

## 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 Thursday, 12 April 2012.

### PRESENT

Cllr Mrs R J Drinkwater (Chairman)

Cllrs A L Dodwell  
Mrs R B Gammons  
Mrs S A Goodchild

Cllrs K Janes  
I A MacKilligan  
M A Smith

Apologies for Absence: Cllrs Mrs D B Gurney  
N J Sheppard

Substitutes: Cllrs D Bowater (In place of Mrs D B Gurney)  
Miss A Sparrow (In place of N J Sheppard)

Members in Attendance: Cllrs P N Aldis  
Mrs C Hegley  
J G Jamieson  
M A G Versallion  
Executive Member for  
Social Care, Health &  
Housing  
Leader of the Council  
and Chairman of the  
Executive  
Executive Member for  
Children's Services

Officers in Attendance: Mr N Costin – Head of Private Sector Housing  
Mr P Groom – Head of Commissioning (Adult  
Social Care)  
Mr T Keaveney – Assistant Director Housing  
Services  
Mr N Murley – Assistant Director Business &  
Performance  
Mrs J Ogley – Director of Social Care, Health and  
Housing  
Elizabeth Saunders – Assistant Director Commissioning

Others in Attendance Mrs C Bonser Bedfordshire Local Involvement  
Network  
Mr M Coleman Chairman, Bedfordshire LINK  
Ms E Goddard Chief Operating Officer, Bedford  
Hospital NHS Trust  
Mr D Levitt Head of Public Engagement and  
Communications, NHS Bedfordshire  
Mr T O'Donovan MSK Service Redesign Manager  
Mr B Smith Bedfordshire LINK  
Mr P Tisi Associate Medical Director, Bedford

Hospital NHS Trust

SCHH/11/98 **Minutes**

**RESOLVED**

**That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 05 March be confirmed and signed by the Chairman as a correct record.**

SCHH/11/99 **Members' Interests**

(a) **Personal Interests:-**

- Cllr Mrs S Goodchild as a Member of her family is a service user;
- Cllr K Janes as his family run care homes in Central Bedfordshire; and
- Cllr M Versallion (Item 11) as he is a non-executive Director of the North West London Hospitals NHS Trust.

(b) **Personal and Prejudicial Interests:-**

None.

(c) **Political Whip**

None

SCHH/11/100 **Chairman's Announcements and Communications**

The Chairman informed the Committee of the following:-

- Following the circulation of a briefing to Members relating to a new delivery model for Dermatology Services several questions had been raised by a Member. A response to those question was circulated at the meeting and any further matters could be raised outside of the Committee.
- A meeting of the Joint Health Overview and Scrutiny Committee was scheduled for 23 April 2012 from 4pm at Borough Hall, Bedford.
- A Member request to consider an item in relation to performance on clients receiving self directed support would be considered under Item 20.

The Committee was also informed that Central Bedfordshire Council had successfully applied to become a scrutiny development area (SDA) as part of a Centre for Public Scrutiny (CfPS) health and social care reform programme. The Council was one of 15 SDAs who would lead on the implementation of reforms in relation to overview and scrutiny. The programme provided an opportunity to consider the most appropriate means of undertaking health scrutiny and encouraging a more effective 'critical friend' challenge. The

Scrutiny Policy Adviser was currently drafting a project plan with the CfPS, Members and partners had been invited to provide their views to be included in that project plan. Updates would be provided to the Committee regularly throughout the duration of the programme.

#### **NOTED**

**The response to issues raised on the briefing relating to the new delivery model for dermatology care and that any further issues could be raised outside the Committee.**

#### **SCHH/11/101 Petitions**

No petitions were received from members of the public in accordance with the Public Participation Procedure as set out in Part D2 of the Constitution.

#### **SCHH/11/102 Questions, Statements or Deputations**

No questions, statements or deputations were received from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution.

#### **SCHH/11/103 Call-In**

The Panel was advised that no decisions of the Executive had been referred to the Panel under the Call-in Procedures set out in Appendix "A" to Rule No. S18 of the Overview and Scrutiny Procedure Rules.

#### **SCHH/11/104 Requested Items**

No items were referred to the Committee for consideration at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

#### **SCHH/11/105 Executive Member Update**

Cllr Mrs C Hegley, Executive Member for Social Care, Health and Housing updated the Committee on the following:-

- Meetings, which the Council continued to attend as part of their involvement in the national learning set for Health and Wellbeing Boards.
- An East of England Local Government Association Leaders' Network meeting that Cllr Hegley had recently attended, which provided information on European funding that was available.
- The enactment of the Health and Social Care Bill.
- The Council recently won the Best Customer Engagement Initiative of the year award at the national Go awards for procurement of Extra Care services.
- Development in relation to a scheme at Old Warden Park.
- A public health briefing had been arranged for Members on 4 May 2012.

