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

This meeting may be filmed.*

please ask for Paula Everitt
direct line 0300 300 4196
date 25 May 2017

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time
Monday, 5 June 2017 10.00 a.m.

Venue at
Committee Room 1, Watling House, High Street North, Dunstable

Richard Carr
Chief Executive

To: The Chairman and Members of the SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE:

Cllrs P Hollick (Chairman), P Downing (Vice-Chairman), Mrs A Barker, P A Duckett, K Ferguson, Mrs S A Goodchild, Mrs D B Gurney, G Perham and A M Turner

[Named Substitutes:

R D Berry, J Chatterley, Ms A M W Graham, R W Johnstone and M A G Versallion]

All other Members of the Council - on request

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

***This meeting may be filmed by the Council for live and/or subsequent broadcast online at http://www.centralbedfordshire.gov.uk/modgov/ieListMeetings.aspx?CommitteeId=576.**

At the start of the meeting the Chairman will confirm if all or part of the meeting will be filmed by the Council. The footage will be on the Council's website for six months. A copy of it will also be retained in accordance with the Council's data retention policy. The images and sound recording may be used for training purposes within the Council.

By entering the Chamber you are deemed to have consented to being filmed by the Council, including during any representation you might make, and to the possible use of the images and sound recordings made by the Council for webcasting and/or training purposes.

Phones and other equipment may also be used to film, audio record, tweet or blog from this meeting by an individual Council member or a member of the public. No part of the meeting room is exempt from public filming unless the meeting resolves to go into exempt session. The use of images or recordings arising from this is not under the Council's control.

AGENDA

1. **Apologies for Absence**

   Apologies for absence and notification of substitute members.

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.

8. **Executive Members Update**

   To receive a brief verbal update from the Executive Members for:-
   - Social Care and Housing and
   - Health

Part A: External & NHS matters

To review and scrutinise any matters relating to the planning, provision and operation of health services in Central Bedfordshire commissioned by the NHS or external organisations (such as the Clinical Commissioning Group).

Reports

Part B: Public Health, Social Care & Housing matters

To review and scrutinise any matters that fall within the remit of the Council's Social Care, Health and Housing or Public Health Directorates.

Reports

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

15 **Minutes** * to follow

To approve as a correct record the Minutes of the meeting of the special Social Care Health and Housing Overview and Scrutiny Committee held on 15 May 2017 and to note actions taken since that meeting.

This page is intentionally left blank

Central Bedfordshire Council

SOCIAL CARE, HEALTH & HOUSING OVERVIEW AND SCRUTINY COMMITTEE

5 June 2017

Primary Care Strategy for Bedfordshire

Report of: Clare Steward, Director of Strategy & Transformation, Bedfordshire Clinical Commissioning Group (BCCG)

Advising Officers: Nikki Barnes, Head of Primary Care Modernisation, BCCG

This report relates to a non-Key Decision

Purpose of this report

1. To provide Members of the Committee with an overview of the work underway to deliver the Bedfordshire General Practice Forward View Plan, which has superseded and incorporated the Bedfordshire Primary Care Strategy.

2. To provide an update to Members of the Committee about key developments within primary care services in Central Bedfordshire.

RECOMMENDATIONS
The Committee is asked to:

1. Consider the work underway and planned to improve the sustainability of primary care services in Central Bedfordshire, to ensure high quality services are maintained for local people.

Executive Summary

This paper sets out the considerable amount of work that is being undertaken to support primary care development and transformation within Central Bedfordshire, and to thereby achieve national requirements around delivery of the *General Practice Forward View* at a local level.

There are significant primary care sustainability issues within Central Bedfordshire (as there are across many areas of the country), and targeted support is being provided to vulnerable practices. Alongside this, practices are being supported to develop longer-term and more integrated primary care solutions at locality level. Significant work is underway to ensure that these new models of service delivery are underpinned by a robust workforce and the necessary infrastructure in terms of estates and IM&T (Information Management & Technology).

Implementing the integrated model of primary care set out in this report and the local General Practice Forward View Plan will require close working and aligned implementation plans with Central Bedfordshire Council. Work has commenced on developing a Joint Integrated Health and Social Care Strategy between the two organisations, to help achieve this.

Primary Care Development Report – 5th June 2017

1. Introduction

The *General Practice Forward View (GPFV)* was published in April 2016, setting out a national strategy for modernising and improving the sustainability of primary care. CCGs were required to submit plans to NHS England in two stages in December 2016 and February 2017, to demonstrate how the GPFV will be delivered locally. The local plan has subsequently been approved by NHS England, and signed-off by the BCCG Governing Body.

The Bedfordshire GPFV Plan builds on and expands the existing work programme locally to support the development and sustainability of primary care. Whilst the plan includes a strong focus on modernising general practice services, it has a broader remit than this, including the strengthening of services in community and home settings. This report provides an overview of the local plan for Members of the Overview and Scrutiny Committee, and provides an update on progress within Central Bedfordshire.

2. The Challenges within Primary Care in Central Bedfordshire

As presented previously, like other areas, primary care services within Central Bedfordshire are facing some key challenges. We have a rapidly growing and ageing population and this combined with modern lifestyles, is resulting in additional requirements being placed on our local healthcare services.

Local GP practices are facing challenges in relation to workforce pressures (difficulties recruiting GPs and nurses), financial challenges, issues around the size and condition of their premises, and increasing workload as a result of changes within the wider system and the demographic changes already described. Many local GP practices consider their businesses to be vulnerable, or their service models to be unsustainable in the long term.

Our community based services often operate separately to each other, with some of our most vulnerable patients with complex needs not always receiving the joined-up care required to prevent unnecessary admissions to hospital. There is a need to develop and deliver upon the opportunities available to improve the way we provide services to these groups of people.

3. Delivering Change

The key components of our plan for transforming primary care services in Central Bedfordshire are laid out below.

3.1 Primary Care Clusters / Joined Up Care

To ensure sustainable, consistent access to GP services and joined up care for patients, we are establishing clusters of GP practices around populations of 30,000 to 50,000 people to support the introduction of a **Primary Care Home (PCH)**[1] model. Under this innovative model, care is built around patients, ensuring they receive the right care in the right place at the right time. GPs will remain central to patient care, working as members of multi-disciplinary teams of health and care professionals so that community, mental health, social care and appropriate secondary care services can be integrated with primary care, drawing in voluntary sector support and also aligning with local council services.

[1] National Association of Primary Care (NAPC) Primary Care Model, see www.napc.co.uk/primary-care-home

In Central Bedfordshire, these clusters are consistent with the four localities/quadrants, with expected sub-clustering for some services within the larger areas of Ivel Valley and Chiltern Vale.

An early stage of this work includes the development of a multi-disciplinary way of working, called **Caring Together**, which involves clusters of GP practices and a wider team of community matrons, social workers, mental health workers, a geriatrician, continuing healthcare and the clinical navigation team meeting on a fortnightly basis to discuss high risk patients. This approach is already underway within Chiltern Vale and Ivel Valley, and has helped to improve communication and coordination between services.

Where possible, BCCG is keen to bring these multi-disciplinary team members together into shared buildings (hubs) offering a wider range of joined-up services within the community. National funding is being made available to support the first phase of development of **integrated health and care hubs** in Dunstable and Biggleswade, working in partnership with Central Bedfordshire Council to align adult social care, community services and mental health teams around these hubs. Further funding has been secured from the One Public Estate programme to scope out potential further hubs in Ampthill/Flitwick, Leighton Buzzard and Houghton Regis. There is also close liaison between the CCG and the Central Bedfordshire planning team to ensure opportunities within section 106 agreements with housing developers are maximised going forward.

3.2 Access to Care

Patients tell us that being able to see a GP quickly is essential to a high quality overall service, and there is a greater expectation for services to be available 7 days a week. We will support and promote closer working between GP practices to (i) provide universal extended opening hours from March 2019, (ii) provide a single point of access for same day appointments, home visits and frail elderly services and (iii) share the management of patients with long term conditions, for example asthma and diabetes clinics.

3.3 More Care Closer to Home

Through the local **RightCare programme**[2], we will be working on the transfer of some services out of hospital and into the community. This will be supported by closer working between primary care and hospital specialists to improve access to advice. Initially, this will focus on further development of integrated services for diabetes, respiratory (breathing) conditions and dermatology (skin conditions); launch of a minor eye condition service and early development of ENT (ear, nose and throat) community services.

Tests are now available in primary care to spot Irritable Bowel Syndrome (IBS) and a pilot programme is in place to improve access to consultant-led advice and guidance for cardiology (heart conditions), gastroenterology (stomach and intestines) and urology (relating to the urinary tract and male reproductive organs). Other priority areas for moving care closer to home are cancer care, mental health and complex care.

Alongside this programme, GPs will be given more structured access to specialist opinion to assist and support referrals.

3.4 Quality of Care

Through primary care improvement initiatives, we aim to improve cancer detection rates, provide more annual health checks for people with learning disabilities and ensure that people with long term conditions receive a consistent quality of care, wherever they live.

3.5 Frail and Elderly Care

We will establish more structured care for frail and elderly patients, to be delivered as close to home as possible. We will also take steps to improve the care provided to people living in care homes.

The CCG is making **transformational funding** available to clusters of practices in both 2017/18 and 2018/19 to support them with implementing new models of service delivery across practices. Developing a shared system for managing home visits and supporting care homes is a priority for most of the Central Bedfordshire GP practices, and is expected to provide opportunities for closer working with community based health and social care services.

3.6 Urgent Care Services

To improve access to and integration of urgent care services, we are developing a 24-hour Primary Care Access Hub on the Bedford Hospital site for the in-hours and out of hours period, which will provide an alternative minor illness/injury service to the A&E Department (A&E Streaming – to stream patients from the A&E Department into a more appropriate service). This will benefit the 25% of Central Bedfordshire residents who consider their local A&E Department to be Bedford. A similar GP-led service is already in place at the Luton & Dunstable Hospital, offering an alternative to A&E for people with non-emergency care needs.

We will also be working with our new combined 111/out-of-hours provider to integrate the triage systems used by 111 and GP practices, and investigate interoperability with GP practices' appointment booking systems. This will initially be trialled with two GP practices in the Central Bedfordshire area.

3.7 Premises

In addition to the joint hub development programme with Central Bedfordshire Council, specific schemes will take place to support GP practices that have physical space constraints and/or unsuitable premises. Two key projects already underway are:

- Working towards securing new premises for Kings Road Surgery in Sandy
- An options appraisal to consider the best future configuration of services for the Cranfield, Marston Moretaine and Wootton communities, to work towards ensuring that an appropriate infrastructure is established to accommodate the housing growth in these areas.

Further work is being planned with Central Bedfordshire Council to consider how we can best improve and sustain key "spoke" facilities.

3.8 Working Arrangements and Reducing GP Workload

Through their Locality Development Plans[2], some GP practices have identified areas where they will work more closely together, including the potential sharing of back office functions and joint websites. BCCG will continue to provide support to struggling practices with a view to increasing their resilience, while reducing workload and bureaucracy.

Nationally, ten High Impact Actions for primary care have been identified, with proven benefits around increasing efficiency and reducing GP workload. Many of these ideas have been incorporated into the Locality Development Plans, and the CCG will continue to support practices/clusters with implementing these, including accessing support from national expert teams as required.

3.9 Technology

The improvement of technology, and in particular the provision of shared care records between services, is seen as critical to the successful delivery of more integrated models of primary care. The three BLMK CCGs[3] within the STP have secured £1.7m of funding[4] to support technological developments which, as well as developing technical solutions around sharing care records, will include remote patient monitoring, patient-focused apps, web-based solutions and new ways of working such as online consultations. We are also promoting the ability for patients to have access to their own health records to increase their ability to self-care and also reduce clinically unnecessary GP appointments.

This programme has already supported effective information sharing between the new 111/out of hours service and GP practices, and is helping to improve information sharing between key hospital teams and practices (hospital teams within Bedford Hospital, the L&D and Milton Keynes Hospital having access to view key elements of the GP record, with appropriate patient consent). Another project already underway is an options appraisal to consider the best means of delivering online consultations and online signposting.

3.10 Workforce

To increase job satisfaction and aid recruitment and retention, we are in the process of implementing a significant workforce development programme. This includes improved education and training to increase skills for primary care staff, including practice managers and nurses, so that GPs can focus on those patients with the most complex needs. It also includes development of new roles such as clinical administrators, clinical pharmacists and emergency care practitioners to support the delivery of services. Some GP practices have started employing paramedics to make home visits and we are investigating student placements of ‘physician’s associates’ within practices to support their training. We have also set up a GP Fellowship Scheme to attract new GPs to the area and a GP Future Leaders programme to help develop our clinical leaders of the future.

---

[2] The BCCG area is divided into five localities, each of which has produced a Locality Development Plan, with input from patient participation groups and all locality GP practices, to help improve GP resilience and quality of care for the future.

[3] Bedfordshire CCG, Luton CCG and Milton Keynes CCG

4 From the national Estates, Technology and Transformation Fund (ETTF)

4 Next Steps

Over the forthcoming months, the work of the primary care team within BCCG will continue to ensure optimal delivery of the General Practice Forward View Plan. However, many of the ambitions within the plan can only be achieved through close working and joint planning with other partners, including Central Bedfordshire Council, and our community and mental health providers. Work has therefore commenced on developing a joint Integrated Health and Care Out of Hospital Strategy between the CCG and the Council to ensure that we have an aligned vision and delivery plans.

Key priorities for the forthcoming period will include:

- Supporting clusters of GP practices to access transformation funding to pump prime new ways of working across practices
- Developing the joint Integrated Health and Care Out of Hospital Strategy in partnership with Central Bedfordshire Council, including a clear implementation plan for establishing the Primary Care Home model within each locality
- Continuing the planning for the integrated hubs in Dunstable and Biggleswade, and applying for national capital funding to support these
- Continuing to implement a local Frailty Pathway, aligned to both the L&D Hospital and Bedford Hospital
- Implementing A&E Streaming at Bedford Hospital
- Completing the options appraisal around the best configuration of general practice services within Cranfield, Marston and Wootton, and considering the timing and approach for implementing the recommendations
- Completing the options appraisal around online consultations, procuring the appropriate technology and commencing implementation within practices in a phased manner
- Continuing to support practices through a multitude of workforce development initiatives.
- Starting the detailed planning towards implementing “extended access” from March 2019 (i.e. urgent and routine GP appointments being available to all patients in the evening and on the weekend).

5 Recommendations to the Overview and Scrutiny Committee

Members of the Overview and Scrutiny Committee are asked to:

1. Consider the local plan for delivering the General Practice Forward View priorities within Central Bedfordshire

2. Consider how BCCG is supporting the development of local primary care services to help establish more sustainable and improved business and delivery models for the future.

This page is intentionally left blank

Bedfordshire
Clinical Commissioning Group

Central Bedfordshire SCHH OSC 05 June 2017
Circle MSK paper

Subject	**Circle MSK: Prime Contractor Model**
Date	Thursday 4th May 2017
Author	Tara Dear, Head of Planned Care Commissioning Maria Laffan, Head of Clinical Effectiveness Tom Shyu, Senior Acute Contract Manager
Lead Director	Donna Derby, Director of Commissioning & Performance

Executive Summary

Following a competitive procurement process, Bedfordshire Clinical Commissioning Group (CCG) commissioned Circle Health Limited to provide an Integrated Musculoskeletal (MSK) Service for Bedfordshire patients, referred to as Circle MSK from hereon. The service commenced on 1st April 2014 on a pioneering Prime Contractor Model for a period of five years.

The purpose of the paper is to provide background and context to the Circle MSK contract model, including the service and quality improvements, lessons learned, areas for further improvement and value for money.

Based on total MSK Programme Budget cost at the start of the contract and assuming a conservative annual growth rate of 5%, the forecast financial benefit to the CCG is £4m at year 5, compared to the current and forecast cost of Circle MSK contract.

In conclusion, the Circle MSK service and the Prime Contractor Model has provided positive benefits to Bedfordshire residents and Bedfordshire CCG, including:

- Improvement in outcome measures, specifically focused on behavioral change, clinical and service effectiveness
- Delivery of £600k financial benefits to date with a Y5 projection of £4m benefits, reducing the ongoing financial risk of increasing demand
- Improvement in data quality, enabling monitoring of service outcomes and identifying key areas for improvement.
- Reduction in CCG resource requirements for contract management

Recommendation

The OSC is asked to note the contents of the report.

