

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 22 October 2012.

PRESENT

Cllr Mrs R J Drinkwater (Chairman)

Cllr N J Sheppard (Vice-Chairman)

Cllrs D Bowater
P A Duckett
Mrs S A Goodchild

Cllrs Mrs D B Gurney
P Hollick
M A Smith

Apologies for Absence: Cllrs Mrs R B Gammons

Members in Attendance: Cllrs P N Aldis
R D Berry
C C Gomm
Mrs C Hegley
Mrs J G Lawrence
D J Lawrence
Miss A Sparrow
Mrs P E Turner MBE
A M Turner

Executive Member for
Social Care, Health &
Housing

Executive Member for
Economic Partnerships
Deputy Executive
Member for Social Care,
Health & Housing

Officers in Attendance: Mrs J Ogley – Director of Social Care, Health and
Housing
Mr J Partridge – Scrutiny Policy Adviser
Mr B Queen – Interim Head of Operations -
Housing Service
Mr S Rees – Assistant Director Adult Social
Care
Elizabeth Saunders – Assistant Director Commissioning
Ms E White – Safeguarding Vulnerable Adults
Manager

Others in Attendance

Ms R Featherstone Older Persons Reference Group

Dr D Gray Assigned Director of Strategy and System
Redesign, Bedfordshire Clinical
Commissioning Group

Mr D Levitt Head of Public Engagement and
Communications, NHS Bedfordshire

Mrs C Shohet Assistant Director for Public Health, NHS
Bedfordshire

Mr B Smith
Mr R Winter

Chairman, Bedfordshire LINK
Executive Director Integrated Services
Bedfordshire & Luton (Community Service)

SCHH/12/49 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 10 September 2012 be confirmed and signed by the Chairman as a correct record.

SCHH/12/50 **Members' Interests**

The following Councillors declared interests in the business to be transacted:-

- Cllr Mrs S Goodchild as a member of her family was a service user;
- Cllr Bowater (Item 5) as he was a governor for SEPT; and
- Cllr Smith (Item 15) as he worked for a charity referred to in the report.

SCHH/12/51 **Chairman's Announcements and Communications**

The Chairman informed the Committee that an urgent presentation on shaping the social care market in Central Bedfordshire had been added to the agenda by virtue of Section 100B 4(b) of the Local Government Act (1972). This presentation was to provide the Committee with an opportunity to inform proposals prior to their consideration by the Executive.

In addition the Scrutiny Policy Adviser commented that the Tenancy Strategy had been removed from the agenda with the approval of the Chairman. A Member Task Force had been previously established by the Committee, which would consider the most appropriate means for consideration of this report. It would ultimately be considered by the Social Care, Health and Housing OSC.

Meeting adjourned at 10.05am and reconvened at 10.15am

SCHH/12/52 **Petitions**

The Committee was informed that a petition had been submitted to the Council in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution. This petition was referred from Council on 13 September 2012 and protested against any threat of closure of the Biggleswade Hospital.

The petition was introduced by Ms Brunt who drew attention to the concern felt by local residents. In particular Ms Brunt commented on the benefit of such a hospital in light of the increasing ageing population. The hospital also prevented problems that could be caused by discharging some patients directly to their home when they were not ready. Ms Brunt raised the concern that providing care in the community could often lead to patients feeling neglected. The present situation at Biggleswade Hospital was considered to be unsatisfactory and if there were beds available they should be used.

In response R Winter, the Executive Director for Integrated Services Bedfordshire & Luton (SEPT), provided a presentation (**attached**), which outlined the background and services that were presently commissioned at Biggleswade Hospital. The presentation also outlined why only 6 beds were currently occupied and why there were no male beds currently open.

The Chairman also permitted three other members of the public in attendance an opportunity to speak. These speakers raised issues that included the positive experience of patients at Biggleswade Hospital over many years. It was also queried whether patients were being given the choice of going to Biggleswade Hospital as there had been a significant change in the number of admissions from the previous year.

Ms Brunt had also registered to speak in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution and with her approval was invited to speak again under this item. Ms Brunt stated that there was evidence from a GP that Biggleswade Hospital was purposefully being run down and that patients had only started to be referred to the Hospital once GPs had met with SEPT. There were also issues relating to interventions.

