

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

**This meeting
may be filmed.***



**Central
Bedfordshire**

please ask for Paula Everitt
direct line 0300 300 4196
date 06 November 2014

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 17 November 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 22 September 2014 and to note actions taken since that meeting.

Also attached for information purposes are the Minutes of the Co-convened OSC meeting held on 23 September 2014 at which Members discussed the proposed fees and charges schedule.

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.

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| Reports |
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| Item | Subject | Page Nos. |
|-------------|--|------------------|
| 10 | Care Act Report 2014 To consider and comment on the Care Act report. | * To follow |
| 11 | Decommissioning of the Sub-acute South Services Pilot To consider and comment on decommissioning of the Sub-acute South Services Pilot, including the Short Stay Medical Unit. | * 19 - 22 |
| 12 | Bedfordshire Clinical Commissioning Group's Finance Plan. To consider and comment on the Bedfordshire Clinical Commissioning Group's Finance Recovery Plan. | * To follow |

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.

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| Reports |
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| Item | Subject | Page Nos. |
|-------------|--|------------------|
| 13 | Tenant's Scrutiny Panel To receive an update on the work of the Tenant's Scrutiny Panel. | * 23 - 40 |

14 **Quarter 1 Performance Monitoring Report** * 41 - 50

To consider the quarter one performance report.

15 **Work Programme Report** * 51 - 54

The report provides members with details of the currently drafted Committee work programme and the latest Executive forward plan.

<http://www.centralbedfordshire.gov.uk/modgov/mgListPlans.aspx?RPId=577&RD=0&bcr=1>

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 22 September 2014.

PRESENT

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

Cllrs P A Duckett
N J Sheppard

Cllrs M A Smith

Apologies for Absence: Cllrs R D Berry
Mrs G Clarke
C C Gomm

Substitutes: Cllrs

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|------------------------|-------------------------------|---|
| Members in Attendance: | Cllrs A L Dodwell | Deputy Executive Member for Children's Services and Community Services |
| | Mrs S A Goodchild C Hegley | Executive Member for Social Care, Health & Housing |
| | J G Jamieson | Leader of the Council and Chairman of the Executive |
| | D Jones M A G Versallion | Executive Member for Children's Services |

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| Officers in Attendance: | Mrs P Everitt Mr S Mitchelmore | – Scrutiny Policy Adviser – Assistant Director, Adult Social Care |
| | Mrs J Moakes Mr N Murley Mrs J Ogley | – Head of Strategic Commissioning – Assistant Director Resources – Director of Social Care, Health and Housing |
| | Miss H Redding | – Assistant Director School Improvement |

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| Others in Attendance | Mr S Court | Parent Governor representative on Children's Services OSC |
| | Mrs N Fox | Deputy Director - System Redesign, Urgent & Integrated Care, BCCG |
| | Mr R Smith | Interim Chair of Healthwatch Central Bedfordshire |

SCHH/14/44. **Minutes**

RESOLVED

that the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 28 July 2014 be confirmed and signed by the Chairman as a correct record.

SCHH/14/45. **Members' Interests**

None.

SCHH/14/46. **Chairman's Announcements and Communications**

The Committee were advised that the Bedfordshire Clinical Commissioning Group had announced its report on the Review of Healthcare Services in Bedfordshire and Milton Keynes would be published on 25 September, 2014.

SCHH/14/47. **Petitions**

None.

SCHH/14/48. **Questions, Statements or Deputations**

None.

SCHH/14/49. **Call-In**

None.

SCHH/14/50. **Requested Items**

None.

SCHH/14/51. **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 officer meetings associated with safeguarding, the Coroner's Office and finance (including the Better Care Fund). Officers were thanked for their hard work on the Better Care Fund submission.
- Attendance at the SEPT AGM and the topping out ceremony arranged by the Quantum Care Homes Group in Dunstable.
- A meeting on the proposed refurbishment of housing stock at Croft Green, Leighton Buzzard
- The successful transfer of seven homes to the Council for older people previously managed by BUPA

- Attendance at a Dementia Workshop. A media training package on the workshop was to be developed for those Members unable to attend the event. Other Member training events had been timetabled.

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

- A request for a briefing on the housing allocation bidding system be arranged for the Committee.
- A Member's thanks on the excellent safeguarding training for the voluntary sector, which ensured that the sector was equipped with the correct reporting pathway and officer contacts.
- Concern that steps had not been taken to deliver additional social housing with Aragon and other Housing Associations. There was a sense of urgency to provide housing for an increased population who could not afford to buy a home. In response the Executive Member confirmed that a multi-directorate officer group had been established to develop a framework to deliver additional houses.
- Suggestions that officers meet with local estates agents to understand what their customers requirements were and where a housing gap existed. Officers were asked to investigate the private housing trust developments including a development in Eversholt.

SCHH/14/52. **Delivery of the Winterbourne View Joint Action Plan**

The Head of Strategic Commissioning introduced a report co-written with colleagues at the Bedfordshire Clinical Commissioning Group (BCCG) that outlined the delivery and actions undertaken in light of the Winterbourne View Panorama undercover programme and subsequent Department of Health enquiry.

A positive review was carried out by the Specialist Improvement Adviser that had identified the good working relationship between the Council and the BCCG. The Director of Social Care Health and Housing advised the Committee of the concerns raised by the Minister, Norman Lamb, surrounding the number of patients that had been admitted and remained in hospital. In Central Bedfordshire there were 3 individuals with very special needs that had remained in hospital. Officers and the BCCG were working with patients and families to find the right care for these individuals once their treatment had been completed.

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

- Whether there had been input from the voluntary sector or engagement with patients or their families concerned. In response the Director of Social Care, Health and Housing advised there had been engagement with patients, families and some voluntary organisations.
- Whether care plans had been provided in the cases of the three individuals in specialist hospitals. The Committee was advised that care plans did exist, however, there was a concern that these plans had not been reassessed. Officers would ensure care plan reviews continue to be carried out.

In light of the update Members of the Committee requested that a further update be provided in relation to the Campus Closure Project.

NOTED the update and requested that an briefing on the Campus Closure Project be provided to Members.

SCHH/14/53. **Stroke Service Provision in Bedfordshire**

Natasha Fox, Deputy Director, System Redesign, Urgent and Integrated Care, BCCG, introduced a report on Stroke Services in Central Bedfordshire that highlighted the number of stroke victims and survivors in the area and the range of services available to patients.

The Community Stroke Pathway was a key area of concern and the lack of specialist community rehabilitation provision available in the south of the County for patients waiting discharge from the Luton and Dunstable (L&D) Hospital was raised as a key concern.

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

- Concern that the provision purchased through SEPT at the Knowles and Taymar Care Centres did not meet the full need. The Deputy Director BCCG advised that work towards early supported discharge service would help to alleviate the delays in discharge from the L&D. Members proposed that empty beds at Biggleswade Hospital or SSMU might be used for recuperation of patients to alleviate the pressures on beds at acute hospitals. Reference was made to the imminent closure of the Short Stay Medical Unit (SSMU) in Houghton Regis that would impact on the ability for these beds to be considered for this alternative purpose. The discharge of stroke patients from the Lister Hospital had not been included in the report and Members requested that this be circulated separately.
- That consideration be given to the establishment of a local network of Stroke Carers Central Bedfordshire, if this was not already available.
- That consideration be given to the BCCG providing music therapy as part of their rehabilitation service to stroke patients. A Member suggested there was an opportunity to link up with the 'Singing for the brain' workshop provided for Dementia victims. The Deputy Director, System Redesign, Urgent and Integrated Care, BCCG agreed to refer this suggestion to BCCG colleagues.
- Concern was raised that the Committee had not be made aware of the proposed closure of the SSMU. The Committee was advised that the SSMU was commissioned as a pilot and the CCG faced a large deficit in funding.

