

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



please ask for Paula Everitt
direct line 0300 300 4196
date 11 September 2014

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 22 September 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**

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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 28 July, 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	Delivery of the Winterbourne View Joint Action Plan To consider and comment on the Winterbourne View progress report and Joint Action Plan.	* 13 - 28
11	Stroke Service Provision in Bedfordshire To receive a report on the current NHS stroke service provision across the stroke pathway in Bedfordshire.	* 29 - 32
12	Better Care Fund - Report update To receive an update on the latest Better Care Fund Submission.	* to follow
13	Transitions pathway for young people - Getting it right To receive a presentation on the implications of the Special Educational Needs and Disability (SEND) reforms.	* 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	Q1 Budget Monitoring Report To receive a presentation on the Revenue, Capital and Housing Revenue Account Q1 budget reports for relevant services.	* 33 - 42
15	Work Programme Report The report provides Members with details of the currently drafted Committee work programme and the latest Executive forward plan.	* 43 - 46

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, 28 July 2014.

PRESENT

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

Cllrs R D Berry
Mrs G Clarke
P A Duckett

Cllrs C C Gomm
Mrs S A Goodchild

Apologies for Absence: Cllrs N J Sheppard
M A Smith

Members in Attendance: Cllrs P N Aldis
Mrs C F Chapman MBE
C Hegley
J G Jamieson
A M Turner
Executive Member for
Social Care, Health &
Housing
Leader of the Council
and Chairman of the
Executive
Deputy Executive
Member for Social Care,
Health & Housing

Officers in Attendance: Mrs P Everitt – Scrutiny Policy Adviser
Mr T Keaveney – Assistant Director Housing
Services
Ms M-L Kvello – Public Health Registrar
Mr S Mitchelmore – Assistant Director, Adult Social
Care
Mr N Murley – Assistant Director Business &
Performance
Mrs J Ogley – Director of Social Care, Health and
Housing

Others in Attendance Mr D Brewer North & East Herts Trust

SCHH/14/30. Members' Interests

Cllr G Clarke declared an interest as a Member of her family worked for the Clinical Commissioning Group.

SCHH/14/31. Chairman's Announcements and Communications

The Committee discussed a Member Briefing relating to Domiciliary Care and Mental Health Services that, due to a clash with another event would need to be reorganised.

SCHH/14/32. Petitions

None.

SCHH/14/33. Questions, Statements or Deputations

None.

SCHH/14/34. Call-In

None.

SCHH/14/35. Requested Items

None.

SCHH/14/36. 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 Landlord Forum.
- Attendance at an Advisory Drug and Alcohol Service (ADAS) event on the implications of the Care Act.
- Attendance at a staff awards ceremony at the request of a care provider.
- To visit all the BUPA care homes that would join the Council on 1 August 2014.
- Attendance at an Advisory Group Meeting organised by Groundwork who work with young people that wished to get into training or wanted help with job opportunities.
- Attendance at an Alzheimers' Working Group meeting to bring forward ideas to raise money for the Chairman of the Council chosen charity.

The Deputy Executive Member for Social Care, Health and Housing also updated the Committee on recent events and attendance at a Public Health England event in Bedford at which the Chief Executive, Duncan Selbie of Public Health England was present. Mr Selbie was complimentary of the work that had been undertaken and a link to the papers was available on request.

In light of the update, Members of Committee raised the following questions:-

- The ways in which young adults looking for help to obtain a job or training were sign-posted to the Groundworks scheme. The Executive Member agreed to make enquires and respond to the Member.
- Whether the contracts for the BUPA care homes would be streamlined to match the Council's as a result of their coming back into Council's ownership. The Executive Member confirmed this would be the case.

- Whether an apprenticeship scheme could be considered similar to that run by Aragon Housing Association. The Executive Member agreed to investigate the possibility for a similar scheme.

SCHH/14/37. **Minutes**

RESOLVED

that the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 23 June 2014 be confirmed and signed by the Chairman as a correct record.

SCHH/14/38. **East & North Herts NHS Trust**

Mr David Brewer, Head of Engagement at East and North Herts NHS Trust delivered a presentation that included changes to the way commissioning works in the NHS and how the Trust is performing whilst reconfiguring its services.

The Trust had reconfigured its services across four main sites to deliver all inpatient and emergency services from the Lister hospital from October 2014. Evidence shows that concentrating clinical expertise and scarce resources onto one site results in improved clinical outcomes for patients.

Mr Brewer explained the Trust's vision was to be amongst the best healthcare providers in the NHS. Performance indicators showed the Trust had constantly hit their targets. Engagement with staff and the public had improved and over 400 people had attended the Trust's AGM in 2014 that included a presentation from a 14 year old student as a public member of the Trust.

In answer to a question raised at a previous meeting, Mr Brewer explained that around 10% of patients at the Trust were from Central Bedfordshire. There were now two consultants in the stroke unit, and a third was presently being recruited. The Trust was developing plans to become a hyper acute stroke unit and it was also commented that the orthopaedic services had high patient waiting times compared to other specialities but that this was a national issue.

In light of the presentation, Members raised the following comments:-

- Whether the Trust would provide a specialist paediatric orthopaedic service in the future. Mr Brewer explained it would be difficult for a medium-sized Trust to justify to commissioners running a full range of specialist paediatric services in addition to regional centres of excellence e.g. Addenbrookes.
- Where the Trust felt it could improve in the future. In response Mr Brewer expected the Trust to work with the CCG to develop a seamless service for patients with multiple and long-term conditions.
- Concern that full support and training is given to Ambulance staff, in order that patients are stabilised quickly and taken to the appropriate hospital for their needs. Mr Brewer confirmed that close liaison with the East of England Ambulance Trust was maintained at all times and a new 24/7 heart attack centre was available at the Lister.

NOTED the update.

SCHH/14/39. Joint Health and Wellbeing Board Strategy

Mei-Li Kvello, Public Health Registrar introduced the Joint Health and Wellbeing Strategy (JHWS) refresh report. The report outlined the main priorities and proposed process for the first refresh of the JHWS. In preparation for the revised framework, national indicator data had been used to sharpen the focus of the priorities

A consultation would take place over the summer to gauge whether the right objectives had been identified.