In response R Winter stated that SEPT would provide care that was most appropriate for the patient and this would be supported by patient choice. If it was appropriate for the care to be provided in a patients home then this would be supported as it is much better for patients to have rehabilitation in their own homes. R Winter explained that for periods of 2011 the Archer Unit had been closed with no impact to acute or social care and all patients were treated and cared for appropriately. Specific services were commissioned from SEPT by the Clinical Commissioning Group (CCG) and SEPT would continue to deliver what was requested of them. It was said that John Rooke had indicated he was not aware of "other intervention". R Winter suggested there had been a mis-communication as the CCG had been aware of the new services provision. It was also stated that the current Community Bed Review would provide a clear direction regarding the bed requirement and the future of the Hospital.

D Gray, the Director of Strategy & System Redesign, Bedfordshire CCG, also responded that there were no plans at present to change the number of beds that were commissioned at Biggleswade Hospital. A Community Bed Review was currently underway that would provide proposals for the number and location of beds across the whole of Bedfordshire. These proposals would be the subject of public consultation. The Healthier Together review of acute services across the South East Midlands could also impact on the delivery of services at Biggleswade Hospital. In summary D Gray stated that:-

1. the Hospital was currently open and would be expected to remain open;
2. the CCG was currently reviewing provision across the whole of Bedfordshire but ultimately more would be commissioned, not less. This review was being undertaken in partnership with Central Bedfordshire and Bedford Borough Councils.; and
3. the CCG would welcome feedback on the proposals of the Community Bed Review as they became available as part of a 12 week consultation.

The Executive Member commented that the communication relating to Biggleswade Hospital had been poor, which had resulted in a large amount of distress for the community. In the future health providers should discuss proposals with the Council to ensure that suitable communication could be undertaken with local communities. In response R Winter commented that experience in relation to Biggleswade Hospital showed the importance of health and social care working together and this would be managed more effectively in the future.

In addition to these issues the Committee Members and other Members in attendance discussed the following issues:-

- The cost of patients being admitted to Biggleswade Hospital compared to other hospitals locally and whether Biggleswade Hospital would provide better value for money if it was full. In response officers commented that they could not provide a comparison of costs but commented that the most appropriate place to care for patients was in their own home where possible. It was also noted that a hospital with 6 patients was not the best use of public money.
- The benefits of facilities such as the step-up step-down facility and whether such a facility could be provided in Biggleswade. In response officers commented that an evaluation of the Houghton Regis facility was currently underway and following the completion of the Community Bed Review consideration would be given to whether this facility could work elsewhere.
- The ownership of Biggleswade Hospital and the importance of understanding who owned the property if it was decided to close the facility. Officers responded that this was timely due to national changes in the way that assets were managed.
- Concerns regarding the closure of facilities such as Biggleswade Hospital in light of the ageing population and the increasing demand for services locally in relation to stroke care. It was commented that there was also increasing demand locally as a result of further housing development, which would impact on the need for health care.
- The shortage of district nurses and whether it was appropriate for them to be carrying out additional medical interventions.
- The importance of being clear with regard to what is meant by bed-blocking and respite care.

In summary the Chairman commented that SEPT and the CCG needed to learn from this experience in relation to Biggleswade Hospital. In the future communication should be more effective to ensure that residents were aware of the current situation.

RECOMMENDED

That the outcomes of the Community Bed Review be submitted to the Social Care, Health and Housing OSC as soon as they become available.

NOTE: Councillor Duckett left the room during consideration of this item and was not present when the Committee made this recommendation.

The meeting was adjourned at 11.42am and reconvened at 11.55am

SCHH/12/53 Questions, Statements or Deputations

The Committee was informed that one member of the public had registered to speak in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution. With the agreement of that member of the public the speaker had been permitted to speak under Item 5 (Minute SCHH/12/52 refers).

SCHH/12/54 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/12/55 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/12/56 Executive Member update

Cllr Mrs C Hegley, the Executive Member for Social Care, Health and Housing updated the Committee on several issues that were not included on the agenda, these included:-

- Recent activity in relation to the NHS Campus Closure, which was now known as "my place."
- The popularity of the recent Older People's Festival.
- The recent quarterly meeting with local Members of Parliament.
- Thanks to those Members who had attended a recent Member Seminar on Adult Social Care.
- Budget setting in the Social Care, Health and Housing directorate continued to be a priority.
- Recent meetings with social workers.
- Recent attendance at the MIND Annual General Meeting.
- A recent meeting with Norman Lamb MP.