Circle MSK: Prime Contractor Model

1. Introduction

Following a competitive procurement process, Bedfordshire Clinical Commissioning Group (CCG) commissioned Circle Health Limited to provide an Integrated Musculoskeletal (MSK) Service for Bedfordshire patients, referred to as Circle MSK from hereon. The service commenced on 1st April 2014 on a pioneering Prime Contractor Model for a period of five years.

As the prime contractor, Circle MSK are responsible for the management and delivery of the entire MSK pathway, focussing on delivery of improved outcomes within a fixed financial envelope.

The service has been operating for three years, during which both Bedfordshire CCG and Circle have been working collaboratively to improve the service delivery, outcome measures and contractual framework.

The purpose of the paper is to:

- Provide background and context to MSK in Bedfordshire pre-Circle MSK [Section 2]
- Provide an overview of the Circle MSK service [Section 3]
- Describe key highlights of service and quality effectiveness [Section 4 – 5]
- Provide background and context to the Prime Contractor model and value for money assessment [Section 6]
- Identify lessons learned and areas for further improvement [Section 6]

2. Background

Prior to procurement of MSK Services in 2013, there were a number of issues highlighted by the Business Case, including:

- An outdated, hospital-oriented system of care. This system was set up long before advances in physiotherapy, exercise and drug interventions. Evidence has resulted in opportunities for community-based services to achieve better outcomes and enable more efficient use of resources.
- Unwarranted clinical variation in activity. Differences in the treatment and care received for comparable conditions, with differences and inequity in access of that treatment/care.
- Lack of integration: between services across the whole MSK system resulting in re-referrals and repetition.
- Commissioners were required to manage the whole pathway across 20+contracts.
- Increasing spend and financial inefficiencies across the pathway.
- Limited data collection across the pathway, including measurement of patient outcomes

System issues highlighted above were captured following several engagement sessions with primary care, MSK providers and patients/carers, leading to a co-designed model of integrated care.

3. Service Overview

Following a competitive procurement process during 2013-2014, Bedfordshire CCG appointed Circle Health Limited to provide an Integrated MSK Service for Bedfordshire patients. Circle Health Limited's wholly-owned subsidiary Circle Clinical Services Limited is the contracting entity delivering these services and referred to as Circle MSK from hereon. The service commenced on 1st April 2014 on a Prime Contractor Model for a period of five years. The contract is set to expire on 31st March 2019.

The overall aim of the Integrated MSK Service is:
'To ensure delivery of high quality MSK care and experience to patients and improve outcomes within available resources'

The Circle MSK service model includes:

- Integrated Provider Hub (IPH) providing a single triage hub for all MSK referrals, regardless of clinical need and managing the patients pathway from referral to discharge
- Total of eight community hubs across Bedfordshire, providing care closer to home
- Community Physiotherapy
- Community Podiatry
- Community MSK assessments, further investigations and additional treatments (such as Ultrasound Guided injections, not previously provided in the community)
- Community MRI, Ultrasound and Nerve Conduction Studies (gained via AQP)
- Secondary Care Hospital treatment for patients requiring surgery or consultant expertise

The specification was agreed based on NICE recommendations and best practice at the time of service commencement.

4. Service Effectiveness

There have been a number of improvements since the commencement of Circle MSK in 2014, summarised in Table 1.

Table 1. Service improvements pre and post Circle MSK

Area	Pre-Circle MSK	Post-Circle MSK Commencement
Waiting times	▪ Physio waits 8-10 weeks ▪ Appointment waits 8-12 weeks ▪ Diagnostic waits of 6-8 weeks	▪ Physio waits 1 week for urgent, 4 weeks for routine ▪ Community hub waiting times of 1-4 weeks ▪ Diagnostic waits of 1-3 weeks ▪ Referrals triaged within 24 hours
Activity volumes	▪ Total community activity volume of 30% (2012) ▪ 54% (low) conversion from hospital outpatient appointment to surgery	▪ Community activity volume of 68% (2017) ▪ 24% reduction in secondary care referrals since April 2014 ▪ 18% reduction in secondary care surgery since April 2014

Nationally, average Referral to Treatment (RTT) wait time has increased over recent years; this has been exacerbated by changes in RTT guideline changes in September 2015. Since the start of the contract the national average wait time for Trauma and Orthopaedic (T&O)

patients has increased from 8.75 weeks to 10.22 weeks. In Bedfordshire wait times have improved from a position worse than national average to better than national average 9.61 weeks to 10.02 weeks.

Trauma & Orthopaedics (T&O) patients seen within 18 weeks has also historically tracked adversely to national average but is now performing better in this respect.

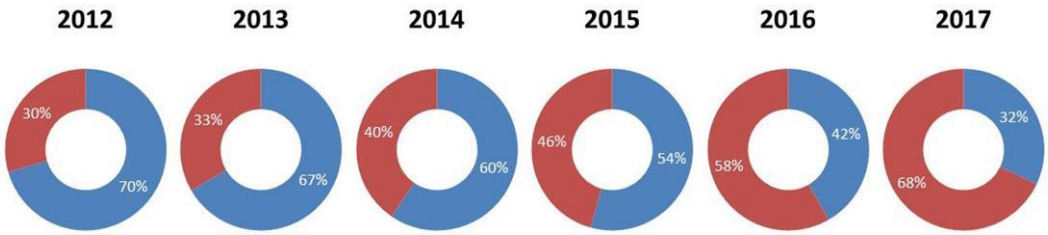
Through effective triage and the offering of alternatives to surgery, Circle has reduced unnecessary outpatient appointments and surgeries thus reducing costs and waiting times, whilst improving patient pathways.

	Conversion
2013	56%
2014	61%
2015	62%
2016	64%
2017	72%
2018	73%

Conversion is measured as a comparison of surgeries to first appointments in Secondary Care across all specialities. Source data is SUS. 2017 and 2018 are estimates, based on current initiatives and trajectory.

In line with national directives, Circle has moved activity from a secondary care setting to a community setting as indicated in Figure 1. Prior to Circle's contract 33% of activity (21,000 appointments) was undertaken in community settings, in 2016 this increased to 58% (57,000 appointments).

Figure 1. Proportion of MSK delivered in a community setting by year (blue = acute, red = community)



The Circle MSK Service has demonstrated improvements in service effectiveness thus far. Examples of effectiveness include improvements in quality, waiting times and surgical conversion rates.

Reduction in unnecessary first outpatient appointments: In Trauma & Orthopaedics, first outpatient appointments have reduced significantly. Bedfordshire is now ranked 26th CCG (improved from 81st out of 208) for its appointments per 100k of population.

Reduction in unnecessary surgery: Trauma & Orthopaedic procedures have reduced significantly. Bedfordshire is now ranked 36th CCG (improved from 103 out of 208) for procedures per 100k of population.

Increased uptake of electronic referrals: Prior to contract commencement, only 7% of patients were referred electronically. Under the current service, this has increased to 78%, supporting national aims to increase electronic referrals.

5. Service and Quality Improvement

The purpose of this section is to provide an overview of the quality assurance process, highlighting key areas of focus and understanding service perceptions.

5.1. Patient Safety

The Circle contract is monitored on a variety of quality indicators on a monthly basis. These areas cover all pathways of care for patients transitioning through the service. The indicators are relevant for all areas of provision, whether it is through the Circle MSK Integrated Clinical Hub, community physiotherapy or through subcontracted arrangements with secondary care providers. Where patients choose onward referral that falls outside an agreed subcontract, then Circle are unable to monitor these indicators in detail with these providers*. Circle will still have the ability to monitor patient feedback and any complaints regarding all service provision.

To date Bedfordshire CCG have monitored two Serious Incidents (SI's) in the course of this contract. Both SI's relate to secondary care surgical pathways.

Circle complainants that have directed their complaints to Circle represent 0.02% of all Circle MSK referrals.

To further inform and assure safety, Circle MSK provides Bedfordshire CCG quality team with a quarterly focus on key areas of service provision. This includes for e.g. workforce planning and establishments, infection control, internal incident management, patient feedback, clinical audit, medicines management assurance and many other quality areas of focus.

Note*- Over 50% of secondary care referrals choose Bedford Hospital Trust (BHT). Bedfordshire CCG has an ongoing quality monitoring process to assure service provision at BHT. There patients under orthopaedic pathway will have quality assurance via Bedfordshire CCG as BHT commissioners.

5.2. Patient Experience

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

Circle MSK have developed systems to ensure good collation of patient experience. They have, since the start of contract, being collecting Friends and Family scores across the MSK hubs and community physiotherapy provision. Currently, 97% of patients would recommend the Circle MSK community physiotherapy and Bedfordshire hubs to family & friends.

Circle MSK are working on developing specific measurement process with all secondary care subcontractors to identify true orthopaedic secondary care patient experience.

Bedfordshire CCG are aware that inpatient FFT at Bedford hospital and Luton and Dunstable Hospitals currently report 93% and 94% respectively. FFT measurement is in place for all subcontracted secondary care provision.

5.3. MSK Outcome Measures

This is the first time Bedfordshire CCG has been able to demonstrate measurement of outcomes for patients on the MSK pathway. Prior to the current commissioned pathway, the only available outcome measure was Oxford Hip & Knee Patient reported outcome measures (PROMs), with little or no information of specific condition related outcomes in community MSK.

Nationally, there are few services that collect outcomes at a community level for MSK, demonstrating that through this service, Circle and BCCG are paving the way for future provision. Below is a suite of specific measures now in place with Circle MSK to build on understanding the effectiveness of this pathway.

Table 2. MSK Patient Outcome Measures

Measure	Description	Outcome
MECC – Making Every Contact Count	MECC encourages conversations based on behaviour change methodologies (ranging from brief advice to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence health, weight, alcohol consumption etc.	**87%** of patients who attend appointments have a clinically led discussion regarding MECC. In total, **13,093 patients** had MEEC as part of their consultation from January 2016 - March 2017.
EQ5D	A widely-used tool in health that can be used to determine the quality adjusted life years associated with a health state. EQ5D provides outcomes of measures applied in all community Physiotherapy practices and pre and post hip and knee surgery. 36% of patients now have this tool applied to their transition through treatment in the MSK pathway.	To date EQ5D has been captured for **13,728 patients,** pre and post-surgery. For Hip & Knee surgery specifically **87%** of patients identifying improvement in Quality of life score. **86%** improvement EQ5D in last 3 months (improved from 72% at Go live).
Oxford Hip & Knee scores	The Oxford Hip & Knee scores are patient related outcome measures designed to assess disability in patients undergoing total hip/knee replacements.	Current MSK pathway records Oxford Hip score of **78%** and Knee score of **51%** of all relevant patients.
Bournemouth measure	Outcome measure for patients with neck and back pain. This outcome measure is now collated on 19% of relevant patients within the community physiotherapy service. Each item is rated on a numeric rating scale: 0= Much better, 5= no change and 10= much worse.	Based on current data, the average score within the 19% sample demonstrates **75%** reporting decreased scores i.e. trend towards improvement.
Keele STarT	The approach uses a simple tool to	This outcome measure is

Back Tool	match patients to treatment packages appropriate for them. It is a simple prognostic questionnaire that helps clinicians identify modifiable risk factors (biomedical, psychological and social) for back pain disability.	currently applied to **40%** of relevant patients. **7,178** Keele STarT Back questionnaires captured to date.
British Spine Register	This registry collects large volumes of valid clinical and patient outcome data for all who require specific spinal management or undergo particular operations. The information collected is analysed to increase our understanding of an interventions success.	The data collection for this register is currently being collected.
Rheumatology HAQ	Specific Health Assessment Questionnaire (HAQ) is currently in development for transition of rheumatology provision into the community.	In development.
Chronic pain psychology	Measure are currently being discussed with Circle MSK regarding how to evaluate effectiveness of inclusion of psychology (scores like PHQ GAD scores are being reviewed).	In development.

5.4. Shared decision making

Shared Decision Making is a process in which patients, when they reach a decision/ crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision.

Circle MSK have dedicated clinicians who lead this discussion with patients, providing clinical information, relevant to their particular condition, with information about all the options available to them patients are helped to work through any questions they may have, explore the options available, and take a treatment route which best suits their needs and preferences.

According to Circle's current data, 97% of patients who have chosen an alternative treatment for surgery, are currently undergoing appropriate treatment, with 3% of patients being referred on for surgery where initial treatment was unsuccessful.

5.5. Quality Improvements / Initiatives

The MSK incentive scheme has developed in some key areas since commencement of the current contract. Some specific areas of improvement include:

- **Use of technology** –
  - **Website and exercise prescription software:** Circle has developed an online resource with MSK expert information, videos demonstrating common exercises and self-management information. Also includes links to external resources and local complementary initiatives.
  - **Tablets to capture patient information:** Patient experience is collected both via paper cards and electronic tablets stationed in community locations.

  - **E-Referral uptake:** has increased from 7% prior to contract award to 78%.
  - **Patient journey app**: Circle MSK app enables patients to be provided with timely and useful information through their journey to major surgery
- **Stakeholder engagement** –
  - Circle MSK has developed relationships with 55 GP practices through targeted engagement strategies. The team has successfully increased referral compliance rates from 30% to 95% through GP engagement and the integration of MSK practitioners in primary care.
  - Education events with GPs on diagnosis methods and condition-specific sessions have helped to embed the service and improve integration.
- **MSK Practitioners:** This unique role developed by Circle enables specialist physiotherapists to deliver MSK clinics in a primary care setting (attended by patients triaged by their General Practice). MSK practitioners help to embed the MSK service within primary care teams, support strained GPs to manage patient demand and champion the service.
- **Treatment alternatives** as part of shared decision making for example:
  - Apos therapy, an innovative gait-correction footwear (http://www.apostherapy.co.uk/en/home)
  - MuJo therapy, an external shoulder device (http://www.mujofitness.com/News)
- **Patient experience** – includes expert patient development
- **Introduction of Physioline** – this contact and assessment service completed over the phone enables patient's rapid access to an MSK Specialist. Patients speak with an Enhanced Scope Physiotherapist, usually within 24 hours, to start managing problem quickly. This may result in triage to further services, self-management advice or physiotherapy advice over the phone. 9673 appointments (6200 initial consultations) have been undertaken though Physio Line from March 2016 to April 2017

5.6. Feedback from Primary Care

Primary Care perception of Circle MSK is varied and Circle have invested time and resource in improving the relationship and integration with primary care clinicians since service commencement.

For the purposes of this paper and to identify key areas that are working well and areas for improvement, a survey was sent out to practices on 30th March 2017. Whilst as at 17th April 2017, only 15 responses have been received, the survey has indicated areas for improvement:

- Improve clarity on the scope of Circle MSK, covering specific areas of confusion such as podiatry, pain management, rheumatology and hands.
- Improvement in the outcome letters to GPs, being clearer on the diagnosis and management plan
- Improvement in location for certain services reducing the need to travel to secondary care i.e. cortisone injections

The survey also captured areas of Circle MSK that work well:

- Single point of referral for MSK, reducing confusion on who and how to refer
- Reduces the impact on primary care resources by managing the whole patient pathway and avoiding the need for re-referral
- Physiotherapy services
- Patients are offered choice of provider where acute services are required

- Referrals reviewed quickly by Circle MSK

6. Financial Background and Context

The Prime Contractor model was an opportunity for Bedfordshire CCG to focus on improving outcomes, delivering pathway efficiencies, whilst maintaining the financial risk within a fixed financial envelope.

The model is a pioneering approach to outcome based commissioning and has been nationally referred to as an emerging model of commissioning best practice.

6.1. MSK Programme Budget

The contract value for the Circle MSK Service is based on an MSK programme budget approach i.e. the total cost of all MSK related activity regardless of care setting. This was calculated using the forecast outturn expenditure of MSK services in 2012/13 (Month 1 – 10), plus the expected growth rate for 2013/14.

6.2. Value for Money

Prior to commissioning Circle MSK, there were several MSK providers delivering separate components of the MSK pathway. Due to activity based data not being wholly available, accurately identifying an activity based value for money position is not possible.

The MSK programme budget is uplifted at a rate of 1.9% per year to accommodate for basic demographic growth and any additional growth is absorbed by Circle. Over the life of the contract, growth in referrals has increased at a considerably faster rate than growth in the Programme Budget. Circle has recorded an average growth of referrals into the system of 8% per year for the first three years of the contract.