RECOMMENDED

- 1. That the Bedfordshire Clinical Commissioning Group be requested to submit a report on their financial position that would impact on services as a result, including the Short Stay Medical Unit in Houghton Regis.**
- 2. That a briefing be provided on the discharge of stroke patients from hospitals, other than Bedford and the Luton and Dunstable (to include the Lister Hospital).**

SCHH/14/54. **Better Care Fund - Report update**

The Director of Social Care Health and Housing delivered a presentation that informed the Committee of the changes in the Better Care Fund (BCF) plan following the July submission and the re-submission on 19 September, 2014. The submission had entered a two week moderation period during which the Plan would be scrutinised. The Assistant Director Resources drew the Committee's attention to the joint financial model and pooled budget investment plan and highlighted the key risk that some funding could be transferred to acute hospital providers if reductions to unplanned admissions were not achieved.

In light of the presentation the Committee commented and discussed the following points:-

- The significant amount of effort undertaken by officers to submit the plan within the timescales.
- The need for a communication work stream to be rolled out to educate residents in the role of hospitals to reduce the numbers of residents presenting themselves at A&E.
- Concern that work to provide an integrated IT system had not been realised. The Deputy Director System Redesign, Urgent and Integrated Care, advised that almost all GP's in Central Bedfordshire had the same IT system and work was in progress to ascertain the key pieces of information that were required to be shared. A bid for national funding had been requested to support the roll out.
- The need to submit an update on Better Care Fund plan to the Committee following the publication of the Review of Healthcare Services in Central Bedfordshire.

NOTED the update and requested that a further update be scheduled with regards Better Care Fund.

SCHH/14/55. **Transitions pathway for young people - Getting it right**

The Assistant Director Adult Social Care and Assistant Director School Improvement delivered a presentation on the reform of Special Educational Needs and Disability (SEND) support for Children. The presentation outlined the key changes in relation to the reforms and the process to deliver these reforms in partnership with multi-agencies and other professionals.

In light of the update Members raised the following:

- Whether the Council, as the Corporate Parent, would care for children until they reach the age of 25 years. The Executive Member advised there was a lack of clarity about this from Government, however, if a child had special educational needs, they would be cared for until the age of 25 years old.
- Queries regarding the plans that had been put in place to ensure social workers would support a child into adulthood. The Assistant Director, Adult Social Care advised that there would be a seamless service in place and training was planned for social workers.

- Whether engagement with young people and Looked After Children had taken place in light of the reforms. The Assistant Director explained that engagement work would be rolled out shortly and that this would include children with special needs.

NOTED the presentation and requested that a further update be provided to the Committee regarding the implications of the SEND reforms in six months.

SCHH/14/56. Q1 Budget Monitoring Report

The Committee was provided with a presentation that highlighted the key points in relation to the forecast revenue outturn for 2014/15. The attention of the Committee was drawn to a forecast outturn of £64.3m after use of reserves resulting in a £0.5m or 1% overspend. The Assistant Director Resources also advised that the capital forecast showed a gross spend of £8.2m on budget along side the Housing Revenue Account capital expenditure forecast of £17.9m, also on budget.

The Public Health forecast position for 2014/15 showed a balanced budget at the end of the first quarter.

NOTED the presentation.

SCHH/14/57. 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 12.40 p.m.)

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CO-CONVENED OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House on Tuesday, 23 September 2014.

PRESENT

Children's Services Overview & Scrutiny Committee

Cllrs: Barker (Chairman), Duckett and McVicar

Also Present: Mr Chapman (PGR co-optee), Mr Court (PGR co-optee) and Ms F Image (Diocesan representative)

Substitutes: Cllrs Berry (substitute for Cllr Costin) and B Saunders (substitute for Cllr G Clarke)

Corporate Resources Overview & Scrutiny Committee

Cllrs: Duckett (Chairman), Sparrow (Vice-Chairman), Chapman and Coleman

Substitutes Cllr B Saunders (substitute for Cllr Johnstone)

Social Care, Health & Housing Overview & Scrutiny Committee

Cllrs: Drinkwater (Chairman), Berry, Duckett and Goodchild

Substitutes Cllrs McVicar (substitute for Cllr Gomm) and Sparrow (substitute for Cllr Sheppard)

Sustainable Communities Overview & Scrutiny Committee

Cllrs: McVicar (Chairman), Bowater, Matthews, B Saunders, Shadbolt and Williams

Substitutes Cllr Chapman (substitute for Cllr Gomm)

Apologies for Absence: Cllrs A R Bastable
Mrs G Clarke
N B Costin
Dr R Egan
C C Gomm
Ms A M W Graham
Mrs D B Gurney
Mr T Hodey
P Hollick
R W Johnstone
D Jones
Mr D Morton
Mrs M Mustoe
R B Pepworth
N J Sheppard
M A Smith
N Warren
T Woodward

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| Members in Attendance: | Cllrs | C Hegley | Executive Member for Social Care, Health & Housing |
| | | D J Hopkin | Deputy Executive Member for Corporate Resources |
| | | M R Jones | Deputy Leader and Executive Member for Corporate Resources |
| | | B J Spurr | Executive Member for Community Services |
| | | M A G Versallion | Executive Member for Children's Services |
| | | J N Young | Executive Member for Regeneration |

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| Officers in Attendance: | Mr D Galvin | – | Head of Financial Performance |
| | Mr I Melville | – | Head of Business Systems |
| | Mr J Partridge | – | Corporate Policy Manager |
| | Ritchie | – | Head of Registration & Coroner Service |
| | Ms S Templeman | – | Senior Finance Manager |

Others in Attendance Public 0

OSC/14/1. Members' Interests

Cllr Bowater declared an interest in the business as a Member of the Audit Committee.

OSC/14/2. Chairman's Announcements and Communications

Cllr McVicar welcomed the co-opted Members of the Children's Services Overview and Scrutiny Committee and advised Members of the procedure for the meeting including the manner in which the discussion would be recorded. Whilst the meeting was a co-convened meeting of four separate Overview and Scrutiny Committees it was noted that any recommendations would be referred to the relevant committee for referral to the Executive.

OSC/14/3. Petitions

None.

OSC/14/4. Questions, statements and deputations

None.

OSC/14/5. Fees and Charges

Cllr M Jones introduced a report that proposed the revised fees and charges for 2015/16 and identified those charges where increases were significantly

different from the 2% advisory increase as per the 2015/16 Budget Strategy. In addition it was highlighted that charges would take effect either from 01 January 2015 or 01 April 2015.

In addition to discussing the specific fees and charges Members commented that the report did not clearly demonstrate which of these were statutory and where there was flexibility to amend proposals. It was suggested that future reports identify the level of service use as a means of providing context for these charges, for example in relation to waste collection it was proposed to increase the charge by £1.00 but it was not clear the extent of the impact of this change. Additionally it was suggested that a more consistent approach to setting the fees and charges was required, for example some directorates provided a 2014/15 comparison and others did not. Members also commented that in the future it was necessary to have appropriate officers in attendance at OSC meetings to discuss the proposed charges and to be able to respond to queries on the nature of specific charges.

