

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** 09 March 2017

## **NOTICE OF MEETING**

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

Date & Time

**Monday, 20 March 2017 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

**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 23 January 2017 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 Members Update**

To receive a brief verbal update from the Executive Members for

- Social Care, Health
- Housing

## Part A: Health Scrutiny

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

### Reports

Item	Subject	Page Nos.
10	<b>East of England Ambulance Service Trust (EEAST) - Performance Update</b>  To receive a Performance Update from the East of England Ambulance Service Trust (EEAST) and comments on the impact of the current service and performance on residents.	* verbal
11	<b>Townsend Court Houghton Regis</b>  To consider the Briefing Paper on the new care arrangements for inpatients with Mental Health issues in Bedfordshire	* 13 - 18

## Part B: Social Care and Housing

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

### Reports

Item	Subject	Page Nos.
12	<b>Enquiry into Integration of Health and Social Care in Central Bedfordshire - update</b>  To receive an update on work undertaken by the Enquiry Team on the Integration of Health and Social Care in Central Bedfordshire.	* verbal
13	<b>Work Programme 2016/17 and Executive Forward Plan</b>  The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.	* 19 - 24
14	<b>Joint Health Overview and Scrutiny Proposal</b>  To consider and comment on proposals for a Joint Health Overview and Scrutiny Committee in relation to the Sustainability and Transformation Plan for Bedfordshire, Luton and Milton Keynes.	* To Follow



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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, 23 January 2017.

**PRESENT**

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

Cllrs Mrs A Barker  
P A Duckett  
Mrs S A Goodchild

Cllrs Mrs D B Gurney  
G Perham

Apologies for Absence: Cllrs N B Costin  
B Walker

Members in Attendance: Cllrs E Ghent Deputy Executive Member for  
Adult Social Care  
C C Gomm  
Cllr Mrs C Hegley Executive Member for Social  
Care and Housing  
J G Jamieson Leader of the Council and  
Chairman of the Executive  
M R Jones Deputy Leader and Executive  
Member for Health

Officers in Attendance: Mrs P Everitt Scrutiny Policy Adviser  
Mr D Galvin Head of Financial Performance  
Mr T Keaveney Assistant Director Housing Services  
Mr S Mitchelmore Assistant Director, Adult Social Care  
Mr N Murley Assistant Director Resources  
Mr R Norris Team Leader Housing Finance  
Mrs C Shohet Assistant Director of Public Health  
Mr G Singh Business Manager Housing Services  
Mr D Simpson Interim Chairman Central  
Bedfordshire Healthwatch

SCHH/16/65 **Minutes**

**RESOLVED** that the minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 28 November 2016 be confirmed and signed as a correct record.

SCHH/16/66 **Members' Interests**

None.

**SCHH/16/67 Chairman's Announcements and Communications**

The Chairman updated the Committee on various matters that included:-

- The BCCG's proposal to close the Chiltern Hills GP Surgery in Dunstable. The Committee had sought reassurances that additional support would be provided to high risk and vulnerable patients on their transition to alternative GP surgeries in Dunstable and the continuity of their care.
- The Integration of Health and Social Care in Central Bedfordshire Enquiry Team had met representatives of the NHS Trusts, Bedfordshire CCG, Local Medical Committee and Bedfordshire University.
- A Joint Health OSC had met and learnt that some of the findings from the Bedfordshire Healthcare Review would be used in the development of the Sustainability and Transformation Plan (STP).

**SCHH/16/68 Petitions**

None.

**SCHH/16/69 Questions, Statements or Deputations**

A Member of the public raised her concerns regarding the proposed room hire fees to residents for events at Priory View. Concerns were also raised about the cost of guest rooms hire

The Executive Member for Social Care and Housing agreed to look at the charges and especially the market rates costs proposed.

**SCHH/16/70 Call-In**

None.

**SCHH/16/71 Requested Items**

None.