Based on total MSK Programme Budget cost and assuming a conservative annual growth rate of 5%, the forecast financial benefit to the CCG is £4m at year 5, compared to the current and forecast cost of Circle MSK contract, inclusive of financial adjustments and profit-share. The year to date position (Year 1-3) indicates a total benefit of £600k.

Figure 3 indicates the year on year expected cost if the position pre-Circle continued, compared to the actual expense of Circle MSK, further Table 4 provides the actual cost variation between the two scenarios.

Figure 3 – MSK expenditure compared to projected costs

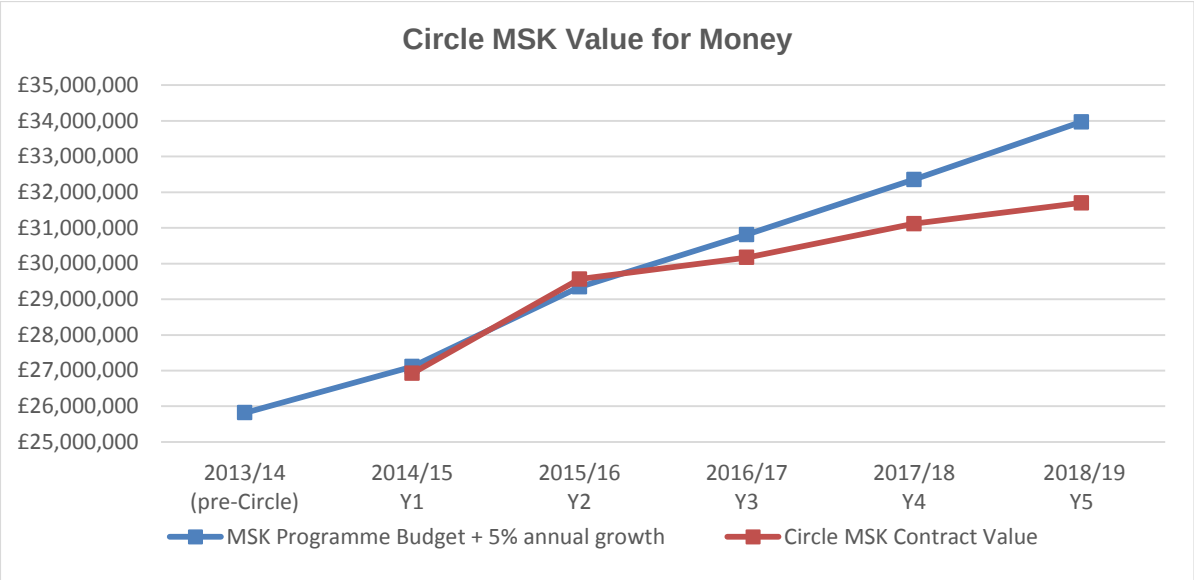


Table 4. Circle MSK Value for Money Forecast

Ref	Scenario	2013/14 (pre-Circle)	2014/15 Y1	2015/16 Y2	2016/17 Y3	2017/18 Y4	2018/19 Y5
A	MSK Programme Budget + 5% annual growth	£25,819,350	£27,110,317	£29,345,631	£30,812,912	£32,353,558	£33,971,236
B	Circle MSK Contract Value		£26,922,460	£29,563,378	£30,168,848	£31,116,786	£31,698,126
Variance (A-B)			**-£187,857**	**£217,747**	**-£644,064**	**-£1,236,772**	**-£2,273,109**

Annual growth assumption	**5%**
Total Y1-3 variance	**-£614,174**
Total Y5 variance	**-£4,124,055**

Additional benefits have also been realised in CCG Contract and Commissioning resourcing, due to a single contract replacing 20+ contracts prior to Circle MSK.

Further, NHS England RightCare compares spend and health outcomes compared to 10 peer CCGs based on population demographics. The data indicates that comparing Bedfordshire CCG to the peer group, spend in elective MSK is significantly lower than the peer group average.

7. Lessons learned and areas for improvement

The purpose of this section is to highlight areas for improvement when considering commissioning on a Prime Contractor Model.

7.1. Prime Contractor Model

The Prime Contractor Model was a new contractual framework for Bedfordshire CCG and in light of financial issues, it provided an opportunity to improve patient outcomes whilst reducing the financial risk of increasing demand.
On reflection, the following improvements would be made:

- MSK Service Specification and contract documentation to clearly articulate liabilities for referrals bypassing the service
- Clear understanding of the demand and capacity performance within the pathway i.e. 18 weeks Referral to Treatment Time (RTT) prior to service transfer

- Robust contract negotiations with acute providers to ensure agreed sub-contractor arrangements with prime provider
- Clear understanding of the patients receiving ongoing follow-up care within secondary care
- Clearly articulate the scope of the service to avoid confusion amongst referrers

7.2. Value for Money

A key recommendation when entering into a Prime Contractor Model is to ensure value for money can be determined. Whilst this paper indicates good value for money in relation to Circle MSK, this is based purely on cost.

If benchmarking data was available prior to Circle MSK, an activity based value for money model would help to determine where the financial efficiencies have occurred within the pathway and provide more granular insight into the benefits.

7.3. Demand Management

The inclusion of Shared Decision Making, effective physiotherapy and referral triage have added opportunities to manage increasing demand for MSK services, however Circle MSK reported a 20% growth in total MSK referrals during 2016.

It could be argued that a Prime Contractor Model, whilst offering fixed financial costs, leads to a perverse incentive for the CCG and Primary Care in effectively managing demand. An opportunity to consider when commissioning a Prime Contractor is the inclusion of effective demand management initiatives or a contractual model that offers the Prime Provider incentives to manage or maintain demand.

8. Conclusion

In conclusion, the Circle MSK service and the Prime Contractor Model has provided positive benefits to Bedfordshire residents and Bedfordshire CCG, including:

- Improvement in outcome measures, specifically focused on behavioral change, clinical and service effectiveness
- Delivery of £600k financial benefits to date with a Y5 projection of £4m benefits, reducing the ongoing financial risk of increasing demand
- Improvement in data quality, enabling monitoring of service outcomes and identifying key areas for improvement.
- Reduction in CCG resource requirements for contract management

This page is intentionally left blank

Homelessness Reduction Act 2017

SCHH Overview and Scrutiny Committee 5th June 2017

Central Bedfordshire Homelessness strategy 2015 – 20 Key Priorities

- Improve provision of a range of housing options and services to effectively prevent and reduce homelessness
- Meet the accommodation and support needs of homeless people
- Reduce the use of TA and bed and breakfast
- Minimise the impact of welfare reform, whilst assisting homeless people to access opportunities for Education, Employment, and training, support them to raise and meet their aspirations
- Develop an integrated partnership approach to tackling homelessness

Meeting those priorities

- Created Independent Living Team
- Increased provision of temp' accommodation, further acquisition in progress (Greenacre former Care Home)
- Reduced B & B use
- Active Homelessness Forum
- Creating Intensive Property Management team, managing demand,
- Service plan priority – quality and effective front line needs assessment,
- Prevention support increased, Empty Homes activity
- Partnership and funding for Rough Sleepers

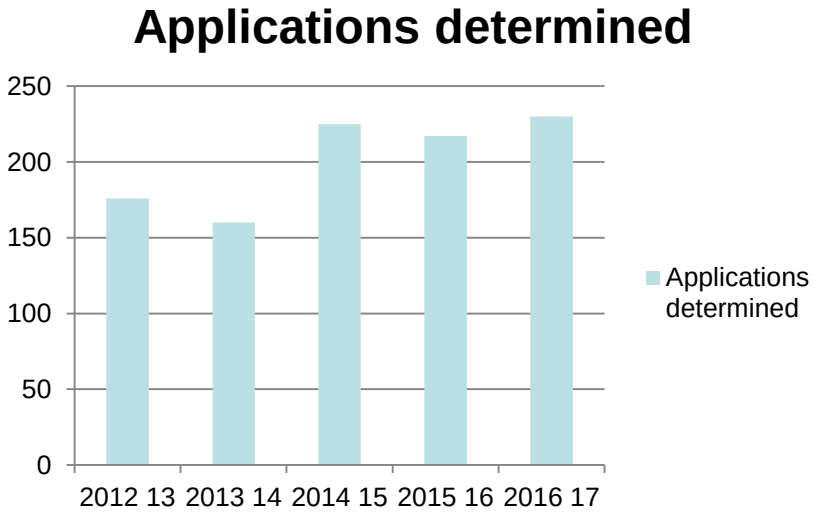
Homelessness Reduction Act 2017 – what is it and why introduced?

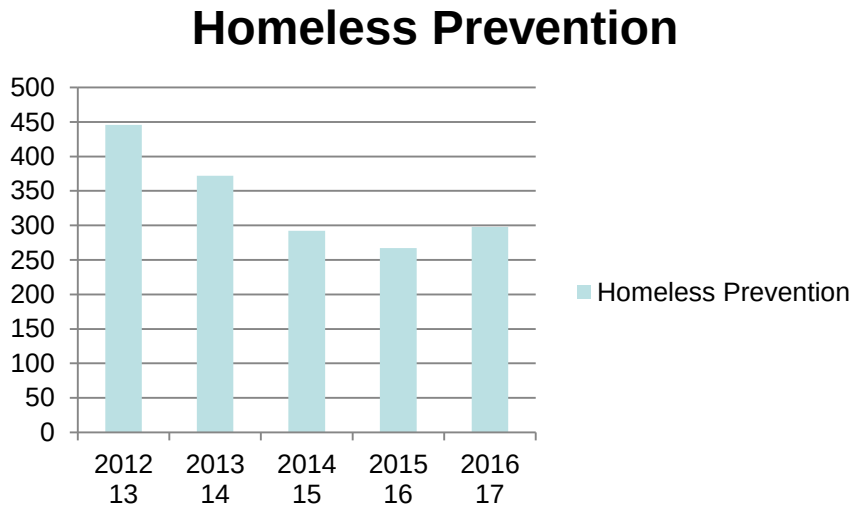
Why change is proposed?

- Nationally, 50% of homeless applicants owed a **homeless duty** by the local authority (DCLG)
- Current Homelessness legislation does not help a substantial proportion of those people seeking accommodation who are homeless. The main focus is people in **priority need; with a local connection; who are not intentionally homelessness**
- Frustration - many local authorities adopt approaches of 'gate-keeping' rather than proactive demand management and prevention
- Increasing visibility of rough sleeping in the UK – e.g. Luton and Bedford respectively have the 3rd and 4th highest levels of rough sleeping in the UK, per 1,000 of population (Dec 2016). 37 rough sleepers identified in Central Bedfordshire since August 2016
- However, temporary accommodation use is increasing; 10% national increase in 12 months, 100% increase locally!

Local CBC picture

Housing advice approaches – around 2,000 a year





Main changes – Homelessness Reduction Act

- Focus on homeless prevention: earlier and more proactively (i.e. casework)
- New Duty to Prevent; and new duty to Relieve (within 56 day period)
- 'Threatened with Homelessness' within 56 days rather than 28 days
- 'Not reasonable to continue to occupy' after expiry of Section 21 notice
- New 'Duty to Refer' on statutory agencies. Police, Hospitals, will be referring more cases to CBC
- Duty to produce Personal Housing Plans; & Duty to Co-operate (on applicant) – **Lots more paperwork!**

Main changes – Homelessness Reduction Act (2)

- New Duties owed **regardless of priority need** - no longer just families with children and vulnerable adults
- New Duties owed **regardless of intentionality**
- Some new Duties owed **regardless of Local connection**
- "…*extend homelessness prevention so that help is provided at an earlier stage to all eligible households regardless of priority need status, intentionality and whether they have a local connection…*"
- New abilities to request Review (11 stages)

Main changes – Homelessness Reduction Act (3)

- **Duty to help to secure accommodation for 56 days**. Significant difference between the Welsh Act and the English Act is that there is no absolute duty to provide accommodation for 56 days (as in original draft Bill). This is in recognition of the very different housing market in England (to Wales) and the lack of availability of accommodation.
- However, the **new duty to 'help secure accommodation' is unclear** and is likely to mean more TA needed in the absence of alternatives in such a strong PRS housing market, mindful of the likely cost implication.
- **Care Leavers** – very specific new duty related to 'choice'

Potential for step change ?

- Act had Government and cross party support
- Will Government fund new duties?
- Key issue is the availability of accommodation (housing supply)
- Welfare reform implications; and other issues (debt, rent arrears etc.)
- Cultural shift for many local authorities – towards prevention and potentially a re-think of fundamental purpose (e.g. Allocations Policy)
- South east – outward pressure from London
- Does the Act address the true drivers of homelessness in UK ?
- Likely to change the Housing Solutions service structure and operation – increase Case Officers X 2 or 3

Likely Cost Impacts

Current Options team cost £0.26M

2016/17 TA net cost £0.6M

<u>Minimum</u> doubling to front line Officers – cost £0.175M

Cost of challenge (Legal, processing) circa £0.05M

Increasing cost of TA ??

Implementation funding circa £0.06M

Flexible grant funding £0.12M

CBC response - Homelessness Reduction Implementation Plan

- Member and corporate understanding of impacts
- Partner, stakeholder, agency understanding
- Improving quality and effectiveness of Prevention – cultural change, approach, resource shift
- Improving provision of service to single people
- Continuing increase in temporary accommodation
- Review best practice - “Trailblazer” authorities, Practitioner Support (CLG), neighbouring authorities
- Protocols with statutory authorities (Police, Health, Mental Health, Prisons,

CBC response - Homelessness Reduction Implementation Plan (2)

- Review Case Management processes and systems – new IT system essential, Personal Housing Plans, establish clear pathways
- Review and amend **Allocations Scheme** – "reasonable preference" applicants
- Amend Homelessness Strategy Action Plan (Executive August 2017)
- Housing Service Structure to provide a "one service" response – Solutions, Independent Living, Intensive Property Management
- All requires a programme management approach

This page is intentionally left blank

Central Bedfordshire Council

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE
Monday, 5 June 2017

Let's Rent - Homelessness Prevention Offer

Report of: Cllr Carole Hegley, Executive Member for Social Care and Housing (carole.hegley@centralbedfordshire.gov.uk)

Responsible Director: Julie Ogley, Director of Social Care, Health and Housing, Julie.ogley@centralbedfordshire.gov.uk

This report relates to a decision that is Key

Purpose of this report

1. To present the draft Let's Rent Homelessness Prevention Offer as a key policy to help the Council prevent homelessness.

RECOMMENDATIONS

The Committee is asked to:

1. Consider the draft Let's Rent Homelessness Prevention Offer policy to prevent homelessness and provide recommendations to Executive

Issues

2. Let's Rent was approved by Executive in 2010. Whilst the principles of the original scheme (offer) continue, the context has changed significantly and the offer has had to be developed to achieve solutions that prevent homelessness. Legislation specifically empowers housing authorities to provide financial assistance to landlords to secure accommodation for people who are homeless or at risk of homelessness
3. The Housing Act 1996 (amended by the Localism Act 2011) enables local authorities to discharge their duty towards homeless households in priority need by using privately rented housing irrespective of whether the household is in agreement. In most cases, however, the Council will always look for a solution that fully meets the needs of the homeless household with their agreement.

4. Performance in 2014/15 and 2015/16 was good with 99 private lets enabled in 2014/15 and 109 in 2015/16. This compares with only 14 in 2013/14. During 2016/17, however, the strength of the private rental market has prevented the same outcomes for households at risk of homelessness. For similar resources, 60 households have been assisted into a private tenancy.
5. The draft policy is developed within the context of the Homelessness Reduction Act 2017. The Act introduces many more duties on local housing authorities, including a duty to prevent homelessness. In addition, many new duties are applicable to a greater cohort of people than the Council currently has duties towards.
6. Prior to 2016/17, the main incentive taken up by landlords was rent deposit and rent in advance. However, with landlords becoming increasing reluctant to take low income tenants, greater incentives are offered to secure a tenancy, mainly in the form of “up front” top up payments, which give the greatest security to landlords.
7. Officers have been successful in getting Let’s Rent applicants to agree to repayment plans where they are assessed as being able to afford to repay assistance. To end March 2017, £0.031M repayment has been established, although much of this will be paid over subsequent years in affordable amounts. The draft policy is clear that repayment is subject to an affordability assessment.
8. The draft policy sets out a menu of assistance to incentivise private landlords to provide accommodation to Let’s Rent applicants. This includes non-financial assistance such as pre and in-tenancy support and advice. The policy also sets out other types of assistance to facilitate sustainable tenancies, such as local welfare provision and discretionary housing payment.
9. Officers negotiate with landlords on a case by case basis, having regards to what the landlord desires but also the need for the property concerned. For example, for a large family in costly private temporary accommodation (TA), Officers would consider a larger package of assistance for a property that meets that family’s needs but also reduces TA costs. Officers consider overall value for money and cost avoidance. Each offer of assistance is developed into a business case for management sign off.
10. As the draft policy is specifically aimed at preventing homelessness, consultation was a focused engagement with private landlords, letting agents, customers, and agencies that support and assist homeless households, many of whom would be Let’s Rent applicants.

