

## 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, 16 December 2013.

### PRESENT

Cllr Mrs R J Drinkwater (Chairman)  
Cllr N J Sheppard (Vice-Chairman)

Cllrs P A Duckett  
Mrs S A Goodchild

Cllrs Mrs D B Gurney

Apologies for Absence: Cllrs R D Berry  
Mrs G Clarke  
M A Smith

Substitutes: Cllrs Ms A M W Graham (In place of M A Smith)  
Miss A Sparrow (In place of Mrs G Clarke)

Members in Attendance: Cllrs M A G Versallion Executive Member for  
Children's Services

Officers in Attendance: Mrs P Everitt – Scrutiny Policy Adviser  
Mr D Galvin – Head of Financial Performance  
Mr D Jones – Interim Assistant Director, Adult  
Social Care  
Mr S Mitchelmore – Head of Older Persons & Physical  
Disability Service  
Mr N Murley – Assistant Director Business &  
Performance  
Mrs J Ogley – Director of Social Care, Health and  
Housing  
Ms E Saunders – Assistant Director Commissioning  
Mr M Westerby – Head of Public Health, Adults and  
Older People

Others in Attendance Ms R Featherstone Chair - Healthwatch Central  
Bedfordshire  
Ms L Mhlanga Interim Deputy Director System  
Redesign, Bedfordshire Clinical  
Commissioning Group

SCHH/13/79 **Minutes**

**RESOLVED**

**that the Minutes of the Social Care, Health and Housing Overview and Scrutiny Committee held on 21 October 2013 be confirmed and signed as a correct record.**

**SCHH/13/80 Members' Interests**

Cllr Mrs Goodchild declared an interest as a member of her family was a service user.

**SCHH/13/81 Chairman's Announcements and Communications**

The Chairman announced that agenda item 10, End of Life Care, had been deferred as there was no one available to present the item. The item would be included for consideration at the Committee's next meeting in January 2014.

The Chairman informed the Committee that by virtue of the Local Government Act (1972) she had agreed to add an urgent item to the agenda due to the need to consider concerns that a small number of patients were being admitted to Biggleswade Hospital.

The Joint Health Overview and Scrutiny Committee (JHOSC) met on 09 December 2013 which was attended by representatives from Monitor, NHS England, the Trust Development Authority, Bedford Hospital and the BCCG. The meeting considered the terms of reference and scope for the Bedfordshire Health Service Review. The next meeting of the JHOSC was scheduled for 27 February 2014 and would consider the emerging proposals during the first phase and the detailed scope. The Minutes of the meeting would be circulated to Members of the Committee.

**SCHH/13/82 Petitions**

No petitions were received.

**SCHH/13/83 Questions, Statements or Deputations**

The Committee were informed that one speaker had registered to speak.

A Member of the Public expressed his concerns to the Committee that Biggleswade Hospital had continued to see a small number of patients admitted to the hospital and no admissions to the men's ward. The speaker asked when residents in Biggleswade and the surrounding community might expect to see the implementation of the Community Bed Review and assurances that Biggleswade Hospital would remain open.

The speaker was informed that these issues would be discussed at item 10 of the agenda (Minutes SCHH/13/88 refers) and the Chairman thanked him for raising his concerns.

**SCHH/13/84 Call-In**

The Panel was advised that no decisions of the Executive had been referred to the Panel under the Call-in Procedures.

**SCHH/13/85 Requested Items**

No items were referred to the Committee for consideration at the request of Members.

**SCHH/13/86 Executive Member Update**

The Executive Member for Social Care Health and Housing updated the Committee on issues that were not included on the agenda, these included:

- Attendance at the Shenley Wood Extra Care Village in Milton Keynes
- Attendance at the Private Landlord Forum in Dunstable
- The Dukeminster contract had been awarded and the development renamed 'Priory View'.
- Attendance at the staff awards ceremony.
- That a Tenants Conference had been held and was well attended.

The Executive Member thanked all members who had taken up the pedometer challenge. The idea of rolling out a similar challenge to carers and older people was now being considered.

