

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, 13 June 2011.

PRESENT

Cllr Mrs R J Drinkwater (Chairman)

Cllr N J Sheppard (Vice-Chairman)

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

Cllrs Mrs D B Gurney
K Janes
M A Smith

Members in Attendance: Cllrs Mrs C Hegley

Executive Member for
Social Care, Health &
Housing

Officers in Attendance:

Mr T Keaveney	– Assistant Director Housing Services
Mr D Levitt	– Head of Public Engagement and Communications, NHS Bedfordshire
Mr N Murley	– Assistant Director Business & Performance
Mrs J Ogley	– Director of Social Care, Health and Housing
Ms V Parsons	– Head of Quality Development (Luton and Dunstable Hospital NHS Foundation Trust)
Mr J Partridge	– Overview & Scrutiny Officer
Ms H Smart	– Deputy Chief Operating Officer, Quality and Improvement (NHS Bedfordshire Community Health Services)
Mr E Thompson	– Assistant Director, Adult Social Care

Others in Attendance Mr M Coleman
Mr G Dinn

Chairman, Bedfordshire LINK
Bedfordshire LINK Chair/Lead Social
Care Working Group

SCHH/11/1 **Minutes**

RESOLVED that the Minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 28 March 2011 be confirmed and signed by the Chairman as a correct record.

SCHH/11/2 **Members' Interests**

(a) **Personal Interests:-**

Cllr Ms A Dodwell Son is a patient at Leighton Buzzard Health Centre
Cllr Mrs S Goodchild She is an ongoing service user

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

Cllr K Janes His family runs care homes

SCHH/11/3 **Chairman's Announcements and Communications**

The Chairman informed the Committee that she had attended the East of England Health Scrutiny Chairs Forum on 10 June 2011. The issues discussed included GP commissioning and pathfinders. There was also discussion relating to the abolition of strategic health authorities in England and its impact on local authorities.

The Chairman proposed that site visits be arranged for 12 September 2011 to an Extra Care sheltered housing scheme, Silsoe Horticultural Centre and a sheltered housing scheme instead of a Committee meeting. The Chairman also reminded Members of the Committee that they could raise issues to be added to the work programme at any time.

RESOLVED that the Scrutiny Policy Adviser arrange site visits for Members of the Committee on 12 September 2011, in consultation with the Director of Social Care, Health and Housing and the Chairman, and that the meeting on 12 September 2011 be cancelled.

SCHH/11/4 **Petitions**

The Chairman announced that no petitions had been received from members of the public in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution.

SCHH/11/5 **Questions, Statements or Deputations**

The Chairman announced that no questions, statements or deputations from members of the public had been received in accordance with Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution.

SCHH/11/6 **Call-In**

No decisions from the Executive were referred to the Committee for review in accordance with Procedure Rule 10.10 of Part D2.

SCHH/11/7 **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/11/8 **Executive Member Update**

Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing commented to the Committee on several issues including the anticipated outcomes of the NHS listening exercise and an update on the current situation with Southern Cross Healthcare. Cllr Hegley also referred to a meeting of the East of England lead Member network that she had recently attended.

SCHH/11/9 **Social Care, Health and Housing Directorate**

The Director of Social Care, Health and Housing gave a presentation to the Committee, which provided an overview of Adult Social Care, Health and Housing. A full copy of the presentation is **attached**.

In addition to the presentation the Director commented that key issues for the Committee over the municipal year would include reablement services and a peer review of adult safeguarding arrangements.

The Director also informed the Committee that Ed Thompson, Assistant Director for Adult Social Care, was leaving the Council. The Committee thanked him for his support

RESOLVED that the presentation be noted.

SCHH/11/10 **Community Dental Services**

The Committee received a report from David Levitt, Deputy Director of Communications and Public Engagement (NHS Bedfordshire), on the outcomes of service user engagement and proposals to rationalise the number of community dental services (CDS) bases in Central Bedfordshire. In addition to the report David Levitt explained that the proposals had been amended and it was proposed to retain Leighton Buzzard Health Centre.

In response to the report and the outcomes of service user engagement the Committee raised and discussed the following issues in detail:

- There was no perceived lack of access to NHS dentists in Central Bedfordshire.
- The decision to retain Leighton Buzzard Health Centre was welcome.
- The length of time that some residents remained patients of specialist dental facilities was determined by their individual circumstances.
- Letters to service users detailing the changes in service provision should be personalised, detailing local transport schemes that were available, which could improve their access to local services.