Options for consideration

11. The draft policy (Offer) is very much a reflection of what the Council has to consider and offer to private landlords in order to secure tenancies in the private rented sector for households at risk of homelessness. The draft policy does, however, provide clarity as to the Council’s position and approach
12. The incentives and support included in the draft Let’s Rent Offer have been trialled over the last two years to gain a better understanding of what encourages landlords to work with the Council and provide homes for households at risk of homelessness.
13. Focused engagement was undertaken in March 2017, and the responses from an engagement event and website consultation survey were broadly supportive of the proposals. Stakeholders felt that the scheme should be publicised when

approved and recognised that some customers would need greater level of support than others. The draft policy is intended to be presented to Executive on 1st August 2017 for approval.

Reason/s for decision

14. Whilst homelessness prevention is not currently a duty, it is in Government directives. Prevention is recognised as a cost effective measure to reduce homelessness and will become a duty in the 2017 Act. Funding is provided for prevention activity and outcomes are reported to the Government. A refreshed Let's Rent Offer will provide clarity on how the Council can meet the new prevention duties.
15. In 2016/17, the Council had budgeted £0.138M for homelessness prevention, which was fully utilised by end February 2017. Income of £0.031M has been achieved to help offset over-spend in expenditure. Due to the financial pressures arising from temporary accommodation use, the Council approved an increase of £0.055M for homelessness prevention in 2017/18. Refreshing the policy in line with increased resources provides greater clarity and certainty of the Council's approach.
16. The Council are part of a successful sub regional funding bid to prevent rough sleeping. Part of the bid includes funding to facilitate lets in the private sector for rough sleepers. This element of the bid is not "divided up" between partners but will add to the Council's own funding for some customers who might have come directly to the Let's Rent service. Consequently, the refreshed policy is timely in terms of the external funding that the Council might have access to.
17. With the enactment of the Homelessness Reduction Bill, thought to be in 2017/18, the Government initially announced an additional resource of £48M. With the introduction of new duties and likely funding, it is again beneficial for the Council to have a refreshed and clear policy on how it intends to use available funding to help meet new homelessness prevention duties.

Council Priorities

18. The Let's Rent Homelessness Prevention Offer primarily supports the Council's priority of protecting the vulnerable and improving well being. The Council has certain duties towards vulnerable households facing homelessness but any household facing homelessness will have negative impact on their well being.
19. Preventing homelessness is also cost effective so Let's Rent contributes to the priority of the Council being more efficient and responsive

Public Health Implications

20. Homelessness is known to have a detrimental affect on both physical and mental health. Preventing homelessness and the associated negative health impacts is beneficial not just to those at risk of homelessness but also beneficial to health and support services, reducing costs of those services that might otherwise have been needed.

Legal Implications

21. There is a duty on local housing authorities to secure accommodation of unintentionally homeless people in priority need. The duty is set out in Housing Act 1996. It can, however, be cost effective (and may be beneficial to such households) where accommodation is provided through a suitable private sector offer of accommodation.
22. Several pieces of legislation allow housing authorities to provide financial assistance to private individuals with the aim of securing accommodation for people who are homeless or at risk of homelessness. The same legislation also allows local authorities to discharge their duty towards homeless households by using privately rented accommodation.
23. The Homelessness Code of Guidance for Local Authorities (2006) is a Code local authorities must have regard to when discharging the duty to the private rented sector. Under this, local authorities also have a duty to ensure that advice and information about the prevention of homelessness is available free of charge to any person in their area.
24. Provision of a free advisory service has also been further enshrined in the new Homelessness Reduction Act 2017. This Act also introduces a new duty to assess every eligible applicant's case and agree a plan. The new Act also amends various other duties local authorities owe to people who are or who are threatened by homelessness. The Let's Rent scheme will be a key tool in helping the Council meet those duties.
25. The Let's Rent Offer is a policy document that sets out possible ways for the local authority to provide financial assistance or other services to social tenants (or their landlords) to enable such tenants to access accommodation in the private rental sector. The intention is to overcome the barriers (actual or perceived) social tenants may face in a highly competitive rental market as well as reduce the demands on Council resources, particularly where properties are full to capacity with a long waiting list.
26. It is important that each business case is carefully considered as it will involve use of council tax payer's money in supporting and sustaining what will become essentially a private tenancy agreement. The more money that is spent, the greater the business case would have to be to justify the use of tax payer's money in this way.
27. Also as the spend increases, so does the risk to the Council, the main risk being the Council is unable to secure the recovery of monies if these are to be repaid. Unlike other ways the Council can secure accommodation, the only protection the Council can have in the options detailed in the Offer is the security of a contract (as opposed to buying property which gives the security of owning it outright as an asset or lending against a property in return for the security of a charge on the property). Any tenancy agreement will only be between the landlord and the tenant and the Council will not be able to enforce any tenancy clauses.
28. These risks can be reduced in a number of ways. The amount of assistance given will be reasonable and proportionate to help the tenant secure the accommodation. Decision makers will consider relevant factors and treat each application fairly. Factors taken account of are recorded together with the decision and the reasons for that decision.
29. In respect of financial risks, affordability assessments will be needed and liaison between the parties will inform or whether they are willing and able to engage

and meet obligations the Council may impose. Any conditions or obligations in any contractual agreement that sets out the offer of assistance must be achievable, clear and unambiguous. The agreement must also be well managed and monitored so that, if any issues or disputes arise e.g. the tenant defaulting on the rent, these are addressed swiftly so that the issue is addressed so there is no risk or any risk that does arise is kept to a minimum.

30. It will also be important for such agreements to protect the Council if it is offering any guarantees such as a top up to Housing Benefit while the tenant waits for their Housing Benefit to begin. The more robust the contractual clauses and the better the contractual management, the more secure the Council's will be, particularly for any repayments, if appropriate and this will minimise the risks to the Council should problems arise.

Financial and Risk Implications

31. The Council had budgeted £0.138M for homelessness prevention, which was fully utilised by end February 2017. Income of £0.031M has been achieved to help offset a small over-spend in expenditure. Due to the financial pressures arising from temporary accommodation use, the Council approved an increase of £0.055M for homelessness prevention in 2017/18. Refreshing the policy in line with increased resources provides greater clarity and certainty of the Council's approach
32. As with any scheme, there is risk of overspend, particularly with pressures in the system. The risk is minimised through monthly budget monitoring with Finance Officers, which views income as well as expenditure. In addition, Let's Rent packages of assistance are approved through management sign off to ensure that excessive high packages of assistance are prevented or minimised.
33. Without the ability to provide financial assistance to facilitate private lets, there is a high risk of even greater use of costly temporary accommodation. The services and support provided with the scheme helps minimise the "revolving door" of failed tenancies.

Equalities Implications

34. 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.
35. An equalities impact assessment (EIA) was completed as part of the 2015Homelessness strategy development process, and it is available as a background document. The key finding of the Homelessness strategy (EIA) was that the strategy will ensure that more residents are prevented from becoming homeless and those that do become homeless will receive more person-centred support to relieve their homelessness and retain their independence. The Let's Rent Offer supports this principle of preventing homelessness.
36. There are no additional implications arising from this report. The prevention of homelessness will be beneficial to all households but particularly those more vulnerable households, often at a point of crisis in their lives.

Conclusion and next Steps

37. The draft Let's Rent – Homelessness Prevention Offer captures the learning and experience of the last three years to bring together a package of assistance and support to help the Council prevent homelessness, which itself will become a statutory duty by April 2018. The strong local private rental market has prompted Officers to consider new forms of assistance, in particular those that provide a greater level of security and re-assurance to landlords who are increasingly reluctant to rent to households on low incomes.
38. Subject to any recommendations Members may wish to make to Executive, the intention is the present the draft Offer for approval in August 2017.

Appendices

Draft Let's Rent – Homelessness Prevention Offer

None

Appendix A: Draft Let's Rent – Homelessness prevention Offer

Background Papers

The following background papers, not previously available to the public, were taken into account and are available upon request:

(i) Consultation & Engagement results – report not yet completed (18th May 2017)

Report author(s):
Nick Costin, Head of Service, nick.costin@centralbedfordshire.gov.uk

Appendix A

Let's Rent Offer

Directorate	Social Care Health and Housing		
Service	Adult Social Care		
Author	Joanne Bellamy, Policy and Performance Officer		
Approved by		**Version**	v.1.6
Approval date		**Review date**	

Version Control

Version no.	Date issued	Author	Change reference	Issued to
1.0	06/02/17	Jo Bellamy	Development of first draft	Nick Costin
1.1	13/02/17	Nick Costin and Julie Piercey	Amendments to first draft incl. eligibility criteria correction and clarification of services and products.	Jo Bellamy
1.2	15/02/17	Jo Bellamy	Addition of Discretionary Housing Payments and Local Welfare Provision.	Nick Costin and Julie Piercey
1.3	20/02/17	Nick Costin	Minor amendments	Jo Bellamy
1.4	24/04/17	Nick Costin	Amendments following engagement event – rent guarantee specification revised.	Nick Costin, Charlotte Gurney, Monique Houillet, Elisea Ruocco, Cheryl Stimson and Julie Piercey
1.6	18/05/17	Sarah McIntyre	Several changes required to reduce risk and ambiguity.	Nick Costin

SECTION 1. INTRODUCTION

The Let's Rent scheme is part of the Council's housing option approach that aims to increase the availability of good quality affordable homes within the private rented sector to assist in preventing homelessness. The Let's Rent properties offer customers threatened with homelessness a viable and sustainable alternative to high demand social housing or temporary accommodation when placed in a situation of homelessness.

Private sector landlords are often cautious about letting to Local Housing Allowance (LHA) tenants for various reasons, including:

- administrative delays in processing claims and receiving payment,
- the risk of overpayments being reclaimed from them,
- the perceived risk of tenants on LHA being more likely to accrue rent arrears,
- the association of anti-social behaviour and damage to property with benefit claimants, or
- a condition of the mortgage agreement and/or insurance policy prohibits them from letting to claimants.

There is also "competition" from non LHA tenants who are chasing the same available accommodation. The Let's Rent Scheme seeks to overcome these real or perceived barriers by offering financial products to mitigate these issues, where possible, to enable private sector landlords to rent their property to a Let's Rent registered client. Services to set up the tenancy and resolve tenancy issues provide further incentives within the scheme offered.

SECTION 2. PURPOSE

The Let's Rent housing option was first introduced by Central Bedfordshire Council (CBC) in 2010 in partnership with local landlords, accredited letting agents, the CBC Revenues and Benefits service, and local floating support services. It aims to allow households to have a choice of good quality, well managed private sector accommodation.

The objectives of the Let's Rent scheme are to:

- Prevent homelessness,
- Increase the number of good quality affordable homes within the private sector,
- Increase the availability of an alternative housing option to social housing,
- Reduce the reliance on temporary accommodation,
- Provide client choice and control, and
- Support tenants and landlords to sustain tenancies.

SECTION 3. SCOPE, DEFINITIONS AND RELATED POLICIES

Scope

The Let's Rent scheme offers several tools to help the Council prevent homelessness. It is part of the prevention pathway which includes other services and tools such as; Home Improvements Loan, Empty Homes Loan, Gateway Housing Support, the social housing register, and enforcement activity to improve availability of decent private sector accommodation. These other prevention tools interact with Let's Rent but they are not in the scope of this policy.

Definitions

Homelessness Duty – This is a duty on local housing authorities to secure accommodation of unintentionally homeless people in priority need. The duty is set out in the Housing Act 1996.

Private Rented Sector Offer – is defined by section 193 of the Housing Act 1996 as an offer of an assured short hold tenancy made by a private landlord to an applicant. The tenancy must be for a period of at least 12 months, but the Council will try to secure two-year agreements with landlords, where possible. The local authority must have arranged the availability of the property to discharge its homelessness duty.

Related policies

Empty Homes Strategy
Private Sector Housing Assistance Policy
Discharge Homelessness Duty to a Suitable Home Policy
Housing Allocation Scheme
Homelessness Strategy
Discretionary Housing Payment Policy
Local Welfare Provision Policy

SECTION 4. POLICY DETAILS

Eligibility criteria

Tenant
The eligibility criteria for an applicant to register with the Let's Rent Scheme is based on the criteria for a suitable Private Sector Offer (PSO) set out in the Discharge Homelessness Duty to a Suitable Home (DHDSH) Policy.

Specifically, this is anyone who has a local connection to Central Bedfordshire who:-

- Is a UK citizen with recourse to public funds.
- Has been given notice to leave their present home or is homeless.
- Must be able to afford the rent every month.
- Must not have lost accommodation due to any anti social behaviour orders, county court judgments or breach of tenancy agreement.

Clients in temporary accommodation are normally given priority, particularly if they are in priority need.

Those applicants that do not qualify for Let's Rent as outlined above can still be considered for certain elements of the Let's Rent scheme at a lower level of assistance, for example rent deposit assistance and loan for repayment of rent arrears using Homeless Prevention funding. Normally this is where the applicant concerned finds suitable accommodation themselves or are able to remain in their present home.

Property
The DHDSH Policy sets out when a property would not be suitable for a PSO and therefore not suitable for the Let's Rent Scheme. See Appendix B of the DHDSH Policy. In addition to this is a Let's Rent minimum re-let standard.

Housing Assistance Loans are available to support landlords to bring the property to a lettable standard. These are included in the Council's Housing Assistance Policy.

Landlord
For a landlord to register a property with the Let's Rent Scheme, he/she must be considered by CBC a fit and proper person as defined by Housing Act 2004 and Localism Act 2011 and Suitability Order (England) 2012. This decision will be based on Housing Solution's assessment of the Council's records for evidence that could indicate whether a landlord or

agent is not a ‘fit and proper’ person, supported by the landlord signing a statement that the owner(s) are fit and proper people.

Tenancy
The tenancy agreement must be for at least 12 months. The rent must be reasonable in comparison to local market rates and taking in to account the benefits of the Let’s Rent tenancy.

Let’s Rent Products and Services

The Let’s Rent products are options available for the Council to overcome the barriers faced by landlords to renting a property to a Let’s Rent registered applicant. The products available for consideration are as follows although some products are in development at time of policy development:

a. Rent deposit
b. Rent in advance
c. Rent guarantee
d. Rent top ups
e. Discretionary Housing Payment
f. Malicious damage insurance (future)
g. Rent Arrears insurance (future)
h. Lease agreement
i. Private Sector Housing Assistance

Full details on the rationale and limits of the products are set out in Appendix A: The Let’s Rent Offer Products Guide.

Ad hoc requests for support beyond the products set out above that are reasonable and meet the aims of the Let’s Rent Scheme can be considered. These requests would have to be authorised by the Head of Housing Solutions, where supported by a Team Manager.

The *Let’s Rent Offer Products Guide* will be reviewed annually and approved by the Head of Housing Solutions. Subsequent versions will be published on the Council’s website.

Pre- and in-tenancy support is also available from the Housing Service to remove barriers for landlords letting to Let’s Rent clients. These are listed below, with full details set out in Appendix B:

- Advertising properties and managing viewings
- Tenancy sign up service
- Tenancy sustainment support and advice services
- Local Welfare Provision
- Property repairs service
- Let’s Rent landlord support and advice services
- Tenancy management (future development – currently considered on a case by case basis)

The service specification and procedures to deliver these services will be developed to manage expectations and ensure a consistent level of service.

Agreeing the offer with a landlord

The Let’s Rent offer (services and products) is agreed by negotiation with the landlord for each let on a case by case basis. Practice guidance will be developed to ensure a consistent approach to these negotiations.

The officer considering the extent of the offer will assess whether the value of the products is reasonable and proportionate, taking in to account:

- the property
- the tenant's circumstances and urgency of housing need
- the availability of alternative, more cost effective suitable accommodation
- the remaining funds available to support the scheme in the financial year.

