

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 17 November 2016

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Monday, 28 November 2016 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 P Hollick (Chairman), P Downing (Vice-Chairman), Mrs A Barker, N B Costin, P A Duckett, Mrs S A Goodchild, Mrs D B Gurney, G Perham and B Walker

[Named Substitutes:

R D Berry, Mrs C F Chapman MBE, J Chatterley, Ms A M W Graham and M A G Versallion]

All other Members of the Council - on request

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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 24 October 2016 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 Members for:-

- Social Care and Housing and
- Health

Part A: External & NHS matters

To review and scrutinise any matters relating to the planning, provision and operation of health services in Central Bedfordshire commissioned by the NHS or external organisations (such as the Clinical Commissioning Group).

Reports

Item	Subject	Page Nos.
10	Primary Care Strategy To consider and comment on the work undertaken by the Bedfordshire Clinical Commissioning Group to delivery the Primary Care Strategy and General Practice Plan for Bedfordshire and receive an update on the current position.	* 13 - 20
11	Value Based Elective Commissioning To receive the Bedfordshire Clinical Commissioning Group's Board report on Value Based Elective Commissioning, the outcome of the public consultation and a verbal update on the Board's decision to continue or stop commissioning of the following services:- <ul style="list-style-type: none">• IVF• Gluten free foods• Over the counter medicines	* To follow
12	BCCG Financial Update To receive the Bedfordshire Clinical Commissioning Group's Board report on finances and a verbal update on the Board's consideration of this matter.	* To follow

Part B: Public Health, Social Care & Housing matters

To review and scrutinise any matters that fall within the remit of the Council's Social Care, Health and Housing or Public Health Directorates.

Reports

Item	Subject	Page Nos.
13	Update on Recently Commissioned Adult Social Care Preventative Services Contracts with the Voluntary and Community Sector To receive a verbal update on the Commissioning of Adult Social Care Services and Associated Contracts.	* Verbal

14 **Work Programme 2016/17 and Executive Forward Plan** * 21 - 26

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

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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, 24 October 2016.

PRESENT

Cllr P Hollick (Chairman)
Cllr P Downing (Vice-Chairman)

Cllrs N B Costin
P A Duckett

Cllrs Mrs S A Goodchild
G Perham

Apologies for Absence: Cllrs Mrs A Barker
Mrs D B Gurney
B Walker

Substitutes: Cllrs J Chatterley

Members in Attendance: Cllrs Cllr Mrs C Hegley
M R Jones
Executive Member for
Social Care and Housing
Deputy Leader and
Executive Member for
Health

Officers in Attendance: Mrs P Coker
Mrs P Everitt
Mr N Murley
Mrs J Ogley
Ms C Rooker
Ms E White
Head of Service, Partnerships - Social
Care, Health & Housing
Scrutiny Policy Adviser
Assistant Director Resources
Director of Social Care, Health and
Housing
Head of Housing Management
Safeguarding Vulnerable Adults
Manager

Others in Attendance Mr D Simpson
Interim Chairman Central
Bedfordshire Healthwatch

SCHH/16/38 Minutes

RESOLVED that the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 20 September 2016 be confirmed and signed by the Chairman as a correct record.

SCHH/16/39 Members' Interests

None.

SCHH/16/40 Chairman's Announcements and Communications

The Chairman announced the Enquiry Team set up to look into Integration of Health and Social Care had met. Members of the Team would provide proposed principles for discussion at their next meeting.

SCHH/16/41 Petitions

None.

SCHH/16/42 Questions, Statements or Deputations

None.

SCHH/16/43 Call-In

None.

SCHH/16/44 Requested Items

None.

SCHH/16/45 Executive Member Update

The Executive Member for Social Care and Housing announced the LGA had carried out a Peer Review of the Reablement and Rehabilitation Service. The formal report would be submitted to a future meeting of the Committee.

Congratulations were extended to Ferndale Residential Home in Flitwick, who had received a 'good' rating by the CQC.

The Deputy Leader and Executive Member for Health advised Members the Sustainable and Transformation Plan (STP) had been submitted on 21 October 2017. The Executive Member also announced the reprocurement process for Community Health Services (0-19 children) had started.