SCHH/12/57 LINK Update

The Committee received a report from B Smith, Chairman of the Bedfordshire LINK, that provided an update on the key work and issues the LINK was presently engaged with. In addition B Smith informed the Committee that 6 enter and view visits had now been completed. The feedback of these visits would be considered by the Task Force that had requested them. In response to a question from a Member it was noted that the LINK would consider observing meals at The Paddocks, near Dunstable in the future.

NOTED the update

SCHH/12/58 **Health and Wellbeing Strategy for Central Bedfordshire**

The Committee received a report from C Shohet, Assistant Director of Public Health, that set out the draft Health and Wellbeing Strategy (HWBS) for Central Bedfordshire. C Shohet outlined the nine priorities contained in the HWBS and emphasised the importance of improved outcomes for those who are vulnerable, early intervention and prevention and improving mental health. In addition C Shohet outlined some of the feedback that had been received to the consultation, which included:-

1. Respondents had been very supportive of the priorities.
2. That whilst people understood why teenage pregnancy should be reduced it was important to recognise that some teenagers had good parenting skills.
3. Respondents supported “promoting independence” but not if it resulted in an increase in social isolation.
4. The importance of recognising the role of carers.

In response to the issues highlighted in the report the Committee discussed the following issues, which were to be provided as a response to the consultation on behalf of the Committee:-

- In addition to the HWBS identifying what we will do in the future it should also identify what we already do.
- The Committee queried whether there was an effective mechanism for reporting on progress and delivery in light of many of the indicators being delivered in partnership and the difficulty this created for determining outcomes.
- The HWBS needs to emphasise the role of parents in taking responsibility for and supporting the three cross-cutting priorities.
- The Committee felt that data needed to be shared between GPs and schools in relation to the height and weight of pupils so as to support the reduction of childhood obesity. The Committee was made aware of issues in relation to data protection but supported the Health and Wellbeing Board in encouraging as much access to information as possible.
- The Committee supported the provision of care in peoples homes and enabling carers and support workers to spend longer with patients in their home. However, there would be an additional cost relating to this approach and the Committee was not clear how this would be funded.
- The HWBS needed to stress the importance of identifying future need so that appropriate services could be provided in the future.
- The Committee supported the commissioning of additional Village Care Schemes and that the feedback from these schemes be used in determining commissioning intentions in the future.
- The HWBS needed to recognise good practice in relation to domiciliary care and how this good practice could be used elsewhere by a range of partners.
- Terminology contained in the HWBS relating to the commissioning of Village Care Scheme should be amended to make it clear they were commissioned via the Bedfordshire Rural Communities Charity.
- The Committee supported the use of ‘time-banks’ as a means of empowering communities.

- The HWBS needed to take into account the importance of managing the transition between childhood and adulthood. The strategy also needed to provide a definition of the ages related to both adulthood and childhood.
- The HWBS needed to support adaptations and homes for life.
- The HWBS should encourage social care staff to signpost people who use services to other services and sources of information that they may find useful.
- The importance of the HWBS supporting and developing an understanding of mental health issues and the problem of loneliness.
- The importance of the HWBS supporting and improving patient experience in relation to hospital discharge.
- The HWBS would benefit from a glossary.
- In connection with the HWBS the Council should consider how its Tenancy Strategy could address the immediate right to a home for teenage parents as a means of supporting reductions in teenage pregnancy.

RECOMMENDED

- 1. That an item be received at a future meeting of the Committee providing feedback on village care schemes.**
- 2. That following the approval of the Chairman the comments of the Committee as detailed in the body of the Minutes be provided as a response to the consultation on the Health and Wellbeing Strategy.**

SCHH/12/59 Continuing Healthcare

The Committee received a report from D Gray, the Director of Strategy and System Redesign (BCCG), that outlined progress and performance in relation to Continuing Health Care (CHC).

