

Properties F and H, 4 properties in close proximity, Dunstable

Site has been cleared and new development underway. Works started on site of three properties. Further property is now on market waiting for sale. Not appropriate for enforcement action.

Property G, Maulden

The owner moved back into the property, which still requires some remedial work but is occupied.

Property I, Cranfield

The properties are part of a site for a large planning application, which has been submitted.

Property J, Shillington

Planning colleagues served a s.48 notice served in August 2013, to make property, which is listed, weather tight. Notice had two month expiry period for works to be carried out, owner carried out minimal works but not to satisfaction of Planning colleagues. Funding has been offered to Planning colleagues to carry out 'works in default'. Work is still on-going. Very difficult property to renovate.

Appendix C – Summary of next "Top 15" empty homes for potential enforcement action

Property A Dunstable

This detached bungalow has been empty since 2002. The property is in poor condition externally but the interior has not been inspected. Owner is known.

Property B Leighton Buzzard

Semi detached Victorian property. Property has been empty since 2005 according to neighbours but only registered empty since end of June 2013.

Warrant to enter premises has been obtained, owner is known. Full refurbishment required - external and internal. In excess of £50,000

Property C Leighton Buzzard

Semi detached house in a nice location, front gardens are extremely overgrown but front door is accessible. Guttering is missing and visible signs of rot to soffits.

Property is not registered as empty by Council Tax but neighbours have made numerous complaints. Occupancy still being contested/investigated.

Property D Linslade

The empty property is two storey accommodation above a commercial premises, it is currently used for storage. It has been registered as empty since 1995.

Leaseholder has shown interest in refurbishing premises but would have difficulty raising finance. Estimated expense in excess of £50k

Property E Biggleswade

This is a small detached cottage built between 1850 and 1900. The edge of the property forms the boundary to the footpath. Property has been empty since 1994. Owner is known.

Property F Potton

This property is an end terrace built in around 1900. It has been empty since 2002 and has been boarded for most of that time. New owner since 2012.

Refurbishment cost in estimated between £40-50k

Property G Dunstable

Terraced property located near town centre. Neighbouring properties are recently refurbished and well kept which makes this property look more run down/obviously empty.

The property has been empty since 2007 and complaints regarding condition of property have been received.

Owner is in contact with the Council. The property has been inspected and estimated cost of refurbishment works is in excess of £20k

Property H Dunstable

The empty property is two storey flat located above commercial premises. It has been registered as empty since 2003.

Leaseholder has refused to communicate but contact has been made with the freeholder of the property. Estimated cost of refurbishment works is in excess of £20k

Property I Cranfield

Detached bungalow that has been empty since 2002

Property was in very poor condition but owners are now in contact and gardens have recently been cleared.

Estimated cost of refurbishment £10k

Property J Woodside

Mid terrace 2 bedroom flint cottage. A leaking roof to the rear extension and extensive interior works are required at a cost of around £20k.

Property has been empty since 2000. Owner is known

Property K Dunstable

This is a commercial premise situated above a betting shop. Until 2012 it was used as office space.

Permitted development rights allow the conversion to 4 residential flats. The owner would like to convert into 7 dwellings and is proposing to provide nomination rights to the Council to help meet housing need for single adult accommodation. Planning permission would, however, be required for this

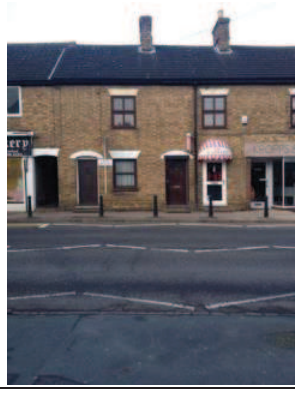
Property L Dunstable

This consists of commercial and residential units. It is in poor condition and attracts damage and refuse. Several complaints have been made to the Council. Premises have been empty since 2007.