In light of the report the Committee discussed the detailed proposed fees and charges and commented as follows:-

- Social Care, Health & Housing (Appendix A1)

Clarity was sought in relation to proposed fees and charges for telecare monitoring services for those who met eligibility criteria and whether VAT had been applied appropriately to these charges. Members also queried whether costs relating to domiciliary care were per hour for each carer.

Members also queried fees and charges for guest rooms and whether it would be appropriate to increase the proposed charge in light of the comparative costs of rooms elsewhere. The Social Care, Health and Housing OSC considered a recommendation to increase the proposed charge but it was considered inappropriate to amend the proposed fee at the current time. It was however agreed that it be reviewed for 2016/17 following a review of the standard of these facilities.

Members queried the nature of immigration survey requests and what these entailed. In light of responsibilities being added to the role of the Council it was proposed and agreed by the Social Care, Health and Housing OSC that this charge be reviewed with a view to the Executive considering whether the proposed charge was sufficient.

Members also queried whether it was necessary to refer to a 'renewal' of a blue badge and whether the weekly price per care home bed for other local authorities was high enough in comparison to our own prices.

RECOMMENDED by the Social Care Health and Housing OSC to Executive that the comments detailed above be considered and that whilst the Committee supports the proposed fees and charges in Appendix A1 in light of the additional responsibilities on the Council relating to immigration surveys the associated charge be reviewed to ensure they were set at an appropriate level for 2015/16.

- Children's Services (Appendix A2)

Members noted the charges relating to schools transport and in addition sought clarity in relation to the charges for the music service and the means by which schools could use the pupil premium to fund music lessons. Members also sought clarity in relation to the charges for out of county and non-LEA schools, specifically why there was not a 40 minute lesson for out of county schools and why costs were not increasing for 2015.

RECOMMENDED by the Children's Services OSC to Executive that the proposed charges in Appendix A2 be supported subject to further clarity being provided in relation to music service charges for out of county and non-LEA schools to ensure that these charges were set at an appropriate level for 2015/16.

- Community Services (Appendix A3)

Members sought clarity in relation to the purpose of 'definitive statements'. Members also queried why the charges for granting a sex shop/cinema license were the same and whether the fee for granting of a sexual entertainment venue was sufficient. In relation to charges for the Licensing Act 2003 Members queried in general terms whether these fees were high enough.

Members queried the proposed weekly rate for off-street parking in Flitwick and whether it would be appropriate to provide a discount. In response the Executive Member commented this charge was presently being reviewed and further information would be provided at the Executive meeting.

Members queried the proposed charges for Hackney Cabs and Private Hire Licences and sought clarity as to why these fees had not increased. It was agreed that further clarity would be provided at the Executive meeting.

Members also queried whether it was necessary to agree a charge in relation to licensing mobile food vans. The Executive Member agreed to review this charge and whether it was necessary to include a charge, following a consistent approach to the recommendation of a charge for sex shop licences. The Executive Member was also asked to consider whether the charge for collecting fridges and freezers from domestic premises should be reduced or remain at the 2014/15 rate in order to deter fly tipping.

RECOMMENDED by the Sustainable Communities OSC to Executive that the proposed charges in Appendix A3 be supported but that further clarity be provided in light of the comments detailed above at the relevant Executive meeting.

- Regeneration & Business Support (Appendix A4)

Members queried why the proposed charges for 2015/16 had been held at 2014/rates. The Executive Member agreed to review the charges prior to the Executive meeting to consider whether it was appropriate to apply a 2% increase.

RECOMMENDED by the Sustainable Communities OSC to Executive that the proposed fees and charges in Appendix A4 be reviewed to determine whether it was appropriate to apply a 2% increase for 2015/16.

- Corporate Resources (including registration) (Appendix A5)

The Committee received an update in relation to the proposed fees and charges for the registration service in light of Bedford Borough Council's decision to apply an uplift of 3-3.5%. In light of this increase Members agreed it would be appropriate for Central Bedfordshire Council to negotiate these charges with a view to agreeing a similar uplift to Bedford Borough Council.

In addition Members queried the rationale for not increasing charges in relation to land charges, which it was confirmed was due to the Council not being permitted to make a profit in relation to this service. Members also sought clarity in relation to the charges associated to Freedom of Information requests and the time taken to compile a request.

RECOMMENDED by the Corporate Resources OSC to Executive that the proposed fees and charges in Appendix A5 be supported subject to a review of the proposed fees and charges for the registration service to bring them in line with the proposed charge for Bedford Borough Council.

- Building Control (Appendix A6)

RECOMMENDED by the Sustainable Communities OSC to Executive that the proposed fees and charges in Appendix A6 be reviewed to determine whether it was appropriate to apply a 2% increase for 2015/16.

- Planning Services (Appendix A7)

RECOMMENDED by the Sustainable Communities OSC to Executive that the proposed fees and charges in Appendix A7 be reviewed to determine whether it was appropriate to apply a 2% increase for 2015/16.

- Minerals & Waste (Appendix A8)

RECOMMENDED by the Sustainable Communities OSC to Executive that the proposed fees and charges in Appendix A8 be reviewed to determine whether it was appropriate to apply a 2% increase for 2015/16.

- Photocopying (Appendix A9)

RECOMMENDED by the Corporate Resource OSC to Executive that the proposed fees and charges in Appendix A9 be supported.

- Marriage fees (Appendix A10)

NOTED the statutory fees and charges proposed in Appendix A10.

- Charges to Schools and Academies (Appendix C)

Members sought further clarity on the process for making schools aware of the proposed charges in relation to statutory and traded services to schools and academies. Members also sought clarity in relation to the process by which these proposed charges were scrutinised before they were implemented. It was also requested that the proposed charges for the following academic year be provided to schools in a timely way so they were aware of charges prior to setting their budget for the following year.

In addition Members queried the costs of psychologists and requested that these be reviewed to determine whether the charges were appropriate. It was also commented that the charges in relation to the music service did not appear to correspond with those included in Appendix A2. Further clarity was also required in relation to the charges for the schools secure network costs.

RECOMMENDED that further clarity be sought from the Director for Children’s Services and the Executive Members to ascertain the process for scrutinising these proposed charges before they were implemented.

(Note: The meeting commenced at 13.10pm and concluded at 15.35pm)

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Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 17 November 2014
Subject: Decommissioning of Sub-acute South Services Pilot
Report of: Dr Gail Newmarch, Bedfordshire Clinical Commissioning Group
Summary: The report sets out the reasons to end the Sub-acute South Services Pilot - including the Short Stay Medical Unit - that was established by the former Primary Care Trust in 2012

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

CORPORATE IMPLICATIONS

Council Priorities:

1. The decommissioning of the pilot for Sub-acute South Services supports the CBC priority to promote health and wellbeing and protecting the vulnerable.

Financial:

2. The Short Stay Medical Unit pilot cost £2.8m per annum.

Legal:

3. There are no legal implications. The pilot service, in place since April 2012, has not been varied into the Community Services contract and has been managed as a pilot since April 2012. Legal advice confirms the CCG decision in terminating this pilot arrangement under the terms of the agreement.

Risk Management:

4. Risks associated with decommissioning the pilot services are being managed through a clinically led joint decommissioning project team. A risk register has been developed and is reported to BCCG executive team.

Staffing (including Trades Unions):

5. Staff consultation is a key element of the decommissioning plan. Opportunities to redeploy staff within existing provider vacancies will be maximised.