- Meetings of the Older Peoples Reference Group continued to be held and were positive.
- The Council continued to challenge the adequate rating received in 2010 for Adult Social Care by demonstrating change and improvement. The Council was awaiting a formal letter recognising our significant improvement.

### **NOTED the update**

#### **SCHH/11/106 LINK Update**

The Committee received a report from Charlotte Bonser, Bedfordshire LINK Operations Manager highlighting issues of patient experience particularly in relation to nursing care and hospital discharge.

Members discussed issues in relation to hospital discharge including the importance of looking at the whole pathway and meeting the needs of the patient. Members also discussed issues in relation to instances where patients were inappropriately discharged from hospital late in the evening or early in the morning.

### **RESOLVED**

**That a Task Force be established involving the LINK to consider issues in relation to hospital discharge in Central Bedfordshire.**

#### **SCHH/11/107 Transforming for Excellence**

The Committee received a report relating to Bedford Hospital NHS Trust's Transforming for Excellence programme (TfE). In addition to the report Mr Paul Tisi, the Associate Medical Director, stated that there would be no radical change as a result of the TfE programme, the aim was to improve quality of care whilst improving efficiency. The Committee were informed that there were three key workstreams:-

1. clinical effectiveness;
2. workforce and operational support; and
3. business unit delivery.

It was commented that as a result of the proposals and specifically ward reconfigurations it was proposed that 26 beds would no longer be needed. There would be no reduction in the level of service delivered as a result of this reduction.

In response to the issues highlighted in the report and the clarification provided by the Associate Medical Director and the Chief Operating Officer Members raised and discussed the following issues in detail:-

- The discharge lounge at the hospital would only be used in appropriate circumstances. It was recognised that waiting in the lounge was not appropriate for all patients.

- The importance of ensuring that wards were staffed appropriately and that standards of nursing care were monitored.
- Concerns that issues in relation to hospital discharge had been prevalent for a considerable period of time and improvements had not been made. Members noted that the sub-acute unit had opened in October/November 2011 in order to improve complex discharges.
- Whether there were opportunities for the Council and the hospital to work in partnership and for funding to be awarded to the Council in order to prevent people having to attend hospital.
- The importance of being mindful that Bedford was one of only 6 hospitals that discharged into the Central Bedfordshire area.
- It was not clear whether the Healthier Together programme, that was presently reviewing the delivery of acute services throughout the South East Midlands, would have an impact on the hospital resulting in further necessary changes in the future.
- The importance of effective communication with patients in relation to any proposed ward changes.
- The NHS Hospital Trust did not believe the proposals constituted a substantial variation in service.
- The proposals did not provide any timescales for the delivery of the workstreams. The Committee were informed these would be agreed following the feedback from recent consultation and could be included in any updates provided to the Committee.

Following discussion the Committee noted that Bedford Borough Council were due to receive the same briefing at their meeting on 17 April 2012. If the Committee felt that the programme constituted a substantial variation of service a Joint Health Overview and Scrutiny Committee would be required with Bedford Borough Council. Members were minded to agree that this was not a substantial variation of service and that a formal consultation was not required. Members did however agree in principal that if Bedford Borough Council felt a Joint Health Overview and Scrutiny Committee was necessary they would also take part. If a Joint Health Overview and Scrutiny Committee was not felt to be necessary Members wished to receive regular updates.

## **RESOLVED**

**That in principal the Committee would agree to establish a Joint Health Overview and Scrutiny Committee if, following their consideration of the matter, Bedford Borough Council felt that it was necessary.**

### **SCHH/11/108 Medium Term Plan: consultation document**

The Committee received a report from the Leader of the Council that sought the views of Members on the proposed content of the emerging Medium Term Plan prior to its adoption by Full Council.

In response to the report the Committee raised and discussed the following issues in detail:-

- The importance of customer experience and being mindful that not all residents had access to the internet. The Council needed to ensure that Customer Services staff did not become de-skilled.
- Whether targets should be included in relation to public health.
- Whether the 100% coverage target for the operation of Village Care schemes by 2014 was appropriate.

#### **RECOMMENDED TO EXECUTIVE**

- 1. That the Social Care, Health and Housing Overview and Scrutiny Committee agrees to the approach for adopting the Medium Term Plan 2012-16.**
- 2. That the Social Care, Health and Housing Overview and Scrutiny Committee has considered the emerging priorities and targets in within the Medium Term Plan and commented that the Council needed to ensure that the focus on customer experience still provided appropriate opportunities for customers who wished to engage with the Council by phone or face to face as well as by other means. In developing a consolidated customer service team the Council needed to ensure that officers maintained an awareness of a wide number of areas and did not become de-skilled.**

(Meeting adjourned at 1125am and reconvened at 1130am)

#### **SCHH/11/109 Musculoskeletal Service Harmonisation Project**

The Committee received a report of the Musculoskeletal (MSK) System Redesign Manager in relation to proposals for a new model of delivery for MSK services. The Committee were informed that the current delivery model was considered to be outdated and needed to change in order to be more responsive to the needs of patients and to respond to the challenges of an ageing population.