In light of the update Members queried whether voluntary groups and Children's Centres would be consulted on the priorities. Ms Kvello advised that the views of these two groups were important and they would be included along with the Bedfordshire Clinical Commissioning Group, other groups and internal staff. It was also queried how the success of these priorities would be measured. Ms Kvello advised the local and national measures were already measures, however, the outcome framework would include timely data.

NOTED the report.

SCHH/14/40. Discharge of Homelessness Duty Policy

The Assistant Director Housing introduced a report on the draft policy to discharge the Council's Homelessness Duty to a suitable property. With the introduction of the Localism Act, the Council would assess need and make an offer of suitable accommodation to vulnerable residents. The Council had 62 families in private rented accommodation. An Equality Impact Assessment and responses to the formal consultation had been used to inform the Policy.

With a growing demand from residents under homelessness provisions the proposal allowed more preventative work to be undertaken by staff.

In light of the report, Members raised the following issues:-

- Concern that vulnerable residents would no longer receive compassionate consideration from officers. The Assistant Director explained that compassion would be key in the prevention work undertaken by officers and resources had been increased to deal with this.
- Whether the Council would be paying premium rates for the private properties offered to homelessness families. In response the Assistant Director confirmed premium rent properties were not an option and local affordable housing would be sought. A deposit to secure the property would be provided by the Council and this process had been used successfully for the 62 current properties rented. This approach would be clarified in the policy.
- Assurances were sought that the consultation process had been robust and included the views of the voluntary sector and Beds Housing Link. In response the Assistant Director explained the consultation process had been comprehensive during the course of recent months and there was a challenge due the breadth of consultation that had taken place, that

“consultation over-load” was a problem for typically smaller providers. However, those that had engaged with the consultation process supported the policy and safeguards for vulnerable people were in place.

- A request that officers refer to recent policy changes that impact on the overarching policy in future reports to give Members a reminder of the full picture.

Recommended that the Social Care Health and Housing Overview and Scrutiny Committee fully support the proposed Policy to Discharge the Council’s Homelessness Duty to a Suitable Property.

SCHH/14/41. **Revenue, Capital and Housing Revenue Account**

The Assistant Director Resources provided a presentation that highlighted the key points in relation to the 2013/14 outturn of £63.8m after use of reserves giving an underspend of £2.1m for the Social Care Health and Housing Directorate. The presentation outlined the key variances and indicators and attention of the Committee was drawn to residential care placements and packages of £1.5m overspend. This figure had been offset by a number underspends and efficiencies that gave an overall surplus of £0.28m

The majority of the underspend was earmarked to new or existing reserves that included £0.8m for the Supreme Court judgement on Deprivation of Liberty Safeguards (DoLs). The Assistant Director Adult Social Care explained the judgement was to ensure people who lack mental capacity were looked after in a way that did not inappropriately restrict their freedom. The DoLs legislation required formal assessments to be undertaken by an independent doctor, a best interest assessor (usually a social worker) and an Independent mental capacity advocate (IMCA). The ruling required that an assessment must be carried out on a person who lacks mental capacity, resided in a care home and had accepted the care provided where previously an assessment in these circumstances had not been required. In addition people in foster placements and had supported living arrangements would require assessment. The impact of the judgement on resources was expected to be big and £0.8m would go some way to support the process.

The Social Care Health and Housing Capital and Housing Revenue Account had not changed significantly

A Member asked whether it was possible to forecast the number of Right to Buy sales so plans are in place to replace this stock. In response the Assistant Director Resources explained the calculation was not straightforward and projection was difficult, however, the intention was to build new dwellings.

The Head of Public Health Finance also provided a presentation on the outturn position for Public Health in 2013/14 that showed a balanced budget at the end of the financial year.

Noted the Update.

SCHK/14/42. **Quarter 4 Performance 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. Public Health had reported exceeding its target on Health Checks to residents and would ensure full added value would be developed in this area.

NOTED the update

SCHK/14/43. **Work Programme 2014-15 and Executive Forward Plan**

The Committee considered the current draft work programme.

RECOMMENDED that the work programme be approved.

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.20 p.m.)

Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date: 22 September 2014
Subject: Central Bedfordshire Winterbourne View Programme – Work Area Update
Report of: Cllr Hegley, Executive Member for Social Care, Health & Housing
Summary: The Committee is asked to consider and comment on the Update Information Provided.

Advising Officer: Julie Ogley, Director of Social Care, Health & Housing
Contact Officer: Paul Groom, Head of Contracts
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

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|---|
| <p>1. This report provides an update on the progress and key work streams which are being undertaken by health and social care partners in Central Bedfordshire in response to the severe concern highlighted by the Panorama undercover programme at the Winterbourne View Private Hospital in May 2011 for people with a learning disability and the subsequent Department of Health enquiry.</p> |
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Financial:

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| <p>2. Not Applicable.</p> |
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Legal:

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| <p>3. Not Applicable.</p> |
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Risk Management:

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| <p>4. Not Applicable.</p> |
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Staffing (including Trades Unions):
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- | |
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| <p>5. Not Applicable.</p> |
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Equalities/Human Rights:

6. Public authorities have a statutory duty to advance equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The approach being taken in meeting the requirements set out in the Winterbourne View DOH investigation and report is designed to support more locally based, inclusive support services, for people with a learning disability and autism, to more positively manage risk elements in their lives which are due to communication issues which result in challenging behaviour.

An initial Equality Impact Assessment (EIA) was carried out for the Winterbourne View work streams in 2013 by Bedfordshire Clinical Commissioning Group, the proposal is that CBC offer to support BCCG in undertaking a refresh of the EIA to cover Phase 2-4 of the Winterbourne programme. The EIA will also include consideration of human rights implications.

Public Health

7. The approach being taken will give opportunities for people to have their care and support delivered closer to home and not in a more restrictive inpatient hospital setting, as well as looking to develop higher levels of independence.