Equalities/Human Rights:

6. No direct impact applicable to this paper, the impact of the pilot services ending will affect all minority population groups equally.

Public Health

7. Decommissioning of the pilot will support investment as part of the Out of Hospital strategy that has the potential to make a greater contribution to the health of the population.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. New services will be developed as part of the Out of Hospital Strategy.

RECOMMENDATION(S):

The Committee is asked to:-

1. Note this update on work to develop services for people Outside of Hospital.
2. Note the continued delivery of high quality care within the resource available.
3. Note the decision to end the Short Stay Medical Unit pilot.

Introduction

11. Our commitment to reduce emergency admissions is encompassed in our strategic plan and the work of the strategic review of health services that we are undertaking. It is also incorporated in our work with local authorities to integrate local services, reduce inequalities in access to healthcare and support people to live healthier lives. In addition we are looking at how we can maximise opportunities to meet growing demand for healthcare through technological advances and workforce flexibility.

Avoiding unnecessary hospital admissions requires us to think innovatively about some of the services we commission. For example we are:

- Piloting a new health coaching service which will enable patients with long-term conditions to self-manage their condition
- Introducing a hospital at home programme with Luton and Dunstable Hospital (L&D) which allows patients to return home after a short hospital stay but remain under the care of their consultant
- Developing a community intravenous (IV) service – as part of the hospital at home project.

We also have to take some hard decisions and recognise when innovative ideas are not delivering the advances in care we want to see for our population. It is for this reason that we have decided to end the Sub-acute South Services Pilot - including the Short Stay Medical Unit - that was established by the former Primary Care Trust in 2012. This paper sets out the reasons for that decision.

The Sub-acute South Services Pilot

12. The Sub-acute South Services Pilot was developed by the former Bedfordshire PCT in April 2012. It has run in the south of the county involving the Luton and Dunstable Hospital Foundation Trust and has been delivered by our community services provider South Essex Partnership Trust (SEPT). This was in response to increasing acute admissions, the changing needs of frail elderly patients and an intention to develop care closer to home. At the time, a review evidenced the potential to provide care in a different setting for up to 70% of elderly patients who required short stays of less than 24 hours in hospital. The basic cost of the pilot is £2.8m annually.

The pilot comprises four services:

- A Clinical Navigation Team, based at the Luton and Dunstable Hospital to assess patients and determine if admission is necessary and if not, identify safe, alternative care.
- Short Stay Medical Unit (SSMU), a step up/step down, in-patient facility based in Houghton Regis providing 16 beds for stays of approximately a week
- Multi-Disciplinary Team – a help desk based at the SSMU that involves health and social care services
- Rapid Intervention Team – offering patients short-term nursing at home for up to 72 hours to avoid a hospital admission.

The pilot was set up with a number of clear Key Performance Indicators (KPIs) including a 10% reduction in emergency admissions and to deliver savings in excess of £4m.

BCCG commissioned an in-depth review of delivery of this pilot in July 2014. This work reports no quality concerns; indeed patients show high satisfaction levels. However BCCG found the pilot has failed to deliver against most of its other KPIs. This includes a 17% increase in emergency admissions in the south of Bedfordshire, low admissions from Primary Care and an average occupancy level in the unit of just over 60%. The average cost of each bed day is over three times that of an acute bed day and none of the financial targets of the pilot have been achieved.

Examples of KPIs include:

- Number of admissions to SSMU
- Number of patients added to Integrated Team caseload from base wards within trim point (average length of stay for a specific diagnosis).
- Proportion of patients admitted to SSMU within eight hours of referral
- Average bed occupancy
- Average length of stay

KPIs where the services were established as achieved are:

- Admissions avoided from A&E by Clinical Navigation Team directing patients

- to care packages provided by integrated care team
- Number of patients accepted by Integrated Care Team from Emergency Assessment Unit
- Proportion of patients commencing care under the Rapid Intervention Team within 24 hours of referral
- All quality indicators
- Patient feedback was positive and no complaints received

KPIs that were not achieved:

- 10% reduction in hospital admissions at the Luton & Dunstable for 75+ age
- Financial savings in excess of £1m net of cost
- Delivery of a step up model with referrals from Primary Care
- Occupancy level of 90%

As a result, the BCCG Executive decided in August 2014 to end the pilot giving notice to SEPT on 5 September 2014. A letter was sent to our partners on 5 September informing them of the decision. This decision was reported to the Governing Body on 10 September.

All services within the pilot will be fully decommissioned by 5 December 2014.

Decommissioning process

13. BCCG is working closely with SEPT and the L&D Hospital to ensure a safe and phased approach to the closure of the pilot with regular weekly meetings. A clinical lead from BCCG is also signing off each stage of the process. Individual patients will be unaffected by the closer of the pilot and no one will be expected to transfer to alternative services in the middle of their treatment. BCCG is also considering the submission of a business case to improve the Clinical Navigation and Rapid Response services. These will work alongside new services such as the hospital at home service.

A full equality impact assessment has been undertaken and a risk register maintained.

Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 17 November 2014
Subject: Tenant's Scrutiny Panel
Report of: Cllr Mrs Carole Hegley, Executive Member for Social Care Health and Housing
Summary: The report updates the progress of the action plan produced as a result of the Tenant's Scrutiny Panel investigation on improving the way Anti Social Behaviour is dealt with for the Council's Landlord Service as identified through their role in co regulation.

Advising Officer: Julie Ogley, Director of Social Care, Health and Housing
Contact Officer: Carol Rooker, Head of Housing Management
Public/Exempt: Public
Wards Affected: South of Central Bedfordshire
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. As a landlord, the Council is responsible for providing good quality homes and services to the Council's tenants. Many of these tenants are vulnerable. Tenant scrutiny provides a means of ensuring that the Council has sound financial and service management and this will contribute to the Council providing value for money, and enabling the Council to successfully deliver its priorities.

Financial:

2. The costs involved in developing and supporting the Tenant's Scrutiny Panel can be covered within the existing Landlord Service Business Plan.

Legal:

3. On the 01.04.2012, the Localism Act 2011 changed parts of the Housing and Regeneration Act 2008 and established standards that social housing providers are expected to achieve.

As part of this revised regulatory framework for social housing providers standards under the 2011 and 2008 Acts in particular require registered providers to comply with specified rules about methods of enabling tenants to influence or control the management of their accommodation and environment.

The Council, as part of the new revised regulatory framework for social housing providers, is expected to give tenants a wide range of opportunities to influence, and be involved, in the following areas:

- Formulating their landlord's housing related policies and priorities;
- Making decisions about how housing related services are delivered, including setting service standards;
- Scrutinising their landlord's performance and recommending how performance might be improved

Whilst there is no prescriptive solution as to what methods are used to achieve this, a Tenant's Scrutiny Panel provides a good local mechanism and the formal scrutiny role for tenants, who will, if necessary, hold the Council to account for any concerns they have with the services that they receive. Panels are also mentioned in consultation documents published just prior to the changes being implemented by the 2011 Act.

Risk Management:

4. There is a reputational risk to the Council if there are inadequate arrangements in place to ensure that tenants are supported in being able to hold the Council as their landlord to account.

There is also a risk of intervention by the Homes and Communities Agency (Regulation Committee) if they consider that the Council is not complying with the regulatory arrangements, in terms of co-regulation.

