Central Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ

This meeting may be filmed.*

please ask for Paula Everitt
direct line 0300 300 4196
date 04 December 2014

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time
Monday, 15 December 2014 10.00 a.m.

Venue at
Council Chamber, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

To: The Chairman and Members of the SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE:

Cllrs Mrs R J Drinkwater (Chairman), Mrs D B Gurney (Vice-Chairman), R D Berry, Mrs G Clarke, P A Duckett, C C Gomm, Mrs S A Goodchild, N J Sheppard and M A Smith

[Named Substitutes:

P N Aldis, Mrs C F Chapman MBE, Ms A M W Graham, D J Hopkin, D McVicar and Miss A Sparrow]

All other Members of the Council - on request

MEMBERS OF THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THIS MEETING

***Please note that phones and other equipment may be used to film, audio record, tweet or blog from this meeting. No part of the meeting room is exempt from public filming.**

The use of arising images or recordings is not under the Council's control.

AGENDA

1. **Apologies for Absence**

   Apologies for absence and notification of substitute members

2. **Minutes**

   To approve as a correct record the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 17 November 2014 and to note actions taken since that meeting.

3. **Members' Interests**

   To receive from Members any declarations of interest and of any political whip in relation to any agenda item.

4. **Chairman's Announcements and Communications**

   To receive any announcements from the Chairman and any matters of communication.

5. **Petitions**

   To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution.

6. **Questions, Statements or Deputations**

   To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of part A4 of the Constitution.

7. **Call-In**

   To consider any decision of the Executive referred to this Committee for review in accordance with Procedure Rule 10.10 of Part D2.

8. **Requested Items**

   To consider any items referred to the Committee at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

9. **Executive Member Update**

   To receive a brief verbal update from the Executive Member for Social Care, Health and Housing.

Part A: Health Scrutiny

to consider matters relating to health of adults, children and young people and 'substantial' changes to NHS provision in Central Bedfordshire.

Reports

Item	Subject		Page Nos.
10	**IVF Procurement of Services** To consider and comment on the outcomes of the IVF procurement process.	*	To follow
11	**Winter Pressures and Systems Resilience Plans** To consider and comment on the work being taken by BCCG and partner organisations in the delivery and monitoring of the winter initiative schemes.	*	15 - 30
12	**Commissioning care closer to home** Consider and comment on the work commissioning principles BCCG will adopt in light of the feedback received from the Healthcare Review, for discussion with stakeholders.	*	31 - 38
13	**Better Care Fund update** To receive an update on the Better Care Fund position.	*	Verbal

Part B: Social Care and Housing

To consider matters relating to adult social care and housing services and any other matters that fall within the remit of the Social Care, Health and Housing Directorate.

Reports

Item	Subject		Page Nos.
14	**Customer Feedback - Complaints, Compliments Annual Report** To receive an annual report regarding customer feedback in relation to the Social Care, Health and Housing Directorate.	*	39 - 42

15	**Quarter 2 2014-2015 Budget Monitoring Report**	*	43 - 54
	To consider and comment on the Quarter 2 Budget Monitoring Report.		
16	**Work Programme 2014/15 & Executive Forward Plan**	*	55 - 58
	The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.		

This page is intentionally left blank

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, 17 November 2014.

PRESENT

Cllr Mrs R J Drinkwater (Chairman)
Cllr Mrs D B Gurney (Vice-Chairman)

Cllrs R D Berry
P A Duckett

Cllrs C C Gomm
Mrs S A Goodchild

Apologies for Absence: Cllrs Mrs G Clarke
C Hegley
N J Sheppard
M A Smith

Substitutes: Cllrs

Members in Attendance: Cllrs P N Aldis
A M Turner Deputy Executive Member for Social Care, Health & Housing

Officers in Attendance:		
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mr B Douglas	– Tenant Involvement Leader
	Mrs P Everitt	– Scrutiny Policy Adviser
	Ms S Few-Wiegratz	– Tenant Involvement Officer
	Mr S Mitchelmore	– Assistant Director, Adult Social Care
	Mr N Murley	– Assistant Director Resources
	Mrs J Ogley	– Director of Social Care, Health and Housing
	Ms J Percival	– Snr PH Health Checks Officer
	Ms C Rooker	– Head of Housing Management

Others in Attendance		
	Mr R Ayles	Tenant's Scrutiny Panel
	Mr J Corrigan	Chief Finance Officer, Bedfordshire Clinical Commissioning Group
	Ms J Harnett	Tenant's Scrutiny Panel
	Mr D Lane	Tenant's Scrutiny Panel
	Mr M Miles	Tenant's Scrutiny Panel
	Dr G Newmarch	Interim Director of Strategy & System Redesign, BCCG
	Ms M Thirwell	Tenant's Scrutiny Panel

SCHH/14/58 **Minutes**

RESOLVED

That the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 22 September 2014, be confirmed and signed by the Chairman as a correct . This was subject to an amendment to the attendance record to show Cllr Susan Goodchild was in attendance as a Member of the Committee and Cllr Ann Sparrow was in attendance as a substitute.

Members also resolved that the minutes of the meeting of the Co-Convened Overview and Scrutiny Committee held on 23 September 2014 be confirmed and signed by the Chairman as a correct

SCHH/14/59 **Members' Interests**

None

SCHH/14/60 **Chairman's Announcements and Communications**

The Committee were advised of the content of the Bedfordshire Clinical Commissioning Group's interim report on the Healthcare Review. The Joint Health Overview and Scrutiny Committee would be considering the next steps to be taken on the review at their meeting on 17 December 2014. Members were briefed on two events that had been arranged for December.

SCHH/14/61 **Petitions**

None.

SCHH/14/62 **Questions, Statements or Deputations**

None.

SCHH/14/63 **Call-In**

None.

SCHH/14/64 **Requested Items**

None.

SCHH/14/65 **Executive Member Update**

The Deputy Executive Member for Social Care Health and Housing updated the Committee on issues on behalf of the Executive Member, that were not included on the Agenda, these included:-

- Attendance at an employment event in Downside, Dunstable.

- Attendance at Stakeholder event for Older People in Leighton Buzzard.
- Attendance at a Housing Investment event held in Stansted at which Ken Livingstone urged authorities to build the right type of homes in the right place. Officers and Members would meet with Aragon Housing Association to discuss future schemes.
- Progress on the Priory View development that had attracted significant amount of public interest in the scheme.
- Attendance at a Carers Forum held for residents of Park Homes sites and the ambition to extend the Village Care Schemes to Park Home sites.

NOTED the update.

SCHH/14/66 **Care Act Report 2014**

The Director of Social Care Health and Housing introduced the Care Act Report that outlined in detail the requirements on the Council and included new responsibilities for local authorities in supporting and caring for adults

The Head of Partnerships and Performance delivered a presentation that highlighted the key changes from existing legislation and the timescales to deliver the key requirements of the Act. Members were advised that the Council had made good progress in a number of key areas of the Act and that the biggest challenge would be the implementation of the new funding reforms and the significant increase in demand for services.

Successful implementation of the additional requirements of the Care Act needed a Council wide approach and a programme board had been established and chaired by the Chief Executive to coordinate the implementation of the Care Act alongside other transformational programmes. The Funding and resource implication was also significant for the Council and would be mapped alongside national estimates and models.

An event to advise the Voluntary Sector and Members in December would explain the process element of the new legalisation and what this means for the Council.

The light of the report and presentation the Committee discussed the detailed proposed changes to be implemented as follows:-

- What the financial cap on care for older people currently stood at. The Assistant Director Resources advised the cap for older people was £72,000. No cap existed for children turning 18 years and a figure was not known for the 18-65 age group. A consultation on the second part of the Care Act would pick up on this area.
- What influence the Council might bring to bear on rates of pay for care workers. The Director of Social Care Health and Housing advised it was employers' responsibility to pay their staff fairly.
- Given the different financial modelling that had been undertaken, what overall cost did officers expect? The Assistant Director Resources explained it was not possible to give a figure as the demand was not known.
- Whether consideration had been given to initial assessments for care to be undertaken by an administrative officer rather than a social worker. The

Director of Social Care Health and Housing advised that a social worker would usually undertake an initial assessment, however, a move toward an initial self assessment was being carefully considered.
- Whether additional financial support would be available to help implement the changes from Central Government. The Assistant Director Resources advised that a figure would be included in the December grant settlement.
- Who would provide the information, advice and advocacy services to residents? The Director of Social Care Health and Housing explained the Council would not necessarily provide this role, however, it must provide access to this information. Members, the voluntary sector and stakeholders would be provided with the right information to help residents.