Where monthly monitoring of the budget projects an end of year overspend, the offer will be limited to maintain delivery of the scheme throughout the remainder of the year. In these situations, to manage costs, clients in priority need will be prioritised and top ups will be reduced.

Following a cost analysis to assess the viability of the offer, a business case will be set up for management approval.

When a business case is approved, a service level agreement setting out the terms and conditions of the offer will prepared for the landlord's agreement.

Agreeing the offer with the tenant

The applicant will be required to agree to the following to be able to sign up to the tenancy:

- terms and conditions of the tenancy agreement,
- terms and conditions of the Let's Rent products offered including payment plans where applicable.

Tenant re-payment plans

Where CBC Housing Solutions offers a one-off rent deposit, rent in advance payment or rent guarantee payments, the tenant must agree, where appropriate, how this will be paid back at a later date. The tenant will repay the:

- rent deposit in full at the end of the tenancy,
- rent guarantee payments by payment plan, subject to an affordability assessment, and
- rent in advance by payment plan, subject to an affordability assessment..

SECTION 5. LEGAL AND REGULATORY FRAMEWORK

Housing Act 1996 – Duty on local housing authorities to secure accommodation of unintentionally homeless people in priority need.
And
- Set out the priority need definition. *The Homelessness (Priority Need for Accommodation) (England) Order 2002* updated this legislation.
– Enabled local authorities to discharge their duty towards homeless households in priority need by using privately rented housing irrespective of whether the household is in agreement with this.

The General Consents under Section 25 of the Local Government Act 1988 for (Local Authority assistance for private let housing) 2010). This allows housing authorities to provide financial assistance to private landlords in order to secure accommodation for people who are homeless or at risk of homelessness.

Supplementary Guidance on the homelessness changes in the Localism Act 2011 and on the Homelessness (Suitability of Accommodation) (England) Order 2012 – explains the changes the Localism Act made to the homelessness legislation.

Homelessness Code of Guidance for Local Authorities (2006)
- the local authority must have regard to the guidance when discharging the duty to the private rented sector. Under this code, local authorities also have a duty to ensure that advice and information about the prevention of homelessness is available free of charge to any person in their local authority area.
- sets out that there is no limit set on the amount of financial assistance that can be provided, however authorities are obliged to act reasonably and in accordance with their fiduciary duty to local tax and rent payers

Housing Act 2004 – Introduced the Housing Health and Safety Rating System (HHSRS), which is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. Potential landlords will need to meet these requirements.

Housing and Planning Act 2016 – which allows amongst other things a banning order to be made where a landlord or property agent has been convicted of a banning order offence and local authorities to update a database of rogue landlords and property agents.

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 gives the power for local housing authorities to provide assistance for the purpose of improving living conditions in their area.
.

Discretionary Housing Payment (Grant) Order 2001 governs payments under the Child Support, Pensions and Social Security Act 2000.

SECTION 6. EQUALITY AND DIVERSITY

The Let's Rent Offer complements the intentions of the Equality Act 2010 by increasing the housing options available to households made vulnerable by the threat of homelessness.

An Equality Impact Assessment will inform the policy to identify and where possible mitigate any negative impacts of the service on people with the protected characteristics.

SECTION 7. MONITORING AND REPORTING ARRANGEMENTS

An operational action plan will be developed, implemented and monitored within Housing Solutions to effectively implement the Let's Rent service.

The Let's Rent function is monitored by the Directorate's Performance Board through reporting of key performance indicators.

The budget to support the delivery of the Let's Rent Offer (including repayment plans) is monitored and reported upon monthly by the Head of Housing Solutions to ensure the scheme can be delivered throughout the financial year.

SECTION 8. TRAINING

The action plan will set out the training available to staff to raise awareness of this policy and its associated procedures and practice guidance.

SECTION 9. RESPONSIBILITIES

The Head of Housing Solutions will be responsible for implementing, monitoring and reviewing the offer.

The Head of Housing Solutions will have delegated responsibility to approve the annual review of products and services available to incentivise landlords (appendix A).

Ad hoc requests for support beyond the products set out in Appendix A would have to be authorised by the Head of Housing Solutions.

SECTION 10. EVALUATION AND REVIEW

This policy will be reviewed every three years unless amendments are required before this time.

The range of products and services available to incentivise landlords (appendix A) will be reviewed annually as part of the budget setting and approval process.

There will be an evaluation of the effectiveness of this Offer document and its implementation within 12 months of approval (individual services provided to tenants and/or landlords will be reviewed on an individual basis at regular intervals through Manager's operational reviews).

Appendix A – Let's Rent Offer Products Guide 2017/18 (subject to annual review)

Let's Rent landlord incentive product	Rationale	Limitations	Administration
Rent deposit	Clients may find the initial outlay of a deposit a barrier to accessing housing. The rent deposit removes this barrier.	In the first instance, where appropriate, the tenant will be asked to apply for a Discretionary Housing Payments to cover the cost of a rent deposit. Where DHP is not available or appropriate, CBC (Housing Solutions) will offer the value of up to 6 weeks rent as a deposit. Officers have the discretion to exceed this value in exceptional circumstances where the decision is reasonable due to the perceived risk of tenancy failure.	See DHP section below. The rent deposit will be registered with a Government Scheme. The Government Scheme will return the rent deposit to the tenant at the end of the tenancy and Housing Solutions will reclaim this deposit from the tenant.
Rent in advance	Landlords may require rent in advance to mitigate the financial risk of potential tenancy failure.	In the first instance, where appropriate, the tenant will be asked to apply for a Discretionary Housing Payments to cover the cost of rent in advance. Where DHP is not available, appropriate or sufficient CBC (Housing Solutions) will offer up to one month's rent in advance. Officers have the discretion to exceed one month's rent or later extend the rent in advance period in exceptional circumstances where the decision is reasonable due to the perceived risk of tenancy failure. This may be a form of a loan or housing benefit direct payment (to the Council) agreement being agreed and developed, i.e. where housing benefit is paid directly to Housing Solutions	See DHP section below. The rent in advance will be paid directly to the landlord. If an Affordability Assessment indicates that client has sufficient income to repay the rent in advance, the tenant will be required to repay the Council through an agreed Payment Plan.

Rent guarantee	Landlords may require assurances from the Council that the rent is guaranteed to mitigate the financial risk of potential tenancy failure.	CBC will guarantee providing an occupier for up to 12 months ensure a stable payment of rent. Rent may be paid directly to the landlord by the Council as automatic monthly payments on behalf of the tenant and the Council will recoup the rent from the tenant subject to the Council being able to obtain the tenant's Housing Benefit payment direct, where this is claimed. Part of any contract with the landlord will dealt with if a tenant defaults on rent payments to the Council or accrues in excess of the value of two months' rent arrears. In these circumstances, the Council will request that the landlord serve notice to evict the tenant. In the event that the tenant leaves the tenancy, the contract will give Central Bedfordshire Council the ability to offer the property to another tenant for the remainder of the rental term. In some cases, Central Bedfordshire Council may ask the landlord to shorten or extend the agreement for a further 12 month's or terminate the contract where a new tenant is offered an AST tenancy and the guarantee is no longer needed. If the landlord refuses to let the property to the new tenant put forward by the Council, and the grounds for refusal are not deemed reasonable by a Housing Solutions manager, the rent guarantee will be forfeited and payments will cease and any overpayments will be recovered from the landlord.	See DHP section below. The rent guarantee will be set out as a Service Level Agreement in the contract with the landlord and included in the tenancy agreement. Rent guarantee payments will be collected back from the tenant by the Council and this arrangement will be set out in the Let's Rent agreement with the tenant
Rent top ups	Local Housing Allowance (LHA) rates are typically lower than market rent,	In the first instance, where appropriate, the tenant will be asked to apply for a Discretionary Housing Payments to cover or go towards the cost of rent top	Top up payments are not reclaimed. Should in year budgetary pressures

	creating a barrier to housing for those on low incomes and receiving LHA.	ups. Where DHP is not available, appropriate or does not cover the shortfall, CBC (Housing Solutions) will top up rent up to the value of £200 per month (this limit is reviewed annually). The agreement will be reviewed every six months. Conditions may be set for the tenants to be met before a top up is continued The value of the top up will be dependent on the Case Officer assessment of what is reasonable taking in to account, alternative suitable properties, the tenant's financial situation, the tenant's level of co-operation and budgetary pressures. What is achievable must also be realistic, looking at the circumstances objectively. Top ups can be varied to prepare the tenant for the cost of market rent once the Let's Rent offer ends. In some cases rent (or rent top up) could be paid 6 months in advance which must be supported by a business plan and approved by a manager. This option could be used where a landlord will only consider this option and where the costs of temporary accommodation would be more than the value of the 6 months rent paid for. Again the officer will need to see if the Tenant can repay the rent through housing benefit or loan agreement.	lead to restrictions on the Let's Rent Offer, top ups will be the first product to be reduced.
Discretionary Housing Payments	Housing authorities may make DHPs to a private landlord to meet a shortfall between the rent and the amount of housing benefit payable to a person who is	Tenants can only apply for DHP if they receive Housing Benefit from Central Bedfordshire Council or the housing costs element of Universal Credit, and they live in Central Bedfordshire. There is a limited budget for DHPs and applications	A DHP application must be completed by the tenant. Applications are treated on a case-by-case basis, in accordance with the Council's DHP policy.

	homeless or at risk of homelessness. DHPs are intended to provide extra financial assistance where there is a shortfall in a person's eligible rent and the housing authority consider that the claimant is in need of further financial assistance.	are treated on a case-by-case basis. Some applicants will be given priority because of their special circumstances.	
Malicious damage insurance	A landlord may have concerns about how a tenant may look after their property and insurance could provide the reassurance that costs associated with damage can be minimised.	CBC recommends as good practice that all landlords purchase insurance to protect against malicious damage for all properties let through Let's Rent. Where reasonable CBC may provide insurance cover which the landlord can purchase that insures them against malicious damage per year for up to a maximum of 2 years. This is currently in progress to be developed and may form part of any overall package offered to the landlord.	CBC offer insurance to the landlord or encourage the landlord to obtain the insurance themselves. The Council may negotiate on the excess where the Council offers insurance to the landlord and their property.
Rent Arrears insurance	This is an alternative to the rent guarantee product that could be offered to landlords that may wish to minimise the risk of losing rental income. This is to remove the barrier that landlords often have insurance perception that social tenants do not pay their rent.	CBC recommends as good practice that all Let's Rent landlords purchase insurance to protect against the risk of non-payment of rent. Where reasonable CBC will offer insurance that the landlord could purchase to cover guarantee rent per year for up to a maximum of 2 years. This is currently in progress to be developed and may form part of any overall package offered to the landlord	CBC may offer insurance to the landlord or encourage the landlord to obtain the insurance themselves.. The Council may negotiate on the excess where the Council offers an insurance package to the landlord and their property.
Lease agreement	A landlord may want a	A lease scheme could be considered especially for	CBC would bring the property to the

	property to be fully managed over a long term	larger unit projects. The consideration of a lease agreement is through a business case process, which outlines costs and benefits, indicating whether the proposals would be cost effective.	standard required and set about a lease agreement to manage the property over a certain term of up to 10 years.
Private Sector Housing Assistance	The Private Sector Housing Assistance Policy sets out the funding available for landlords to improve their properties in readiness for letting to Let's Rent tenants.	Home Improvement Assistance - Loan Assistance to remedy Cat 1 hazards, non decent homes (disrepair, inadequate facilities etc) of up to £15,000 (or £20,000 in exceptional circumstances) with 30 year repayment condition. Empty Homes Loan - Loan assistance of up to £15,000 for owners of long term empty homes that require works to be made habitable. Loan assistance is 75% of costs, up to maximum assistance of £15,000. Enhanced levels of Housing Assistance are available where landlords form an agreement with the council in terms of nomination rights and rents at affordable levels. These agreements will be assessed on a case by case basis, depending upon the extent that local housing needs are met.	Full details on eligibility and delivery of Housing Assistance products are available in the Private Sector Housing Assistance Policy.

The products above are options available for the Council to mitigate risks to landlords when renting a property to a Let's Rent registered tenant and to remove the barriers tenants face when letting a property. The final offer for each landlord is agreed by negotiation on a case by case basis and is dependent on what is considered by CBC as a reasonable level of support for each individual situation.

All products above are typically available up to two years when the Council's homelessness duty ends, however where the business case shows that a tenant is at risk of homelessness if the support immediately ceases after the two year period, the support will be reviewed and may be extended where reasonable. The support will then be reviewed regularly with a view to readying the tenant for housing without Let's Rent support.

Ad hoc requests for support beyond the products set out above that are deemed reasonable by the Council and meet the aims of the Let's Rent Scheme may be considered. These requests would have to be provided as a business case and be authorised by the Head of Housing Solutions. The Let's Rent Offer Products Guide will be reviewed annually and approved by the Head of Housing Solutions. Subsequent versions will be published on the Council's website.

Appendix B – Let's Rent Offer Services Guide 2017/18 (subject to annual review)

Let's Rent service	Details	Lead
Pre-tenancy support		
Supporting landlords to be Let's Rent ready	Advice (which may be offered for a fee) on preparing the property for the Let's Rent minimum re-let standard. This includes inspections and specification of works which supports access to Housing Assistance loans.	Housing Solutions
Advertising properties and managing viewings	The Let's Rent register is maintained to log potential landlords, properties and tenants which allows CBC to provide a tenant/landlord matching service. The Council will find a suitable tenant on behalf of the landlord and guide tenants through the process. In some cases, applicants will find suitable properties themselves, which might also be considered as suitable properties for Let's Rent assistance.	Housing Solutions
Tenancy sign up service	This includes: • All the tenant checks such as Housing Benefit, Police, Experian and affordability checks. Where information from these checks is to be provided to the landlord, the Council will obtain full and informed consent from the applicant. • Tenancy agreement sign up • Advising tenants at sign up to their responsibilities as a tenant including a You Tube video on expectations of the service and landlord.	Housing Solutions
In-tenancy support		
Tenancy support and advice services	The Independent Living Team will provide support to Let's Rent tenants to sustain their tenancy. This includes Housing Gateway support which provides floating support to tenants with issues such as debt, employment, landlord issues etc. Housing Solutions provide homelessness prevention support and advice.	Independent Living Team
Local Welfare Provision	This is grant assistance for those in crisis/exceptional hardship or those needing help to establish or maintain their independence within Central Bedfordshire. Tenants can apply for LWP to help furnish an unfurnished Let's Rent property. An eligibility criteria applies and this is set out in the Local Welfare Provision Policy.	Housing Solutions
Housing repairs service	This is a stand alone service co-ordinated via the Housing Service's Housing Management function, which allows landlords to make use of the	Asset Management

	Council's contracted service to respond quickly to property maintenance issues. Landlords repay CBC for the cost of the repairs and any associated administration costs and will be subject to separate terms and conditions.	
Let's Rent landlord support and advice services	CBC provides a professional information and advice support service (which it may charge for) to provide guidance on how to deal with tenancy issues such as decent homes standards (HHSRS) and eviction.	Housing Solutions
Tenancy management:	There is the potential to develop a tenancy management service using the expertise and resources within the Housing Management service or through an in-house lettings agency, when one is developed as planned. This is a future development that will be provided as an additional incentive to landlords when developed and approved.	CBC Housing Management or lettings agency – (to be confirmed)

The Let's Rent Offer Services Guide will be reviewed annually and approved by the Head of Housing Solutions. Subsequent versions will be published on the Council's website.

This page is intentionally left blank

Central Bedfordshire Council

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Monday 5 June 2017

Joint LGA Peer Review: Reablement and Rehabilitation
Report of:

Councillor Carole Hegley, Executive Member for Social Care and Housing (Carole.Hegley@centralbedfordshire.gov.uk)

Advising Officers: Julie Ogley, Director of Social Care, Health and Housing (Julie.Ogley@centralbedfordshire.gov.uk)

Stuart Mitchelmore, Associate Director of Integrated Operations
Central Bedfordshire Council and Essex Partnership University Trust
(Stuart.Mitchelmore@centralbedfordshire.gov.uk)

Purpose of this report:

1. The report allows Members to note the findings of the LGA Peer Review on Reablement and Rehabilitation services in Central Bedfordshire.

2. The attached report, which was tabled at the Health and Wellbeing Board on 29th March 2017, presents a summary of the findings and recommendations of the Review. (Appendix 1). A copy of the full report is attached as Appendix 2.