Though the actions being outlined in this report focus on support in relation to challenging behaviour needs, the development of an enhanced local support service will also mean that more preventive work can be undertaken with individuals to improve not only their mental but physical health as well. This will also assist through a Making Every Contact Count approach with addressing inequalities in meeting the health needs of people with learning disabilities, so that through for example; better access to behaviour management self help techniques and screening programmes, their health outcomes are brought more in line with the general population.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

Consider and comment on the progress and key work streams outlined in the report and for any comments made by the Committee to be incorporated into the Update Information Provided and included in the Report to the Health & Wellbeing Board on 2 October 2014.

Purpose

11. This report provides an update on the progress and key work streams which are being undertaken by health and social care partners in Central Bedfordshire in response to the severe concern highlighted by the Panorama undercover programme at the Winterbourne View Private Hospital in May 2011 for people with a learning disability and the subsequent Department of Health enquiry.
12. Information for this report has also been provided by Bedfordshire Clinical Commissioning Group (BCCG), Mental Health and Wellbeing Strategy and System Redesign Service.

Background/Context

13. The Department of Health (DoH) carried out an in-depth review following the Panorama programme that was broadcasted in May 2011 detailing the scandal and level of abuse that people residing at Winterbourne View were subjected to. Winterbourne View was a hospital for people with learning disabilities, autism and / or behaviour that challenged.
14. Staff at Winterbourne View had committed criminal acts and six were imprisoned as a result. However the Serious Case Review showed a wider catalogue of failings at all levels.

These wider issues within the care system are:

- There are too many people with learning disabilities and autism staying too long in hospital settings or residential care homes. Some people may require hospital care but hospitals are not where people should be living;
 - There was a failure to assess the quality of care or outcomes being delivered for the very high cost of places at Winterbourne View and other hospitals;
 - People are being placed out of their local area and miles away from their family and friends. This puts people at a higher risk of abuse and local provision should be sourced to enable people to live within their local community.
15. The DoH published the 'Transforming care: A national response to Winterbourne View Hospital – Final Report' and 'Winterbourne View Review – Concordat: Programme of action' in December 2012. These documents focus on the improvements that are required to be developed and implemented by the Clinical Commissioning Groups and Local Authorities.

The concordat and improvement plans focus on the following themes:

- The right care in the right place;
- Strengthening accountability and corporate responsibility for the quality of care;
- Tightening the regulation and inspection of providers;
- Improving quality and safety;
- Monitoring and reporting on progress.

Implementing the Joint Improvement Plan of Action

16. Bedfordshire Clinical Commissioning Group leads on the joint work regarding Winterbourne View in partnership with Central Bedfordshire Council (CBC) and Bedford Borough Council's (BBC). A Pan Bedfordshire Steering Group is held monthly and the members of this group lead on developing and implementing the Joint Improvement Plan. Nikki Kynoch Head of Service for Learning Disability and Mental Health Services and Paul Groom Head of Contracts, are the lead officers representing CBC.
17. This plan incorporates the key milestones that are set nationally by the DoH, which both the Clinical Commissioning Groups and Local Authorities are expected to deliver against. The Programme of Action sets out to transform services so that people no longer live within inappropriate settings but are cared for in line with best practice, based on their individual needs and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.
18. A separate Central Bedfordshire Locality Steering Group has also been established, to ensure there is sufficient focus on translating the Bedfordshire wide actions into specific measures for CBC.
19. Bedfordshire Clinical Commissioning Group is required to hold a local Winterbourne View Register. The Register is broken into 4 Phases, where individuals who meet the Winterbourne View criteria have reviews of their needs and any hospital detained status completed against set target dates –
 1. Phase 1 – Patients placed in hospital settings (June 2014),
 2. Phase 2 – Residents placed in out of area residential or educational settings,
 3. Phase 3 – Transitions / individuals aged 14 years and over,
 4. Phase 4 – Ordinary Residence (OR) both in and out of county.
20. In September 2014 specific target dates for completing the reviews are going to be proposed for Phase 2 to 4.

Central Bedfordshire – Phase 1 update (3 x individuals)

21. The most recent key milestone was the 1st June 2014, where there was a requirement that everyone listed within Phase 1 of the Local Winterbourne View Register who had been assessed as being inappropriately placed, must have plans for their transition to a community -based setting by the deadline.
22. BCCG together with CBC has successfully moved four individuals from inappropriate hospital placements into community based settings in 2013/14. There are currently a further three gentleman from Central Bedfordshire who are residing within a hospital setting in Peterborough who have been assessed as being inappropriately placed and need to be stepped down to a community based placement within Central Bedfordshire. These gentlemen present with very complex autistic related needs and behaviour that challenges services and therefore require a specific qualified provider to manage their needs, care and support in the community.
23. There is currently a lack of local support provision that is specialist enough to support these gentlemen in the community and through this transition of change.
24. Following the joint reviews that were carried out by BCCG and CBC, which involved the individuals', and their families', it was determined that a procurement process may be necessary to procure local specialist services that would be able to offer bespoke and specialist individual packages of care for the three gentlemen referred to above.
25. An accelerated procurement process through BCCG was initially being pursued however due to capacity issues within the Health system Procurement Support Service, Attain, a waiver to the procurement Process was agreed by the BCCG and approved identified provider market testing instigated.
26. A provider has been selected from this market testing list based on their ability to support people with similar needs and challenges within a community setting.
27. The provider has carried out assessments with each of the three gentlemen and these were received on 11 July 2014, which showed they were able to meet the identified needs and a transition plan is currently being developed; with a timescale to have the service operational by December 2014.
28. The schedule of reviews for the individuals, who meet the criteria for Phase 2, has already been drawn up.
29. As part of this work though it is important to keep a track on any out of area inpatient admissions from Central Bedfordshire. The BCCG are collecting this information and will report on this at the September Pan Bedfordshire Steering Group and this information will be reported on at the Health and Wellbeing Board on the 2nd October 2014.