Noted the presentation

SCHH/14/67 **Decommissioning of the Sub-acute South Services Pilot**

The Interim Director, Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) introduced a report that set out the original ambitions for the Sub-acute South Services Pilot. The services included the Short Stay Medical Unit (SSMU); Rapid Intervention Team, Multi-Disciplinary Team and Clinical Navigation Team.

The basic cost of the pilot was £2.8m annually and although it had provided good quality services and patient were happy with their care, none of the financial targets had been achieved including a 10% reduction in admissions to the Luton and Dunstable Hospital for the 75+ age range.

The BCCG Governing Body had taken the decision to close the Short Stay Medical Unit by 5 December 2014. An improved Clinical Navigation and Rapid Response service would work alongside new services including the hospital at home service.

In light of the update the Committee raised the following concerns:
- Whether GP's fully supported the concept of the SSMU. The Interim Director of Strategy and System Redesign advised the SSMU was not sufficiently staff at night or at weekends and GP were not able to send patients during these periods.
- Whether patients would be given a choice in their care and access the hospital at home model. Members were advised that clinicians would judge where the best care lay on a case by case basis. The new model would be monitored carefully and Member would receive a report on its progress.
- Concern that a similar line might be taken with Biggleswade Hospital. The Interim Director of Strategy and System Redesign advised that Biggleswade Hospital would provide support to Residents over the winter months. A joint piece of work would be undertaken by the Director of Social Care Health and Housing and the BCCG on proposals for Biggleswade Hospital and a report would be submitted to the Committee for consideration and comment.

NOTED the report.

SCHH/14/68 **Bedfordshire Clinical Commissioning Group's Finance Plan.**

The Finance Director, Bedfordshire Clinical Commissioning Group (BCCG) introduced a report that briefed Members on the BCCG's financial position that forecast a deficit of £14m and had seen the of BCCG placed in formal turnaround. The BCCG faced challenges with some service contracts and hoped the Healthcare Review would bring in efficiencies to reduce the deficit. A new interim Turnaround Director had been appointed to produce and implement a recovery plan.

In light of the report, The Committee commented and discussed the following points:-

- Concern that such a new organisation had been placed in a negative financial position, inherited from legacy issues.
- Support in the approach to remodel services to achieve efficiencies that included extended hours at GP surgeries and liaison with paramedics and GP on patients to avoid A&E admissions.
- Concern that nationally CCG's faced similar budget deficits.

Recommended

1. The detailed BCCG financial recovery plan be submitted to the SCHH OSC meeting in January.
2. That Members support the drive to make changes and remodel services provided by the BCCG.

SCHH/14/69 **Tenant's Scrutiny Panel**

The Head of Housing Management introduced a report that updated the Committee on the progress of the Tenant Scrutiny Panel's (TSP) investigation into Anti Social Behaviour (ASB) in the Housing Landlord Service. Many of the recommendations and actions highlighted in the investigation had been implemented and had helped to improve the service to residents.

Work on a recommendation to introduce an ABS policy had been put on hold whilst the implications of the new ASB Crime and Policing Act 2014 and the significant changes proposed had been incorporated into the policy. Members would be asked to comment on the policy at a future meeting.

The Chairman of the TSP introduced a new Member to the Panel and a presentation that highlighted the actions and evidenced improvements made to the service. The use of diary sheets was of concern to the Panel, however, additional budget would be required to purchase new equipment to resolve this issue.

Members commented on the improvements in the service and that suitable resources had be put in place to deal with complaints on ASB. The Panel reported that ASB was not as prevalent as first thought and many complaints were in the nuisance category.

The TSP advised they would start a new piece of work to investigate complaints made to the Housing Service.

In light of the update, Members discussed the following points:-

- Whether the TSP had shared areas of learning and good practice with fellow TSP locally and regionally. The Chairman of the TSP confirmed meetings with other TSPs had taken place, however, the TSP's work on ASB had not yet been shared with Aragon Housing Association.
- Whether work had been undertaken to establish the underlining reasons for ASB by residents. The Head of Housing Services advised that officers had been given additional training and the restructure had allowed them to get closer to residents and signpost them to the service that would help them.

RECOMMENDED

- **The Tenant's Scrutiny Panel's Anti Social Behaviour leaflet be circulated to Members.**
- **That the Tenant's Scrutiny Panel be invited to attend a future meeting of the Committee to update Members on the work on complaint to the Council in Housing Services.**

SCHH/14/70 **Quarter 1 Performance Monitoring Report**

The report provided information on the Social Care Health and Housing and Public Health performance against the Medium Term Plan and their continued good performance. Those areas not achieving target had been reported to Members previously.

The Senior Health Check Officer, Public Health, advised that a drop in performance relating to Health Checks was largely due to the shortage of staff in GP's surgeries that provided the checks and the high number of people who had not attended the two appointments scheduled. Proposals to change the process would see at move to one appointment and it was hoped this would improve performance.

In light of the update, the Committee discussed the following:

- That future reports on health checks include the numbers of people helped in the scheme.
- The actual number of houses that did not meet the decent homes standard be reported.
- The numbers of residents helped by the Village Care Scheme continue to rise. The Director of Social Care Health and Housing would provide a briefing note for Members on the latest position.

RECOMMENDED

1. **That the figures requested by Members be included in future performance reports.**
2. **That the Director of Social Care Health and Housing provide a briefing note for the Committee on the Village Care Scheme.**

SCHH/14/71 **Work Programme Report**

The Committee considered the current draft work programme.

RECOMMENDED that the work programme be approved subject to the additional items detailed in the Minutes above.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.35 p.m.)

This page is intentionally left blank

Meeting: **Social Care, Health and Housing Overview and Scrutiny Committee**

Date: **15 December 2014**

Subject: Winter resilience planning

Report of: **Dr Gail Newmarch, Executive Member for Bedfordshire CCG**

Summary: This summary report sets out winter resilience activities taking place aimed at supporting Bedford Hospital's 4 hour A&E guidelines, reducing hospital emergency admissions and delayed transfers of care and importantly, positively impacting upon patient care and quality over the winter months.

Advising Officer: Dr Gail Newmarch, Executive Member for Bedfordshire CCG

Contact Officer: Paul Wilkins, Interim Urgent Care Operational Lead, Bedfordshire CCG

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. This summary report sets about explaining how winter resilience planning within the local health community contributes to achieving one of the County Borough Councils priorities, namely the promotion of health and wellbeing and protecting the vulnerable

Financial:

2. The health system is in receipt of an additional £2.4m to deliver winter schemes which will positively impact upon the delivery of health and wellbeing in Bedfordshire.

Legal:

3. No legal implication

Risk Management:

4. To ensure a focus is maintained upon risk management and effective delivery, a comprehensive risk register has been created, which is regularly scrutinised through the CCG's Operational Resilience Group. In addition to this, all initiatives have an agreed set of Key Performance Indicators' which are monitored via a visually effective dashboard, capable of identifying immediate performance slippage and underlying trends. The dashboard is monitored via the System Resilience Group (SRG) and the Operational Resilience Group (ORG).

Staffing (including Trades Unions):

6. Not Applicable

Equalities/Human Rights:

7. As part of its development this piece of work, its impact on equality has been assessed and no detriment has been identified.

Public Health

8. The winter initiatives, as set out have been targeted at supporting the 4 hour A&E guidelines, reducing hospital emergency admissions and delayed transfers of care and importantly, positively impacting upon patient care and quality.

   Each initiative has been developed to enhance current healthcare delivery as well as introduce new and innovative ways of delivering care. By focussing on reducing the time to assessment by senior healthcare decision makers, avoiding emergency admissions and re-admissions by accessing the right care, in the right place at the right time, then the winter initiatives will have a positive effect on the people's health and access to health services when needed.

Community Safety:

9. Not Applicable

Sustainability:

10. Not Applicable

Procurement:

11. Not applicable

RECOMMENDATION(S):

The Committee is asked to:-

1. Note the work being taken by BCCG and partner organisations in the delivery and monitoring of the winter initiative schemes.

Introduction

12. Following extensive work with all partners and the Local Area Team of NHS England, Bedfordshire Clinical Commissioning Group's winter funding bid was recently sanctioned, enabling £2.4m to enter the health system. This financial injection has enabled carefully considered initiatives to form an exciting but challenging portfolio aimed at supporting Bedford Hospital's 4 hour A&E guidelines, reducing hospital emergency admissions and delayed transfers of care and importantly, positively impacting upon patient care and quality. Additional funding has also been granted to Luton CCG to support similar activities with the Luton & Dunstable Hospital.