RECOMMENDATIONS

The Committee is asked to:

1. Note the findings and recommendations of the LGA Peer Review.

2. Note the steps being taken to implement the recommendations.

Council Priorities

The Report aligns with the following Council priorities:

- Promote health and well-being and protect the vulnerable

Corporate Implications

Risk Management

Risk implications of implementing the recommendations of the Peer Review will be considered as part of the BCF 2017/19 Plan and overseen by the BCF Commissioning Board.

Staffing (including Trades Unions)

Any staffing issues will be assessed as part of the risk management approach set out above.

Legal Implications

N/A

Financial Implications

Financial and risk implications of implementing the recommendations of the Peer Review will be considered as part of the BCF 2017/19 Plan

Equalities Implications

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. Ensuring better outcomes through locality based integrated health and social care services should be for the benefit of all residents and equality duties should be considered and embedded in the context of any joint working to avoid discrimination.

Conclusion and next steps
See appendix 1.

Appendices

Appendix 1 – Health and Wellbeing Board Report
Appendix 2 - Joint LGA Peer Review: Reablement and Rehabilitation

Appendix 1

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

29th March 2017

Joint LGA Peer Review: Reablement and Rehabilitation

Responsible Officer: Julie Ogley
Email: Julie.Ogley@centralbedfordshire.gov.uk

Advising Officer: Stuart Mitchelmore
Email: Stuart.Mitchelmore@centralbedfordshire.gov.uk

Public

Purpose of this report

To present the findings of the Joint LGA Peer Review into Reablement and Rehabilitation, in October 2016 across Central Bedfordshire and Bedford Borough Councils.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the LGA Peer Review Report on Reablement and Rehabilitation services in Central Bedfordshire.
2. Note the findings and recommendations of the Review
3. Endorse the Next Steps

Background	
1.	Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to carry out an Adult Social Care Peer Review as part of the East of England's Association of Directors of Adult Social Services (ADASS) Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. It was agreed with Bedfordshire Clinical Commissioning Group (BCCG) and SEPT Community Health Services to cover health and social care services.
2.	The Peer Challenge provides an external view on the quality of the reablement and rehabilitation services in order to consider how to improve the delivery of good outcomes for those who access these services. Although not an inspection, the Peer Challenge offers a supportive approach, undertaken by friends – albeit 'critical friends. ' It is designed to help an authority and its

	partners assess current achievements, areas for development and capacity to change. It aims to help an organisation identify its current strengths, as much as what it needs to improve and should also provide it with a basis for further improvement.
3.	The members of the Peer challenge team were: • **Professor Graeme Betts**, Care and Health Improvement Adviser, LGA • **Cllr Philip Corthorne**, (Cons) Cabinet Member for Adult Social Care, Health and Housing, LB Hillingdon • **Cllr Stewart Golton**, (Lib Dem) Leeds City Council • **Gerald Pilkington**, Rehabilitation and Reablement Expert • **Benedict Leigh**, Lead Commissioner for Adult Social Care, Oxfordshire County Council • **Fiona Day**, Head of Partnership, Quality and Performance, Hertfordshire County Council • **Marcus Coulson**, Programme Manager, Local Government Association
4.	The focus for the review was: • The current 'as-is' state of the service across the organisations with a focus on offering a good, accessible, consistent experience for the customer regardless of their entry-point • It also sought to understand where the service could better streamlined or avoid duplication
5.	The benchmark for this Peer challenge was the amended Commissioning for Better Outcomes Standards for Reablement and Rehabilitation created by Suffolk County Council.
6.	The scoping meeting for the Peer Challenge included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who, along with the two Councils completed self-assessments or this review.
7.	Central Bedfordshire's Self Assessment concluded that: • CBC provides a good service to customers • CBC listens to what customers want and has worked hard to improve processes • It sometimes takes too long to arrange Domiciliary Care, but staff are working on fixing this through a new provider framework • All staff are well trained and feed back ideas through regular meetings • CBC could work more closely with Health colleagues but this is difficult while our customer records systems are so different and there are different points of access. • Work has been undertaken to implement the recommendations from a review of the Council's Reablement Service in August 2014. The Peer

	Review team was asked to consider how the changes had been embedded.
8.	The review team met with elected Members, staff and managers from Central Bedfordshire council, Bedford Borough council, Bedfordshire Clinical Commissioning Group, South Essex Partnership Trust and two General Practitioners.
9.	Healthwatch Central Bedfordshire conducted a telephone survey of 131 customers and carers from details provided by Central Bedfordshire Council, Bedford Borough Council and SEPT, from which they obtained 89 answers. See Appendix 1
10.	The Peer Review was conducted under five key domains: 1. Well led 2. Person-centred and outcomes-focused 3. Promotes a sustainable and diverse market place 4. Integration with health 5. Seamless and effective service delivery
Review Findings	
11.	The review noted that at strategic level there is an awareness and recognition between partners of the need to work better together to deliver effective services and therefore outcomes for customers. There are good examples across the patch to build on, of joint or integrated services such as the successful work on Adult Safeguarding, Carers and Advocacy.
12.	The team noted the important role of the STP to drive progress at a strategic level and for elected representatives to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included.
13.	CBC has taken a lead in developing primary care-led, jointly delivered, integrated out of hospital care services. Whilst onsite, the team heard about the newly created plan for several Health and Social Care Hubs that will house multi-disciplinary teams working to deliver preventative care and thereby address potential illnesses before they need acute treatment and promote wellbeing and thus deliver efficiencies
14.	Both CBC and BBC are taking forward initiatives to invest in social capital including investment in sports centres and community development and prevention. The Councils are place leaders due to their democratic mandate and engagement with local people through the services they deliver.
15.	In discussions with CBC, BBC, BCCG and SEPT the overriding view with regards to their relationships is that they all feel something needs to change in order for further progress to be made. They all recognise that they need to work together more effectively to address ongoing financial pressures. This Peer Review is an opportunity for change and there is a new sense of purpose and energy in order to consider how to move forward.

16.	From various discussions, it became clear that there is wide spread confusion about the nature, focus and purpose of rehabilitation versus reablement. It was often assumed, for instance, that because therapists are involved within both SEPT and the CBC service, they must be the same and seeking to support the same type of need. This results in referrals being made to both SEPT and the CBC Reablement services and whoever answers first gets the client / patient, rather than the decision being made on the basis of which service can best support the person's needs.
17.	The Peer Review team noted the need for a clear understanding of the purpose and eligibility criteria of the three different reablement services and that these are communicated to all across the whole system. Furthermore, that the ongoing pressures on Homecare and Acute beds in the footprint should be better understood.
18.	It was clear to the Peer Review team that all organisations will miss the opportunity to improve reablement services if they do not address the issues of market capacity and access to care packages.
19.	There is a good proposed process in CBC to allocate a named worker on entry to the reablement pathway which will ensure the appropriate management of clients as they progress into, through and out of the reablement service. This will assist clients to know who to contact as their treatment progresses and increases their understanding.
20.	There is a need for a greater collaboration and alignment across services at the commissioning and operational level.
21.	The Peer Reviewers recognised the positive relationships between the partners. However, now is the time for action – "failure to respond appropriately to the challenges facing everyone will have serious implications for local people".
22.	There needs to be acknowledgement by all parties that the current arrangements are fragmented, cost ineffective and are not delivering the best outcomes for residents. A new approach starting with the person at the centre needs to be developed and all parties need to commit to achieving this goal regardless of the impact on organisations.
23.	Organisations were asked to consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents.
Key Recommendations	
24.	The Peer Review Team set out a number of recommendations against the five key areas (see Appendix 2). These include:
25.	• A key strategic message from the Peer Review team is that both CBC and BBC with its partners in the STP need to create a Place Based Plan.

26.	• A recommendation that CBC and BBC set up a joint Transformation Board for service development. This Board would focus on identifying what would improve performance and ensuring it is delivered. For example, ensuring people being discharged from local hospitals are placed on the correct pathway should be a consistent activity across the Councils and the providers to ensure better outcomes for residents. The leadership for ensuring this takes place would lie with the Transformation Board.
27.	• That any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered.
28.	• That elected members should be involved in identifying opportunities for developing the social inclusion aspect of reablement in communities, drawing on their first hand community knowledge. This may take the form of working with for example, faith based groups, older peoples' organisations and other less formal groups which have existing local networks and connections which are capable of being harnessed. Members are the leaders in their communities and their leadership is critical in galvanising local communities and community organisations to support initiatives which prevent admissions and which enable safer, quicker discharges and support for carers
29.	• That any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered.
	Next steps:
30.	CBC, BBC, SEPT and BCCG are currently meeting to discuss how to implement the recommendations. In response to paragraph 26 (above) Transformation Boards have recently been established in Central Bedfordshire and Bedford Borough with the CCG and key health provider partners.
31.	An Action Plan is in development and will form part of the 2017/19 BCF Plan. The intention is to move to join up oversight of customers/patients across the SEPT and Council services, to align staff and to look to joint management arrangements. The timeline for this will be set out in the forthcoming BCF Plan.
32.	The Council is taking part in the re – procurement of Community Health Services that includes the Council's current investment in the SEPT Reablement services (c£500,000). The intention to consider integration of other services in the coming months has been included in the Service Specification.

Financial and Risk Implications

1. Financial and risk implications of implementing the recommendations of the Peer Review will be considered as part of the BCF 2017/19 Plan.

Governance and Delivery Implications

Delivery of the recommendations will be overseen by the BCF Commissioning Board. Progress on delivery will be reported to the Health and Wellbeing Board and the Central Bedfordshire Transformation Board.

Equalities Implications

2. 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.

3. The effective working of the Reablement and Rehabilitation services across the whole Bedfordshire area is very important to vulnerable residents leaving hospital.

4. This review and subsequent steps to improvement have been taken with a view to improve outcomes and experience for the customer.

5. 131 current and recent customers were contacted by Healthwatch to give their views which were included in the Review and taken into consideration. In future surveys the responses will be broken down by different types of disability in order to more closely examine the impacts on different customer groups.

6. Any subsequent changes to service or provision will involve further engagement with customers and will be managed through Equalities Impact Assessments

Implications for Work Programme

7. Implementation of the recommendations of the Peer Review will be taken forward as part of the BCF Plan 2017/19.

Appendices

The following Appendices are attached:

1. APPENDIX 1:Rehab and Reablement Telephone Survey report by Healthwatch (PDF)

2. APPENDIX 2: Central Beds Bedford Borough Peer Review Report Final (PDF)

Background Papers

3. The following background papers, not previously available to the public, were taken into account and are available on the Council's website: None

This page is intentionally left blank

Appendix 2

Central Bedfordshire and Bedford Borough Councils **Peer Review Report Reablement and Rehabilitation**

October 2016

Final

Table of contents

Executive Summary

Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to run an Adult Social Care Peer Review as part of the East of England ADASS Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council who were the clients for this work. The scoping meeting included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who completed self-assessment documentation for this work. All were seeking an external view on the quality of the reablement and rehabilitation services in order to consider how to improve the delivery of good outcomes for those who access these services. They intend to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

- The current 'as-is' state of the service across the organisations with a focus on offering a good, accessible, consistent experience for the customer regardless of their entry-point
- It will also seek to understand where we could better streamline or avoid duplication

The peer team gave feedback on two broad areas. Firstly the strategic engagement issues with the STP and secondly on the work of rehabilitation and reablement services in the overall footprint.

The Milton Keynes, Bedfordshire and Luton STP covers four local authorities, three CCG and three hospitals. It recognises the challenges faced in the system that commissioning in the patch is weak and primary care is fragmented and lacks resilience. There is also the added issue that all the Community Health Service contracts are due for renewal by beginning of April 2018.

The STP however also recognises the solutions to these issues which are the need to radically upgrade prevention, early intervention and self-management of care whilst also developing high quality, scaled and resilient out of hospital services as well as modernising secondary care, reconfiguring services across the three hospitals and developing information systems and commissioning to enable these changes.

The key strategic message from the peer review team is that both CBC and BBC with its partners in the STP need to create a Place Based Plan. To achieve this the STP has to be used to make progress at a strategic level. As with all STPs across the country, elected representatives need to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included.

The peer review team recommend that CBC and BBC set up a joint Transformation Board for service development. This Board would focus on identifying what would improve performance and ensuring it is delivered.

The team recommend that any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered.

With regards to rehabilitation and reablement the peer review team recommend that CBC, BBC, BCCG and SEPT develop a clear understanding of the purpose of the three different reablement services in the footprint in the context of the whole system and the ongoing pressures on Homecare and Acute beds.

Furthermore they should model population demand, define the capacity required and source each service accordingly. Then agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity and implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol.

When this shared clarity is achieved it will improve service delivery and lead to better outcomes for residents and will also provide the basis for reviewing the services from the perspective of integrating services more effectively and potentially offering cost savings.

Other issues and details are covered in the remainder of the report.

Report
Background

1. Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) asked the Local Government Association (LGA) to run an Adult Social Care Peer Review as part of the East of England ADASS Programme of Regional Peer Reviews focussing on the Councils' work on Reablement and Rehabilitation. The work was commissioned by Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council who were the clients for this work. The scoping meeting also included representatives from both Bedfordshire Clinical Commissioning Group (BCCG) and the provider organisation South Essex Partnership Trust (SEPT) who completed self-assessment documentation for this work. All were seeking an external view on the quality of the reablement and rehabilitation services in order to consider how to improve the delivery of good outcomes for those who access these services. They intend to use the findings of this peer review as a marker on their improvement journeys. The focus for the review was:

    a) The current 'as-is' state of the service across the organisations with a focus on offering a good, accessible, consistent experience for the customer regardless of their entry-point

    b) It will also seek to understand where we could better streamline or avoid duplication

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

3. The benchmark for this peer challenge were the amended Commissioning for Better Outcomes Standards for Reablement and Rehabilitation created by Suffolk County Council with specific areas and questions identified as relevant to this area of adult social care work. These were used as headings in the feedback with an addition of the scoping questions outlined above. The three CBO domains were used with two others added to make five key headings:

    - Well led
    - Person-centred and outcomes-focused
    - Promotes a sustainable and diverse market place
    - Integration with health
    - Seamless and effective service delivery

4. Commissioning in adult social care is the Local Authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people

who use services and their families and carers. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.

5. The members of the peer challenge team were:

   - **Professor Graeme Betts**, Care and Health Improvement Adviser, LGA
   - **Cllr Philip Corthorne**, (Cons) Cabinet Member for Adult Social Care, Health and Housing, LB Hillingdon
   - **Cllr Stewart Golton**, (Lib Dem) Leeds City Council
   - **Gerald Pilkington**, Rehabilitation and Reablement Expert
   - **Benedict Leigh**, Lead Commissioner for Adult Social Care, Oxfordshire County Council
   - **Fiona Day**, Head of Partnership, Quality and Performance, Hertfordshire County Council
   - **Marcus Coulson**, Programme Manager, Local Government Association

6. The team was on-site from Monday 10th October – Friday 14th October 2016. To deliver the strengths and areas for consideration in this report the peer review team reviewed over sixty documents, held 53 meetings and met and spoke with at least 99 people over five on-site days spending 51 working days on this project the equivalent of 357 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

   - interviews and discussions with councillors, officers, partners and providers
   - focus groups with managers, practitioners and frontline staff
   - Information from those who access services
   - reading a range of documents provided by the councils, including a self-assessment against key questions from each council and the CCG

7. The LGA would like to thank Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council and Kevin Crompton, Director of Children's and Adult Services, Bedford Borough Council and their colleagues Rebecca May, Project Manager, CBC and Larraine Sears, Business Analyst, BBC for the excellent job they did to make the detailed arrangements for a complex piece of work across two councils with two key partners with an unusually wide range of members, staff and those who access services. The peer review team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve services, the team were all made very welcome.

8. Our feedback to CBC, BBC, BCCG and SEPT and others involved in the timetable for the week on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review.

Strategic context

- Recognition that parts of the system cannot change without changing the whole
- Awareness and recognition of the need to work better together to deliver effective services
- There are good examples across the patch to build on of joint or integrated services e.g. Safeguarding, Carers, Advocacy
- CBC, BBC, BCCG and SEPT feel stuck
- Addressing financial pressures through working more effectively together
- Peer Review an opportunity for change
- New sense of purpose and energy

9. To understand the issues involved in this peer review that on the one hand focuses on the work of reablement and rehabilitation, the peer review team needed to understand the strategic context within which the work takes place. This particularly focuses on the role of the STP in designing change across the footprint.