SCHH/16/46 Better Care Fund

The Director of Social Care and Housing introduced a report that updated the Committee on the Better Care Plan that had recently been approved. Members were advised that Social Care and Bedfordshire Clinical Commissioning Group colleagues had started joint working on a number of small joint projects in Central Bedfordshire. The Better Care Fund (BCF) priorities would continue to be implemented and the findings of the SCHH OSC Enquiry into Integration and the Peer Review findings would be amalgamated and introduced.

The Head of Partnerships and Performance advised the aim of the BCF was to ensure the funding and care was where it is most needed. Three themed schemes to deliver improvements had been identified:

- Out of hospital care

- Prevention
- Protecting Social Services including support for carers.

Members welcomed the direction of travel, that would see the focus of care and funding on the individual and the challenges faced to integrate all services.

RECOMMENDED

The Committee

- **Welcomed the key priorities of the Plan.**
- **Appreciated the pressures on health and social care in a demand led service and the consequent financial pressures.**
- **Noted the concern expressed about delays in patient discharge and the need for health and social care to work more closely together to provide any necessary support in the community.**
- **Looked forward to the developing, clearer vision for integrated health and social care and urged all parties to embrace the vision in the Plan.**

Noted and welcomed the full approval from NHS England.

SCHH/16/47 Sustainability and Transformation Plan (STP)

The Director of Social Care Health and Housing introduced a report and outlined the STP footprint that included our partners Bedford, Luton and Milton Keynes. Following the recent second submission to NHS England, work was underway to ensure the correct funding was in place and plans supported the vision for Central Bedfordshire going forward. It was noted that within the footprint, some services would remain standalone, however, joint working would continue where it was in the best interests of the patient to do so. A set of principles had been developed that included:-

- Prevention, Health and wellbeing
- Quality of care provision
- Financial stability.

Managing demand was a key area of focus as well as the wider engagement of key stakeholders. The importance of volunteers and a clear plan to digitalise records was noted and that Central Bedfordshire would use this opportunity to ensure residents received the best services possible.

RECOMMENDED

The Committee

1. **Expected the STP to help drive a way forward regarding the review of services provided in Bedford and Milton Keynes and Luton & Dunstable Hospitals and looks to see positive outcomes for the residents of Central Bedfordshire.**
2. **Noted the delay in prioritising the services offered at Bedford and Milton Keynes Hospitals and any impact on those offered by the Luton and Dunstable Hospital.**
3. **Expected to see financial balance across the local health system and an improvement in the efficiency of National Health services.**

SCHH/16/48 **Bedford Borough and Central Bedfordshire Safeguarding Adults Board Annual Report 2015-2016**

The Director of Social Care Health and Housing introduced the Joint Adults Safeguarding Board Annual Report and explained that a new independent Chairman had been appointed. The Head of Adult Safeguarding advised Members of main areas of focus in the Service and referred to a serious concern that culminated in the closure of a care home and a serious case review concerning a resident in Dunstable. The Head of Service advised that learning from these events had been shared and training given to staff and carers to ensure a consistent approach was given in the area of reablement, record keeping and managing those with complex needs.

Work to improve safeguarding and to make safeguarding personal was in hand and would meet the change in Law to be implemented in December regarding Deprivation of Liberty Safeguards (DoLS).

RECOMMENDED

The Committee

- 1. Welcomed the many positives in the report and the positive joint working.**
- 2. Stressed the importance of ensuring good, detailed record keeping and recommended any training deemed appropriate to ensure such.**
- 3. Recognised that safeguarding is the responsibility of all of us.**

SCHH/16/49 **Pay to Stay Policy**

The Director of Social Care Health and Housing introduced a presentation that outlined a new Government initiative that proposed households living in social housing, considered to have 'high incomes', pay more for their home if their rent is below average private sector (market) rents in their local area. Known as Pay to Stay, the arrangements are required to be implemented by April 2017. However, these changes have not yet been given final approval by the Government and may be subject to change.

Government guidance had not been published, however, work was underway to prepare tenants for the changes including a new tenant app., a helpline service and letter/leaflet to be sent out. Members wished to be kept informed in order to support tenants. The Head of Housing advised that a formal report be would submitted to the Committee when details of the scheme had been published.

RECOMMENDED

The Committee

- 1. Recognises a national steer which seeks to draw a balance between those in need and those who are in a position to better provide for themselves; recognises that there is a gap between those for whom a social rent is appropriate and those who can pay a potential market rent, yet have not the capital to move away from social housing.**
- 2. Accepts that in the latter case a more appropriate market rent has to be investigated by reason of the national steer yet recognises the**

apparent excessive work which may need to be done to assess such rents.

