

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Room 15, Priory House, Monks Walk, Shefford on Monday, 28 June 2010

PRESENT

Cllr Miss A Sparrow (Chairman)
Cllr A M Turner (Vice-Chairman)

Cllrs Mrs J Freeman
Mrs R B Gammons
Mrs S A Goodchild

Cllrs Ms A M W Graham
J Kane
P Rawcliffe

Apologies for Absence: Cllr P Freeman

Members in Attendance: Cllrs D Bowater
Mrs R J Drinkwater
Mrs C Hegley

Officers in Attendance: Mrs M Clampitt – Democratic Services Officer
Mr M Janes – Interim Assistant Director,
Commissioning
Mrs J Ogley – Director of Social Care,
Health and Housing
Miss C Powell – Overview and Scrutiny Officer

Others in Attendance Mr J Kitcat – Public Health Manager, NHS
Bedfordshire
Mr D Levitt – Head of Public Engagement
and Communications, NHS
Bedfordshire
Mrs C Shohet – Consultant in Public Health,
NHS Bedfordshire
Mr B Smith – Acting Chairman and Finance
Officer, Bedfordshire LINK

SCHH/09/145 **Minutes**

RESOLVED

that the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 8 April 2010 be confirmed and signed by the Chairman as a correct record.

SCHH/09/146 Declarations of Interest**(a) Personal Interests:-**

Cllr S Goodchild She is an ongoing service user.

(b) Personal and Prejudicial Interests:-

There were no declarations made.

(c) Any Political Whip in relation to items on the agenda:-

There were no declarations made.

SCHH/09/147 Chairman's Announcements and Matters of Communication

The Chairman asked Members of the Committee, who had attended the Townsend Court visit to provide their views of the visit. The Members were impressed with the establishment and the level of care provided. The staff was friendly and the establishment was well run. The Central Bedfordshire Governor to SEPT confirmed that the improvements made by staff were incorporated into the SEPT in Essex.

The Vice-Chairman and the Overview & Scrutiny Officer attended the Centre for Public Scrutiny's (CfPS) Healthy Accountability Forum in London. Attending on behalf of the East of England's Regional Health Chair's forum, the Vice Chairman felt it was a very effective and useful meeting in which the joint health scrutiny arrangements of other Local Authorities also shared the effective and pitfalls to be avoided when exercising the Health Scrutiny function. The CfPS used the forum as an opportunity to launch a number of new publications available on their website. The Chairman took note of a particularly useful item entitled "Influencing Health: a toolkit for councillors" produced by Yorkshire and Humber Health Scrutiny Network. Copies would be distributed to Members.

A Joint Scrutiny Committee was in the process of being convened between Central Bedfordshire Council, Luton Borough Council and Bedford Borough Council to consider the Commissioning of the Provision of Mental Health Services. The current nominees were: Cllr Mrs S Goodchild, Cllr A Turner, Cllr R Gammons and Cllr J Kane. It was agreed that once more details were received from the PCT in terms of the consultation document and frequency of meetings and overall timetable. Members would be informed.

SCHH/09/148 Petitions

The Chairman announced that no petitions had been referred to this meeting.

SCHH/09/149 Public Questions, Statements and Deputations

The Chairman announced that no questions, statements or deputations had been received.

SCHH/09/150 Disclosure of Exempt Information

There were no disclosures of exempt information.

SCHH/09/151 Call-in

The Chairman announced that no call-ins had been referred to this Committee.

SCHH/09/152 Requested Items

The Chairman confirmed that no requests for agenda items had been received.

SCHH/09/153 Local Involvement Network (LINK) Update

The Committee received an update from the Acting Chairman and Finance Officer which highlighted local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.

It was noted that the Chairmen and Vice-Chairmen of the Bedford LINK, Luton LINK and the Bedfordshire LINK would co-ordinate their work programmes so as not to duplicate work.