13. To ensure a focus is maintained upon sustainable delivery, a comprehensive set of key performance indicators have been agreed and have been worked in to a performance dashboard, capable of identifying immediate performance slippage and underlying trends. The dashboard is monitored via the System Resilience Group (SRG) and the Operational Resilience Group (ORG).

14 Please see below for details of the different initiatives that form part of the Winter plan.

Communications activity

15. To support the winter resilience plan, a communications strategy and action plan has been developed to support NHS services across Bedfordshire to manage the pressures of winter.

16. The communications and engagement team will work closely with local authority, public health, acute and community health colleagues to ensure the delivery of a consistent and robust winter communications and engagement programme.

17. The communications and engagement activities include:
- local implementation of national campaigns
- local targeted engagement activity
- awareness raising of services and how they should be used
- promotion of priority services to enhance reputations
- reassurance and promotion of services
- key ‘stay healthy in winter’ messages.

18. The programme will use established communications and engagement mechanisms; online, hard copy and face-to-face, as well as developing additional elements as required, such as commissioned materials and targeted engagement activities and events.

The winter resilience communications strategy and action plan will:

- Deliver clear and relevant communications with all stakeholders, internally and externally
- Deliver planned communications and engagement activity, reporting on its implementation, feedback and evaluation
- Link with health and social care partners on agreed communications and engagement activity, sharing content and resources, as appropriate
- Proactively promote the key messages and services within the plan; seeking opportunities for communications and engagement, and developing initiatives and activities, as appropriate
- Use current communications channels and materials, developing new ones as appropriate
- Aim to engage with, raise awareness and inform audiences
- Aim to improve communications to stakeholders, including primary care
- Develop overarching communications, as well as targeted communications, such as social media

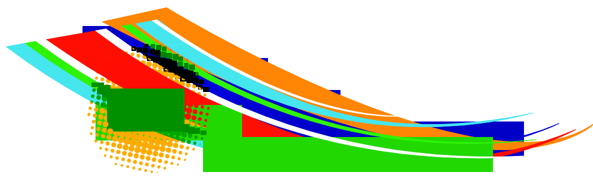
A copy of this communications action plan is attached to this paper.

Winter resilience plan initiatives

Organisation	Scheme Name	Aim
Bedoc	Rapid Assessment and Triage	To carry out an effective eyeball assessment of patients to determine the level of care they require, this will allow patients to quickly be streamed to the appropriate services minimising the risk of patients waiting for assessment.
Bedford Hospital & SEPT	Clinical Navigation	A previously piloted clinical navigation team has been introduced to: (a) prevent unnecessary hospital admission and to facilitate discharge (b) direct patients to the appropriate care, act as a liaison between hospital and community services (c) provide a multidisciplinary assessment to address health and social needs, offer advice, support and sign post to the appropriate services which will allow the individual to regain their previous functional level, allowing the promotion of independence and well-being where possible in the patient's own home The Navigation team provides alternatives to inpatient care, either at A&E, Acute Assessment Unit or within 72 hours of hospital admission.
SEPT	IV in the Community – Responsive intravenous antibiotic therapy to be administered in the community	This initiative provides a responsive service that will accept referrals from the acute Trusts for patients who require treatment with a regime of intravenous antimicrobial in their own home or community in patient bed. This initiative helps alleviate pressure of acute beds and get patients back to their own homes safely and quickly.
BHT/Primary Care	Hospital at Home North	The aim of the Hospital at Home service is one where the hospital consultant retains responsibility for the patient who is discharged to their own home, then seen by a team of nurses. The service is for patients who do not fall within community health criteria or when they have insufficient nursing capacity to accept a patient. The basic philosophy of the service is that nurses are able to manage the acute episode at home under the care of the patients Consultant instead of in hospital. The service suits patients who may need one to three hours of direct clinical care a day but do not need to occupy a hospital bed for 24 hours.
BCCG	South Bedfordshire (L&D) Discharge to Assess (DST) Pathway	Patients can only be placed on the NHS Continuing Healthcare (CHC) pathway if they are deemed 'medically fit for discharge/ready for transfer'. This initiative provides an opportunity to discharge patients into a community setting following a CHC Checklist if they 'screen in' for a Discharge Support Tool. As per the previous 'Funding Without Prejudice' winter funded initiative in the North

		(BHT), this will serve to discharge those patients, releasing acute beds for acute patients.
Bedford Hospital	AAU staffing (6nurses) plus register including telephone advice	This scheme has introduced additional staff to support the delivery of rapid assessment by a Consultant and increase the number of discharges per day from the AAU, either to the base wards or back into the community. This will reduce the LOS (le4ngth of stay) and decrease the reliance on acute beds, delivering better patient outcomes, also, supporting the ring fencing of AAU Triage supporting rapid turnover of patients. The initiative will also support the flow of patient through A/E thus the achievement of the 95% target.
Bedford Hospital	7 day working including pharmacy and therapies	By providing additional staffing and processes, this scheme aims to enable more people to be discharged over weekends, freeing up acute beds and reducing the opportunity to be delayed from going home due to pharmacy or therapy service delays.
SEPT	Psychiatric Liaison – SEPT proposal for 2 x consultant plus nurses (North and South)	The overall aim of the service is to both improve the patient experience of acute hospital care and reduce the overall length of stay and delayed transfers of care through the provision of timely Psychiatric assessments, treatment planning, signposting to appropriate Mental Health services and timely discharge or transfer, of patients within all inpatient wards / units within the General Hospital setting. This will be accomplished by: Providing advice, specialist consultation, and joint working for people under the care of the Bedford Hospital in relation to psychiatric and psychological treatment of people presenting with mental health needs on the wards at the BGH hospital. This will be done by the provision of Mental Health Assessments to provide inpatients with a provisional mental health diagnosis to support appropriate treatment and after care planning.
BCCG via Totally Health	Health Coaching	Totally Health provide specialist Nurse led Health Coaching Services to promote self-care and bring about behaviour changes which impact positively on Health of people diagnosed with long term conditions.
EEAST	Hospital Ambulance Liaison Officer	This scheme has introduced Hospital Ambulance Liaison Officer (HALO) 7 day per week in Bedford Hospital. The HALO targets rapidly turning around ambulances, increasing their availability, enhances patient record compliance and is an integral part of the ambulance/hospital team informing process redesign.

Appendices:
Appendix A - Communications Action Plan



NHS
Bedfordshire
Clinical Commissioning Group

Appendix A

Winter Resilience 2014/15

Communications and Engagement Strategy

21 November 2014

Contents

1. **Introduction and background**

2. **Aims of the Bedfordshire System Capacity and Resilience Plan 2014-15**

3. **Communications and engagement planning objectives for winter resilience 2014-15**

4. **Key messages**

5. **Stakeholders**

6. **Communications and engagement activities and materials**

7. **Evaluation of communications and engagement**

8. **Communications and engagement plan – Overview**

1. Introduction and background

The BCCG winter resilience communications strategy and plan outlines the actions the CCG communications and engagement team, with colleagues, will undertake to support NHS services across Bedfordshire to manage the pressures of winter.

The plan has been developed and agreed with the strategy and design team, leaders of the winter resilience programme (Bedfordshire System Capacity and Resilience Plan 2014-15).

The communications and engagement team will work closely with local authority, public health, acute and community health colleagues to ensure we deliver a consistent and robust winter communications and engagement programme.

The communications and engagement activities will include:

- local implementation of national campaigns
- local targeted engagement activity
- awareness raising of services and how they should be used
- promotion of priority services to enhance reputations
- reassurance and promotion of services
- key ‘stay healthy in winter’ messages.

The programme will use established communications and engagement mechanisms; online, hard copy and face-to-face, as well as developing additional elements as required, such as commissioned materials and targeted engagement activities and events.

The messages for winter will be developed for the general population, as well as targeted campaigns to identified key local audiences, such as people with long term conditions, young people, and GP practices with high A&E attendances.

2. Aims of Bedfordshire System Capacity and Resilience Plan 2014-15

The Bedfordshire System Capacity and Resilience Plan 2014-15 sets out a vision and commitment from the Bedfordshire health economy to work together to deliver a responsive and high quality emergency care system.