3. Is concerned with a possible effect on the short term housing plan and the 'right to buy'.
4. Expresses its considerable concern at the potential administrative costs in progressing this policy.
5. Seeks to ensure a close working relationship with the Revenue and Benefits Office to counter fraud.

SCHH/16/50 Q1 Budget Monitoring Report

The Assistant Director Resources advised Members on the current Budget position for the Directorate. Overspends in older people's care packages and an increase in the staffing levels in care homes were noted. Plans to reprofile the capital budget were in hand and delays in the Croft Green development had resulted in an underspend in the Housing Revenue Account.

The Assistant Director Public Health advised that plans to spend the strategic reserve were under consideration and Members would be advised to proposals at a future meeting.

RECOMMENDED The Committee accepts the Budget Monitoring 2016/17 Quarter 1 report.

SCHH/16/51 Work Programme 2016/17 and Executive Forward Plan

The Committee considered the current work programme and a long list of possible items identified at a Member Workshop and from residents that had replied to the Overview and Scrutiny Survey and included:-

- The Peer Review
- BCCG Financial Report update
- Services for Dementia Care
- Report outlining support for pharmacies and their services and education of the public.
- Integration of Health and Social Care Enquiry
- BCCG regarding the Musculoskeletal Service performance.

RECOMMENDED that the items identified in the minute above be included on the work programme.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.03 p.m.)

Chairman.....

Dated.....

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Central Bedfordshire Council

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

28 November 2016

Primary Care Strategy for Bedfordshire

Report of: Clare Steward, Director of Strategy & Transformation (Interim), Bedfordshire Clinical Commissioning Group (BCCG)

Advising Officers: Nikki Barnes, Head of Primary Care Modernisation, BCCG; Tony Medwell, Assistant Director for Primary Care Delivery, BCCG

This report relates to a non-Key Decision

Purpose of this report

1. To provide Members of the Committee with an overview of the work underway to deliver the Primary Care Strategy and General Practice Sustainability Plan for Bedfordshire.
2. To provide an update to Members of the Committee about the current position of general practice services within Bedfordshire, and how sustainability issues are being managed locally.
3. To provide an overview to the Committee as to how Bedfordshire Clinical Commissioning Group (BCCG), working closely with partners, is working towards modernising local primary care services to help improve outcomes for local people, and to help establish more sustainable models of working.

RECOMMENDATIONS

The Committee is asked to:

1. Consider the work underway to improve the sustainability of local general practice services;
2. Consider how BCCG is supporting the development of local primary care services to help establish more sustainable and improved business and delivery models for the future.

Executive Summary

This paper sets out the considerable amount of work that is being undertaken to support the immediate primary care sustainability issues, and to support primary care development and transformation within Bedfordshire.

There are significant primary care sustainability issues within Bedfordshire (as there are across many areas of the country), and targeted support is being provided to vulnerable practices. Alongside this, practices are being supported to develop longer-term primary care solutions at locality level, and significant work is now underway to develop the key enablers to underpin the delivery of more sustainable models of primary care, i.e. helping to create a workforce, primary care estate and IM&T (Information Management & Technology) infrastructure which is fit for the future.

Recently published national guidance clearly supports and reinforces this local work. This report explains that the current local approach around primary care development is well placed to deliver national expectations around CCG delivery of the 'General Practice Forward View'.

1. Introduction

Over the last year, Bedfordshire Clinical Commissioning Group (BCCG) has significantly expanded its focus on the development and transformation of primary care services, and took on responsibility as a joint co-commissioner of primary medical care services with NHS England. Under these Joint Co-Commissioning arrangements, NHS England retains formal legal responsibility for the contracts with local general practice services.

This report provides a summary of progress since the last update for the Overview and Scrutiny Committee in March 2016. It brings back an update to Members around the current position of general practice services in Bedfordshire, and sets out the work which is taking place towards implementing the BCCG Primary Care Strategy, and supporting NHS England with discharging primary medical care commissioning duties.