In response to issues highlighted in the report and further clarification from the System Redesign Manager and a Bedfordshire LINK representative Members raised and discussed the following issues in detail:-

- That there would be no additional cost to Central Bedfordshire Council as a result of the proposals.
- Pathways needed to address concerns that a lack of GP referrals prevented diagnosis or access to services.

#### **RESOLVED**

- 1. That proposals for an integrated MSK system across Bedfordshire, with an aim to deliver with better outcomes and improved quality of care for patients whilst realising improved value for money by**

**incentivising a shift of resources from the acute setting to communities across Central Bedfordshire be supported.**

- 2. The clinical protocols in relation to the MSK pathway and referrals from GPs be circulated to Members of the Committee.**

### SCHH/11/110 **Empty Homes Strategy Review of Performance**

The Committee received a report from the Head of Private Sector Housing that informed Member of performance relating to tackling empty homes and properties that would be recommended for further high level enforcement action.

In response to issues highlighted in the report Members raised and discussed the following issues in detail:-

- Issues relating to an empty property in Leighton Buzzard to which officers would respond outside of the meeting.
- The legal options that were open to the Council to enter properties that were empty where complaints had been received from residents.
- The procedure followed by the Council once an interim approval had been granted prior to an Empty Dwelling Management Order (EDMO) being served on a property.
- The benefit of Members having a list of the empty properties within their wards. The Head of Private Sector Housing undertook to circulate a list to Members.

#### **NOTED**

- 1. The achievements obtained to date in respect of empty homes since April 2009, including the additional revenue the Council is likely to receive.**
- 2. The properties that will be recommended to Executive for approval for further high level enforcement action.**

(Meeting adjourned at 1215pm and reconvened at 1218pm)

### SCHH/11/111 **Autism Strategy**

The Committee received a presentation (**attached**) from the Assistant Director for Commissioning and the Head of Commissioning relating to the autism strategy, key joint strategic objectives and the development of a local diagnostic centre. In addition to the presentation the Director for Social Care, Health and Housing informed Members that the Council was currently enhancing its knowledge of autism and expertise in the area.

In response to issues highlighted in the presentation Members raised and discussed the following issues in detail:-

- The importance of managing the transition as children on the autism spectrum become adults.

- The importance of fully engaging people on the autism spectrum in society, particularly in relation to improving people's understanding of autism and helping adults on the autism spectrum into employment.
- The autism strategy needed to be sustainable and ensure that support could be delivered beyond the three year life of the strategy.
- The need to improve the diagnosis of people on the autism spectrum by GPs.

In addition to the issues raised by the Committee it was noted that the autism strategy would be beneficial and the Council should be congratulated on its work so far

**NOTED the presentation.**

### **SCHH/11/112 The Strategic Housing Agenda for Central Bedfordshire**

The Committee received a report and presentation from the Assistant Director for Housing that provided an overview of the strategic housing agenda and sought views from the Committee on how they would like to be involved. The presentation covered various areas including:-

1. the current 'housing offer' in Central Bedfordshire;
2. the current profile of tenants Central Bedfordshire;
3. the changes and implications of various reforms in relation to housing; and
4. the Councils successful application to the Local Government Association "Keeping it REAL" programme.

In response to the report and the issues outlined in the presentation Members commented that there were a significant number of issues that needed to be considered. In order to provide the most effective input to the process Members agreed that a cross-directorate Task Force should be set up to support the process of developing the Council's strategic approach to housing.

**RESOLVED**

**That a Task Force in relation to the strategic change agenda for housing be established involving all non-Executive members and representatives from each of the Council's Directorates.**

### **SCHH/11/113 Capital Programme Report**

The Committee received the capital financial position for the Social Care, Health and Housing Directorate as at the end of December 2011.

**NOTED the capital position as at the end of December 2011.**



### SCHH/11/114 **Revenue Budget Report**

The Committee received the revenue financial position for the Social Care, Health and Housing Directorate for the year 2011/12.