The property changed ownership in May 2013 and Housing Services have been working with the new owners to progress the return to the property to use.

Planning permission was submitted for 4 flats and 1 commercial unit in January 2014 .

Property M Barton Le Clay



Terraced property, which has been empty since 2007.

Property appears to be in good condition and with no obvious signs of anti social behaviour.

Property N Stanbridge

Property has been empty since 2006

Owner is not local and has not responded to letters. Property looks run down but no signs of serious disrepair.

Property O Lower Stondon

Empty property next to a commercial building.

It is converted into two residential flats, one has been empty since 1998 and the other since 2000. Planning application submitted in August 2013. The owner intends refurbishing and renting on open market.

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

Date: **03 March 2014**

Subject: **Work Programme 2013 – 2014 & Executive Forward Plan**

Report of: **Chief Executive**

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

Contact Officer: Paula Everitt, Scrutiny Officer

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

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

RECOMMENDATION(S):

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

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

(b) considers the Executive Forward Plan; and

(c) considers whether it wishes to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1 Attached is the currently drafted work programme for the Committee.

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

Overview and Scrutiny Task Forces

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

Executive Forward Plan

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

Ref	Issue	Indicative Exec Meeting date
05	Revenue. Capital and Housing Revenue Account (HRA) Quarter 3 Budget Monitoring Report	18 March 2014
Non Key Decisions		
32	Quarter 3 Performance Report	18 March 2014

Conclusion

5 Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make and highlight those items within it where they may wish to establish a Task Force to assist the Committee in its work. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

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

Background reports

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-
http://www.centralbedfordshire.gov.uk/modgov/mgListPlans.aspx?RPId=577&RD=0

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

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
1.	07 April 2014	BCCG: Bedfordshire Plan for Patients 2015/15	To receive and comment on the proposals	
2.	07 April 2014	Hospital Discharge Performance	To receive performance monitoring data relating to Hospital Discharge	
3.	07 April 2014	Better Care Fund Report	To receive and comment on the final Better Care Fund plan.	
4.	07 April 2014	Allocations Policy	To receive and comment on the Allocations Policy for Central Bedfordshire.	
5.	07 April 2014	Meeting the Accommodation Needs of Older People:	To receive an update on progress in meeting the accommodation needs of older people.	
6.	07 April 2014	Joint Health Overview and Scrutiny Committee for Bedfordshire Health Services Review	To receive an update on progress of the review	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
7.	07 April 2014	Tenant Scrutiny Panel Report	Details of report to be provided.	
8.	07 April 2014	Revenue, Capital and Housing Revenue Account (HRA) Budget Monitoring reports (Q3)	To receive Q3 reports for the Social Care Health and Housing Directorate	**Executive:** 18 March 2014
9.	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
10.	12 May 2014	111 Telephone Services	To receive an update on provision of a 111 Telephone Service	
11.	12 May 2014	Policy to Discharge Homelessness Duty	To receive an update on progress on the creation of a policy to discharge the Councils Homelessness duty	
12.	12 May 2014	Domiciliary Care Retender	First year progress report on the implementation and operation of the Domiciliary Care Framework Agreement.	
13.	23 June 2014	Draft Discretionary Housing Payment Policy	Members to consider and comment on the report to include a summary of the public consultation on the draft policy and an update on the recommended policy	Exec 15 July 2014

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Report Description	Comment
14.	23 June 2014	Homelessness Review and Homelessness Strategy	Initial consideration of the Homelessness Review, prior to development of the Homelessness Strategy, which is a statutory obligation.	Executive December 2014
15.	23 June 2014	Park Homes Strategy	The strategy is an overarching document that sets out the approach for all Park Home issues in Central Bedfordshire including standards, fees, advice, assistance and licensing	Executive August 2014
16.	23 June 2014	Review of Disabled Facilities Grant (DFG) benchmarking following independent DFG review outcomes.	Review of performance	

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