In light of the update, a Member asked if there was internal and external membership on the Welfare Reform Group. The Executive Member responded that membership consisted of officers and Member and a separate group of officers also supported this work alongside the Citizens Advice Bureau. The Welfare Reform Group would report to Members after the scheme had run for a full year.

A Member queried the Council's strategy for Extra Care Homes in the north and rural areas of Central Bedfordshire. The Executive Member confirmed that a further two schemes were being considered.

**SCHH/13/87 End of Life Care**

This item was deferred for the reasons outlined in the Minutes above.

**SCHH/13/88 Biggleswade Hospital**

The Chairman informed the Committee that by virtue of the Local Government Act (1972) she had agreed to add an urgent item to the agenda regarding the low number of beds being utilised at Biggleswade Hospital. This item was felt to be of urgency due to the importance of advising Members of the Bedfordshire Clinical Commissioning Group's (BCCG) position.

The Chairman welcomed Laura Mhlanga, Interim Deputy Director System Redesign – Urgent and Integrated Care from the BCCG. Ms Mhlanga assured Members that the BCCG intended to continue commissioning beds at Biggleswade Hospital. The BCCG had also received additional investment money through the winter planning scheme to support Biggleswade Hospital and Community Services. SEPT and the BCCG meet weekly at an Urgent Care Board to discuss the needs of patients. The current service model

enabled more patients to be cared for in their home rather than Biggleswade Hospital and the BCCG were working with SEPT on the admissions criteria. Support for the hospital from residents and Members was acknowledged.

In light of the update Members discussed the follow:-

- The issue of communication and working transparently, the morale of staff at the hospital was particularly low through continued mixed messages and rumours.
- The need to explain why the implementation of the Community Bed Review had been delayed.

The Committee requested that the BCCG submit a detailed report on the commissioning arrangements for Biggleswade Hospital to the January meeting and that a representative from SEPT be invited to attend.

**RECOMMENDED that a further update be provided to the Committee at their next meeting.**

#### SCHH/13/89 **Meppershall Care Home**

The Director provided a report and presentation on the closure of the Meppershall Care Home during July 2013 by the regulator the Care Quality Commission. The report explained in detail the concerns regarding the standard of care offered to residents and that despite the support offered to the home to improve, it had failed to do so.

The report gave a chronology of events and explained the action taken by the Council and other agencies once the decision to close the home had been taken. This entailed the assessment and transfer of 68 residents, of whom 18 paid for their own care, to other care homes within a 5 day period.

Four and eight weekly reviews were undertaken that demonstrated signs of improvement for residents and these continue to be monitored by the Council and partners. Families who had resisted moves to alternative care homes have begun to realise the extent of the poor quality of care provided to their relatives.

In light of the report and presentation, Members discussed the following:

- The importance of making the press and public aware of the actions undertaken by the Council.
- The importance of communication with family members at weekends.
- The need to consider how to demonstrate to residents and their families 'what good care looks like' and how care home owners could be engaged at the development stage.
- The need to ensure awareness of whistleblowing procedures.
- That a whistleblowing procedure is evident for all to use.
- Legal proceedings that would be implemented if any neglect was found in care homes
- The means by which the local Healthwatch organisation would escalate any concerns of neglect brought to them

**NOTED the report and recommended that the Committee's thanks be extended to all staff involved in the closure of the Meppershall Care Home.**

**SCHH/13/90 Healthwatch update**

Ruth Featherstone, Chairman of Central Bedfordshire Healthwatch gave a presentation that explained the role and functions of Healthwatch, their powers and duties and outlined its vision for the residents of Central Bedfordshire. It was noted that volunteers were the most valuable resource to Healthwatch and there were many ways in which to get involved.

In light of the presentation a Member queried the Charity's legal standing, where advice from Healthwatch was being ignored. Ms Featherstone agreed to check and respond to this question outside of the meeting.