Review of Winterbourne View – Local Government Association/Joint Investment Programme Stock Take

30. A Winterbourne Stock Take progress report was required of all Local Authorities and the CBC report was submitted on 5 July 2013. Ian Anderson from ADASS reviewed the key area highlighted in the Stock Take in May 2014 focusing on the effectiveness of the health and social care systems approach to delivering the key objectives of the Bedfordshire Improvement Plan. This Review particularly highlighted the strong partnership working across CBC and BCCG in delivering a challenging agenda.
31. The in-depth Initial Review Report from Ian Anderson is show as an Appendix to this report (Appendix A).

Quality of Current Service Provision

32. There is a gap in local specialist provision for people with learning disabilities and autism who present with behaviour that challenges services. Predicated on the complexities that individuals present with, specialist quality providers are required to support people through individualised bespoke packages of care whilst managing and maintaining an individual's needs.
33. Currently, people who present with complex needs are generally placed out of area by BCCG due to the lack of local specialist provision.
34. There is therefore a need to establish specialist local provision and this is being taken forward by a BCCG led light touch Assured Quality Provider, (AQP) procurement process that will assure commissioners that the providers identified by this method will have the appropriate specialisms to support those who present with the most complex needs and deliver a high quality and safe service through a person centred approach.
35. The Health System procurement service Attain, have suggested that the most appropriate approach for an AQP would be to issue a PIN (Prior Indicative Notice) to outline the commissioning intentions. The PIN will provide an insight as to how many providers may be interested in engaging in the process and Attain would then facilitate sessions for providers to come and meet with Commissioners in relation to understanding the commissioning intentions and the criteria of the procurement to enable stimulation of the market.
36. In addition CBC has participated in a review of the ADASS East of England Contract Service Specification for Residential and Supported Living Services for people with a learning disability, to check that the specification meets the requirements identified through the Winterbourne View work. The specification has now been revised to highlight the need for medical health checks to be carried out on a regular basis so as to identify any physical illnesses much earlier and also requires providers to have in place a range of supports for people who may display challenging behaviour other than solely relying on medication. This revised specification is being put in place with all Central Bedfordshire contracted learning disability providers on the 1st September 2014.

Improving and Integrating Services

37. The review and re-design of the Specialist Learning Disability Services within Bedfordshire which is currently forming part of the Mental Health & Learning Disability Procurement Process has taken into consideration the Winterbourne View Review work stream around integration of services and particularly the role of the Intensive Support Team (IST). This team is designed to provide community based support to enable people with behaviours which can challenge to be maintained in their local community and avoid inpatient admission. It is essential that the IST maintains and further develops its specialism to support people in crisis within their own homes and reduce the number of people being admitted to hospitals and the service specification as part of the Mental Health Procurement Process has been revised to build the capacity of the team to deliver this vital function.

Work with Children's Services

38. Through the CBC Steering Group which Children Service colleagues are members of, the Winterbourne View requirements and outcomes are being linked into all the work streams which report into the Support and Aspirations Programme Board. This Board will report on progress being made through to the Health and Wellbeing Board.

Conclusion and Next Steps

39. The Pan Bedfordshire Joint improvement Plan is due for its next refresh at the Steering Group Meeting in September, and the key actions from this will be reported on at the Health and Wellbeing Board on the 2nd October 2014.
40. Recommendation that a further progress report is also provided to the Healthier Communities and Older People Partnership Board before the December deadline for meeting the needs of the three gentlemen being transitioned from their current inpatient unit, so that specific progress on this work can be given.

Appendices:

Appendix A – Joint Improvement Plan Stock Take Review Report

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Appendix A.

WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME (WVJIP)

INDEPTH REVIEW (IDR) – INITIAL MEETING FEEDBACK REPORT

UPDATE ON PROGRESS AND IDENTIFIED ISSUES FOR FURTHER SUPPORT

Area: **Central Bedfordshire Council/Bedfordshire CCG**

Specialist Improvement Adviser: **Ian Anderson**

Date of meeting: **2 June 2014**

Area attendees (name and position):

Julie Ogley, Director of Social Care, Health & Housing, Central Bedfordshire Council

Paul Groom, Head of Service for Contracts, Central Bedfordshire Council

Nikki Kynoch, Head of Service for Adults with a Learning Disability, Central Bedfordshire Council

Anne Murray, Director of Nursing & Quality, Bedfordshire CCG

Karlene Allen, Quality Manager, Community and Mental Health, Bedfordshire CCG

Kaysie Conroy, Mental Health Project Lead, Bedfordshire CCG

Gwen Ncube, Lead Assessor Nurse, Bedfordshire CCG

Prior to the fieldwork day on 2 June I had telephone conversations with Anne Murray and Kaysie Conroy from the CCG and with Paul Groom and Elizabeth Saunders (Assistant Director) from Central Bedfordshire Council.

On the day I met with Julie Ogley, Paul Groom and Nikki Kynoch together, observed the monthly Steering group meeting and met separately with Anne Murray, Karlene Allen and Kaysie Conroy.

Understanding the numbers – people in inpatient care commissioned by the area

- In 2013 it was confirmed that there were 7 individuals to be considered in Phase 1 of the programme
- As of 2 June 2014, 2 have moved to new services in Central Bedfordshire and 1 to a new service in Bedford.
- One individual was recognised as having mental health issues and that he was inappropriately placed in a learning disability facility. He has

Appendix A.

subsequently moved to a mental health resource that is more relevant to his needs.