In response to a question regarding the discharging of patients from hospitals outside of the area, i.e. Luton & Dunstable Hospital, Bedford Hospital, Lister Hospital and Milton Keynes Hospital, the Acting Chairman and Finance Officer confirmed that he had documentation which detailed the difference in the level of care provided to Central Bedfordshire residents when discharging them from Hospitals outside of Central Bedfordshire. The documentation had been sent to Linda Lambourne at NHS Bedfordshire. The Director of Social Care, Health and Housing requested a copy of the information so that she could ensure that her officers were doing all they could to assist patients.

RESOLVED

that the updates be noted.

SCHH/09/154 Joint Strategic Needs Assessment (JSNA) - Progress Report and Executive Summary

The Consultant in Public Health, NHS Bedfordshire presented the Executive Summary of the Central Bedfordshire Joint Strategic Needs Assessment (JSNA) and provided an overview of how the findings would be used as an evidence base to support the Council's Commissioning process. It was noted that the JSNA was a statutory responsibility for the Director of Social Care, Health and Housing, the Director of Children Services and the Director of Public Health under the terms of the Local Government and Public Involvement in Health Act 2007.

The JSNA was a joint analysis of current and predicted health and well-being outcomes, along with what was wanted now and for the next three to five years. The JSNA would assist in the reduction of inequalities in the services provided.

One chapter within the JSNA looked at the social, economic and environmental circumstances people live within and the impact it has on their health and well-being. It reviewed the impact on the most deprived areas within rural locations and Dunstable, Houghton Regis, Plantation, Northfields, Flitwick East and Sandy. An example was the 27% of CBC children live in low income households which increases to 45% - 50% in parts of Houghton Regis and Dunstable. Lack of access to public transport was a concern for the pensioner population.

Another chapter dealt with Children and took into consideration the Every Child Matters priorities for children to:-

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

The next chapter dealt with Adults and Older People providing a demographic and health indicators for adults working in Central Bedfordshire. Issues for vulnerable people including income deprivation affecting older people had been linked to areas in Sandy, Dunstable, Houghton Regis and Flitwick East. The priorities for this chapter were the following:-

- Safeguarding of vulnerable adults
- Making a positive contribution
- Achieving economic wellbeing

The World Class Commissioning Assurance gave the JSNA a level 3 rating which is the highest possible for both regional and national ratings.

Members asked a number of questions which the Consultant in Public Health and the Director of Social Care, Health and Housing answered. It was noted that the document was providing a base line of information. Some of the key points included the following:-

- Rising population with people living longer
- Higher life expectancy
- Deprivation – some people lives shortened / sooner to develop a disability
- Pre-75 yrs of age deaths – due to cancer followed by cardio vascular illness compared to 10% of deaths due to road traffic accidents.
- Mental health conditions including dementia for 1,000 people per year
- 2,500 people live with dementia to sum level
- 1 in 3 adults is obese
- 1 in 7 adults physically active enough to improve life.

The priorities for Central Bedfordshire include the following:-

- More supported living / housing option
- Meaningful employment for people with mental health issues
- Prevent premature death
- Promote drinking sensibly
- Promote eating well
- NHS health checks to be provided by every doctors surgery. It was noted that each GP would be set a target number of people to see; however, there is no requirement for people to take up the offer. The checks will be prioritised to consider the higher risk people first i.e. the elderly. Not all surgeries have the software which would allow the prioritisation to be dealt with as easily. The software costs £500 but the NHS was looking into alternative ways of helping prioritise.

The JSNA was one of the 3 key needs assessments undertaken by the Local Strategic Partnership to determine what local priorities are – the other key assessments are the Joint Strategic Intelligence Assessment and the Local Economic Assessment .

Members expressed concerns that partnership working should not be impaired by this work but rather clearer lines of demarcation be put in place so that the public know who will supply what information and assistance. It was not possible to “pidgeon hole” everyone. It was suggested that a common number exist for the police and council so that enquiries could be sent to the correct area. The JSNA ‘s purpose is to provide a needs assessment of the population and local partners determine which needs are priority for meeting and how agencies will contribute to the cross cutting approach to meeting needs.