#### **NOTED**

- 1. the General Fund outturn of £56.307m and £0.225m underspend; and**
- 2. the Housing Revenue Account financial position.**

### SCHH/11/115 **Quarter 3 Performance Monitoring Report**

The Committee received the quarter three performance report for the Social Care, Health and Housing Directorate. Members queried performance in relation to SCHH2 (clients receiving self-directed support) and the 100% target by March 2013. Members were told that, as expected, performance to date was at 50.2% of people receiving self-directed support compared to 40% at the end of quarter 3. There were a total of 4,590 people receiving services, 2,304 of whom received personal budgets and 1,202 of whom received direct payments. It was agreed that in future reports actual figures would be presented alongside percentages.

#### **NOTED the report**

### SCHH/11/116 **Work Programme 2012/13 and Executive Forward Plan**

Members considered the draft work programme for 2012/13 and Executive Forward Plan. It was noted that a report would be added to the agenda in December in relation to self directed support that could include actual figures to date and benchmarking data from other authorities.

#### **RESOLVED**

**That the draft work programme be approved subject to the addition of an item on self directed support to the meeting in December 2012.**

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.32 p.m.)

Chairman:.....

Date:.....

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# Autism Strategy

Elizabeth Saunders  
Assistant Director - Commissioning

Paul Groom  
Head of Commissioning

# Definition of Autism

Autism is unlike other conditions located within the fields of mental health or learning disability:

- People are born with Autism and have it for life.
  - The aim is management/development of coping skills as opposed to treatment or cure.
  - Autism is known as a spectrum condition because of the range of difficulties it causes. The range goes from mild to severe.
- CBC uses nationally recognised and agreed definitions.

# Specialist Support: Main Difficulties

- Agreed definition: “A lifelong condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them” (agreed by National Autistic Society).
- Many people with Autism live with minimal “specialist” support, whilst others need a lifetime of services to maximise independence, choice and control.
- Main difficulties can be; social communication, social interaction, social imagination. People with autism may experience heightened or reduced sounds, touch, tastes, smells, light or colour. They are often people who prefer a routine and find it hard to cope with change. LD dyspraxia and or hyperactivity disorder (ADHD) are often associated conditions.

# Autism Steering Group

Set up in 2010, membership included:

- Service User representative.
- Carer Representative.
- Autism Bedfordshire.
- Representatives from each local authority, NHS Bedfordshire and SEPT.
- Link Representative.

# Key Joint Strategic Objectives

Workshops held in 2010 agreed:

1. Increase awareness and understanding of autism among frontline staff across the whole community.
2. Develop a clear consistent pathway for diagnosis in every area, which will be followed by the offer of a personalised needs assessment and considerations for appropriate community services.
3. Plan in relation to the provision of services to people with autism in transitions.
4. Enable local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.
5. Help adults with autism with work.

# Autism Strategy

Following the workshops a draft local strategy was produced:

## **“Fulfilling and Rewarding Lives In Central Bedfordshire Autism Strategy For Central Bedfordshire”**

- This went through the ratification process, and was finally agreed by HCOP in December 2011.
- Formal launch in January 2012 (over 100 people at each session) .



# Strategy Objectives

## Development of a local diagnostic centre:

- We are developing a clear consistent pathway for diagnosis in every area, followed by a personalised needs assessment and considerations for appropriate community services.
- Within Central Bedfordshire Council, people with a learning disability can currently be assessed within the specialist learning disability service, but people with Asperger's syndrome need to go to out of area for an assessment. This is not acceptable.
- Within Central Bedfordshire Council, a pathway that enables people to get a diagnosis locally which triggers a pathway of support and sign posting is to be developed. This is national best practice to develop services close to home and secure value for money.

# Actions to date

1. Fact finding visit to Bristol autism partnership service in February 2012 and good practice shared with NHS Bedfordshire, SEPT and the three local authorities.
2. Draft Service Specification has been drawn up by NHS Bedfordshire in partnership with local authorities and draft has been shared with SEPT. Planning meeting being arranged for April 2012 to agree implementation timetable.
3. Notice being served by NHS Bedfordshire on current contract with the Maudsley Hospital to release funding for local service.
4. Job Descriptions for SEPT Diagnostic service to be finalised and agreed.

# What happens now?

Inaugural meeting of the Autism Partnership Delivery Board held on the 7th March 2012.

- Board members were invited to contribute to the implementation process for the diagnostic service.
- Considerable support was expressed by those present at the Partnership Board for establishing a local diagnostic centre and pathway.
- Work streams (e.g. employment and transition planning) in place following the successful launch of the strategy

Local Diagnostic Service to be commissioned and operational by September 2012.

# Action Plan: Accountably & Governance

- Implementation Group (presenting group reports to partnership board).
- Agreed action plan.
- Partnership Group.
- LD and MH Partnership Boards.
- HCOP.
- Terms of Reference Agreed.
- Reporting specific targets and outcomes, for employment, transition planning and training & development.