RECOMMENDED to NHS Bedfordshire that the Social Care, Health and Housing Overview and Scrutiny Committee welcomes the decision to retain Leighton Buzzard Health Centre as a Community Dental Service base and subsequently support the proposals.

SCHH/11/11 Views of Care and Nursing Home Managers on Hospital Discharge Procedures

The Director of Social Care, Health and Housing and the Chairman of Bedfordshire Local Involvement Network (LINK) informed the Committee of the role of the Bedfordshire LINK and national proposals to abolish the LINK and establish Healthwatch.

Graham Dinn, the Chairman of the LINK Social Care Working Group, outlined the methodology, key findings and recommendations of the report and commented that further issues in relation to hospital discharge were proposed to be considered by the working group in the future.

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

- The importance of reviewing best practice from elsewhere to consider how the process of hospital discharges could be improved. It was also important to enhance early involvement of families in order to improve patient support prior to discharge.
- The negative effect of discharging a vulnerable person from hospital early in the morning or late in the evening.
- Respecting the dignity of a patient was a major issue and needed to be reviewed in Central Bedfordshire in order to enhance standards.
- The views of the voluntary sector should be sought in future discussions relating to hospital discharge procedures in order consider how improvements could be achieved.
- The importance of effective planning by hospitals prior to discharge.

The Committee requested that a further report be provided in relation to hospital discharge to inform Members of current performance and how providers aimed to improve services.

NOTED the report.

RESOLVED that a further report on hospital discharge be provided to the Committee at an appropriate time.

SCHH/11/12 Bedfordshire Community Health Services Quality Account

The Committee received the 2010/11 Bedfordshire Community Health Services (BCHS) quality account. Helen Smart, Deputy Chief Operating Officer for Quality & Improvement, Bedfordshire Community Health Services, outlined the key priorities for BCHS for 2011/12 and performance for the previous 12 months.

In response to the quality account the Committee raised the following issues and comments to be included in the final quality account:

- The reduction of community acquired pressure ulcers and patient dignity were key priorities that needed to be retained in the quality account.
- Training and education for staff needed to be improved in order reduce the number of avoidable pressure ulcers suffered by patients.

- Improving performance in relation to medicine management was important and needed to be addressed by BCHS in order to deliver significant savings.
- Reducing the number of patients who come to harm following a fall was supported, it was important to ensure that appropriate information was available to patients and those that support them.

RECOMMENDED to Bedfordshire Community Health Services that the priorities contained in their quality account be adopted for 2011/12.

RESOLVED that a further report be provided to the Committee at a future date relating to medicine management.

SCHH/11/13 Luton and Dunstable Hospital NHS Foundation Trust Quality Account

The Committee received the 2010/11 Luton and Dunstable Hospital NHS Foundation Trust quality account. Victoria Parsons, Head of Quality Development, drew particular attention to performance in relation to clinical indicators of quality and national targets and regulatory requirements for 2010/11.

In response to the quality account the Committee raised the following issues and comments to be included in the quality account:-

- The Committee were concerned of the failure to meet targets for the maximum waiting times for cancer patients. The Committee stated that fast improvement in this area was crucial.
- It was important to ensure that staff were accountable for performance.
- There needed to be a greater awareness of risk on behalf of patients and carers in order to minimise the risk of issues such as pressure ulcers.

In addition to these comments the Head of Quality Development agreed to provide further information to the Committee in relation to the maximum waiting time of 62 days from all referrals to treatment for all cancers.

RECOMMENDED to Luton and Dunstable Hospital NHS Foundation Trust that the priorities contained in their quality account be adopted for 2011/12.

SCHH/11/14 Work Programme 2011 - 12 & Executive Forward Plan

Members considered the Committee's draft work programme for 2011/12 and the Executive Forward Plan.

RESOLVED that the draft work programme be approved.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.48 p.m.)