In response to the issues highlighted in the report the Committee discussed the following issues:-

- The significant work that was ongoing to provide joint packages of care involving contributions of both the Health and Local Authority.
- The need for further discussion with Members regarding the circumstances in which Continuing Health Care might be provided.
- Whether BCCG would be open to discussing the possible provision of a community hospital in Leighton Linlade. In response D Gray stated that proposals would be provided for community facilities through the Community Bed Review and the CCG would be happy to discuss options with any local groups.
- The criteria by which someone would be provided with a fast-track assessment for continuing health care.
- The need to be aware of the importance of end of life care supporting both pain relief and bowel care.
- Performance relating to CHC was moving in the right direction but there was still a long way to go.
- The positive nature of the progress detailed in the report in relation to the principal reasons for lower access to CHC identified by a review in 2011.

- The need to address terminology stating that CHC “might” deliver certain outcomes. The report should stress that CHC “would” deliver these outcomes.
- The need to provide an explanation of the outcomes of appeals made by individuals who had made CHC applications.
- Clarification that those persons who received support from autism services were classified in the health category “learning disability”.
- Terminology in the report appeared to refer to patients as a commodity and this needed to be amended.

In summary the Chairman commented that whilst performance had improved the Committee still had some concerns relating to CHC performance. Officers were requested to be mindful of the concerns of the Committee.

NOTED the report

SCHH/12/60 Value for Money Strategy for Landlord Services

The Committee received a presentation from the B Queen, Interim Head of Operations, relating to value for money (VFM) in the Council’s Housing Landlord Services. In addition to setting out what was meant by VFM and what it meant for the Council’s housing landlord services the presentation also set out a Housemark efficiency statement for 2011 and actions that had been undertaken to test VFM.

In response to the presentation Members discussed the following issues:-

- Improvements in performance that would be visible in relation to payment of arrears, which would be demonstrated by assessments completed in November 2012.
- Clarification relating to the lessons that had been learnt and whether these had been reflected in changes to the way that the Council operated. B Queen commented on the Council’s procurement exercise of kitchen and bathroom refurbishment for 2013, which had been adapted to take account of learning from previous exercises.
- The appointment of a housing benefit liaison officer to address some of the problems that lead to residents being in rent arrears due to issues with housing benefit.
- The priority that was being placed on reducing the number of voids.
- Requirements that had been included in some contracts to appoint staff and contractors from within Central Bedfordshire.
- The manner in which the Council collected housing rent and whether the system “All pay” was still used by the Council.

NOTED the presentation

SCHH/12/61 Annual report of Bedford and Central Bedfordshire Adult Safeguarding Board

The Committee received the Annual report of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board. E White, the Safeguarding Vulnerable Adults Manager, emphasised there had been a significant increase during

2011-12 in national guidance and incidents that had raised public awareness of issues relating to safeguarding. The annual report set out priorities, the work of the Board and the number of alerts/referrals for 2011-12, which had increased as a result of greater awareness. The experience obtained over the previous year had informed action plans for activity in 2012-13.

In response to the report Members queried the broad types of abuse that were reported to the Board and the whether there was a pattern. Members also queried why there had been problems in relation to the organisation of provider forums. In response officers drew attention to figures contained in the report and commented that none of the provider forums in Central Bedfordshire had been cancelled in 2011-12. The problems referred to in the report may be specific to Bedford Borough.

NOTED the report.

SCHH/12/62 Shaping the Social Care Market in Central Bedfordshire

The Chairman had previously agreed to add an urgent presentation to the agenda on shaping the social care market in Central Bedfordshire by virtue of Section 100B 4(b) of the Local Government Act (1972). The urgency of this presentation related to the need to provide a view on the plans prior to consideration by the Executive. E Saunders, the Assistant Director for Commissioning, provided a presentation that outlined the following:-

- new approaches to strategic commissioning,
- standards and quality of dementia care;
- commissioning for outcomes in domiciliary care;
- the process for undertaking market analysis locally;
- the benefits of framework agreements; and
- what the Council would do over the next few years.

NOTED the presentation.

SCHH/12/63 Work Programme 2012/13 and Executive Forward Plan

RESOLVED that the Social Care, Health and Housing OSC work programme be approved subject to the addition of the following items as discussed during the meeting:-

- **Community Bed Review**
- **Feedback on Village Care Schemes**
- **The Central Bedfordshire Tenancy Strategy; and**

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.00 p.m.)