There is a governance risk of the Panel failing to act in the best interests of the tenants and community. The above risks have been mitigated by the introduction of clear terms of reference and a robust Code of Conduct for the Tenants Scrutiny Panel and this mechanism for the Panel to communicate with the Overview and Scrutiny Committee.

Staffing (including Trades Unions):

5. Since the Panel's report investigating the way Anti Social Behaviour is dealt with for the Council's Landlord Service, Housing has undergone a staff restructure. This has seen the introduction of a part time Tenant Involvement Officer to support the Tenant's Scrutiny Panel.

Equalities/Human Rights:

6. The Council, as a public body, must act to eliminate unlawful discrimination, victimization and harassment against people on the grounds of race, religion or belief, age, sex, pregnancy and maternity, gender reassignment, sexual orientation and disability. Further, the duty requires the Council to advance equality of opportunity between different groups, and foster good relationships between different groups.

The National Standard for Housing Providers on Tenant Involvement and Empowerment – requires that the Council understands and responds to the diverse needs of tenants. The new Tenants Scrutiny Panel recruits from across our tenant base and has added a new member in August who has increased the diversity of the group.

Public Health

7. Good quality housing and services have a positive impact on public health and well being.

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. **Review the progress on the anti-social behaviour project recommendations and to comment on the proposals for the Tenant's Scrutiny Panel's new project.**

Background

1. Members will recall that as part of the Government's revised regulatory framework for social housing, that housing providers are expected to support tenants in enabling them to monitor and shape the housing services that are provided, and to hold their landlords to account.
2. As part of this requirement for co-regulation, the Council's tenants, following consultation, agreed to set up a formal Tenant's Scrutiny Panel. Formed in 2013 it completed its first enquiry into the way that the Landlord Service deals and responds to complaints about anti social behaviour. This was presented to the Overview & Scrutiny committee in April 2014.
3. The Tenant's Scrutiny Panel were asked to monitor the implementation of the action plan and report back to the committee in 6 months on their experience. See Appendix A – The Tenant's Scrutiny Panel action plan on anti-social behaviour.

Presentation

1. At the last presentation the Tenant's Scrutiny Panel were invited to monitor the implementation of the recommendations and report to the Overview and Scrutiny Committee in the future.

2. The Tenant's Scrutiny Panel has prepared a presentation to showcase the successful implementation of the action plan and the positive working relationship with the housing management team. The panel has found the regular monthly monitoring meetings and frank discussions with officers over the past few months to be a beneficial and learning experience.
3. The presentation will also include details of the second enquiry that they have commenced into the complaints process.

Conclusion

1. A lot of good work has gone into the adoption of the Tenant's Scrutiny Panel's recommendations with many of the actions implemented and signed off which is reflected in the improvements in the anti-social behaviour service and feedback from those whose cases have been closed.

Appendices:

Appendix A – The Tenant's Scrutiny Panel Action Plan on Anti Social Behaviour

Appendix B – The Tenant's Scrutiny Panel Presentation on the Action Plan implementation

Background papers and their location: (open to public inspection)

Tenant's Scrutiny Panel and Designated Persons and Tenant's Complaints Panel from Social Care, Health and Housing Overview and Scrutiny Committee 21 January 2013.

Tenant's Scrutiny Panel report, action plan and presentation from Social Care, Health and Housing Overview and Scrutiny Committee 7 April 2014.

| Task No | Task / recommendation | Outputs / evidence | Resources | Start Date | Target Date | Actual Completion Date | Outcome | Progress to date (RAG) | Status (started / completed) | Narrative (if R or A) |
|---------|---|--|--|------------|-------------|------------------------|---|------------------------|------------------------------|--|
| 1 | Review Customer facing information | Information accessible via web and leaflets | Front line staff/Resident input | Mar-14 | Jan-15 | | Improved Customer Experience | A | Started | Working with corporate to update all housing services website info - Lead officer Tracey Bloomfield - workshops booked through October, already reviewed and hopefully implemented by December 2014 - after TSP approval leaflet is going through Corporate Coms |
| 2 | Ensure ASB standards are well promoted and accessible for customers | Procedure to be put on website and leaflets distributed to varied locations | | Nov-13 | Nov-14 | | Improved access for residents to information on ASB | A | Started | Leaflet passed to corporate comms for final comments and changes before information sent live on web etc. |
| 3 | System to report ASB out of hours | Information readily available on how to report ASB out of hours | Resident involvement Team/Communications | Nov-13 | Nov-14 | Oct-14 | Improved information for residents | G | Completed | Information included on leaflet agreed by TSP and OOH reporting tool exists on web. |
| 4 | Ensure all cases are correctly risk assessed and prioritised accordingly and monitored. Agree timescales with residents for serious cases | Risk assessments and action plans are documented in case files and on QL system | Staff | Nov-13 | Feb-14 | Mar-14 | Improved Customer Experience | G | Completed | Improvement in the Customer Experience can be measured against the number of surveys now being returned with a high level of satisfaction. A Hlogh level of satisfaction is defined as Satisfied or very satisfied. Last months return was over 80% |
| 5 | When reviewing the procedure ensure that it clearly states how urgent cases must be identified and managed, with clear timescales | New procedure clearly defining process for identifying urgent cases and timescales for dealing with the case | Staff/Resident input to procedure review | Sep-14 | Apr-15 | | Up to date procedures with defined processes and timescales | A | Started | Start date for ASB procedure review 01.10.2014 |
| 6 | Take steps to more effectively monitor and report staff compliance with the procedure and ASB service standards | The new Estates Management Team Leader will monitor via 121 meetings and document these accordingly | EMTL/EMO | Mar-14 | Oct-14 | Mar-14 | Improved performance data | G | Completed | The improved data that is now available to the EMTL when reviewing/auditing cases has helped determine better and quicker resolutions to a number of cases. |

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| | | | | | | | | | | |
|----|---|---|-----------------|--------|--------|--------|---|---|-----------|---|
| 7 | Work with all staff to raise the importance of undertaking risk assessments | Risk assessments and action plans are documented in case files and on QL system | EMTL/EMO | Nov-13 | Feb-14 | Feb-14 | Improved case prioritisation | G | Completed | Carrying out the risk assessments is part of the standard procedure and officers are checked/monitored at 1-2-1 meetings by TL that this is being done. Evidenced by RB |
| 8 | Ensure that staff are trained in the variety of solutions available to resolve ASB | Learning & Development plans in place for staff that deal with ASB/Nuisance | EMTL/HEM | Nov-13 | Sep-14 | Sep-14 | Better trained staff and consistent case management | G | Completed | Pilot Career Developments have begun incorporated into PDR's for individual officers. Training courses have been intensified in the last 6 months with new team members and refresher training including new powers from October 2014 |
| 9 | Work with customers to develop appropriate procedures for dealing with nuisance. Clearly define the difference between ASB and nuisance | Nuisance procedure developed with staff and residents | Residents/Staff | Sep-14 | Apr-15 | | | A | Started | Start date for ASB procedure review 01.10.2014 |
| 10 | Involve partners in the development of all new policies and procedures | Partnership involvement | Partners/Staff | Sep-14 | Apr-15 | | New Procedure | A | Started | Partners will be fully involved in the review of ASB and Nuisance procedures. ASB County wide partnership meetings have taken place in the last 6 months regarding new policies in light of new legislation |
| 11 | CBC needs to issue clear guidance for staff to ensure that roles within the team are understood – particularly the different responsibilities held by the EMO and the TEO | Restructure implemented and communicated to relevant partners any changes | HEM/HOHM | Mar-14 | May-14 | Apr-14 | Clear structure and roles understood | G | Completed | All cases of ASB/Nuisance are now the responsibility of the EMO and are monitored by the EMTL. This has achieved clarity as to who is lead officer for all cases. |