10. From all of the people with whom we spoke at a strategic level there is a clear recognition that parts of the system cannot change without changing the whole. There is also awareness and recognition of the need to work better together to deliver effective services. There are good examples across the patch to build on of joint or integrated services such as the successful work on Adult Safeguarding, Carers and Advocacy.

11. In discussions with CBC, BBC, BCCG and SEPT the overriding feeling with regards to their relationships is that they all feel stuck. They all recognise that they need to work together more effectively to address ongoing financial pressures. This Peer Review is an opportunity for change and there is a new sense of purpose and energy in order to consider how to move forward.

Strategic key messages 1

The STP recognises challenges in the system

- Commissioning in the patch is weak
- Primary care is fragmented and lacks resilience
- All the Community Health Service contracts are due for renewal by beginning of April 2018

The STP recognises solutions

- Radically upgrading prevention, early intervention and self-management of care
- Developing high quality, scaled and resilient out of hospital services
- Modernising secondary care and reconfiguring services across the three hospitals
- Developing information systems and commissioning

12. Sustainability and Transformation Plans (STPs) were announced in the NHS planning guidance published in December 2015 and will create place-based, multi-year plans built around the needs of local populations. The idea of STPs is to help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They are expected to help build and strengthen local relationships, enabling a shared understanding of the present situation, the ambition for 2021 and the concrete steps needed to get there. To deliver these plans NHS providers, Clinical Commissioning Groups, Local Authorities, and other health and care services are expected to come together. Draft plans were submitted in June 2016 and final plans are expected to be completed in October 2016.

13. The Milton Keynes, Bedfordshire and Luton STP covers four local authorities, three CCG and three hospitals. It recognises the challenges faced in the system that commissioning in the patch is weak and primary care is fragmented and lacks resilience. There is also the added issue that all the Community Health Service contracts are due for renewal by the beginning of April 2018.

14. The STP also recognises the solutions to these issues, which are; the need to radically upgrade prevention, early intervention and the self-management of care whilst also developing high quality, scaled and resilient out-of-hospital services. As well as modernising secondary care, reconfiguring services across the three hospitals and developing information systems and commissioning to enable these changes.

Strategic key messages 2

- Create a Place Based Plan
- Use the STP to make progress at a strategic level
- Elected representatives need to be included in STP process
- Consider the most effective governance to take this forward
- CBC has taken a lead in developing primary care-led, jointly delivered, integrated out of hospital care services
- CBC and BBC are taking initiatives to invest in social capital and are place leaders
- Co-produce changes with those who use services building on the outcomes based approach
- Create a shared recognition that it is possible to do things better together while retaining your own identity

15. The key strategic message from the peer review team is that both CBC and BBC with its partners in the STP need to create a Place Based Plan. To achieve this the STP has to be used to make progress at a strategic level. As with all STPs across the country, elected representatives need to be included in the STP process to ensure the democratic mandate is addressed and local people's views are effectively included. At the time of writing both Simon Stevens, Chief Executive of NHS England and Social Care Minister David Mowat have voiced support for the necessity of local authority involvement in STPs and their full sign off. Further the peer review team also recommend that all those involved urgently consider the most effective governance to take this forward.

16. CBC has taken a lead in developing primary care-led, jointly delivered, integrated out of hospital care services. Whilst onsite, the team heard about the newly created plan for several Health and Social Care Hubs across the borough that will house multi-disciplinary teams working to deliver preventative care and thereby address potential illnesses before they need acute treatment and promote wellbeing and thus save money.

17. Both CBC and BBC are taking forward initiatives to invest in social capital including investment in sports centres and community development and prevention. The Councils are place leaders due to their democratic mandate and engagement with local people through the services they deliver.

18. It is key to keep in mind the wishes and expectations of those who use services when involved in the planning and designing phases for activity. The peer team encourage both Councils to co-produce any necessary changes with those who use services, building on the outcomes based approach. This ensures that services deliver what people want and can evolve as their needs change.

19. CBC and BBC were created from the previous county council and there is an oft expressed wish not to return to this structure. Whilst this is understandable however, this mind-set appears to sometimes prevent discussions about the delivery of services across the joint footprint as it is feared it will re-create what is now gone. Therefore it is necessary to create a shared recognition that it is possible to do things better together while retaining the identity of both organisations, what they stand for and what they do. There are already examples of effective working in place upon which to build.

Well Led

Strengths

- The Councils' leadership expressed an appetite for greater collaboration between Councils, local hospitals and Bedfordshire CCG as reflected in the joint commissioning of this Peer Review
- This desire for service improvement through greater integration was shared by all elected members interviewed
- STP is recognised as a valuable opportunity for further integration and to produce more locally responsive and sustainable community care services
- HWBs driving the change agenda. Developing a sustainable care economy to respond to employment pressures for domiciliary and reablement staff locally
- Joint Safeguarding work is well led and effective

Areas for Consideration

- Put residents at the heart of your work
- Recent stability in CCG and SEPT leadership is a good place to develop
- Uncertainty over the future of Bedford Hospital has influenced the rate of operational development, but there is a commitment that it will not be an obstacle to collaboration, and the pursuit of wider health and social care integration.
- Involve elected members in identifying opportunities in developing the social inclusion aspect of reablement in communities
- Maintain focus on whole system solutions not detailed problems
- A joint Transformation Board for service development

20. The peer review team heard from senior leaders from CBC, BBC, BCCG and SEPT about the strategic issues they are dealing with. The Councils' leadership of both members and officers expressed an appetite for greater collaboration between the Councils, local hospitals, BCCG and SEPT as reflected in the joint commissioning of this Peer Review.

21. The desire for service improvement through greater integration and closer working was shared by all elected members interviewed and whilst elected members from CBC and BBC do not come from the same political party or have the same local priorities, they are all equally committed to improving the wellbeing of those who use health and social care services and expect to be involved in discussions about the design of those services.

22. The STP is recognised by everyone with whom the peer team spoke as a valuable opportunity for further integration and closer working and that it has

significant potential to produce more locally responsive and sustainable community care services. Given the requirement for all local partners to approve plans, there is scope to shape plans which properly reflect distinctive local opportunities to transform service delivery.

23. The two Health and Wellbeing Boards (HWBs) are driving the change agenda and developing a sustainable care economy to respond to employment pressures for domiciliary and reablement staff locally.

24. Adult Safeguarding is run across both the CBC and BBC footprint and this joint working is mature, well led and effective.

25. As has been suggested in paragraph 18 above, the changes being discussed by the STP and the possible alterations to social care models of activity in CBC and BBC should be delivered through a joint commitment to co-production, putting residents at the heart of the work so that they feel genuinely involved, listened to and engaged throughout.

26. The recent stability in leadership at both BCCG and SEPT is good place to develop as trust needs to be created to allow key post holders to be able to discuss what is possible and how it can be delivered.

27. Uncertainty over the future of Bedford Hospital has influenced the rate of operational development, but there is a commitment that it will not be an obstacle to collaboration, and the pursuit of wider health and social care integration.

28. A key recommendation from the peer review team is that elected members should be involved in identifying opportunities for developing the social inclusion aspect of reablement in communities, drawing on their first hand community knowledge. This may take the form of working with for example, faith based groups, older peoples' organisations and other less formal groups which have existing local networks and connections which are capable of being harnessed. Members are the leaders in their communities and their leadership is critical in galvanising local communities and community organisations to support initiatives which prevent admissions and which enable safer, quicker discharges and support for carers.

29. Whilst working through the myriad issues in this work, the peer team urge all those involved to maintain focus on whole system solutions and not on detailed problems. Keeping the former in mind enables development and change, staying with the latter can hinder possible improvement narratives.

30. The peer review team recommend that CBC and BBC set up a joint Transformation Board for service development. This Board would focus on identifying what would improve performance and ensuring it is delivered. For example, ensuring people being discharged from local hospitals are placed on the correct pathway should be a consistent activity across the Councils and the providers to ensure better outcomes for residents. The leadership for ensuring this takes place would lie with the Transformation Board.

Person Centred and Outcome Focused

Strengths

- BBC DTOC low levels a success
- CBC propose to allocate a named worker on entry to reablement pathway
- New SEPT service of early supported discharge is seen as positive
- Overall user and patient experience is good

Areas for Consideration

- Consider how to put those who access services at the heart of your service redesign
- Seek to create information about services and pathways that are clear for all users and staff
- Not just about the patient experience – are the resources in the service being maximised

31. There is clear evidence that the BBC Delayed Transfers of Care (DTOC) from hospital which are attributable to adult social care per 100,000 population are very low standing at 0.7 for the 2014/15 year and 1.5 for 2015/16, which is a success.

32. There is a good proposed process in CBC to allocate a named worker on entry to the reablement pathway which will ensure the appropriate management of clients as they progress into, through and out of the reablement service. This will assist clients to know who to contact as their treatment progresses and increases their understanding.

33. There is a new SEPT service of early supported discharge which is reported as a positive development.

34. For all the reablement and rehabilitation services across both councils and with SEPT, the overall user and patient experience is consistently good, which indicates good services where frontline staff deliver effective outcomes.

35. The team recommend that any service redesign that takes place in the footprint should put those who access services at the very heart of the work to ensure their views and expectations are central to the outcomes delivered. The peer team make this point on a number of occasions to emphasise its importance.

36. Both Councils and providers should seek to create information about services and pathways that are clear for all users and staff. The peer team heard a lack of clarity from all those involved in relation to the reasons why a person would be put into any particular service and patient pathway. It should be clear to all.

37. Whilst the patient experience was consistently high across the rehabilitation service and both reablement services, it can be argued that other issues also

need to be taken into account when assessing the effectiveness of any one of these services. The key question here is to assess whether resources in the services are being maximised and if the same outcomes could be achieved more efficiently. The organisations need to assure themselves of this.

Promotes a sustainable and diverse market place

Strengths

- Development by public health of shared outcomes across the partners is a positive step forward
- Free training is provided for the private and voluntary sector in order to ensure an appropriately skilled workforce
- Delivering best practice solutions e.g. UHFRS, Community Equipment

Areas for Consideration

- You will miss the opportunity to improve reablement if you do not address the issues of market capacity and access to care packages
- Constitute a simple and direct information and intelligence sharing activity across CBC, BBC and SEPT to provide standard information to commissioners
- Use the Market Position Statement process to drive a sustainable and diverse market place
- Consider partnership working to deliver capacity in hard to reach areas
- Explore all options to develop diversity in the market place to result in a mature portfolio of options for those who access services

38. The development by public health of shared outcomes across the partners is a positive step forward. Public health have identified an outcomes framework to underpin the tendering process for rehabilitation services which at the time of the peer review was in draft form.

39. Free training is provided for the private and voluntary sector in order to ensure an appropriately skilled workforce to support the delivery of positive outcomes.

40. The team heard about the delivery of best practice solutions by CBC such as the Urgent Homecare Falls Response Service (UHFRS) and the work on Community Equipment. These are commendable achievements.

41. It was clear to the peer team that both organisations will miss the opportunity to improve reablement services if they do not address the issues of market capacity and access to care packages. Both Council reablement services and the rapid intervention service encounter problems when seeking to move clients on at the end of their active phase of support due to an inadequate level of provision. This results in a blockage preventing clients for whom the services would be beneficial from entering, as well as resulting in a comparatively expensive resource being used to provide routine ongoing support which ordinarily would cost far less. The peer team heard on a number of occasions that this inability to place people in care packages was undermining the rehabilitation and reablement services. This is a key element in the system and the challenge is

recognised by both Councils. While there are no easy answers other authorities such as Oxfordshire and Hertfordshire have addressed this challenge with some success and it should be worth hearing from them about how to solve these issues.

42. Constitute a simple and direct information and intelligence sharing activity across CBC, BBC and SEPT to provide standard information to commissioners. This will enable them to make more informed decisions for better outcomes.

43. Use the Market Position Statement process to drive a sustainable and diverse market place and explore all options to develop diversity in the market place to result in a mature portfolio of options for those who access services.

44. Consider partnership working to deliver capacity in hard to reach areas. The peer team heard about areas that border Cambridgeshire, for example, where it is difficult to resource provider care services due to their remote locations. To address this it is recommended that partnership relationships are built on with neighbouring authorities to solve them. It is very likely that these neighbours are experiencing the same issues from their side of the border.

Integration with health

Strengths

- Frontline staff and their managers engage effectively with their colleagues in health on a day to day basis delivering good services
- CBC use of s106 for Hubs, BBC and CBC mature use of s75

Areas for consideration

- There is a need for a greater collaboration and alignment across services at the commissioning and operational level
- The Councils and the CCG need to ensure there is a clear voice for community and primary care services within the STP
- Consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents

45. Across the two reablement services it was clear to the peer team that frontline staff and their managers engage effectively with their colleagues in health on a day to day basis delivering good services. This is commendable in an environment of reduced resources and increasing demand.

46. CBC is creatively using Section 106 money to simulate the creation of the Health and Social Care Hubs which are planned to reduce demand in acute settings and both BBC and CBC have a mature use of Section 75 monies, enabling the pooling of health and social care budgets to maximise the benefit to service delivery.

47. There is a need for a greater collaboration and alignment across services at the commissioning and operational level. The peer team heard on several occasions that teams in one part of the system were unaware of the activities and practices of other teams in the same system and consequently they were not sharing basic data nor the sort of intelligence which leads to a system working effectively as a whole. In a similar way, there was insufficient joint commissioning taking place to ensure shared outcomes and improved performance and value for money.

48. The Councils and BCCG need to ensure there is a clear voice for community and primary care services within the STP. This is essential to ensure that specific locally identified needs are included to help deliver improved outcomes and sustainability to both sectors. There is widespread recognition that STPs cannot achieve their goals of rationalising acute services without strong community and primary care services. Furthermore residents will not receive the best possible outcomes and services without strong community and primary care services. Therefore it is imperative that these services set out a clear vision and a strategic plan for delivering the outcomes required to achieve this goal.

49. CBC, BBC, BCCG and SEPT should consider how to move towards an improved level of shared intelligence to deliver better outcomes for residents. All

organisations on the footprint collect a significant amount of data about local people and their needs. It should be possible to pool not only the data but also to consider the implications of it much more effectively to make decisions about the way services are delivered to improve outcomes for people.

Seamless and effective service delivery

Central Bedfordshire Council Reablement

Strengths

- Frontline staff work hard and deliver a flexible and responsive service that customers and families like
- Some progress on 2014 review recommendations has been achieved
- In line with best practice there is timely access to therapy, delivered by embedded therapists
- Assessment coordinators established within the service to agree and monitor outcomes
- Plan to use reablement as a 'pause' to deliver a Care Act compliant holistic assessment

Areas for consideration

- Implement agile working for reablement staff
- Ensure for yourselves that you implement charges at the completion of active reablement
- Consider the role for beds in the future reablement pathway and determine the capacity required to provide a cost effective service
- Ensure clarity for frontline staff on therapist pilot

50. The peer review team had the privilege of speaking with staff who deliver reablement services for CBC. It was a pleasure to hear from them and it was clearly evident that they work hard and are committed to delivering a flexible and responsive service that customers and families like.

51. One of the peer team completed a review of reablement in 2014 at CBC and from this onsite work the peer team are able to conclude that there has been some progress on the 2014 review recommendations. These include the creation of a coordinator role, the provision of therapists within the team to improve the outcome focused approach and the implementation of processes to understand the use of paid time resulting in reduced down-time and cost per case.

52. In line with best practice there is timely access to therapy, delivered by embedded therapists. Whilst the majority of people undergoing a phase of reablement do not need input from therapists, for those that do it is important that this is readily available rather than their having to join a long waiting list for community therapy services that will often be available long after they have left their active reablement phase. By embedding therapists within the team it

ensures timely access as well as a mechanism to improve the outcome focus of the service.

53. Assessment coordinators are established within the service to agree and monitor outcomes and there is a clear plan to use reablement as a 'pause' to deliver a Care Act compliant holistic assessment.

54. The team recommend that CBC implement agile working for reablement staff that allows them to work flexibly using their time efficiently. The peer team heard examples of organisational requirements that caused frustration for staff as they ended up serving the needs of the system and not delivering outcomes for clients.

55. Ensure for yourselves that you implement charges at the completion of active reablement. From various discussions it was understood by the peer team that charges are never raised for clients who have completed their active reablement phase but who, for a variety of reasons, are still being supported by the reablement team. The Community Care (Delayed Discharges etc.) Act (Qualifying Services) (England) Regulations 2003 only provides that 'reabling' services are free for up to six weeks. Therefore, charges can be applied after the first six weeks or completion of the active reablement phase, whichever is the sooner.