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Providing Partnership Services in Bedfordshire,
Essex and Luton

SEPT services at Biggleswade Hospital

Professor Patrick Geoghegan OBE

Chief Executive



Providing Partnership Services in Bedfordshire,
Essex and Luton

Our Vision & Values

‘our vision
providing services that are
in tune with you’

and values
optimistic respectful empathising
involving empowering accountable

‘stronger together’



Providing Partnership Services in Bedfordshire,
Essex and Luton

SEPT services at Biggleswade Hospital

Richard Winter

Executive Director Integrated Services
Bedfordshire and Luton

 'stronger together'



Providing Partnership Services in Bedfordshire,
Essex and Luton

Biggleswade Community Hospital

Background

- Biggleswade Community Hospital site is owned by NHS Bedfordshire.
- SEPT has been given access to the use of 1 building on the site to provide in patient adult rehabilitation services and a base for other community care staff serving the locality.
- All other building on the site are used by non-SEPT services, e.g. GP out-of-hours.

Services

- SEPT is commissioned to provide four **community-based** rehabilitation and enablement teams across Bedfordshire – one of these is at Biggleswade.
- SEPT also provide **short-term residential** adult physical rehabilitation services from two sites in Bedfordshire– one of these is at Biggleswade.
- The BiggleswadeCommunity Hospital has 29 beds and is currently caring for 6 patients.



Providing Partnership Services in Bedfordshire,
Essex and Luton

Why are only 6 beds currently occupied at Biggleswade?

Current pattern of service utilisation

- The new community service commissioned by the PCT is achieving its objectives.
- Referrals from hospitals and GPs to the community-based rehabilitation teams have increased significantly, while referrals to the residential services have decreased.
- Community R & E activity has increased by; 25% on average
- Rapid Intervention activity has also increased by 23%
- Previously Biggleswade Hospital had an average occupancy of 74.10%, owing to the alternative model of care now being offered occupancy has reduced
- This Reflects patients' choice, as most people prefer to receive care in their own home whenever possible.



Providing Partnership Services in Bedfordshire,
Essex and Luton

Why are there no male beds currently open at Biggleswade?

- There has always been low demand for male beds at Biggleswade, even before the community services were developed.
- In December the male ward at Biggleswade Community Hospital closed owing to an outbreak of noro-virus
- Demand for male community beds across the local health economy in Bedfordshire has continued to be low and sufficient capacity existed in other units to accommodate all male referrals.
- The female ward remained open throughout, but demand continued to fall.
- During this period all Male patients have been offered a clinically appropriate choice of inpatient bed or community rehabilitation package at home.
- No patient has gone without a high quality service

The logo for 'stronger together' features the words 'stronger' and 'together' in a purple, lowercase, sans-serif font. The word 'stronger' is enclosed within a thin, orange, hand-drawn style oval.



The Care Quality Commission carried out an unannounced visit in October = fully complaint.

However, they did informally raise patient safety concerns i.e. if inpatient services are required an isolated, small inpatient service on Biggleswade site was not the best solution.



Providing Partnership Services in Bedfordshire,
Essex and Luton

What Patients are Saying about the new services provided.....

"In my opinion there isn't anything you lovely people could have done any better the service care and kindness in my home was simply excellent and I will never forget each and every one of you" Score: 10/10

I am writing to thank all the staff of the support team for all the help and encouragement they have given me since I returned home, without their help I am sure I wouldn't have made the progress I have made. I am aware that I will not regain 100% on my dislocated shoulder but I am learning to cope. Once again very many thanks. RN. 22-06-12 Score: 10/10

"I can't praise the team who looked after my husband enough. Thank you and keep up the good work."

"Very good, gave Dad lots of confidence" Score: 10/10

"Speed and response very good. Support and understanding. All in mums home. Good rapport with Mum."

"Everybody has been brilliant at looking after my dad at home!" Score: 10/10

"Thank you for all the support we had at a lonely and difficult time. I don't know how we would manage without you. Even knowing there is someone at the end of the phone is reassuring. Thank you." Score: 10/10

'stronger together'