The delivery of services in the most appropriate setting is the key driver for Bedfordshire Clinical Commissioning Group. The schemes outlines in the plan promote, where possible, a focus on services outside of hospital. There is also a clear link in the plan to the priorities of the Better Care Fund to reduce hospital admissions and to the Bedford and Milton Keynes Healthcare Review which is underpinned by the theme of stronger out of hospital services.

In addition ‘Everyone counts 2014/15’ guidance and Bedfordshire CCG Plan for Patients set out clear targets which are reflected in this work.

The proposals in this plan are jointly owned by the health economy and have the approval of the system wide group.

2.1 Priorities for the communications and engagement planning

The aim of the plan is to support the most efficient areas that will deliver a reduction in emergency admissions and in the number of days people are in hospital.

Learning from the A&E evaluation commissioned by the system resilience group (SRG) earlier in the year demonstrated that there was a significant growth in A&E attenders in the 18-24 age range. The SRG requested an age-targeted approach to this year's 'Is A&E for me' campaign.

2.1.1 Flu planning

A BCCG-wide flu steering group has been formed, with key stakeholder involvement including complex care, Bedford Hospital Trust, SEPT, communications, locality practice development managers, NHS England, local authority public health and practice managers. It shares good practice and leads partnership working to increase uptake within all at risk areas. Public Health is leading the communications with media support from BCCG comms and engagement team. This has included press releases each month for a different cohort of patients, to raise awareness and to include practice flu clinic dates. Social media has been used to flank this press activity.

2.1.2 Long term Conditions

A benchmarking exercise conducted by the localities within BCCG highlighted that the rate of emergency admissions to hospital for ambulatory care sensitive conditions within Bedfordshire is significantly higher than the national average. It was identified that if Bedfordshire were to achieve the national average rate of admissions (50th percentile), as well as reducing unnecessary distress for patients and delivering improvements in quality of life savings could be realised.

2.1.3 Patient self-management

Prevention of illnesses continues to be a priority with early support available and easily accessible services and advice available outside the hospital setting.

3. Communications and engagement objectives for winter resilience 2014-15

The winter resilience communications strategy and plan will:

1. Deliver clear and relevant communications with all stakeholders, internally and externally
2. Deliver planned communications and engagement activity, reporting on its implementation, feedback and evaluation
3. Link with health and social care partners on agreed communications and engagement activity, sharing content and resources, as appropriate
4. Proactively promote the key messages and services within the plan; seeking opportunities for communications and engagement, and developing initiatives and activities, as appropriate
5. Use current communications channels and materials, developing new ones as appropriate

6. Aim to engage with, raise awareness and inform audiences
7. Aim to improve communications to stakeholders, including primary care
8. Develop overarching communications, as well as targeted communications, such as social media

3.1 Communications support

The head of communications and engagement will lead on the winter resilience communications strategy and plan.

She will be part of the strategy and design team's planning team and will liaise with them to develop and deliver a communications and engagement programme which will assist in the delivery of the Bedfordshire System Capacity and Resilience Plan 2014-15.

The head of communications and engagement will be supported by members of the communications and engagement team, who will undertake the tasks and activities as outlined in the plan. This support will be flexed according to the needs of the plan, with high and lower levels of communications support required throughout the programme.

The communications and engagement team will lead will support the project management by providing project status updates for the monthly project board.

They will be the link person for health and social care partners, working on agreed communications and engagement activity, sharing content and resources, as appropriate. They will also offer advice and support to Bedford Hospital communications team, as requested.

4. Key messages

The winter resilience programme's key messages will be developed to deliver the priorities for the plan, with any additional messages for the targeted engagement, to enhance the 'stay healthy in winter' messages.

These messages will be used across the materials and channels, to ensure consistency of messages. They can be added to the plan as winter progresses, reacting to any current and predicted issues, such as the weather conditions, health outbreaks, or pressures on services.

Messages will be used to:

- Engage with, raise awareness and inform general public and patients (GP, hospital, community)
- Communicate with 'general' audiences as well as targeted groups and audiences
- Engage with media outlets and other conduits of information
- Make best use of the different channels – ensuring the most appropriate methods, formats and content are used for the different channels e.g. Twitter, face-to-face, newspapers

- Keep colleagues informed of the plan and next steps
  - Internally - communication and engagement, strategy and design, and executive team
  - Partner organisations' communications teams
- Engage with BCCG staff – as champions in supporting the messages

5. Stakeholders

Our stakeholders will be prioritised to ensure the appropriate groups, organisations and individuals are aware of the plan, its messages and any actions they need to take.

The different groups will receive a different level of communications and engagement, ensuring the activity is focused in the right place.

The key stakeholders are:

- GPs
- BCCG staff
- General public
- People with long-term conditions
- Older people who are admitted to hospital (and their relatives/carers) and can become 'bed blockers'
- Younger people who choose A&E rather than go to pharmacy, GP, walk in clinic etc
- High users of A&E through targeted GP practices in Bedford (Victoria Road, London Road, Clapham Road, Ashburnham Road and Queen's Park. And potentially Lansdowne Road)
- Bedford Hospital inpatient (supporting their discharge planning)

6. Communications and engagement activities and materials

We will be undertaking a series of activities and initiatives to spread our winter messages and target key groups such as young people and people with LTC.

This includes, but is not limited to:

- Winter pledge – 'Look after your NHS, Choose Well this Winter' – targeting key groups (young people, people with LTC, carers), health staff in Bedfordshire, patients, public, key stakeholders, media, etc
- 'Twitterthon' – a day in the life of A&E at Bedford Hospital – targeting media and social media to raise understanding of what A%E is for
- Roadshows – 10 roadshows to encourage people to take the pledge and raise awareness of urgent care across Bedford.
- Distributions to patient groups, 6th forms, GPs etc
- Proactive media activity

- Displays at events/stands – targeting staff, GPs, public, patients and visitors (events may not be linked to winter, but engaging with the same audiences)

We will use current communications materials and develop new ones as appropriate. We will consider:

- Patient information leaflets, flyers, screens in surgeries and hospitals
- Hand-outs at key events and meetings
- Posters
- Local community / parish newsletters articles
- Social media - Facebook and Twitter
- Internal newsletters (staff and GP) and Extranet updates
- Email signature - all staff
- Merchandise - magnets
- Advertising in local press including Christmas and New Year opening – adverts and wrap-around
- A&E leaflet - urgent care and discharge priorities
- Discharge booklet (BHT)
- 'Is A&E for me' material update - posters, banners, etc
- Young people collateral
- Collateral for GP surgeries and discharge packs - e.g. credit cards, etc

7. Evaluation of communications and engagement

The evaluation of communications and engagement will cover:

- First-hand feedback from external audiences and staff (at events, forums, emails, on-line, enquiries)
- Second-hand feedback via partners
- Feedback from colleagues (internal and external)
- Public discussions / dialogue - correspondence in papers, blogs, media enquiries, radio responses/phone-in
- Extent of media coverage – print and broadcast
- Hits/Likes on Facebook
- Number of retweets and conversations on Twitter
- Number of 'pledges to choose well this winter
- Engagement reach figures

8. Communications and engagement plan

A communications plan has been developed, based on the agreement with the strategy and design team and the targeted additional engagement programme.

An overview is provided overleaf. The communications team has a detailed work plan to deliver the programme.

BCCG winter resilience communications and engagement plan – overview

October	November	December	January 15	February [1]	March
Flu media campaign starts – locality specific media release, Social media	'Feeling under the weather' campaign starts – media and social media, and advertising	Is A&E for me leaflet	Parish newsletter editorials		
GP surgery issue Flu targeted letter to patients	Flu media campaign continues – targeting LTC with press and social media	Refresh & re-issue 'Is A&E for me' posters	Keep warm, keep well campaign starts – media release and social media		
Update BCCG website	Staff Flu clinics	Launch Choose well this Winter pledge	Choose Well pledge continues		
	'Self care' campaign starts – media and social media				
	Self care – pressure ulcers - roadshow and media aimed at home carers	Roadshows	Roadshows continue		
		Distribute materials to patient groups, and others	Refresh winter resilience comms activity for Feb and March		
	Discharge booklet – for patients at Bedford Hospital (no cost to BCCG)	Material for targeted Bedford GP surgeries			
		Twitterthon in A&E at Bedford Hospital			
		Newspaper wrap-around for T&C			
		Advertising in local press Xmas and NY opening			

[1] We will reassess activity at the end of January to determine any necessary changes to messages and activity for February and March

This page is intentionally left blank

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee

Date: 15 December 2014

Subject: Commissioning care closer to home

Report of: Thomas Wilson, Director of Contracting & Performance for Bedfordshire CCG
Dr Gail Newmarch, Executive Member for Bedfordshire CCG

Summary: This paper sets out the care closer to home commissioning principles BCCG will adopt in light of the feedback received from the Healthcare Review, for discussion with stakeholders.