Members noted that the figures showed that one third of people with dementia were known to the Council which had come from modelling work. It was noted that not everyone needed assistance early on and that this was a national issue which was being looked at.

The Portfolio Holder for Social Care and Health endorsed the work undertaken to create the JSNA.

RESOLVED

- 1. that the use of the Joint Strategic Needs Assessment (JSNA) as a key source of evidence to guide Commissioning decisions and the priorities of both the Healthier Communities and Older People Partnership Board and the Children's Trust, be noted.**
- 2. that the availability of the JSNA to support the work of the Social Care, Health & Housing Directorate, be noted.**

SCHH/09/155 Adult Social Care Scoping Reviews & Local Profiles

The Committee received the report of the Portfolio Holder for Social Care and Health which described the progress made in relation to developing a process to deliver future commissioning strategies and development plans for all areas of adult social care, with a specific focus on Older People.

The development of local strategies and plans, through partnership working, supported the implementation of the Council priorities of: supporting and caring for an ageing population, creating safer communities and promoting healthier lifestyles. Scoping reviews of Learning Disability, Older People and Physical Disability services had revealed the following:-

- Current range of services being provided and commissioned in Central Bedfordshire
- Identify any gaps in service provision
- Identify demographic information around predicted future needs
- Provide baseline information for the development of a Social Care, Health and Housing Commissioning Strategy.

The Joint Strategic Needs Assessment (JSNA) was used as a reference guide, for a fuller description of the function of the JSNA please refer to Minute No. SCHH/10/154. In addition, the Dr Foster research tool was commissioned to provide information in relation to housing and direct payments. The data analysis provided covered:-

- Take up of Direct Payments in 2009/10 matched against ward areas
- Levels of care places in Residential and existing forms of Sheltered and Extra Care services matched against ward areas.

The scoping reviews would be used to inform and assist with the next stages of identifying the needs which will need to be met over the next three to five years. It was noted that NHS Bedfordshire was also completing a Health Needs Analysis for Learning Disabilities and Older People, which will be incorporated into the commissioning strategy.

The scoping reviews also had been undertaken at both the current Adult Block Domiciliary care delivery area level and the Practice Based Commissioning (PBC) area level for Older Person need to be developed. The adult block domiciliary care levels were as follows:-

Block 4	Amphill / Flitwick/Cranfield/ Woburn area, aligns with West Mid Beds PBC with a minor overlap into Horizon PBC
Block 5	Houghton Regis/Toddington areas, aligns to Chiltern Vale PBC (which also covers Dunstable), with a further small overlap with part of West Mid Beds PBC
Block 6	Dunstable and South Bedfordshire area, aligns to Chiltern Vale PBC (which also covers Houghton Regis) with a further small overlap with part of Leighton Buzzard PBC
Block 7	Leighton Buzzard area, aligns with Leighton Buzzard PBC
Block 8	Sandy/Biggleswade/Shefford area, aligns with Ivel Valley PBC

The information used to populate the adult block of domiciliary care demographic was also aligned to the Practice Based Commissioning Areas throughout the region. This provided a base line of information based on the following profiles;-

- Total population information in the areas
- Age/ethnicity
- Home ownership
- Unemployment and deprivation
- People aged over 75 – population and care capacity information

The above profiles were attached as appendices to the main report.

It was noted that 4,000 additional places would be needed for Older People. It would require considering reconfiguration of existing services including BUPA Care Homes, residential and nursing provision and development of various forms of extra care housing.

The Committee noted that fuel poverty and ability to maintain their homes, were the main concerns of elderly residents. Owner occupation was now between 70 – 80%.

The Portfolio Holder for Housing informed the Committee that a review of care homes and the needs they could meet was ongoing. It was noted that the needs of dementia patients had to be included as part of the review. The Portfolio Holder for Housing confirmed that most homes were rated "adequate" by the Care Quality Commission (CQC). The Council was in the process of conducting an exercise in developing an improvement plan to drive up the rating of care homes

It was noted that there were 72 park home sites across Central Bedfordshire.