- There are therefore 3 individuals who are still to move but plans are in place to establish a new joint service for the 3 of them in the Central Bedfordshire area.
- The last year has not seen any new individuals going out of area into inpatient services although people continue to access local in-patient services as required.
- The 3 individuals who are still to be re-provided for pose particular challenges to services and in one case in particular, the parents are very anxious about the proposed changes as they see their son as having enjoyed a period of stability and security in the current placement and are concerned that a new service may not meet his needs as well as they see the current one doing.
- It has been decided to pursue a bespoke supported living service for the three individuals with each having separate accommodation but one common provider. The accommodation will either be provided from Central Bedfordshire's own stock or an RSL.
- It was recognised that the usual approach to procurement would be both slower than required and was not guaranteed to deliver a proven provider with the skills and experience required for these 3 individuals. Consequently a waiver of procurement was agreed for the three individuals so that a specific provider could be approached. Meanwhile a procurement process for local specialist service provision for phase 2 of the Winterbourne Programme for people out of area in residential care continues.
- Discussions are currently taking place with a particular provider (Salisbury Autistic Care) and their assessment of how they would meet the needs of the 3 individuals is due by 27 June 2014. Should this prove acceptable, the re-provision process will commence in September and, depending on which is the best approach for each individual, should be completed by December 2014.
- Central Bedfordshire Council has led on re-assessing all 7 individuals, taking a person centred approach to produce new comprehensive, yet brief and easily read summary documents for each person. The model of these assessment summaries and plans could be considered to be exemplars of good practice.
- This approach is now being extended to all individuals in out of area placements under the "Pathway to My Place" programme which aims to bring people back to a more local but appropriate setting unless there are overriding reasons why they should not i.e. they have strong roots elsewhere in the country.
- There is a very strong partnership in evidence with the Bedfordshire CCG essentially "holding the ring" through the Winterbourne View Steering Group which brings together both Central Bedfordshire Council and Bedford Borough

Appendix A.

Council into a very effective partnership that operates with a high degree of trust and openness between the 3 organisations but also a recognition that the two council areas have their own identities and ways of doing things. The Steering Group meets monthly and having had the privilege to sit in on one of their meeting I was impressed by the evident commitment, knowledge and purposefulness of all present.

- The work of the Steering Group is defined through the “Winterbourne View Joint Action Plan” which not only addresses issues that flow directly from the Winterbourne view programme but also those that flow from the Francis Report as well as anticipating the implementation of the Care Act.
- NHS England have a standing invite to attend the Steering Group and while they have not made every meeting this has been compensated for by the Mental Health Project Lead from Bedfordshire CCG meeting with a representative from NHS England on a six weekly basis to ensure that strong links are maintained.
- The linkages between adult and children’s services are strong. The Director of Children’s Services chairs the council-wide “Support and Aspiration Board” with Adult Services leading the transitions programme within this.
- So far, Adult Services have identified all young people aged 14+ (and some as young as 12) and are starting to engage with parents/carers as appropriate to begin discussions on how adult services may respond to the young person’s needs in the future. In addition adult services are involved in the planning of any young person aged 16-18 for whom a placement outside of Central Bedfordshire is being considered.
- The CCG is currently leading on the re-procurement of mental health and learning disability services for their area. The process is currently at the competitive dialogue stage and as part of this the opportunity has been taken to strengthen the specification for both rapid response and effective home treatment services for adults with learning disabilities and similarly to strengthen CAMHS provision for children and young people.
- In conclusion it is my view that while the original deadline to move all 7 individuals by June 2014 has not been met, there has been very significant progress. There is an appropriate balancing of pace aligned with a determination to ensure that individuals are provided for in a way that delivers future stability and security while enhancing their life opportunities.
- Partnership working is clearly very strong and is not just focussed on one or two key individuals. I saw this evidenced from director through to middle manager levels in both organisations. Despite the fact that the CCG is still a very young organisation, there is a maturity of approach that has carried across from the previous PCT arrangements, which is not to say that parties never disagree but that when they do they can have the debate and still continue working together effectively.

Appendix A.

- If there is a risk to the approach being taken here it may come from pressures to reduce management costs in either or both of the council and CCG. These are not evident yet but I became aware that a number of individual managers were attending a lot of meetings to keep connected with related programmes of work where only a relatively small amount of the time spent in the meeting may have been directly relevant to the Winterbourne View programme. The upside of this though is that these managers are very well connected with colleagues, have a strong understanding of what is going on elsewhere in the system and have opportunities both to shape that work and to reflect it in the Winterbourne View programme itself. There may however be some value in the council and CCG mapping the various groups in operation, their reporting and accountability arrangements and who attends to see if any rationalisation is possible either in the number of groups or attendees.

Positive practice

- *The approach taken to formulating new assessments for all individuals in the initial cohort and the extension of this approach more broadly.*
- *The pragmatic but innovative approach being taken to procuring a supported living service for 3 specific individuals.*
- *The Joint Improvement Plan is an excellent example of an integrated approach to managing a complete agenda across a whole system.*
- *The joint working between Adult and Childrens Services enabling all young people aged 14+ (and some as young as 12) to be identified along with starting to engage with parents/carers to begin discussions on how adult services may respond to the young person's needs in the future is also impressive.*
- *The overall level of trust and openness that has developed across the system reflects both the commitment at all levels and the considerable time that has been committed to making relationships work.*

Challenges

- *If there is a risk to the approach being taken here it may come from pressures to reduce management costs in either or both of the council and CCG. These are not evident yet but a number of individual managers attend a lot of meetings to keep connected with related programmes of work and their ability to do so is critical to the continued success of this area of activity*

Specialised Commissioning

- As elsewhere in the country, the early engagement with NHS England was not as smooth as would have been hoped. With NHS England unable initially to provide reliable information on individuals at CCG/council level there was at

Appendix A.

first a lack of clarity about who the system were responsible for. This was however sorted out relatively quickly and proactive work by the Mental Health Project Lead in particular has ensured that there is a good ongoing working relationship with the Specialist Commissioning team.

- Local managers believe that there are no individuals currently funded by NHS England who will become their responsibility beyond those already engaged with. NHS England have a standing invite to the Steering Group and have regular meetings with the Mental Health Project Lead.
- The only current issue with NHS England is the reluctance of the Specialist Commissioners to share in writing their reviews of individuals although, somewhat oddly, they are prepared to discuss these same reviews with CCG/council colleagues.