Advising Officer:	Thomas Wilson, Director of Contracting & Performance for Bedfordshire CCG
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1. This summary report sets about how Bedfordshire CCG (BCCG) will approach the commissioning of care closer to home that will contribute to the promotion of health and wellbeing and protecting the vulnerable.

Financial:

2. Effective commissioning of care closer to home will help to deliver financial sustainability across the health & social care economy. However, this paper provides details on the approach and principles of commissioning care closer to home and is not a costed business case.

Legal:

4. No legal implication

Risk Management:

5. The risk registers of the BCCG Strategy & Redesign Directorate and Contracting & Performance Directorate are being updated to reflect risks associated with the commissioning principles laid out in this paper. If adopted, a formal project team will be created and the risks associated with this work will be captured there and escalated as necessary to the BCCG Corporate Risk Register.

Staffing (including Trades Unions):

6. Not Applicable.

Equalities/Human Rights:

7. Impact on equality will form part of a project plan if this approach is adopted.

Public Health

8.. Taking this approach to commissioning care closer to home has the potential to make a greater contribution to population health.

Community Safety:

09. Not Applicable

Sustainability:

10. Not Applicable.

Procurement:

11. This paper outlines how the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 should be adhered to in order to effectively commission care close to home for the benefit of patients in Bedfordshire.

RECOMMENDATION(S):

The Committee is asked to:-

1. Note the work commissioning principles BCCG will adopt in light of the feedback received from the Healthcare Review, for discussion with stakeholders.

Background

12. The Bedfordshire & Milton Keynes Healthcare Review has given a clear steer that we need to be delivering more care closer to home. It has confirmed that BCCG must develop more integrated, joined up health services in Bedfordshire if we are to ensure we have affordable, clinically sustainable services for local people.

13. The Bedfordshire & Milton Keynes Healthcare Review used the term “Care Closer to Home” to encompass those current and future services that could be delivered to patients outside of a hospital setting; it expressly includes services which may be led by a consultant grade doctor and employed by a hospital but whose delivery of care to patients does not rely on the complex physical infrastructure of a hospital such as an inpatient ward, operating theatres and access to certain diagnostics. It obviously includes those services currently provided by General Practitioners and community service providers (predominantly but by no means exclusively in Bedfordshire delivered by South Essex Partnership NHS Foundation Trust (SEPT)). The terms “community services” and “primary care” are used interchangeably with “care closer to home” to describe this range of services.

14. How care closer to home is commissioned is fundamental to how care in a hospital setting is commissioned. One provides the foundation of support for the other – it is not possible to think about the configuration of hospital services without planning for how services out of hospital are delivered.

15. This paper sets out the commissioning principles on which Bedfordshire Clinical Commissioning Group proposes to engage with stakeholders and the public on commissioning care closer to home.

Our approach

16. Our approach can be summarised as having four principles:
    - The focus of health services and the way they are paid for and monitored must move from being activity based (the amount of something done) to being outcome based (what benefit did the patient receive?) Our proposal is to achieve this by seeking to move away from activity based payment mechanisms and move to one where an increasing proportion of money a provider receives for delivering care is dependent directly on the improved outcomes experienced by patients.
    - A strong culture of collaboration and formal integration of services and the organisations that provide those services is the means by which patients will experience a single joined up National Health Service. Our proposal is to achieve this by developing an alliance contracting approach to provide a strong framework within which all partners operate and to “vertically integrate” community services into both hospital organisations and potentially into emerging GP federations. This may or may not require a separate provider of community services.
    - Ensure that we effectively use the rules regarding procurement (formally the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013) to help us achieve principles 1 and 2 above. Our proposal to achieve this is to ensure we do not run formal procurements for services where, as allowed by the regulations, it is not necessary to do so: procurement exercises are a tool we will choose to use where it will deliver greater patient benefit than not running a procurement.
    - Acknowledge that whilst we have an overall obligation to reduce health inequalities across Bedfordshire in localising services there may be times when it is justifiable to offer different service models recognising that we cover two hospital catchment areas (Bedford Hospital NHS Trust and Luton & Dunstable University Hospital NHS Foundation Trust) and two local authorities (Bedford Borough Council and Central Bedfordshire Council) each with their own specific issues. Our proposal is to achieve this by considering the development of two alliance contracts to reflect the different partners who will make up the alliance.

17. However, this approach is not without its risks and has major implications for the capacity, capability and culture of both commissioning and provider organisations across the Bedfordshire health and social care economy.

Outcomes Based Commissioning

18. As a health system we need to stop commissioning for activity and processes – where providers are paid for how much they do – and move to a commissioning system where the focus is on what they achieve.

19. There are three broad areas of outcomes that can be developed. Firstly, an outcome of financial sustainability for the Bedfordshire health economy. Our allocation is £440 million and there can be no more money in that year: all the health needs of the population must be met for that sum. Secondly, we should aim for a commissioning model that encourages integration so that patients' experience of the NHS is as far as possible that of a single entity.

20. The main focus however needs to be on patient measured health outcomes. BCCG has started to develop outcome based specifications with its work in musculo-skeletal conditions, dermatology and mental health. By collaborating with and learning from organisations such as COBIC (Capitated Outcomes Based Incentivised Commissioning), and ICHOM (International Consortium for Health Outcomes Measurement) amongst others; benchmarking against other CCGs who have adopted a similar approach such as Cambridgeshire and Peterborough CCG's Older Persons Programme (see http://www.cambridgeshireandpeterboroughccg.nhs.uk/older-peoples-programme.htm) we will develop a set of measurable patient centred outcomes that will form the core of our performance measurement and increasingly over time be related to the financial system of paying for care. This will move us away from counting the number of district nurses available to support General Practice and hospital services to measuring how many people are helped to remain independent in their homes safely.

Collaboration and Integration

21. The consistent feedback from the Bedfordshire & Milton Keynes Healthcare Review was that patients and public want to experience a single NHS – they do not wish to continually have to recount their story, to have the same test undertaken by a different clinician because they have been referred and they do not wish to fall between the referral and acceptance criteria of different organisations looking after their care. We believe that frequently this happens as a direct result of different organisations operating under different contractual terms, with different payment mechanism and different performance measures.

22. We aim to tackle this by developing alliance contracting structures. The alliance contract is a legally binding mechanism that enables partners to align services and financial resources within a single contractual framework, with joint standards and performance indicators agreed for all parties. It also provides a vehicle to implement different payment regimes and facilitate financial risk and benefit sharing. It will allow us to move away from one partner being paid for the amount of something they do whilst another has a historical fixed sum irrespective of rising demand whilst another has a fixed sum based on the size of population served both of whom manage the same patient for the same condition on the same clinical pathway.

23. Alliance contracts are still reasonably new within the NHS, though more widespread in many other industries, They are being developed in Greater Manchester – Salford and Tameside & Glossop health economies; the Tri Borough Partnership in London adopts very similar principles in their integrated care plans to name but a few. Internationally the King's Fund has reviewed this approach to commissioning in Canterbury, New Zealand[1] and puts forward that it was collective leadership of the health economy accompanied by the structure of the alliance contract and new payment mechanisms that turned Canterbury from a failing health economy to one where services are starting to deliver improved outcomes for patients.

24. The King's Fund paper does not suggest that everything is now perfect and nor does it suggest there is a direct causal link between the new structures and the turnaround but it does note that change started happening as the mantra of "one system one budget" became embedded throughout the culture of the Canterbury health system. What it does show is that for collaboration to work it takes positive decision of the leaders of the local health and social care economy to make it work.

25. The current advanced work that has been developed under the Better Care Fund initiative with Central Bedfordshire Council could be simply subsumed into the alliance contract. The plans, which have been extensively discussed with all stakeholders across the Bedfordshire health and social care economy, broadly covers:
    - Empowering Patients Families and Carers for independent living
    - Care Planning/Tele-health
    - Extra supported living
    - Integrated wheelchair/equipment
    - Occupational Therapy
    - Supported Discharge

26. We start from the acknowledgement that we have two local authorities, mirrored to a large extent by two health economies centred around our two major hospital providers in Bedford and Luton & Dunstable, and this is reflected in the different approaches and emphasises of the two Better Care Fund plans. In localising our service delivery we recognise that there will be times when it is justifiable to commission differing services to meet the needs of the relevant populations whilst not losing the economies of scale that a county wide service can often bring.