RESOLVED

- 1. that the progress made in developing the scoping review information for: Learning Disability, Older Persons and Physical Disability Services in Central Bedfordshire, be noted.**
- 2. that the use of the Joint Strategic Needs Assessment (JSNA) and Dr Foster's work as sources of evidence which were used as a guide to populate of the scoping reviews, informing the commissioning decisions, be noted.**
- 3. that the availability of the information available in the scoping review and associated locality profiles, be noted.**

SCHH/09/156 Adult Social Care (ASC) Recovery Programme Update

The Committee received a report from the Director of Social Care Health and Housing in relation to the progress made on the Adult Social Care Recovery Programme following the completion of Phase 1.

It was noted that two previous reports had been considered by the Committee and had provided the background to the creation of the Adult Social Care (ASC) Recovery Programme. There had been eleven recovery areas identified of which nine had been successfully completed and are considered to be out of recovery. The final two were to be completed by the end of June, thus bringing Phase 1 to a close. Within the eleven areas sixty-five out of the sixty-nine milestones had been completed.

Phase 2 of the Recovery Programme would retain the current governance structures but with five key areas to monitor, there would be less to review. The five areas of recovery in Phase 2 of the programme are:-

- i. Practice, standards and performance**
The purpose is to drive up standards of practice across assessment and care provision and embed a performance culture. It was noted that the CQC had confirmed that by the end of June 2010 there would no longer be home ratings and that the inspection of services would be reconsidered

ii. Safeguarding

The Committee noted that the Safeguarding practice has improved. The focus of recovery phase 2 continues to be on safeguarding practice and embedding the improvements with an action plan to improve from “adequate” to “good”.

iii. Integrated finance and Business Processes

The current IT and finance systems do not support local, timely decision making in respect of meeting individuals care needs. Work will be carried out to ensure that managers are able to control budgets locally.

iv. Stabilising and managing the adult social care market

It was noted that the Council needs to understand how it can influence, shape and develop the adult social care market, incorporating the needs and requirements of self funders. The Director of Social Care, Health & Housing informed the Committee of the way in which the Council must understand its place as a commissioner of services, purchaser of services as well as its role in the market place. The Council is meeting providers on a quarterly basis to work together to deliver a greater range of options for people as part of the transformation agenda. In the meantime the standard regional contract for care homes is being rolled out.

v. Transforming Peoples Lives

It was noted that the Directorate’s main concerns are establishing the customer pathway and revising the Resource Allocation System. A report would be taken to the September’s Social Care Health and Housing Overview & Scrutiny Committee to assist Members with their understanding of the process.

It was noted that the lessons learnt from the recovery programme were that the issues the Council needed to address were inclusive of the performance management framework and its associated budget as well as HR support.

Members requested that the minutes reflect their thanks and gratitude to the Director of Social Care, Health and Housing for her staff’s commitment to Cubic’s Recovery Programme.

RESOLVED

- 1. that the progress made in implementing the Adult Social Care Recovery Programme, be noted.**
- 2. that the proposals for a second phase of the Recovery Programme, be noted.**

SCHH/09/157 Work Programme 2010 - 2011 & Executive Forward Plan

Members considered the Committee’s work programme, it was noted that the NHS Bedfordshire Estates Strategy: 6 month progress report shown at ref 19 of the Committee’s Work Programme, would be considered at the 28 March 2011.

RESOLVED

that, subject to the above change, the work programme be noted.

SCHH/09/158 Date of Next Meeting

There will be a site visit on Monday 2 August at 12.30pm to the Silsoe Horticultural Unit and Biggleswade Learning Disability Day Centre.

The next meeting of the Social Care Health and Housing Overview and Scrutiny Committee will be held on Monday 13 September 2010 in Room 15 Priory House, Shefford.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.20 p.m.)

Chairman

Dated