Positive practice

- *The level of engagement with NHS England*

Challenges

- *Securing copies of written reviews from NHS England*

Understanding the money

- There is currently no formal arrangement in place for joint financial working and there are no immediate plans to enter into the same. The maturity of the partnership between the council and CCG means that the system is aware of all the individuals that either or both parties have a responsibility for and issues of funding are addressed and resolved on a case by case basis. As far as the council and CCG are concerned there is no problem that moving to a pooled budget would resolve and, with the relatively limited capacity that these two organisations have, the priorities are to deliver against the needs of their learning disabled adults, which they are doing well, and to develop more integrated approaches in relation to older people.
- The council has provided resources to meet the demographic growth in relation to learning disabled adults.
- The CCG is having to make savings across its budgets and therefore is looking to deliver good value for money through this area of activity. I am assured however that their highest priority is ensuring quality of care and service for these vulnerable individuals.
- I have not seen any evidence to suggest that the absence of a pooled fund is in any way adversely affecting the system's work in relation to the Winterbourne View agenda.
- I have discussed the absence of a pooled budget arrangement with both the council and CCG and they have jointly expressed an interest in being

Appendix A.

supported in undertaking a piece of work to evaluate how they currently manage the money and identify ways in which this could be improved.

Positive practice

- *Both the council and CCG have made financial commitments to ensure that progress is made for individuals and there has been a laudable flexibility across partners to solve any problems that have emerged.*

Challenges

- *The approaches taken to managing the money are relatively informal (albeit effective) but may be strengthened by more detailed financial planning and more formal recording of commitments without necessarily going as far as a pooled budget arrangement.*

Commissioning

- The Steering Group is clearly the place where the CCG and council come together to shape their priorities, work out how they are to deliver them and through the joint action plan hold each other to account. It would be possible to put a form of words around this and for the two parties (three if Bedford Borough Council are included) to formally sign this off. This would not however add a great value to the way the system is working and there is no “problem” that it would solve as far as I can see.
- The Steering Group makes clear who is responsible for which actions and I formed a strong impression that these were allocated appropriately to people who had the right skill sets to deliver them and were committed to doing so.
- The council has produced a market position statement that clearly reflects the needs of adults with a learning disability and/or autistic spectrum disorder that challenge services.
- There is a developing understanding of future needs that will be generated by young people currently in transition and these are being fed into the Joint Action Plan.
- There has already been an enhancement to community based services to strengthen home treatment services and this will be further enhanced once the contract is let for the new mental health and learning disability health and social care provider.
- A register of individuals has been established and that also captures young people in transition, adults in out of area placements and adults placed within Bedford Borough by other systems. The challenge for the council and CCG in expanding this register is to strike a balance between developing something that is meaningful and adds value and the level of resource that can be allocated to it. The Mental Health Lead, who will be leading on this work, has

Appendix A.

expressed a desire for assistance in identifying other systems that have already addressed this issue and would be prepared to share their learning.

Positive practice

- *There is a comprehensive and well integrated approach to commissioning effectively overseen and managed through the Steering Group*

Challenges

- *An impressive start has been made to establishing a register of individuals but there is a need to strike a balance between detail and time required to maintain it so examples of how other systems have approached this would be welcomed.*

Working in a co-produced way

- The Joint Action Plan is a standing item on the Learning Disability Partnership Board agenda and there has been a workshop session for LDPB members on this.
- The LDPB is co-chaired by a person with a learning disability.
- At an individual level it is clear that there is significant work to engage with individuals and their families/carers. This is evidenced by the approach taken to both completing and recording the individual case assessments and the awareness of managers of how parents were feeling about the proposed moves of their son/daughter and the fact that enhancing family contact was a re-current theme in the work that has been undertaken for all 7 people in this first cohort.
- With a slightly different focus, the council are working with independent sector providers to enhance safer recruitment using ADASS resources and requiring the providers to produce case studies of where they used the approaches to drill down on specific issues. This enables the council to triangulate evidence of training against both complaints and safeguarding concerns.
- There is also a desire to develop approaches that capture the user's experience of services more routinely and it was reassuring to hear managers from both the council and the CCG regularly challenging each other with "so what?" questions to ensure that there was a constant focus on outcomes rather than just focus.

Positive practice

- *The progress reporting of the Joint Action Plan into the LDPB and the work undertaken to help members understand it is a good example of bringing complex activity to a governance arrangement that involves disabled people and their carers.*

Appendix A.

- *The work on safer recruitment with independent sector providers is also innovative.*

Challenges

- *None identified*

Political accountability and ownership

- The Director described her Executive Member as being very committed to this agenda and the council has provided demographic growth funding at a time when financial resources are severely constrained.
- The CCG has this firmly on their radar at a governance level and there is a lead GP to help drive and support the programme. The programme reports into the Patient Safety Sub-committee, a formal sub-committee of the Board.
- The Joint Action Plan is also an agenda item for the Health and Wellbeing Board.

Positive practice

- *Both the council and CCG were able to describe positive engagement with their political leadership/governance arrangements.*

Challenges

- *None identified*

Sector led improvement and notable practice

- The approach taken to joint planning for adults with a learning disability or autistic spectrum disorders is a good example of a system connecting a range of issues together to provide a comprehensive and connected oversight of priorities and the Joint Improvement Plan captures this and progress being made in an easily useable format.
- The work that has been undertaken to review the 7 individuals and produce concise, focussed and relevant person centred case studies is also of a very high standard.
- Finally, the council's work with independent sector providers to enhance safer recruitment using ADASS resources and requiring the providers to produce case studies of where they used the approaches to drill down on specific issues thereby enabling the council to triangulate evidence of training against both complaints and safeguarding concerns is also an example of notable practice.

Ian Anderson

Specialist Improvement Advisor

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 22 September 2014
Subject: Stroke Service Provision in Bedfordshire
Report of: Bedfordshire Clinical Commissioning Group
Summary: The report outlines the current NHS stroke service provision across the stroke pathway and provides with committee with an overview of service gaps.