27. Vertical integration is the term used when services that operate in a different level in a patient's care pathway are brought together – so for example a GP, district nurse, community matron, hospital nurses and hospital consultant working together under a single contracted arrangement to manage the care of frail elderly people with a single point of contact would be an example of vertical integration.

28. It is possible that community services, currently under separate contracts from primary care and from hospital based services, could be vertically integrated with those services. One potential model is shown below – this is for illustrative purposes it is not a proposed way of integration which would follow in detailed work but shows how the vertical integration of community services might work.

29. Primary care through GP federations keeping people out of hospital
    - Community nursing including community matrons, rapid intervention teams etc.
    - Step up beds or intermediate care services
    - Support for independent living such as health coaching

30. Hospital services that see people in hospital and facilitate their discharge
    - Integrated urgent care system including 111 and residual GP out of hours
    - Hospital at Home services
    - Rehabilitation beds
    - Specialist nursing clinically supervised by the Consultant for conditions such as Stroke, neurological diseases, diabetes, COPD and cancer

31. The new provider(s) of mental health services, currently being procured, will need to be appropriately incorporated throughout this model. Community services can be provided either by hospital services or GP federations or by those organisations working in collaboration with a separate community provider such as SEPT.

Procurement

32. It is a popular urban myth that the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 oblige CCGs to run formal tendering opportunities every time a new contract is awarded. This is simply not true.

33. The regulations **do not** insist on procurement but do place a specific obligation on commissioners when awarding contracts to “secure the needs of patients who use the services and to improve the quality and efficiency of the services, including through the services being provided in an integrated way (including with other health care services, health-related services or social care services).” (Regulation 2).

34. Regulation 3 covers a general requirement:
- to act transparently and proportionately, and to treat providers equally and in a non-discriminatory way;
- to procure services from one or more providers that are most capable of delivering commissioners' overall objective and that provide best value for money;
- to consider ways of improving services (including through services being provided in a more integrated way, enabling providers to compete and allowing patients to choose their provider); and
- to maintain a record of how each contract awarded complies with commissioners' duties to exercise their functions effectively, efficiently and economically, and with a view to improving services and delivering more integrated care.

35. Probably the clearest and easiest way to discharge obligations under Regulation 3 is to undertake a formal procurement exercise but this is not always necessary. Monitor's guidance[2] states that "where the commissioner carries out a review of service provision in a particular area to understand how those services can be improved and, as part of that review, identifies with reasonable certainty the most capable provider or providers of those services it may be appropriate to negotiate directly with the provider(s) in question rather than run a formal procurement exercise."

36. This can be seen in the contrasting approaches of Oxfordshire CCG and Cambridgeshire & Peterborough CCG in commissioning their outcomes based programmes for older people's services. Oxfordshire ultimately decided to not move down an open procurement route but to adopt a Most Capable Provider Assessment approach which involves finding a negotiated route with all partners – part of the reason for this was that the "financial situation in the health and social care economy requires an urgent whole system collaboration and the delay involved in open market procurement would prevent optimal progress".[3] It must be noted that OCCG reserved the right to implement a full market procurement if the negotiations did not deliver what was required. Cambridgeshire & Peterborough CCG on the other hand adopted a full open market procurement, eventually awarding the contract to a consortium of local NHS Trusts.

37. To arrive at the conclusion that current providers are the best placed to deliver services it will be necessary to conduct an open, fair and transparent review engaging providers and stakeholders and document this conclusion. The CCG can then make a fully informed decision, in line with its legal advisers, as to whether and if necessary what kind of procurement it needs to run to achieve its commissioning objectives.

Specific Services

38. The approach outlined above is considering those community services that broadly align to helping manage people with long term conditions management and the care of elderly people. However there are some services that can be aligned with care closer to home that would not necessarily fit with the wider alliance arrangements described.

39. These services are covered below.

- Phlebotomy and anti-coagulation services

  A strong message coming through all the patient engagement work we carried out for the Healthcare Review is that people want these services closer to home: they cannot understand why they have to travel into hospital, pay for parking etc. to get a blood test while their friends and family a few miles down the road can get the same service at their GP surgery. BCCG has reviewed the current provision for phlebotomy (taking blood for tests) and anti-coagulation services (warfarin) and will be embarking on a procurement exercise for both services within the next three months.

- End of Life

  We will redefine the specification for end of life services and introduce a revised model of care based on a partnership between acute hospitals, hospices and primary care federations, ensuring emergency ambulance pathways are clearly defined. This will involve procurement of a lead provider/prime vendor commencing Q2 2015/16

References

1. http://www.kingsfund.org.uk/publications/quest-integrated-health-and-social-care
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf p39
3. http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2014/01/Paper-14.10-Outcomes-based-contracting-next-steps-.pdf

---

Meeting: **Social Care, Health & Housing Overview & Scrutiny Committee**

Date: **15 December 2014**

Subject: Customer Feedback – Complaints, Compliments Annual Report

Report of: **Cllr Carole Hegley, Executive Member for Social Care, Health & Housing**

Summary: This report fulfills the statutory duty to monitor the effectiveness of the complaints procedure and produce an annual report for Adult Social Care and Public Health complaints. The report provides statistics for 2013/14 on the number of complaints received including those considered by the Local Government Ombudsman; the number of complaints that were well founded (upheld fully or in part); a summary of the complaints subject matter; performance; and the actions taken to improve services as a consequence of complaints.

Advising Officer: Julie Ogley - Director of Social Care, Health & Housing

Contact Officer: Sonya Branagan – Customer Relations Manager

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS
Council Priorities: The annual report for noting links to the priorities • Promoting health and wellbeing and protecting the vulnerable **Financial:** Effective management of complaint issues focuses resource on resolution and reduces the risks of financial remedies being paid. The learning from complaints is used to inform service improvements. The emphasis on local resolution and getting it right first time minimises the risk of cases requiring more costly formal investigations to achieve resolution. **Legal:** The production of an annual report is a statutory requirement and should be made available to anyone on request. The report will be posted on the council's web site. **Risk Management:**

Complaints are assessed at the point of receipt to ensure risks are managed for example; safeguarding of vulnerable adults issues, risks to reputation. Effective complaints management ensures service failings are identified and remedied, thereby reducing the risk of public reports from the Local Government Ombudsman. There were no public reports about adult social care complaints.

Staffing (including Trades Unions):

There are no staffing issues arising from the report

Equalities/Human Rights:

The report includes limited analysis of equalities and diversity information due to the limitations of the capture and reporting system for complaints.

Community Safety:

To support vulnerable people to feel safe it is important that they know how to complain about services they receive; feel heard when they raise complaints; and that action is taken. The report evidences that service users have been able to complain, where complaints have been upheld failings are identified and improvements are put in place.

Sustainability:

There are no sustainability issues arising from the report

RECOMMENDATION:

1. That the Social Care, Health and Housing Overview and Scrutiny Committee note the content of the report.

1. Introduction

1.1 The Council's Customer Relations Team, based in the Improvement and Corporate Services Directorate manages the council's customer feedback procedures. The procedures for Adult Social Care and for Public Health are statutory and are governed by Regulations.

1.2 The feedback procedures are the means by which customer compliments, comments and complaints are handled. Customer Relations provides a point of contact for customers wishing to complain via email, telephone or in writing. This provides an alternative access for those customers who may have lost faith in the services to respond to their issue. The team can offer guidance to customers and staff on the procedure. The team logs and tracks to closure all complaints for Adult Social Care.

1.3 The Council is required to monitor the effectiveness of the statutory complaints procedures and prepare an annual report. The Adult Social Care & Public Health complaints report must be made available to any person on request.

2. Purpose of this report

2.1 This report provides an overview of the key issues in complaint handling for Adult Social Care and Public Health for the period.

3. Adult Social Care & Public Health customer feedback report

3.1 The Regulations require that the annual report should include:

The number of complaints received; the number that were well founded; the number referred to the Local Government Ombudsman; a summary of the subject matter of complaints received; matters of general importance arising or in the way complaints are handled; any matters where action is to be taken to improve services as a consequence of complaints.

3.2 The annual report addresses the requirements above and covers:

- The council's procedure for handling adult social care and public helath complaints.
- Equality and Diversity Monitoring.
- Summary Statistics including; number of complaints received; number referred to the Local Government Ombudsman; services most complained about; number well founded.
- Performance.
- Service improvements resulting from complaints.