2. Sustainability Issues

As presented previously, there are significant sustainability issues facing general practice within Bedfordshire as a result of a wide range of factors, including workforce pressures, rising patient need and demand for services, significant housing growth, and reducing income for many practices. Four practices within Bedfordshire (three in Bedford Borough, one in Central Bedfordshire) have returned their contracts to NHS England within the last twelve months, necessitating short-term caretaker arrangements to be put in place or list dispersal, and many practices consider their businesses to be vulnerable, or their service models to be unsustainable in the long term. Additionally, the local federated provider has recently served notice on a number of contracts, including two APMS (Alternative Provider Medical Services) contracts, and the CCG is has worked tirelessly to support NHS England in ensuring safe and timely contingency arrangements are established.

Improving the sustainability of local primary care services is a critical priority for BCCG, and the actions being taken to address these issues are two-fold:

- Short-term support for struggling practices in partnership with NHS England, enabling movement towards longer-term solutions where possible
- Longer-term primary care development to support the establishment of more sustainable business and delivery models.

2.1 Short-term Support for Vulnerable Practices

Thirteen practices in Bedfordshire have been successfully prioritised to receive support from the national 'Supporting Vulnerable Practices' programme, across Bedford, Chiltern Vale and Ivel Valley Localities. The programme offers a diagnostic means of identifying the root cause of a practice's issues by staff survey and interview, following which a six-month implementation plan is developed with support from NHS England. A member of the BCCG Primary Care Development team has received training to be involved in delivering this support to practices.

An additional programme, offering rapid support to practices with specific resilience issues, is being made available – the 'General Practice Resilience Programme'. Sixteen practices within Bedfordshire have been short-listed to receive support from this programme.

Locality teams continue to have an important role in supporting struggling practices, and their close relationships with practices have enabled both the CCG and NHS England to have early warning where notice has been served on contracts, which has helped to enable rapid contingency planning. Where short-term caretaker arrangements are put in place, BCCG is working very closely with NHS England to ensure that these act as a bridge to more sustainable long-term solutions, in line with the Bedfordshire Primary Care Strategy.

The sustainability of local practices is being closely monitored by the CCG Executive Management Group, the CCG Primary Care Working Group and the Joint Co-Commissioning Committee with NHS England.

3. Primary Care Development

The short-term support offered to struggling practices, as set out above, is happening alongside more strategic development work taking place to help local primary care services work towards establishing a model which is fit for the future.

The following components are set out in the report below

- Locality Development Plans
- National Guidance Requirements
- Planning for 2017/18 and Beyond
- Modernisation Support
- Co-commissioning

3.1 Locality Development Plans

All five localities have now produced a locality development plan, designed to enable delivery of longer-term primary care solutions which reflect the local needs of providers and their patients. These are framed within the context of the local Primary Care Strategy and the national 'General Practice Forward View'.

There are common themes across the locality plans, including:

- Collaborative management of same-day demand between groups of practices, for example through shared telephone triage, and movement towards establishing a single point of contact. The plans indicate that this could be a key enabler for helping practices to offer appointments across evenings and weekends, i.e. 'extended access'.
- Improving access for patients and increasing practice efficiency through the development of new forms of consultations, e.g. offering more structured telephone appointments, online consultations, and group consultations for patients with long-term conditions/multi-morbidities, which have all found to be very successful in trials in other parts of the country.
- Increasing skill-mix and developing new roles within primary care, for example developing clinical administrators to help reduce GP workload pressures, rolling-out the clinical pharmacist pilot across further practices, employing paramedics within practices to conduct home visits.
- Greater collaboration between health and social care, through the development of more robust multi-disciplinary team working and trialling of care coordinator/navigation roles, and improving the way support is provided to care homes.
- Empowering patients to deliver more self-care and self-management, through a greater focus on patient education and the use of digital technology, e.g. health apps accessible through patient's mobile phones.

- Shared management of patients with long-term conditions, for example enabling clinicians to develop more specialist skills and to manage patients across groups of practices, e.g. through locality clinics.

The locality plans are being developed into robust implementation plans, and delivery will be assured by the Primary Care Working Group, as a sub-group of the Joint Co-Commissioning Committee.