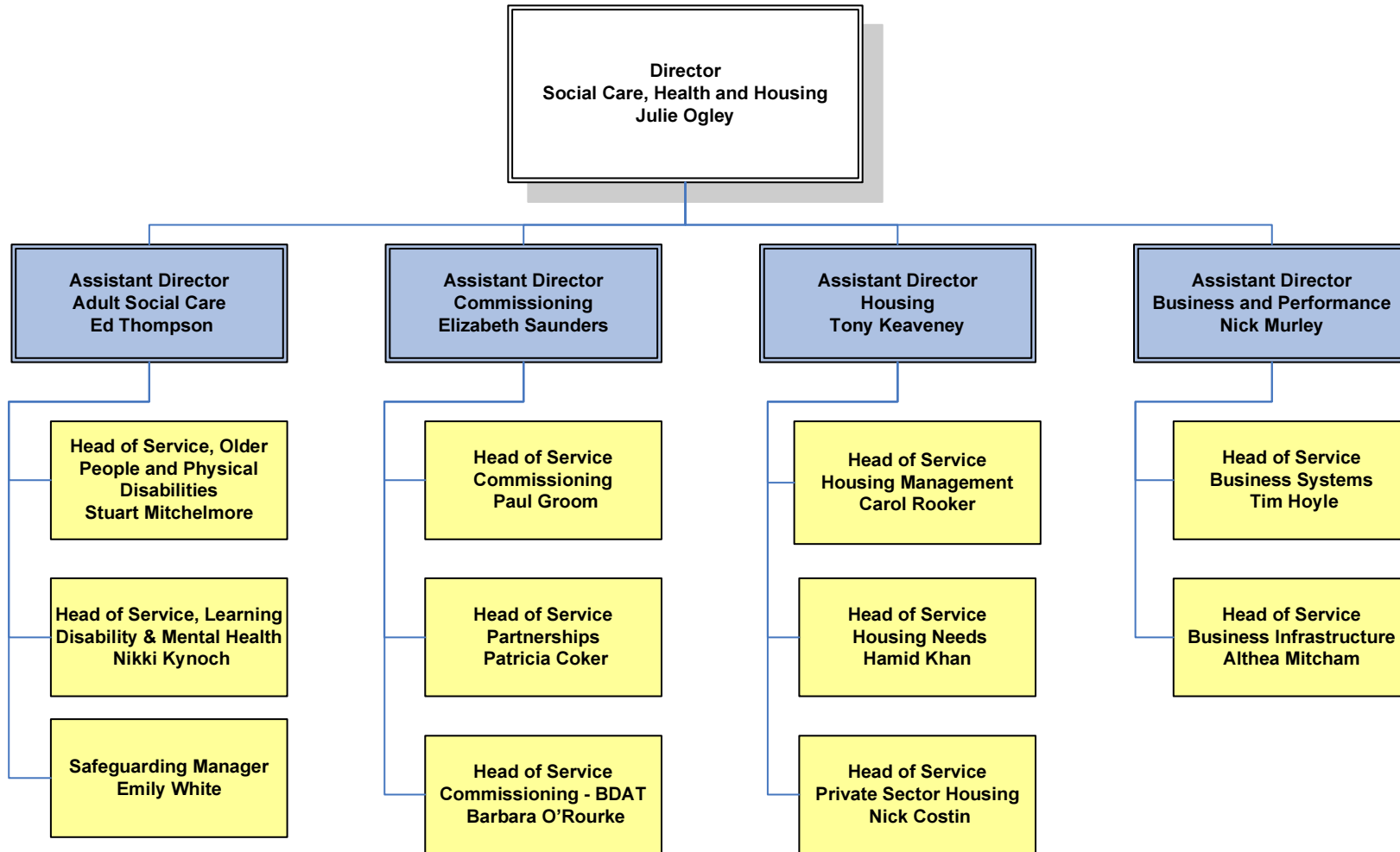
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Adult Social Care, Health and Housing Overview

Our Vision: We will help our residents live their own lives, enjoy good health, be safe, independent and play a full and active part in the life of the community

Structure



A new landscape

Time of transition for adult social care, with financial challenges - “Shrinking pool of resources” and opportunities in the years ahead.

A new agenda for adult social care based on a power shift from the professional to the customer by ‘Putting People First’ and changing the way we work.