56. CBC should consider the role for beds in the future reablement pathway and determine the capacity required to provide a cost effective service. Despite one of the two bedded reablement facilities being closed in recent months, it is understood that the remaining unit has still been underutilised. A replacement bedded unit was understood to be under renovation at the time of the peer review visit, but local experience may indicate that this level of capacity is not required.

57. Ensure there is clarity for frontline staff on the ongoing therapist pilot. From a number of discussions the peer review team were unable to ascertain the planned duration for the pilot introduction of therapists within the reablement team, how any improvements are being measured or what the targets or measures are to determine whether this has been beneficial. This needs some work to ensure that there is clarity of the pilot and that others know about it.

Seamless and effective service delivery

Bedford Borough Council Reablement

Strengths

- Frontline staff and their managers demonstrate high levels of enthusiasm and commitment to their work and deliver a positive experience for those who use the service that is valued highly
- Co-location and shared working with the hospital team have enabled a smooth discharge pathway

Areas for consideration

- Consider how the service is able to access timely therapy input
- Whilst utilisation rates appear good, consider how staff activity delivers the service's agreed outcomes and look at the most effective use of their staff time
- Strengthen management arrangements across the hospital social work team, community social work teams, reablement and care sourcing to ensure consistent joined up delivery

58. Members of the peer team met with staff from BBC who deliver the reablement work. These frontline staff and their managers demonstrated high levels of enthusiasm and commitment to their work and deliver a positive experience for those who use the service that is valued highly. They are a commendable group of staff.

59. The BBC staff are co-located with health colleagues at Bedford Hospital which enables them to effectively share information, create solutions to problems as they arise and enables a smooth discharge pathway.

60. BBC could consider how the service is able to access timely therapy input. Whilst the majority of people undergoing a phase of reablement do not need input from therapists, for those that do it is important that this is readily available rather than their having to join a long waiting list for community therapy services that will often be available long after they have left their active reablement phase. By embedding therapists within the team this would ensure timely access as part of their reablement phase.

61. Whilst utilisation rates appear good, consider how staff activity deliver the service's agreed outcomes and look at the most effective use of their staff time. There also is an opportunity to strengthen management arrangements across the hospital social work team, community social work teams, reablement and care sourcing to ensure consistent joined up delivery that would be more efficient.

Seamless and effective service delivery

South East Partnership Trust Rehabilitation and Enablement

Strengths

- This is a therapy led service with a strong outcome focus
- The patient experience is very highly rated

Areas for consideration

- Develop a clear understanding of the purpose of the service in the context of the whole system and ongoing pressures
- Define and communicate eligibility criteria across the whole system
- Clarify timely and appropriate notification of people needing care on exit from the pathway, including those in spot purchased beds

62. The SEPT service is therapy led with a strong outcome focus with staff who are committed to the delivery of positive outcomes.

63. As with the other reablement services within CBC and BBC, the SEPT patient experience is very highly rated by those who have the service. This is a testament to the quality outcomes achieved by the staff.

64. Develop a clear understanding of the purpose of the service in the context of the whole system and ongoing pressures. From various discussions it became clear that there is wide spread confusion about the nature, focus and purpose of rehabilitation versus reablement and it was often assumed, for instance, that because therapists are involved within both SEPT and the CBC service, they must be the same and seeking to support the same type of need. This results in referrals being made to both SEPT and the reablement services and whoever answers first gets the client / patient, rather than the decision being made on the basis of which service can best support the person's needs.

65. The peer team recommend that the eligibility criteria for each of the three reablement services are clearly defined by each and that these are communicated to all across the whole system. This point directly links to and builds on the previous one, and will enable a clear and consistent understanding by all involved, thereby ensuring that referrals are made on the basis of which service best supports the person's needs at that time. It will also ensure any unnecessary overlaps or gaps in provision can be identified, rather than it being assumed that the reablement services provided by CBC and BBC are providers of last resort and therefore expect them to accept people for whom the service is totally inappropriate.

66. It is recommended that SEPT clarify timely and appropriate notification of people needing care on exit from the pathway, including those in spot purchased beds.

From discussions it was understood that the CCG have recently started to place patients with care homes for low level rehabilitation support and the first the Councils know about them is when they are referred to them upon completion of their six week period. It is understood that this has created significant issues for the CBC and BBC who believe that any real opportunities to maximise the person's independence have been lost.

Seamless and effective service delivery

Generic Reablement

Areas for consideration

- Develop a clear understanding of the purpose of the services in the context of the whole system and ongoing pressures on Homecare and Acute beds
- Define and communicate each service's eligibility criteria across the whole system
- Ensure these eligibility criteria enable staff to appropriately place customers on the correct pathway
- Model population demand, define the capacity required and source each service accordingly
- Agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity
- Implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol
- Look for the reasons for the different reablement outcomes across CBC and BBC and the reasons for the different exit rates from SEPT across the two areas
- Develop strategies to ensure appropriate capacity in the home care market is available for timely exit
- Consider the scope for joint benefits in the replacement of SWIFT across CBC and BBC

67. The peer review team recommend that CBC, BBC, BCCG and SEPT develop a clear understanding of the purpose of the three different reablement services in the footprint in the context of the whole system and the ongoing pressures on Homecare and Acute beds. Currently there appears to be confusion amongst all of the organisations on the role, purpose and focus of each service and, therefore, which people and types of need are most appropriately supported by which service. This lack of clarity and understanding has clear operational issues and also prevents a shared understanding of potential overlaps and gaps in the range of provision. Not all people can be appropriately supported by rehabilitation and reablement services because they are not providers of last resort but services focused on maximising a person's independence. When shared clarity is achieved it will improve service delivery and lead to better outcomes for residents and will also provide the basis for reviewing the services from the perspective of integrating services more effectively and potentially offering cost savings.

68. As has been suggested previously the peer team recommend each service's eligibility criteria should be defined and communicated across the whole system. This would ensure, for instance, that people are referred to the service most appropriate to supporting their needs at that time rather than to whichever service agrees first, or is required, to accept the referral.

69. Ensure these eligibility criteria enable staff to appropriately place customers on the correct pathway. The organisations should then model population demand, define the capacity required and source each service accordingly and agree a consistent prioritisation protocol across the system for the use of available home care capacity and available reablement capacity.

70. Implement a process to match demand to capacity on an ongoing basis using the agreed prioritisation protocol. In any system it is highly likely that demand will, from time to time, exceed supply and so decisions need to be made as to the basis on which priority is given to the limited resource. This requires a clear shared understanding and active management of cases being referred and accepted by each service on a daily or even hourly basis at critical times.

71. Look for the reasons for the different reablement outcomes across CBC and BBC and the reasons for the different exit rates from SEPT across the two areas. From discussions with Council staff there was no understanding of the significantly different performance levels by SEPT in terms of the two Council services. The peer review team were informed that it was directly related to the availability or not of capacity within the domiciliary care providers. This issue needs further investigation and verification to ensure that the reasons for this difference in performance are understood to maximise performance across the system.

72. Develop strategies to ensure appropriate capacity in the home care market is available for timely exit and consider the scope for joint benefits in the replacement of the SWIFT information technology system across CBC and BBC. It was understood from discussions that both councils are in the same position and need to replace their current SWIFT systems within 18 months with both having explored the same options. This is an opportunity worth exploring.

Moving forward

- The peer reviewers recognise the positive relationships between the partners
- However, now is the time for action – failure to respond appropriately to the challenges facing them will have serious implications for local people
- There needs to be acknowledgement by all parties that the current arrangements are fragmented, cost ineffective and are not delivering the best outcomes for residents
- A new approach starting with the person at the centre needs to be developed and all parties need to commit to achieving this goal regardless of the impact on organisations
- So, the first step is gaining agreement to this approach, then representatives need to work through the evidence and best practice and propose a way forward for the partners which demonstrates benefits for local people and benefits for care and health economy as a whole

73. The peer reviewers recognise the positive relationships between the partners. However, now is the time for action – failure to respond appropriately to the challenges facing everyone will have serious implications for local people. There needs to be acknowledgement by all parties that the current arrangements are fragmented, cost ineffective and are not delivering the best outcomes for residents. A new approach starting with the person at the centre needs to be developed and all parties need to commit to achieving this goal regardless of the impact on organisations.

74. So, the first step is gaining agreement to this approach, then representatives need to work through the evidence and best practice and propose a way forward for the partners which demonstrates benefits for local people and benefits for the care and health economy as a whole.

Contact details

For more information about this Adults Peer Review on Reablement and Rehabilitation at Central Bedfordshire and Bedford Borough Councils please contact:

Marcus Coulson
Programme Manager – Adults Peer Challenges
Local Government Association
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Read the Adults Peer Challenge Reports here http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE

APPENDICES

Appendix 1: Reablement / Rehabilitation Peer Review Key Lines of Enquiry

Key lines of enquiry agreed for this review have been based on the following Commissioning for Better Outcomes Domains: (1) Person Centred and Outcome Focussed, (2) Well led, (3) Promotes a sustainable and diverse market

Domain 1: Person Centred and outcome focused
Key lines of Enquiry:
1. How well do we ensure the delivery of outcomes that matter most to an individual?
2. To what extent do support plans and associated tools help deliver strengths and asset based approach?
3. How well does the information, advice and support we provide empower people to have choice and control over their care and support?
4. Are services seamless and does this prevent people from having to tell their story more than once?
5. How effectively do we routinely capture and use what service users, families and carers say about services in order to make improvements?

Domain 2: Well Led
Key Lines of Enquiry:
6. To what extent are the vision and values well understood and owned by staff, partners and the public?
7. To what extent is there a whole systems and integrated approach to commissioning for better outcomes?
8. How well do we support practitioners to understand and implement our approach?
9. To what extent do we use evidence (qualitative and quantitative) about what works well and not so well to improve future service delivery/policy/approach and are reporting mechanisms robust?

Domain 3: Promotes a sustainable and diverse market
Key lines of enquiry:
10. To what extent do we ensure services are widely available, well promoted and consistent?
11. How effectively do we work with staff, providers and partners to ensure the right amount and right quality of reablement/rehabilitation is in place to meet demand?
12. How well do we ensure that we have the right level of skills and capacity in place to delivery good quality and safe services?
13. How well does the Council and its key partners prioritise investment in a whole systems reablement/rehabilitation approach?

Appendix 2: Principles and expectations for good Adult Rehabilitation

Rehabilitation is everyone's business: Principles and expectations for good Adult Rehabilitation
NHS Wessex Strategic Clinical Networks, 2015.

https://www.networks.nhs.uk/nhs-networks/clinical-commissioning-community/documents/principles-and-expectations

The Principles of Good Rehabilitation services, good rehabilitation services will:

1. Optimise physical, mental and social wellbeing and have a close working partnership with people to support their needs.
2. Recognise people and those who are important to them, including carers, as a critical part of the interdisciplinary team.
3. Instil hope, support ambition and balance risk to maximise outcome and independence.
4. Use an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.
5. Require early and ongoing assessment and identification of rehabilitation needs to support timely planning and interventions to improve outcomes and ensure seamless transition.
6. Support self-management through education and information to maintain health and wellbeing to achieve maximum potential.
7. Make use of a wide variety of new and established interventions to improve outcomes e.g. exercise, technology, Cognitive Behavioural Therapy.
8. Deliver efficient and effective rehabilitation using integrated multi-agency pathways including, where appropriate, seven days a week.
9. Have strong leadership and accountability at all levels – with effective communication.
10. Share good practice, collect data and contribute to the evidence base by undertaking evaluation/audit/research.

Appendix 3: The Commissioning for Better Outcomes Standards

These standards set out ambitions for what good commissioning is, providing a framework for self- assessment and peer challenge.
The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcome focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations.	3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers

Central Bedfordshire Council

SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

05 June 2017

Work Programme and Executive Forward Plan

Advising Officer: Paula Everitt, Scrutiny Policy Adviser
Paula.Everitt@centralbedfordshire.gov.uk

Purpose of this report

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

RECOMMENDATIONS

The Committee is asked to:

1. Consider and approve the work programme attached, subject to any further amendments it may wish to make.
2. Consider the Executive Forward Plan; and
3. Consider whether it wishes to suggest any further items for the work programme and/or establish any enquiries to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1. Throughout June and July 2016 residents were encouraged to propose items to be considered by the Council's overview and scrutiny committees.

2. In addition a workshop took place in June 2016 at which Members and partners were invited to propose additional items and to indicate the priorities that they would like to consider throughout 2016/17.

3. Throughout this process Members have been encouraged to adopt several key principles relating to ways of working that were previously agreed by the Overview and Scrutiny Co-ordination Panel, namely:-

   - Minimising duplication
   - Focusing on requested items
   - Focusing on outcomes and the 5-year plan

4. A long-list of items was presented to the OSC at their previous meeting where Members agreed those items they would like to be added to further meetings.

5. This work programme aims to provide a balance of those items on which the Executive would be grateful for a steer in addition to those items that the Overview and Scrutiny Committee (OSC) has proactively requested to receive.

6. The Committee is requested to consider the work programme and the indicated outcomes at **appendix 1** and to amend or add to it as necessary.

Overview and Scrutiny Task Forces

7. 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

8. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan that are **not** presently included in the Committee's work programme. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report:-

Item	Indicative Exec Meeting date
The Integration of Health and Social Care in Central Bedfordshire (Recommendations of Overview and Scrutiny Enquiry)	20 June 2017
Shared Lives Scheme Management Service for Adults with Learning Disabilities	20 June 2017
Award of Contract - Development of Biggleswade South Gypsy and Traveller Site	20 June 2017
Implementation of the new Homecare Service, Extra Care and Children's Care Support Services Contract	20 June 2017
Homelessness Reduction	01 August 2017
Lets Rent - Homelessness Prevention Offer	01 August 2017
Central Bedfordshire Empty Homes Strategy	10 October 2017
Non Key Decisions	**Indicative Exec Meeting date**
Provisional Revenue Outturn Report 2016/17 (subject to audit)	20 June 2017
Provisional Capital Outturn Report 2016/17 (subject to audit)	20 June 2017
Provisional Housing Revenue Account Outturn Report	20 June 2017

2016/17 (subject to audit)	
Budget Strategy and Medium Term Financial Plan (including the Capital Programme and Housing Revenue Account)	1 August 2017
Fees & Charges Policy 2018 – 2021	10 October 2017
Fees and Charges 2018	10 October 2017
Quarter 1 2017/18 Revenue Budget Monitoring	10 October 2017
Quarter 1 2017/18 Capital Budget Monitoring	10 October 2017
Quarter 1 2017/18 Housing Revenue Account Budget Monitoring	10 October 2017
Quarter 2 2017/18 Revenue Budget Monitoring	9 January 2018
Quarter 2 2017/18 Capital Budget Monitoring	9 January 2018
Draft Budget 2018/19 and Medium Term Financial Plan	9 January 2018

Corporate Implications

9. The work programme of the Overview and 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.

Conclusion and next Steps

10. 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.

Appendices

Appendix A: OSC work programme

Background Papers

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

http://centralbeds.moderngov.co.uk/mgListPlans.aspx?RPId=577&RD=0

This page is intentionally left blank

Appendix 1 – Social Care Health and Social Care OSC Work Programme 2016/17

Meeting date	Report Title	Description
24 July 2017	Stroke Services	To receive an update from BCCG on proposals for the Stroke Care Pathway in Central Bedfordshire
24 July 2017	The future of the Birches Older Persons Home	To consider the opportunity to improve care home provision and to authorise the commencement of a consultation process.
24 July 2017	Private Ambulance Service (PAS)	To receive a report that sets out the BCCG's response to complaints by residents about the Private Ambulance Service
24 July 2017	Draft Empty Homes Strategy	To seek Members views on the draft strategy, also inform the consultation. The plan is for the final strategy to go to Executive on 01/08/17 - there are expected to be some small changes to the strategy.
18 September 2017	The Day Offer for Older People and Adults with Disabilities	To report following the consultation process.
27 November 2017	Allocations Policy	The Central Bedfordshire Allocations Policy requires review and amendment in response to new duties being introduced on the Council by the Homelessness Reduction Act 2017. The report will include a draft reviewed policy for comments to be provided to Executive before the policy is presented for adoption.
27 November 2017	Retender of contract for residental and nursing home places	December Executive Report

This page is intentionally left blank