| | | | | | | | | | | |
|----|--|---|----------|--------|--------|--------|--|---|-----------|--|
| 12 | <p>Improve communication with victims through agreeing frequency and method of contact during the action planning process and monitored by the manager</p> | <p>Risk assessments and action plans are documented in case files and on QL system</p> | EMTL/EMO | Nov-13 | Feb-14 | Feb-14 | <p>Clear action plans that have been agreed with victims of ASB</p> | G | On-Going | <p>The Estates Management Team Leader is reviewing cases with the Estates Management Officers at 1-2-1's. Recent reviews of case files has shown that clear plans are being put in place with victims. Evidenced by RB.</p> |
| 13 | <p>Provide staff with training and guidance on the use of diary sheets to ensure that they are only issued in appropriate circumstances and that victims feel supported to complete them. Offer alternative methods of collecting evidence to victims – such as tape recorders and cameras</p> | <p>Diary sheets are given to all victims of nuisance/ASB to record incidents and log persistency of incidents</p> | EMO | Nov-13 | Nov-14 | Oct-14 | <p>Improved Customer Experience</p> | G | Completed | <p>A process is in place where mobile cameras can be situated in areas where the ASB is in a public area. These cameras are held by the community safety team and are available to housing upon request and with the agreement of the ASB Tasking Group, however diary sheets are a vital and necessary part of the evidence collected to show that a case is an on-going and persistent issue and not just a one off experience for a victim.</p> |
| 14 | <p>CBC should ensure that it takes all necessary action to ensure that it is creative in achieving long term sustainable solutions to ASB</p> | <p>Risk assessments and action plans are documented in case files and on QL system</p> | EMTL/EMO | Mar-14 | Sep-14 | Aug-14 | <p>Tenancies are sustained and court action avoided where possible</p> | G | Completed | <p>The team are working closely with all partner agencies and the EMTL/HEM on cases to consider all possible resolutions before deciding on the most appropriate action. Residents views and feelings taken into account as part of the process to establish the most appropriate action. To date no evictions have occurred due to legal action for an ASB issue.</p> |

| | | | | | | | | | | |
|----|--|---|----------------|--------|--------|--------|---|---|-----------|--|
| 15 | CBC should revise the procedure with partners to include information about diversionary activities as a potential solution to ASB and it should also consider working with tenants to resolve issues in the local area, for example by signing a GNA | Learning & Development plans in place for staff that deal with ASB/Nuisance | Partners/Staff | Mar-14 | Sep-14 | Sep-14 | Tenancies are sustained and court action avoided where possible | G | Completed | As above, but this will be an on-going training programme as new legislation comes into force and new powers are made available for us to use. There is good evidence that we are sustaining tenancies as no evictions have been carried out due to ASB and we are working closer with partners to ensure the best solutions to issues are found and implemented. |
| 16 | Work with tenants to develop a way that tenants can regularly be involved in the service to shape, monitor and provide feedback | Improved customer contact and feedback regarding the service | EMO/HA | Mar-14 | Sep-14 | Sep-14 | Improved performance data | G | Completed | There has been a significant improvement in the feedback from victims of ASB cases. There has been a high level of satisfaction, but those cases where a victim has expressed a level of dissatisfaction have been followed up to understand how we could have done better in the individual case |
| 17 | Training needs of staff should be individually assessed using a training needs analysis | Learning & Development plans in place for staff that deal with ASB/Nuisance | HEM/EMTL | Mar-14 | Dec-14 | | Better trained staff and consistent case management | A | Started | Learning & Development Plans will be put in place for each individual officer dealing with ASB/Nuisance on completion of the current career development framework pilot which is currently underway. |
| 18 | CBC should ensure that the team is able to operate properly at all times, even when there are long term absences, by training staff on all aspects of the role | Learning & Development plans in place for staff that deal with ASB/Nuisance | HEM/EMTL | Mar-14 | Sep-14 | Sep-14 | Better trained staff and consistent case management | G | Completed | Now that the Estates Management team are fully staffed it is felt that there is sufficient cover amongst the team to cover for any absences/sickness, There are however going to be times when sickness/leave absence may be at a level where it is more difficult to cope with the level of cases being dealt with. In these instances the HEM/EMTL have contingency options available to help cover these periods. |

| | | | | | | | | | | |
|----|---|---|------------|--------|--------|--------|--|---|-----------|--|
| 19 | Using best practice and learning from other organisations generally, take steps to set up a successful method of achieving satisfaction data | Visits to high performing Authorities/Associations to establish best practice | HEM/EMTL | Mar-14 | Nov-14 | | Improved performance & customer satisfaction | A | Started | This work is scheduled to take place over the period October - November 14 in line with the procedure review. |
| 20 | Set a clear deadline for finalising the work with the Police to explore the likely effectiveness of Safety Net, or another system, and implement within a clear timeframe | Safety Net is to be used for ASBRAC cases only as discussed at meeting on 4th February 2014 | Police/ CS | Nov-13 | Apr-14 | Apr-14 | May-14 | G | Completed | It has been agreed by the partnership that Safety Net will be used for ASBRAC cases only. Officers will have access to the system and be able to input those high priority cases. |
| 21 | CBC should review its ASB performance indicators, including consulting with a diverse group of residents, learning from best practice and from high performing peers | Housemark PIs to be implemented | HEM | Nov-13 | Apr-14 | Apr-14 | Performance data available to be used for benchmarking the service against others. | G | Completed | Agreed that with effect 1st April 2014 performance data will be reported as per the housemark definitions. |
| 22 | CBC should put in to place more effective ways to monitor service delivery | Documented monitoring of Case Reviews readily available | EMTL | Mar-13 | Apr-14 | Apr-14 | Improved performance data and case management | G | Completed | The case reviews have impacted positively on performance and customer satisfaction, which can be evidenced by the BSC and customer surveys being returned after completion of cases. |
| 23 | Work with Partners to review success of partnership working | Housing attend regular joint meetings with partners to discuss cases | EMTL/EMO | Feb-14 | Mar-14 | Mar-14 | Improved understanding and partnership working between agencies | G | Completed | Joint meeting between the Police, Community Safety and Housing have been reinstated on a weekly basis where cases are reviewed and partnership working discussed. |

| | | | | | | | | | | |
|----|---|---|------------------------|--------|--------|--------|-----------------------------|---|-----------|--|
| 24 | Analyse the cost of the ASB service including the cost of different solutions | Housing to undertake workshops with Housemark to understand VFM Data re ASB | HEM/FO | Apr-14 | Nov-14 | | Better understanding of VFM | A | Started | Benchmarking of ASB data will only be able to be done from 2014/15. This is due to different KPI's being measured for the year 2013/14 which were outside of housemark and not benchmarked. |
| 25 | Review service against Respect Charter | Procedure review implemented | HEM/EMTL/EMO/Customers | Nov-13 | Nov-14 | | Improved Performance | A | Started | The policy and procedure review has started and will take place over the next 6 months taking into account best practice from top quartile performing landlords and the Respect Charter recommendations. |
| 26 | Increase staff awareness of VFM | Housemark workshops | HEM/EMTL | Mar-14 | Nov-14 | | Better understanding of VFM | A | Started | Workshops with Housemark are being undertaken and the data analysed to be able to better understand the VFM issues |
| 27 | Benchmark against Housemark Data | TSP View the Housemark report | HEM/JM | Mar-14 | Apr-14 | Apr-14 | improved outcomes | G | Completed | The performance data is now being reported in line with Housemark KPI's and we will have a much better idea of our service by the end of this financial year. |
| 28 | Communicate staff changes to partners | Partners updated in respect of restructure | HEM | Apr-14 | May-14 | Apr-14 | Better partnership Working | G | Completed | Partners are updated with regard to who is dealing with ASB and will continue to be kept up to date of any changes as they happen. |