Advising Officer: Dr Gail Newmarch, Director of Strategy and Redesign, BCCG
Contact Officer: Kathy Nelson, System Redesign Manager
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

- | |
|--|
| <ol style="list-style-type: none"> The paper on stroke service provision will support the CBC priority to Promote health and wellbeing and protecting the vulnerable. |
|--|

Financial:

- | |
|---|
| <ol style="list-style-type: none"> Delivery of the stroke pathway will be within existing budgets and financial constraints. There could be some joint commissioning opportunities in relation to section 256 Health to Social care funding. |
|---|

Legal:

- | |
|---|
| <ol style="list-style-type: none"> There are no legal implications |
|---|

Risk Management:

- | |
|--|
| <ol style="list-style-type: none"> Any risks associated with commissioning plans for existing or improvements to stroke services are documented within the CCG risk register. |
|--|

Staffing (including Trades Unions):
--

- | |
|---|
| <ol style="list-style-type: none"> Not Applicable. |
|---|

Equalities/Human Rights:

- | |
|--|
| <ol style="list-style-type: none"> Any impact on equality or human rights will be determined through a Equality Impact Assessment if services require significant redesign. |
|--|

Public Health

- | |
|---|
| <ol style="list-style-type: none"> Successful delivery of the stroke pathway will have a significant impact upon the health and wellbeing of the population and reduce mortality rates and inequalities in health. |
|---|

Community Safety:

- | |
|---|
| <ol style="list-style-type: none"> Not Applicable. |
|---|

Sustainability:

10. Not Applicable.

Procurement:

11. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. Note the services provided to people who have suffered stroke who live within Central Bedfordshire Local Authority area.

Background

12. Strokes and TIA or transient ischaemic attack (also known as a mini-stroke) are caused by a blockage cutting off the blood supply to part of the brain. Stroke is a complex and long lasting medical condition experienced by around 700 people in Central Bedfordshire each year. 6,543 people (1.49%) registered with a GP in the Bedfordshire area were recorded as stroke survivors in 2012/13.
13. Central Bedfordshire patients can access a range of services once they have had a stroke or TIA from the point of hospital admission through to inpatient and community rehabilitation and advice and support. However there is more we can do as commissioners to ensure that (a) the current services meet the need and (b) joint commissioning arrangements are formalised through the Better Care Fund agreements.
14. Bedfordshire Clinical Commissioning Group is working in partnership with system wide partners to implement the requirements of the seven phases of the stroke care pathway service specification. These phases have been broken down into the following areas:
 - Primary Prevention (Primary Care/public health)
 - Pre-Hospital (Ambulance)
 - Acute Phase (Bedford and L&D Stroke Units)
 - Community rehabilitation (SEPT Community Services/voluntary sector)
 - Long term care (ABI/ Nursing Home/supported living placements)
 - Secondary prevention (joint commissioning/public health/primary care)
 - End of life (Hospice care)
15. A service specification was agreed as an outcome of the NHS Midlands and East Stroke Review (2012). The service specification aims to build on clinical best practice and provide clarity on the system requirements for services without prescribing the service model locally. Providers are being encouraged through contracting levers to develop services to meet the service specification.

Stroke Service Provision in Bedfordshire

16. BCCG worked with the East of England Stroke Network following the review findings to further identify the gaps in provision across the whole pathway for our Bedfordshire residents. During November 2013 a workshop was held to seek the views of stakeholders on the current pathway and to identify key areas for redesign. The group agreed a programme of work against 5 key priorities:
- Provision of clinical input into decision-making process for Hyper-Acute Stroke care
 - Increased Speech and language input in the hospital setting
 - Improvements to stroke discharge including implementation of Early Supported Discharge (Rehabilitation)
 - Community Rehabilitation (Access to inpatient rehabilitation beds)
 - Secondary prevention which includes access to psychological support and 6 months review

Commissioning priorities for redesign projects

17. **Hyper Acute and Acute Stroke Care (HASU)**
The role of a HASU is to provide the initial investigation, treatment and care immediately following a stroke. Patients will spend an average of 72 hours in the HASU before being transferred to their local stroke unit for on-going multidisciplinary inpatient care. In the case of our local providers, Bedford, L&D and Lister Hospitals provide HASU and acute stroke beds on their stroke units.

The gap analysis undertaken as part of the review, identified issues (a) in terms of critical mass of stroke admissions to sustain this number of HASUs in such close proximity to each other and (b) workforce - in particular around consultant rotas, nursing levels and therapy input.

The East of England stroke network is leading a further piece of work that will inform any potential joint commissioning plans with neighbouring CCG's.

Access to therapy on the stroke wards is a concern with little access to speech therapy in particular. Although some improvements have been made, the Trusts need to ensure that adequate levels of therapy are provided.

18. **Stroke Early Supported Discharge**
The CCG initiated a tender process in January 2013 - May 2013 which was unsuccessful in securing a bidder. Since that time the CCG Delivering for Patients Board proposed that the way forward should be to ensure that this form of rehabilitation is delivered in conjunction with complex rehabilitation and not as a 'stand-alone' service. It is planned to include Early Supported Discharge with any complex rehabilitation services commissioned as part of the plans under the Central Bedfordshire Better Care Fund. The aim is to achieve delivery during 2015-16 through contract variation with an existing provider.

19. **Community stroke Pathway**

- (a) Community stroke pathway begins once patients have been discharged from hospital and covers use of the commissioned community rehab beds, access to rehab and enablement at home and a review of needs 6 months post stroke. Data shows us that nearly all patients are fully assessed on discharge and provided with a joint health and social care plan at both Bedford and L&D Hospitals. However, appropriate discharge has been an issue for providers mainly due to access to community rehab beds. This needs addressing to ensure smooth transition from acute to community services.
- (b) Access to rehab beds has been a long-standing issue with various reviews undertaken to establish the issues. There is a gap particularly for Central Bedfordshire patients being discharged from the L&D Hospital as the bed provision in the south of the county does not meet demand. This has an impact on patient flows within the hospital at times of peak demand for acute beds. There is a need to ensure that stroke patient's rehabilitation needs are included in any plans under the Central Bedfordshire Better Care Fund.

20. **Secondary Prevention**

The section 256 funding is currently being reviewed within the Central Bedfordshire Better Care Fund. There has been a commitment to fund stroke information and advice services for Central Bedfordshire patients who are admitted to Bedford or L&D Hospitals. There are opportunities to review the remit of the current service to ensure that it meets best practice guidelines.

Conclusion and Next Steps

- 21. BCCG will continue to monitor Trust Stroke action plans to ensure that performance, workforce and quality issues are addressed.
- 22. BCCG will continue to build stroke services into wider commissioning plans as part of Delivering for Patients work programme and joint commissioning plans as part of the Better Care Fund.