3.2 National Guidance Requirements

The NHS operational planning guidance for 2017-19 was published in September 2016, and includes significant expectations around primary care development. The CCG is well placed as many of these have already been factored into the BCCG Primary Care Strategy, and delivery is already in progress. However, the guidance also includes new and expanded expectations in the following areas:

- CCGs are required to demonstrate how they are ensuring the sustainability of general practice through the implementation of the 'General Practice Forward View' and ten High Impact Actions for primary care. CCGs are expected to make £3 per head of population funding available across 2017-19 to invest in supporting practice transformation.
- Extend and improve patient access, in particular to start to commission routine and same day appointments during evenings and weekends from 2018/19, and to ensure this 'extended access' is available to all patients by 2020.
- Support practices to offer online consultations
- Expand efforts around workforce development, including through the establishment of a local 'Time for Care' programme, to provide dedicated support to practices with re-modelling their workforce and introducing greater skill-mix.

3.2 Planning for 2017/18 and Beyond

In light of the national planning guidance, and to support the implementation of the Locality Development Plans, BCCG's Primary Care Working Group is in the process of revising the local work plan for supporting primary care development. Fortunately, there is significant synergy between the national requirements and the initiatives practices are proposing for improving their long-term sustainability.

Proposals are being developed around the following:

- Deployment of the £3 per head of population to support and pump prime implementation of Locality plans and delivery of key national requirements.
- Expansion of the training programme to develop clinical administrators to relieve pressure from GP workloads.
- Establishing a combined project to support delivery of extended access, online consultations and digital self-care and self-management.
- Increasing the workforce development support available to practices through the local 'Time for Care' programme, particularly through targeted workforce diagnostic and change management support across groups of practices.
- In partnership with the Local Medical Committee (LMC), development of a Practice Manager Leadership and Innovation group to co-design and drive change.
- Establishing and implementing a robust model for multi-disciplinary team working in primary care, including improving how support is provide to care homes, within BCCG and with key partner organisations. BCCG has piloted models for community service integration that builds primary care capacity and enhances patient care. BCCG expects

to develop the case in 2016/17 to inform 2017/18 plans to develop primary care capacity to support frail and elderly patients through new models of care encompassing community and mental health services, alongside social care.

These emergent proposals will be discussed with member practices throughout December, prior to submission to NHS England on 23rd December.

3.3 Modernisation Support

Significant work is already underway around developing the key enablers to underpin the delivery of more sustainable models of primary care. An example of this is the recent introduction by the interim Director of Strategy and Transformation of a Head of Primary (Community and Social) Care Modernisation lead from within the existing primary care resource, to focus on the essential strategic requirements required.

3.3.1 Workforce

The recently established Community Education Provider Network (CEPN) is taking forward a co-ordinated approach to increasing recruitment and retention within primary care; promoting and supporting new roles in practice, such as paramedics and physicians associates; expanding training and mentorship capacity and developing an integrated multi-professional workforce.

Through the BCCG GP Future Leaders and Fellowship programme two high calibre GPs from outside the area have been successfully attracted and four newly qualified GPs have been retained within Bedfordshire. The CCG will continue to work with practices to develop attractive, flexible posts for all professions within general practice and wider primary care. The recently recruited Practice Nurse Tutor will provide mentorship and support to both experienced and new practice nurses, encourage retention and will promote development and training.

In partnership with Practice Manager leads, the CCG is developing a local modular Practice Manager development programme offering fundamental practice management components as well as strategic leadership development.

The first wave of the Clinical Pharmacist pilot commenced in July 2016 and saw the introduction of six new Clinical Pharmacists posts working across ten Bedfordshire practices. Practices are already reporting the positive impact the posts are having in terms of reducing GP workload and improving patient care. Practices are being actively encouraged to apply to join the second wave pilot in January 2017.

By April 2017 the CCG will have funded the training of 11 clinical administrators and will continue to roll out the training to ensure every practice has a trained administrator by 2020-21. BCCG will continue to provide evidence-based and practical support for practices around workforce development and new models of service delivery, through a consolidated local 'Time for Care' programme and implementation of the ten High Impact Actions.

3.3.2 Estates

The development of the estate utilised to deliver out of hospital services is a key enabler for supporting new models of working, particularly where it can be developed to provide a focal point to bring together services working more closely together, i.e. bringing practices together, and providing a base for more robust multi-disciplinary working. A comprehensive Estates

Development Implementation Plan is being delivered via the BCCG Estates and Premises Group.