Appendix B



Tenant Scrutiny Panel

Update Summary

Anti-Social Behaviour

Tenant's Scrutiny Panel &
Carol Rooker, Head of Housing Management

Update Summary



- Introduction
- Outcomes
- Actions achieved
- Ongoing actions
- The future



Introduction



- Background
- New TSP member



Outcomes

- Actions being completed and evidence supplied.
- Monthly meetings with ASB Team Leaders.

Actions Achieved



- ASB Leaflet
- Improved risk assessments
- Contingency for staff absence
- Improved training and support for staff
- Improved communication with partners
- Introduction of ASBRAC using 'Safety Net'

Ongoing Actions



- Comparing the procedure
- Defining ASB within the service
- Performance against Housemark

The future



- Wider promotion of the improvements in ASB
- Improving the Tenant Scrutiny process
 - lessons learnt
- Started a new enquiry- complaints process

Questions?



Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 17 November 2014
Subject: Quarter One Performance Monitoring Report
Report of: Cllr Mrs Carole Hegley, Executive Member for Social Care, Health and Housing
Summary: The report highlights the performance for the Social Care, Health and Housing Directorate for Quarter 1 of 2014/15

Advising Officer: Julie Ogley, Director of Social Care, Health and Housing
Muriel Scott, Director of Public Health

Contact Officer: Nick Murley, Assistant Director, Business and Performance
Celia Shohet, Assistant Director, Public Health

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The quarterly performance report underpins the delivery of the Council's priorities, more specifically in the area of promoting health and well being and protecting the vulnerable.

Financial:

2. There are no direct financial implications.

Legal:

3. There are no direct legal implications.

Risk Management:

4. Areas of ongoing underperformance are a risk to both service delivery and the reputation of the Council.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. This report highlights performance against performance indicators which seek to measure how the Council and its services impact across all communities within Central Bedfordshire, so that specific areas of underperformance can be highlighted for further analysis/drilling down as necessary.
7. As such, it does not include detailed performance information relating to the Council's stated intention to tackle inequalities and deliver services so that people whose circumstances make them vulnerable are not disadvantaged. The interrogation of performance data across vulnerable groups is a legal requirement and is an integral part of the Council's equalities and performance culture, which seeks to ensure that, through a programme of ongoing impact assessments, underlying patterns and trends for different sections of the community identify areas whether further action is required to improve outcomes for vulnerable groups.

Public Health

8. The report highlights performance against a range of Adult Social Care, Housing and Public Health indicators that are currently in the corporate indicator set.

Community Safety:

9. Not Applicable.

Sustainability:

10. Not Applicable.

Procurement:

11. Not applicable.

RECOMMENDATION:

The Committee is asked to consider and comment on the report

Introduction

12. This report provides information on how the Social Care, Health and Housing Directorate's contribution to the Medium Term Plan is being met.

Overview

13. The Directorate continues to perform well against the Medium Term Plan priority of "Promote health and wellbeing and protecting the vulnerable".
14. Performance has been relatively consistent, with three of the measures are under performing. Two are Red: Number of Additional "Extra Care" flats provided (C2 MTP) and Clients receiving self directed support (C6 MTP) and one is Amber, Percentage of decent homes (Council stock) (C3 MTP).

15. C2 MTP, Number of additional "Extra Care" flats is Red as the new likely delivery date of Summer 2015 for Priory View exceeds the MTP target of 2014. Work continues on Priory View and work has started on site in Leighton Buzzard for the Greenfields scheme.
16. The performance of C6 MTP, the number of social care clients receiving self directed support remains red against the local stretch target of 100%. This indicator however continues to perform well against the national target of 70%.
17. The Percentage of decent homes (Council stock) is Amber. As previously reported, the MTP target of 100% decent homes may not be achieved because replacement of elements within Council properties (e.g. kitchens, bathrooms, etc) are no longer be based on failure of the Decent Homes Standard, but on the life expectancy of the element.
18. The remaining indicators are performing in line with the milestones set.
19. Performance against C1 MTP, Protecting vulnerable adults, continues to progress. The external auditor completed the annual case file audit during the end of April and the final report was received during May. The report identified predominately excellent to good outcomes. No poor outcomes were reported, although recording practice was highlighted as an area for development.
20. The MTP target of 100% of Central Bedfordshire covered by a Village Care Scheme continues to be achieved, with 531 residents benefitting from the scheme.
21. Good progress is being made on Council commissioned dementia care rated as good or excellent (C 5a MTP). Using the ADASS quality workbook, 61% of dementia care providers are rated as Good or Excellent.
22. Good progress continues to be made on the number of Health Checks offered (C 7 MTP) with the target being exceeded and in line to deliver the Medium Term Plan target.

Director's Summary – Social Care, Health and Housing

23. The Directorate continues to perform well against the Medium Term Plan priority "Promote health and wellbeing and protecting the vulnerable".
24. Performance remains strong for the proportion of customers receiving self-directed support (C1 MTP), with performance still exceeding the national target and remains strong in comparison to neighbouring authorities and the Eastern region. The local aspiration to achieve 100% remains.
25. Work continues on the Priory View build and is due to start shortly on the Greenfields site in Leighton Buzzard. These schemes will deliver 165 extra care flats by 2016.
26. All wards continue to be covered by a village care schemes and 531 residents have benefitted from the schemes in the first quarter of the year.
27. Progress has been maintained in the other targets.

Director's Summary – Public Health

28. The latest data (March 2014) shows the number of Health Checks offered in the period 2013/14 exceeded expected performance, reaching 138% of target.
29. As the cumulative percentage of Health Checks delivered during 2013/14 was 87%, a similar level of performance to 2012/13, further focus in 2014/15 will be on delivering the target number of Health Checks, to a high and consistent standard, to achieve a high conversion rate.
30. Public Health relies largely on GPs to deliver NHS Health Checks and there have been differences in the number and quality of NHS Health Checks that each GP has delivered, due to existing workload and staffing levels, amongst other issues. Public Health is working to improve how GPs deliver NHS Health Checks and also look at other ways in which this service can be delivered. This will make NHS Health Checks easier to access and reduce some of the pressure on GPs, who have many demands on their time.