Social Care Health and Housing Overview and Scrutiny

Committee

22nd September 2014

Budget Monitoring Quarter 1 2014/15

General Fund Revenue SCHH

The Quarter 1 position is a projected outturn of £64.3m after use of reserves – an overspend of £0.5m.

Key Variances and Indicators

Over spends on:

- 65+ placements and packages - £2.0m (efficiency shortfall on residential care)
- Learning Disability placements and packages - £0.6m

Offset by underspends on:

- Under 65 physical disability packages - £0.103m
- Under 65 mental health packages - £0.250m
- Reablement staffing - £0.260m (vacancies)
- Customer Income from charges - £0.864m of which £0.750m relates to residential care
- Dementia premium - £0.200m
- Efficiencies – overall shortfall of £0.570m (target of £6.8m)
- Debt - £6.1m - £2.0m charges on property (legacy and CBC), £2.8m Health
- Risks and Opportunities - £1.0m re 65+ placements and packages, £0.9m re Learning Disability placements and packages, NHS dowry income £0.1m

SCHH Net Revenue Forecast Outturn Q1 2014/15

Service Area	SCHH Quarter One Position 2014/15					Outturn as % of Budget
	Approved Budget	Forecast Outturn	Forecast Variance	Use of Earmarked reserves	Forecast Variance after use of earmarked reserves.	
Director	193	213	20	0	20	10%
Housing Solutions	1,324	1,321	-3	0	-3	0%
Older People and Physical Disabilities	35,636	36,979	1,343	-230	1,113	3%
Learning Disabilities and Mental Health	21,706	22,301	595	-281	314	1%
Commissioning	11,237	11,205	-32	-55	-87	-1%
Business and Performance	-7,159	-7,730	-571	-286	-857	12%
TOTAL	62,937	64,289	1,352	-852	500	1%

General Fund Revenue SCHH

Residential and nursing placement approvals for Quarter 1 for Older People

Admitted From	Quarter 1
Hospital	36
Own Home	11
Rehabilitation	7
Respite	19
Other	7
TOTAL	80

- The number of approvals is less than in the equivalent period in 2013/14 (100) – full year figure of 305. There were 35 deaths during Quarter 1 (57 in Q1 of 2013/14).
- The ongoing residential placement efficiency is particularly challenging - £0.8m for 2014/15. The no. of residential placements stood at 529 at the end of Quarter 1 with increased use of residential block beds and a reduction in the use of spot beds.

SCHH Capital Position

Key points to note:

Forecast gross spend = £8.2m – on budget. Gross income over budget by £0.120m

Housing General Fund

- Disabled Facility grants – spend of £2.7m - on budget, additional external income of £0.092m secured
- Empty Homes – forecast spend of £0.3m including £0.1m 13/14 slippage
- Renewal Assistance – forecast spend of £0.2m
- 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 on budget £3.073m. CBC scheme at Lancot Drive being built, due to open Oct 2014, Beech Close (Dunstable) re-provision subject to capital receipts
- ICT projects – forecast on budget £0.3m - transferred to Customer First, and subject to review of software providers' functionality
- Review of Accommodation/Day Support – forecast on budget £1.089m

HRA Capital

- Capital expenditure forecast spend of £17.9m – on budget
- £10.6m forecast spent at Priory View – on budget and funded by Extra Care Development Reserve. Due to complete autumn 2015.
- 9 RTB sales in Q1 (30 in total for 2013/14) – forecast full year yield of £1.5m

Landlord Services Business Plan/HRA Revenue

- Forecast revenue surplus of £6.7m - £0.5m higher than budget – due to additional income – reduced void loss (£0.3m benefit) and increased rental income from garages (£0.2m benefit).
- Year end reserves forecast to be £16.8m – £10.6m draw down for Priory View and £6.7m 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 first quarter is a balanced budget, following a proposed use of earmarked reserves of £128k (ring-fenced).

Service financials

- **Substance Misuse** – currently on budget with an expected use of reserves of £74k on the Drug Intervention Programme using savings from prior year.
- **5 – 19 Healthy Child Programme** – small overspend due to school nurse vacancies, currently only reporting the Bedford Borough Council share of £18k as some of this underspend may be utilised for additional services to support the delivery of the 5-19 Healthy Child Programme in 2014/15.
- **Sexual Health** – currently on target following an increase in budget for 2014/15 of £210k (CBC share).
- **Payroll** – the saving on vacant posts/maternity leave forecast is £111k underspend.

Public Health Highlights

Contributions to other Directorates

There is a proposed allocation of the Public Health grant to other directorates of £582k in 2014/15. £161k of this expenditure will be utilising part of the Public Health earmarked reserves.

Overheads

CBC corporate budget includes £631k contribution to overheads from Public Health.

Public Health Financials

Month: June 2014	Year to date						Year				
	Budget	Actual	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	£000	
Director of Public Health	218	238	21	870	1,031	161	0	-161	0	0	
Assistant Director Public Health	450	416	-34	1,801	1,736	-65	65	0	0	0	
Head of Service Children, Young People and Health Inequalities	817	789	-29	3,270	3,228	-42	42	0	0	0	
Head of Service Older People and Adults	283	275	-9	1,132	1,132	0	0	0	0	0	
Drugs & Alcohol	-200	-211	-11	3,077	3,151	73	0	-73	0	0	
Less Government Grant	-2,537	-2,537	0	-10,150	-10,150	0	0	0	0	0	
Total	-969	-1,030	-62	0	127	127	107	-234	0	0	

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 22 September 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
Quarter 1 Performance Report	14 October 2014
Medium Term Financial Plan Fees and Charges	14 October 2014
Quarter 2 Budget Monitoring	9 December 2014
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
17 November 2014	Quarter 1 Performance Report	To consider the quarter 1 performance report
17 November 2014	Tenant Scrutiny Panel	The Tenant Scrutiny Panel to report on the implementation of the Anti Social Behaviour recommendations and the next area of investigation.
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 Exec 13 Jan - comments to Exec meeting 10 Feb 2015
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

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