BCCG recently received the very positive news that a number of bids made to the national Estates & Technology Transformation Fund have been successful in principle. Providing BCCG successfully passes the appropriate due diligence requirements, this funding, which could be in the order of £2.3million, will enable Full Business Cases to be developed for the first three hubs in Bedfordshire, in Dunstable, Biggleswade and Bedford. To varying degrees, these hubs will enable services to co-locate to provide more joined-up care to local people, in significantly improved facilities. The Dunstable and Biggleswade hubs are being taken forward as joint initiatives with Central Bedfordshire Council, to maximise the opportunities to co-locate key services together.

In partnership with both local authorities, BCCG has also recently submitted an application for further funding to the national One Public Estate programme, requesting funding to support scoping work for the potential development of four further hubs across Bedfordshire. The application seeks further investment of £340,000.

In addition to these activities, close links are also being developed with the planning teams within the local authorities, to ensure that opportunities within Section 106 agreements with housing developers are maximised going forwards. One example is a project which has recently commenced part-funded by Section 106 funding, to conduct an options appraisal to assess the best future GP premises configuration to serve the communities of Cranfield, Marston Moretaine and Wootton.

3.3.3 Technology

A further achievement to those set out above is that BCCG has also been successful in being awarded funding from the Estates and Technology Transformation Fund to support implementation of priority elements of the Local Digital Roadmap. The £1.7million funding awarded across Bedfordshire, Luton and Milton Keynes, will enable development of the technologies required to support primary care at scale, the sharing of patient information across GP practices, with the out-of-hours/111 provider, and with members of the multi-disciplinary care team. It will also help to provide the technical infrastructure needed to support new forms of patient consultations, e.g. online consultations, Skype, etc, and technologies to better empower patients to self-care and self-manage their conditions. A programme to take this work plan forward is currently being established, and is expected to include consideration of how best to improve technical links with care homes.

4 Co-commissioning

The CCG commenced Joint Commissioning arrangements with NHS England in June 2016. These arrangements have markedly increased BCCG's influence in the development of local primary care and enhanced our role in working through re-procurements and the opportunity to focus on strategically developing sustainable primary care services.

As a CCG we are keen to continue to maximise the opportunities this stronger relationship provides and collaborate with NHS England to move towards delegated commissioning arrangements. Over the coming months the CCG will undertake a full risk assessment, due diligence and further engagement with member practices to ensure the organisation is responsibly prepared for this in the future.

5 Next Steps

Over the forthcoming months, the work of the primary care team will continue to ensure optimal delivery of the local Primary Care Strategy along with the delivery of the national expectations. The BCCG Primary Care Working Group will continue to monitor and oversee its effective implementation.

Key priorities for the forthcoming period will include:

- Continuing to support vulnerable practices to help support their resilience
- Engaging with practices around the timing of moving towards full delegated commissioning
- Commencing the implementation of locality development plans and the resulting delivery of primary care at scale and more robust multi-disciplinary working
- Continuing to support the procurement/re-procurement of a number of APMS contracts
- Commencing implementation of the Local Digital Roadmap, with an immediate focus around inter-operability between practices and the new out-of-hours/111 provider
- Commencing the next phase of planning for the first three hubs in Dunstable, Bedford and Biggleswade
- Continuing to support practices through a multitude of workforce development initiatives.
- Expanding efforts to implement the nationally recommended ten High Impact Actions as part of a local 'Time for Care' programme
- Initiating a combined project for robustly implementing extended access, e-consultations and digital self-care and self-management
- Continuing to increase the uptake of e-referrals into secondary care.

6 Recommendations to the Overview and Scrutiny Committee

Members of the Overview and Scrutiny Committee are asked to:

1. Consider the work underway to improve the sustainability of local general practice services;
2. Consider how BCCG is supporting the development of local primary care services to help establish more sustainable and improved business and delivery models for the future.

Central Bedfordshire Council

**SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

28 November 2016

Work Programme & Executive Forward Plan

Advising Officer: Paula Everitt, Scrutiny Policy Adviser
Paula.Everitt@centralbedfordshire.gov.uk

Purpose of this report

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

RECOMMENDATIONS

The Committee is asked to:

1. Consider and approve the work programme attached, subject to any further amendments it may wish to make.
2. Consider the Executive Forward Plan; and
3. Consider whether it wishes to suggest any further items for the work programme and/or establish any enquiries to assist it in reviewing specific items.