Appendices:

Appendix A – Quarter Performance Report Q1 2014/15

Background papers and their location: (open to public inspection)

None

Appendix A - Quarterly Performance Report (For CMT only)

Medium Term Plan Indicators and CMT Appendix A indicators

Quarter 1 2014/15

| Report comparison - Depends on the nature of the indicator | | Performance Judgement | | | |
|---|---|---------------------------|--|----------|--|
| | | Direction of travel (DoT) | RAG score (Standard scoring rules unless the indicator specifies alternative scoring arrangements) | | |
| Seasonal | Compared to the same time period in the previous year | ↓ | Performance is reducing | R | RED - target missed / off target - Performance at least 10% below the required level of improvement |
| Quarter on quarter | Compared to the previous quarter | ↔ | Performance remains unchanged | A | AMBER - target missed / off target - Performance less than 10% below the required level of improvement |
| Annual | Compared to one fixed point in the previous year | ↑ | Performance is improving | G | GREEN - Target achieved or performance on track to achieve target |

Overview of performance

| Ref | Indicator | Performance will be reported: | Performance information being reported this quarter | | |
|--|--|-------------------------------|---|-------------|----------|
| | | | Time period | Performance | |
| Promote health and wellbeing and protect the vulnerable | | | | | |
| C 1 MTP | Protecting Vulnerable Adults | Quarterly | Quarter 1 2014/15 | ↔ | G |
| C 2 MTP | Number of additional 'Extra Care' flats provided | Quarterly | Quarter 1 2014/15 | ↔ | R |
| C 3 MTP | Percentage of decent homes (Council stock) | Quarterly | Quarter 1 2014/15 | ↑ | A |
| C 4a MTP | Number of Village Care schemes in operation | Quarterly | Quarter 1 2014/15 | ↔ | G |
| C 5a MTP | Percentage of council commissioned dementia care classed as 'good' or 'excellent'. | Quarterly | Quarter 1 2014/15 | ↔ | G |
| C 6 MTP | Clients receiving self directed support | Quarterly | Quarter 1 2014/15 | ↓ | R |
| C7 MTP | Percentage of 40 to 74 year olds offered a health check | Quarterly | Quarter 1 2014/15 | ↑ | G |

Promote health and wellbeing and protect the vulnerable

| C 1 MTP Protecting Vulnerable Adults | | | | | |
|---|---------------------------------|-------------------|-----------------------|---|---|
| C 1 MTP | Latest comparator group average | Report comparison | Performance Judgement | ↕ | G |
| <p>Milestones:</p> <ol style="list-style-type: none"> 1. Independent audits of safeguarding case files - Annual 2. Annual Safeguarding Report - Annual <p>Comment:</p> <p>Current Performance: Over the last 12 months a decrease in the number of alerts has been observed, although the number of alerts progressing through to investigation has remained relatively constant, which means that proportionately more referrals are being made. This is an indication that alerting is becoming more appropriate.</p> <p>The external auditor completed the annual case file audit during the end of April and the final report was received during May. The report identified predominately excellent to good outcomes. No poor outcomes were reported. Recording practice was highlighted as an area for development.</p> <p>Planned Actions: Internal audits are continuing.</p> <p>The annual safeguarding report to the Safeguarding Board will be presented to the Overview and Scrutiny committee in the autumn.</p> | | | | | |

| C 2 MTP Number of additional 'Extra Care' flats provided | | | | | |
|---|---------------------------------|-------------------|-----------------------|---|---|
| C 2 MTP | Latest comparator group average | Report comparison | Performance Judgement | ↕ | R |
| <p>Milestones:</p> <ol style="list-style-type: none"> 1. Secure Planning Permission; agree s106 – July 2013 2. Procure contractor - tbc 3. Commence Construction – January 2014 4. Open New Provision – by December 2014 <p>Comment: Progress continues to be made to achieve the Medium Term Plan for additional extra-care flat.</p> <p>Priony View, Dunstable is still on track to deliver 83 flats in August 2015.</p> <p>Greenfields, Leighton Buzzard has started on site, to deliver 82 extra care flats, and is due to be completed in February 2016.</p> <p>Planned Actions: Operational procedures for the management of Priony View are currently being developed by the Housing Service.</p> <p>Other sites across Central Bedfordshire are being considered as potential sites for extra care facilities.</p> | | | | | |

| C 3 MTP Percentage of decent homes (Council stock) | | | | | | | | | | | | | | | | | | | |
|---|---------|------|---|--------|--------|---------|------|------|------|---------|------|------|----------------|---------------------------------|-------------------|----------|-----------------------|---|---|
| Unit | Good is | High | % | Target | Actual | 2013/14 | | | | 2014/15 | | | | Latest comparator group average | Report comparison | Seasonal | Performance Judgement | ↑ | A |
| | | | | | | Qu 1 | Qu 2 | Qu 3 | Qu 4 | Qu 1 | Qu 2 | Qu 3 | Qu 4 / Outturn | | | | | | |
| | | | | 100 | 99.6 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | | | | | |
| | | | | | 99.6 | 99.7 | 99.7 | 99.7 | 99.6 | 99.7 | | | | | | | | | |
| Comment: | | | | | | | | | | | | | | | | | | | |
| Current Performance: | | | | | | | | | | | | | | | | | | | |
| All CBC homes achieve the governments DH standard. This measure is against the CBC DH standard. | | | | | | | | | | | | | | | | | | | |
| Planned Actions: | | | | | | | | | | | | | | | | | | | |
| Under the Asset Management Strategy we focus on refurbishment and replacing kitchens and bathrooms when they are needed. Properties identified as "Non Decent" will be surveyed and assessed against this criteria in the current 2014 / 15 kitchen / bathroom programme. | | | | | | | | | | | | | | | | | | | |

| C 4a MTP Number of Village Care schemes in operation | | | | | | | | | | | | | | | | | | | |
|---|---------|------|---|--------|--------|---------|------|------|------|---------|------|------|----------------|---------------------------------|-------------------|-----------------------|---|---|--|
| Unit | Good is | High | % | Target | Actual | 2013/14 | | | | 2014/15 | | | | Latest comparator group average | Report comparison | Performance Judgement | ↔ | G | |
| | | | | | | Qu 1 | Qu 2 | Qu 3 | Qu 4 | Qu 1 | Qu 2 | Qu 3 | Qu 4 / Outturn | | | | | | |
| | | | | NA | NA | 87.1 | 87.1 | 90.3 | 100 | 100 | 100 | 100 | 100 | | | | | | |
| | | | | | NA | 87.1 | 87.1 | 87.1 | 100 | 100 | | | | | | | | | |
| Comment: | | | | | | | | | | | | | | | | | | | |
| Current Performance: | | | | | | | | | | | | | | | | | | | |
| The Village Care schemes continue to offer help and support to residents within Central Bedfordshire. | | | | | | | | | | | | | | | | | | | |
| From April to June 2014, 683 volunteers completed 2,192 jobs for 531 residents. Whilst the number of jobs completed remains relatively constant, the number of residents accessing the schemes continues to increase. | | | | | | | | | | | | | | | | | | | |

Meeting: Social Care Health and Housing Overview & Scrutiny Committee
Date: 17 November 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 |
| Bedfordshire Mental Health Procurement | 9 December 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) | | |
|---|---|---|
| 15 December 2014 | Mental Health Procurement of Services | To consider the outcomes of the Mental Health Procurement process |
| 15 December 2014 | IVF Procurement of Services | To consider and comment of the outcomes of the IVF Procurement process |
| 15 December 2014 | Winter Pressures and Systems Resilience Plans | Joint Report |
| 15 December 2014 | Better Care Fund Report | To receive an update on the Better Care Fund Submission |
| 15 December 2014 | Commissioning Care Closer to Home | Joint Report |
| 26 January 2015 | Park Homes Strategy | The strategy is an overarching document that sets out the approach for all Park Home issues in Central Bedfordshire including standards, fees, advice, assistance and licensing |
| 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 | 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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