3.3 To address the need to make the annual report available to anyone requesting it the report will be posted on the 'Feedback' pages of the council's website. The feedback pages contain information on how to provide compliments, comments and complaints.

4. Complaints handling practice in 2012/13

4.1 The current approach to complaints requires each complaint to be assessed and a decision on the appropriate course of action. In addition all complaints made to the Council about commissioned services have to be considered under the Council's complaints procedure.

4.2 With 68% of complaints deemed to be well founded in full or in part complaints were seen as a valuable source of information about customer experience and an opportunity to remedy mistakes. Managers took action to improve practices.

The activity for this reporting period shows that 'Local Resolution' has been an effective means of dealing with complaints, with 99% of complaints resolved through local resolution by managers of the service complained about.
In Adult Social Care learning from customer experience through complaints has led to improvements to practices.

4.3 As well as the statutory annual report, weekly, monthly and quarterly reports on adult social care customer feedback have been provided based on the Director's requirements for performance reporting. This meant that senior managers had the opportunity to monitor customer feedback for their services. The number of complaints received this year (85) was higher than last year (61). There were also 65 compliments with good examples of great customer care and service.

4.4 The Public Health Service delivers the majority of its services by commissioning from external providers who are expected to manage their own complaints. However, the Stop Smoking Service is delivered directly to residents by Central Bedfordshire Public Health staff. There were no formal complaints registered for the service. There were 2 compliments registered about the helpfulness of the stop smoking service. The annual review has highlighted that not all customer feedback has been formally recorded.

A plan has been put in place to improve the recording and handling of customer feedback for the Stop Smoking Service.

5. Key themes from complaints

5.1 The Older People's Service received the highest level of complaints, 43 of the 85 complaints. Of these, 24 complaints related to social work management of cases, and the main causes of dissatisfaction were; the assessment process; decisions and advice regarding funding; assessment and support for carers; poor communication and customer care.

5.2 Included in the complaints for Older People's Services were 16 complaints about commissioned services, in particular home care services (10 cases).

Complaints about the quality of services provided by care providers on behalf of the council were shared with the Adult Services Improvement Group and the Contracts Service. Whilst each individual complaint was actioned the Contracts Service ensured wider concerns about providers were monitored and managed to address contract and quality issues.

Appendices:
Annual Report 2013/14

Location of papers: Priory House, Chicksands

Central Bedfordshire

Social Care Health and Housing Overview and Scrutiny Committee
15th December 2014

Budget Monitoring Quarter 2 2014/15

General Fund Revenue SCHH Q2

The Quarter 2 position is a projected outturn of £65.2m after use of reserves – an overspend of £2.3m.

Key Variances and Indicators

Over spends on:

- 65+ placements and packages - £3.1m (demographic and complexity)
- Partially offset by additional customer income from charges - £1.3m
- Learning Disability placements and packages - £1.4m (mid life transitions/carer breakdown, Ordinary Residence, general transitions pressure)

Offset by under spends on:

- Under 65 mental health packages - £0.181m (direct payment uptake below target)
- Reablement staffing - £0.328m (vacancies)
- Dementia premium - £0.160m (uptake below target)

- Efficiencies – over-achieved by £0.196m (target of £6.8m)
- Debt - £2.9m - £1.5m charges on property, £1.4m Health

- Risks and Opportunities - NHS dowry income £0.130m risk

SCHH Net Revenue Forecast Outturn Q2 2014/15

Service Area	SCHH Quarter Two Position 2014/15					
	Approved Budget	Forecast Outturn	Forecast Variance	Use of Earmarked reserves	Forecast Variance after use of earmarked reserves.	Outturn as % of Budget
Director	193	213	20	0	**20**	**10%**
Housing Solutions	1,324	1,323	-1	0	**-1**	**0%**
Older People and Physical Disabilities	35,643	39,067	3,424	-414	**3,010**	**8%**
Learning Disabilities and Mental Health	21,706	23,104	1,398	-281	**1,117**	**5%**
Commissioning	11,229	10,915	-314	-105	**-419**	**-4%**
Business and Performance	-7,159	-8,283	-1,124	-303	**-1,427**	**20%**
TOTAL	**62,936**	**66,339**	**3,403**	**-1,103**	**2,300**	**4%**

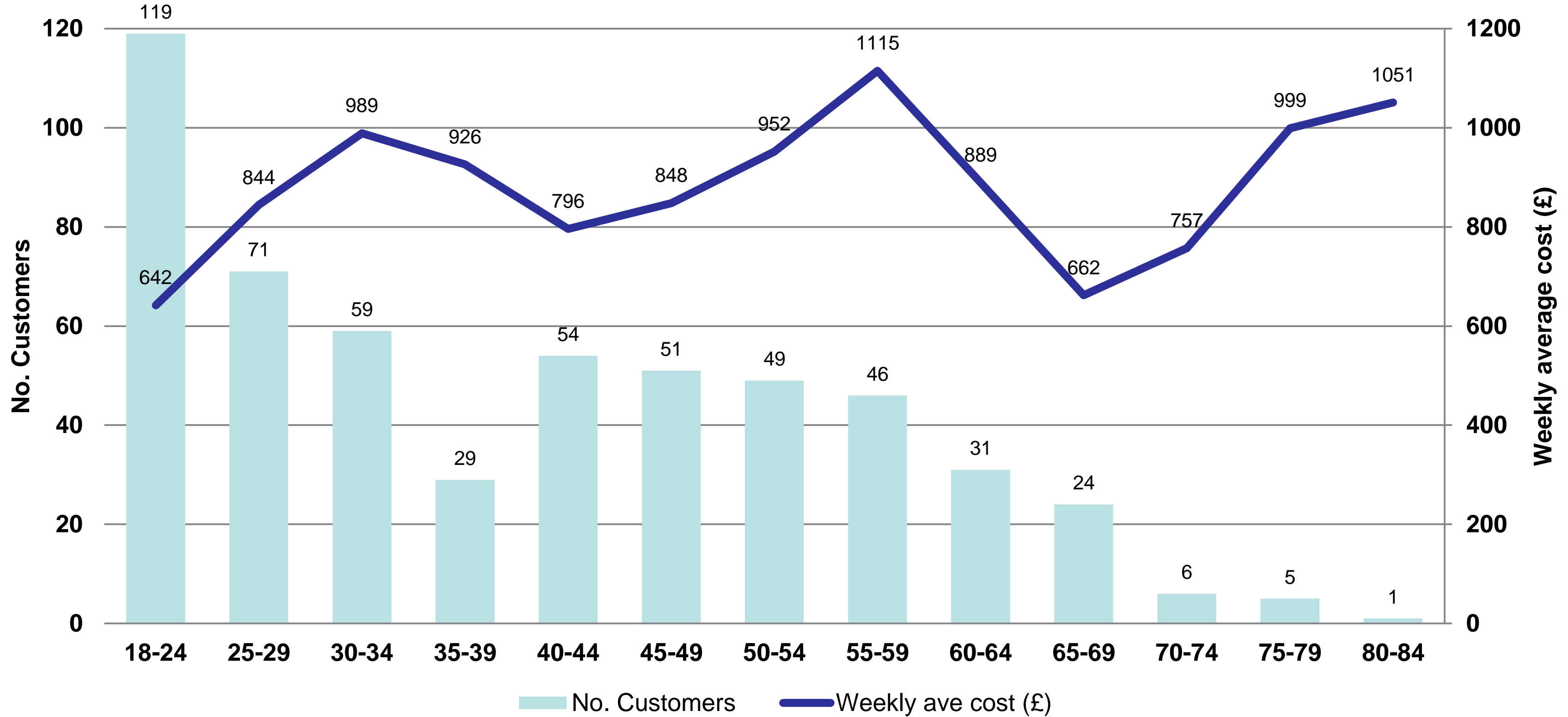
General Fund Revenue SCHH

Residential and nursing placement approvals for Quarters 1 and 2 for Older People

	Admitted From				
		Quarter 1	Quarter 2		
	Hospital	36	27		
	Own Home	11	10		
	Rehabilitation	7	2		
	Respite	19	18		
	Other	7	7		
	TOTAL	**80**	**64**		

- The number of approvals at 144 is less than in the equivalent period in 2013/14 (156) – full year figure of 305. There were 98 deaths during Quarters 1 & 2 (119 in Q1 and 2 of 2013/14).
- The ongoing residential placement efficiency is particularly challenging - £0.8m for 2014/15. The no. of residential placements stood at 536 at the end of Quarter 2 with 241 residential block beds being used and 295 spot contract beds