A new approach

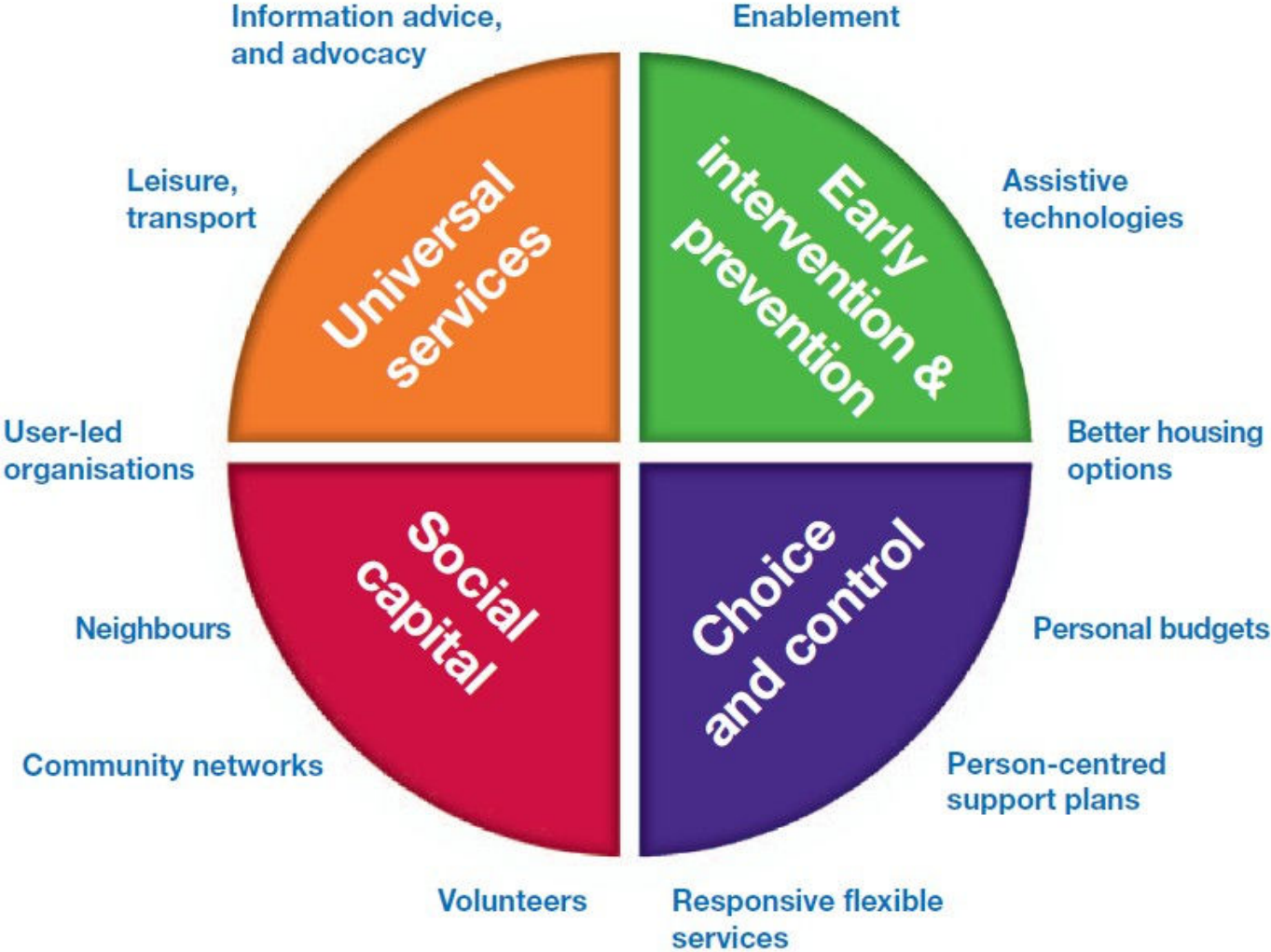
Demand for services from an increasing ageing population is not financially sustainable;

30% increase of those aged 75+

48% increase of those aged 85+

A shift from providing institutionalised services to personalised services

Putting People First - Personalisation



Safeguarding – Everybody’s Business, Our Responsibility

Improving basic safeguarding outcomes encompasses:

1. Effective preventative work (for example, awareness in the public, staff and people using services)
2. Good quality local services that work to prevent abuse and afford people dignity and respect
3. Personalised social care responses that enable people to weigh up the risks and benefits of their options
4. Effective response systems and services that enables the person to define the outcomes they want and address the cause of harm or abuse and the damage that it has done
5. Effective access to criminal and/or restorative justice and support services. People get extra support to challenge and change harmful or abusive situations, and arrange services and supports that meet the outcomes they want

Key Projects

- Adult Social Care Recovery
- Efficiencies
- Council House Financing
- BUPA Reprovision
- Housing Repairs Project
- Safeguarding of Vulnerable Adults Peer Review

Examples of Efficiencies include:

- More effective deployment of council staff across the reablement service and extra care sheltered housing:
 - To deploy existing care workers to the councils reablement service
 - A new external provider to deliver high quality care services to customer in Extra Care homes
- Streamline the in-house Domiciliary Care, and Assessment and Resettlement services for people with learning disabilities.
- Development of a joint approach with the Health Service.
- Harmonisation of Housing Needs Service.
- Reduction in usage of residential and nursing care services.
- Modernisation of day services for adults with learning disabilities to meet the personalisation agenda