**NOTED the presentation**

**SCHH/13/91 Care Bill**

The Director introduced a report and presentation regarding the Care Bill. The report highlighted far reaching implications for all aspects of adult social care and included the introduction of new statutory duties and powers on local authorities. The Care Bill prioritised people's wellbeing, needs and goals so that individuals will no longer feel like they are battling against the system to get the care and support they needed. The introduction of a funding cap would lead to fundamental change to the current system of charging and paying for care. As a consequence the Council would be required to make significant changes to the financial assessment process and recording and would see an impact on its projected income. There was also a need to ensure that the workforce was adequately prepared for changes.

In light of the presentation and report, Members discussed the following issues in detail:-

- Whether funding the ageing population would result in joint working with partners like Age UK to forecast finances. The Assistant Director Resources advised that a national model was being developed and guidance on this was awaited. Suffolk County Council was piloting a finance modelling tool and officers were waiting for the model to be shared.
- Whether the Council would continue to fund Village Care Schemes, libraries and other schemes that would help people to remain independent and gave them a sense of well being. In response the Director advised that the Council would have to decide where to invest for the best effect and it would be considered within the available resources.

The Committee thanked the Director of Social Care, Health and Housing for an informative report and presentation.

**NOTED the report.**

**SCHH/13/92 Quarter 2 Capital Budget Management Report 2013/14**

The Assistant Director Resources provided a presentation that highlighted the key points in relation to the forecast capital expenditure and external funding for 2013/14 for Social Care Health and Housing. The attention of the Committee was drawn to a forecast gross spend of £6m against a budget of £8.7m against the Housing General Fund schemes and the Campus Closure Programme

**NOTED the report**

**SCHH/13/93 Quarter 2 General Fund Revenue Budget Monitoring Outturn 2013/14**

The Assistant Director Resources provided a presentation that highlighted the key points in relation to the forecast revenue outturn for 2013/14 for Social Care Health and Housing. The attention of the Committee was drawn to a forecast outturn of £66.3m after use of reserves – a variance of £0.433m or 0.7% overspend.

**NOTED the presentation.**

**SCHH/13/94 Quarter 2 Housing Revenue Account Outturn Report**

The Assistant Director Resources provided a presentation that highlighted the key points in relation to the forecast Housing Revenue Account revenue and capital outturn for 2013/14. The attention of the Committee was drawn to a positive year to date revenue position of £0.127m.

The Capital year to date showed an under spend of £0.332m, with a forecast underspend of £2.345m.

**NOTED the report**

**SCHH/13/95 Quarter 2 Public Health Revenue Budget Monitoring 2013/14**

The Head of Finance provided a presentation that highlighted the key points in relation to the outturn for 2013/14 for Public Health. The attention of the Committee was drawn to the projected outturn position for 2013/14 of a balanced budget. This was after a £207k contribution to reserves at the end of the year.

The forecast figure was dependent on the receipt of financial information from Bedford Borough Council who host two of the demand led services on behalf of Central Bedfordshire. Officers meet with Public Health colleagues on a monthly basis to look at financial processes and advised them in some areas of spending.

**NOTED the report**

**SCHH/13/96 Performance Monitoring Report (Q2)**

The Assistant Director of Resources advised of three measures that were underperforming. Two measures were red; the number of additional "Extra Care flats provided (C2MTP) and clients receiving self directed support (C6

MTP) and one amber, percentage of decent homes (Council Stock). In addition the Assistant Director commented as follows:-

- The number of additional “Extra Care” Dukeminster flats were expected to be delivered in summer 2015 outside of the MTP target of 2014.
- Customers receiving self-directed support showed improvement in performance at 77%, this is against a target of 100%, however, performance remained above the national average of 70%.
- The percentage of decent homes saw an improvement in performance with the number of properties not meeting the Decent Homes Standards fell from 21 in quarter one to 13 in quarter two.

**NOTED the report**

SCHH/13/97 **Work Programme 2013-14 & Executive Forward Plan**

The Committee considered the current draft work programme which would be updated to include the two items details in the body of the Minutes.

**RECOMMENDED that the work programme be approved subject to the addition of two items detailed in the body of the Minutes.**

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.10 p.m.)