Learning Disability Population



Agenda Item 15
Page 47

Demographic and other pressures

- **Customers with an open service**

	Learning Disability	Mental Health	Older People	Physical Disability	Other Adults	Sub-total	Carer	Total
01/04/12	**457**	**89**	**2,354**	**316**	**28**	**3,244**	**741**	**3,985**
In	41	19	672	62	3	797		
Out	19	19	716	50	2	806		
01/04/13	**479**	**89**	**2,310**	**328**	**29**	**3,235**	**873**	**4,108**
In	50	32	662	98	8	850		
Out	20	13	655	47	10	745		
01/04/14	**509**	**108**	**2,317**	**379**	**27**	**3,340**	**941**	**4,281**
In	22	12	432	74	5	545		
Out	11	10	289	19	2	331		
01/10/14	**520**	**110**	**2,460**	**434**	**30**	**3,554**	**950**	**4,504**

SCHH Capital Position Q2

Key points to note:

Forecast gross spend = £6.6m (Budget = £8.2m) – £1.60m underspend offset by underachievement of gross income by £0.940m resulting in a net underspend of £0.626m

Housing General Fund

- Disabled Facility grants – forecast spend of £2.1m – underspend of £0.600m, additional external income of £0.122m secured Total forecast underspend £0.722m
- Empty Homes – Budget of £0.300m, including £0.1m 13/14 slippage , forecast spend of £0.220m, forecast underspend of £0.080m
- Renewal Assistance – forecast net spend of £0.300m, projected overspend of £0.178m
- G&T site Timberlands – contractual issues – forecast to complete within budget £0.324m. New sites also forecast on budget £0.240m

Adult Social Care

- Campus Closure – forecast to be on budget £3.073m. Steppingstones scheme in Dunstable, due to open Dec 2014, Beech Close, Dunstable re-provision subject to capital receipts
- ICT projects – gross expenditure budget £0.3m – forecast 0 – Care Act implementation will determine use/likely spend in 14/15 and 15/16.
- Review of Accommodation/Day Support – gross expenditure budget £1.089m – forecast 0 – subject to prioritised condition survey work – outcome pending

HRA Capital

- Capital expenditure forecast spend of £16.7m – an underspend of £1.4m against a budget of £18.1m
- £10.3m forecast spent at Priory View – underspend of £0.5m. Funded by Extra Care Development Reserve. Due to complete autumn 2015.
- 10 RTB sales up to Q2 (13 sales to Q2 in 2013/14) – forecast full year yield of £1.5m, expected from between 25 to 30 RTB sales

Landlord Services Business Plan/HRA Revenue

- Forecast revenue surplus of £7.3m - £1.2m higher than budget – due to additional income – reduced void loss (£0.3m benefit), increased rental income from garages (£0.2m benefit) and a forecast reduction in the funding of the Capital Programme (£0.9m benefit)
- Year end reserves forecast to be £17.8m – £10.2m draw down for Priory View and £7.3m contribution
- Tenant debt of £1.0m – current tenants £0.6m (2% of total rent debit of £29.3m)

Public Health Highlights

Overall

- The full year forecast position for 2014/15 as at the end of the second quarter is a balanced budget, following a proposed transfer to earmarked reserves of £35k (ringfenced).

Service financials

- **Drugs & Alcohol** – there is an expected use of reserves of £73k on the Drug Intervention Programme using savings from prior year.
- **5 – 19 Healthy Child Programme** – underspend within contract due to school nurse vacancies of £80k in total, with £48k relating to Central Bedfordshire Council and £32k relating to Bedford Borough Council.
- **Sexual Health** – currently on target following an increase in budget for 2014/15 of £210k (CBC share).
- **Payroll** – the saving for the whole service on vacant posts/maternity leave is £163k underspend. This includes our proportion of savings for posts within the shared service hosted by Bedford Borough Council.

Public Health Highlights

- **Other** – forecast underspend of £25k on general expenses and £47k saving on the difference between the SLA quarter 4 accrual for 2013/14 and the actual invoiced by Bedford Borough Council.

Contributions to other Directorates

- There is a proposed allocation of the Public Health grant to other directorates of £582k in 2014/15. £169k of this expenditure will be utilising part of the Public Health earmarked reserves.

Overheads

- CBC corporate budget includes £639k contribution to overheads from Public Health.

Public Health Financials

	Month: September 2014	Year to date				Year					
Profit Centre Groups	Director	Budget	Actual	Use of Reserves	Variance	Approved Budget	Forecast Outturn	Forecast Variance	Proposed transfer to reserves	Proposed use of Earmarked reserves	Forecast Variance after use of earmarked reserves.
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Director of Public Health	520	485	0	-35	1,039	1,039	0	0	0	0
	Assistant Director Public Health	816	756	0	-60	1,632	1,645	13	0	-13	0
	Head of Service Children, Young People and Health Inequalities	1,635	1,589	0	-46	3,270	3,168	-102	102	0	0
	Head of Service Older People and Adults	566	550	0	-16	1,132	1,132	0	0	0	0
	Head of Service Drugs and Alcohol	1,539	1,569	0	31	3,077	3,132	54	0	-54	0
	Less Government Grant	-5,075	-5,075	0	0	-10,150	-10,150	0	0	0	0
	Total	**0**	**-125**	**0**	**-125**	**0**	**-35**	**-35**	**102**	**-67**	**0**

This page is intentionally left blank

Meeting: **Social Care Health and Housing Overview & Scrutiny Committee**

Date: **15 December 2014**

Subject: Work Programme 2014 – 2015 & Executive Forward Plan

Report of: **Chief Executive**

Summary: The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

Contact Officer: Paula Everitt, Scrutiny Policy Adviser

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS
Council Priorities: The work programme of the Social Care Health and Housing Overview & Scrutiny Committee will contribute indirectly to all 5 Council priorities. Whilst there are no direct implications arising from this report the implications of proposals will be details in full in each report submitted to the Committee

RECOMMENDATION(S):

1. that the Social Care Health and Housing Overview & Scrutiny Committee

(a) considers and approves the work programme attached, subject to any further amendments it may wish to make;

(b) considers the Executive Forward Plan; and

(c) considers whether it wishes to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1. Attached is the currently drafted work programme for the Committee.

2. The Committee is now requested to consider the work programme attached and amend or add to it as necessary.

Overview and Scrutiny Task Forces

3. In addition to consideration of the work programme, Members may also wish to consider how each item will be reviewed i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

Executive Forward Plan

4. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive's Forward Plan to ensure Members are fully aware of the key issues Executive Members will be taking decisions upon in the coming months. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report.

Issue	Indicative Exec Meeting date
N/a	
Non Key Decisions	**Indicative Exec Meeting date**
Central Bedfordshire Council Park Homes Strategy	31 March 2015
Quarter 2 Performance Report	13 January 2015
Draft Budget 2015/16	13 January 2015
Budget 2015/16	10 February 2015
Quarter 3 Budget Monitoring	10 February 2015
Quarter 3 Performance Report	31 March 2015

Conclusion

5 Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make and highlight those items within it where they may wish to establish a Task Force to assist the Committee in its work. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

Appendix A – Social Care Health and Housing Overview and Scrutiny Work Programme.

Background reports

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-
http://www.centralbedfordshire.gov.uk/modgov/mgListPlans.aspx?RPId=577&RD=0

Appendix A: Social Care, Health and Housing OSC Work Programme (2014/15)

OSC date	Report Title	Description
26 January 2015	Mental Health Procurement of Services	To consider the outcomes of the Mental Health Procurement process
26 January 2015	BCCG Finance Recovery Plan	To consider and comment on the report and implications for the residents of Central Bedfordshire
26 January 2015	Quarter 2 Budget Monitoring	To receive the quarter 2 budget monitoring reports for the Revenue, Capital and Housing Revenue Account
26 January 2015	Quarter 2 Performance Report	To consider the quarter 2 performance report
26 January 2015	Draft Budget 2015/16	To consider the draft budget for 2015/16
16 March 2015	Park Homes Strategy	The Strategy is an overarching document that sets out the approach for all Park Homes issues in Central Bedfordshire including standards, fees, advice, assistance and licensing.
16 March 2015	Homelessness Strategy	To consider and comment on the Homelessness Strategy
16 March 2015	Quarter 3 Budget Monitoring	To receive the quarter 3 budget monitoring reports for the Revenue, Capital and Housing Revenue Account
16 March 2015	Quarter 3 Performance Report	To consider the quarter 2 performance report