Overview and Scrutiny Work Programme

1. Throughout June and July 2016 residents were encouraged to propose items to be considered by the Council's overview and scrutiny committees.
2. In addition a workshop took place in June 2016 at which Members and partners were invited to propose additional items and to indicate the priorities that they would like to consider throughout 2016/17.
3. Throughout this process Members have been encouraged to adopt several key principles relating to ways of working that were previously agreed by the Overview and Scrutiny Co-ordination Panel, namely:-
 - Minimising duplication
 - Focusing on requested items
 - Focusing on outcomes and the 5-year plan

4. A long-list of items was presented to the OSC at their previous meeting where Members agreed those items they would like to be added to further meetings.
5. This work programme aims to provide a balance of those items on which the Executive would be grateful for a steer in addition to those items that the Overview and Scrutiny Committee (OSC) has proactively requested to receive.
6. The Committee is requested to consider the work programme and the indicated outcomes at **appendix 1** and to amend or add to it as necessary.

Overview and Scrutiny Task Forces

7. 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

8. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan that are not presently included in the Committee's work programme. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report:-

Item	Indicative Exec Meeting date
Using Compulsory Purchase Orders to bring Empty Homes back into Occupation	6 December 2016
Re-development of Croft Green, Dunstable	7 February 2017
The Integration of Health and Social Care in Central Bedfordshire	4 April 2017
Award of Contract - Development of Biggleswade South Gypsy and Traveller Site	10 January 2017
Non Key Decisions	Indicative Exec Meeting date
Period 6 (Quarter 2) – 2016/17 Revenue Budget Monitoring	6 December 2016
Period 6 (Quarter 2) – 2016/17 Capital Budget Monitoring	6 December 2016
Period 6 (Quarter 2) – 2016/17 Housing Revenue Account Budget Monitoring	6 December 2016
Quarter 2 Performance Monitoring	6 December 2016

Draft Budget & Medium Term Financial Plan 2017/18 – 2020/21	10 January 2017
Draft Capital Programme 2017/18 – 2020/21	10 January 2017
Draft Budget for the Housing Revenue Account 2(Landlord Service) 2017/18 - 2020/21 and Business Plan	10 January 2017
Final Budget & Medium Term Financial Plan 2017/18 – 2020/21	7 February 2017
Final Capital Programme 2017/18 – 2020/21	7 February 2017
Final Budget for the Housing Revenue Account (Landlord Service) 2017/18 - 2020/21 and Business Plan	7 February 2017
Period 9 (Quarter 3) – 2016/17 Revenue Budget Monitoring	4 April 2017
Period 9 (Quarter 3) – 2016/17 Capital Budget Monitoring	4 April 2017

Corporate Implications

9. The work programme of the Overview and 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.

Conclusion and next Steps

10. 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.

Appendices

Appendix 1: OSC work programme

Background Papers

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-

<http://centralbeds.moderngov.co.uk/mgListPlans.aspx?RPId=577&RD=0>

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Appendix 1 – SCHH OSC Work Programme

Meeting date	Report Title	Outcomes we are seeking to achieve
23 January 2017	Customer Feedback – Complaints, Compliments Annual Report	This report provides an overview of the key issue in complaint handling and the effectiveness of the complaints procedure for Adults Social Care for the period 1 April 2014 to 31 March 2015.
23 January 2017	Peer Review on Reablement and Rehabilitation Update	To receive an update on the outcomes of the LGA Peer Review Report.
23 January 2017	The Day Offer for Older People and Adults with	to receive an update post public consultation
23 January 2017	Fees and Charges 2017	To receive the directorate's relevant fees and charges information, noting the Executive proposals and influencing where appropriate changes to F&C prior to Council.
23 January 2017	Draft Budget, Capital and Medium Term Financial Plan 2017/18-20/21	To consider the draft Budget, updated Medium Term Financial Plan, Housing Revenue Account and Capital Programme pertaining to the Social Care Health and Housing Directorate only. Information that is relevant to the
23 January 2017	Support for pharmacies and their services and education of the public	This is a NHS England commissioned service and a request for information will be made,
23 January 2017	Musculoskeletal Service Performance	To receive a report on the performance of the Musculoskeletal Service commissioned by the BCCG
20 March 2017	Integration of Health and Social Care in Central	To receive the Enquiry Team report into their findings.
14 May 2017	Quality Accounts	To receive the Quality Accounts provided by local hospitals and NHS Care providers in Central Bedfordshire and provide any comments as they feel appropriate.
05 June 2017		

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