**SCHH/16/72 Executive Member Update**

The Executive Member for Social Care and Housing advised the Committee of activities that were not included on the agenda, these included:-

- The Homes and Community Agency awarded £5.6m to the Council towards future Independent Living schemes.
- In recognition for reaching the finals of the Pinder's Health Care Design Awards for Priory View, the Council would receive a £500 cheque to donate to a chosen charity and the Dunstable Citizens Advice Bureau had been nominated to receive the cheque.
- A Member briefing on the Care Market was planned for February 2017.

The Executive Member for Health announced the Cambridgeshire Community Services and Terence Higgins Trust, known as iCash, had been appointed to provide services for Contraception and Sexual Health in Bedfordshire.



Members were also advised that HIV was on the increase in Central Bedfordshire and this growing trend would be closely monitored.

#### SCHH/16/73 **Customer Feedback – Complaints, Compliments Annual Report 2015-2016**

The Assistant Director Resources introduced the statutory Complaints, Compliments Annual Report that outlined the complaints and compliments received by the Directorate. Members were reassured that each complaint was investigated and, where appropriate, staff training sessions held to learn from service failure.

Customer feedback would continue to be sought and age profile details circulated to the Committee. Members were reassured that changes in staffing arrangements in Dunstable had resulted in an improved service to customers in the south of Central Bedfordshire.

#### **RECOMMENDED**

##### **The Committee:-**

- 1. Recognises the improvement in services, but looks to training and updating especially where there is poor customer service.**
- 2. Welcomes compliments.**
- 3. Suggest raising awareness so compliments or complaints can be made more easily.**
- 4. That age profile details are circulated.**

#### SCHH/16/74 **The Day Offer for Older People and Adults with Disabilities**

The Head of Managing the Needs of Older People (MANOP) introduced a report that outlined the responses received to date on the Day Offer for Older People and Adults with Disabilities consultation and meetings with the public. Three key themes had emerged from the consultation:-

- A need for those of working age to be able to access employment opportunities.
- A need to specifically acknowledge the needs of older people with dementia.
- That the wording of the offer should avoid the use of words and phrases that the general public may not immediately understand.

The need for change to the current day care offer had been recognised and officers would continue to engage with customers and their family carers along the journey. Relatives had stressed the importance of the day care centre service in providing them with respite and also allowing carers to meet together and get support.

#### **RECOMMENDED**

##### **The Committee:-**

- 1. Recognises the need to bring our day offer, including our buildings, up to date.**

2. **Welcomes the positive move towards a personalised service promoting the independence and other needs of our residents.**
3. **Particularly welcomes the proposal to amend the day offer with reference to dementia clients.**
4. **Recognises the need to ensure that transport needs can be met to get clients to the right place at the right time.**
5. **Expects the Council to seize any opportunities to work with other bodies to create an integrated pathway for our clients.**
6. **Looks to see that our clients varied needs can be met in a realistic manner.**

#### SCHH/16/75 **Draft Budget, Medium Term Financial Plan 2017/18 - 20/21**

The Head of Financial Services introduced Executive Report that highlighted the financial pressures, proposed efficiency saving and public consultation timelines in relation to the Draft Budget and Medium Term Financial Plan (MTFP). Members' attention was drawn to appendices F and G which detailed the primary statutory provisions relevant to the services provided by each directorate and the Chief Finance Officer's assessment of Council Reserves.

The Assistant Director Resources delivered a presentation that highlighted in detail the financial pressures and efficiencies proposed.

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

- The Draft Budget assumed a Social Care Precept of 2% over three years. The Provisional Financial Settlement enabled a move to a 3%, 3%, 0% precept over the next three years and would create a reserve specifically for SCHH generated from the 1% increase to the ASC Precept. In addition, the Council would receive a one off grant of £869K that would be reflected in the final budget.
- Whether the provision for homelessness was adequate. The Assistant Director for Housing reassured the Committee that the assumptions were based on best estimates.
- Concern that the Work Choice scheme subsidised by the Government would stop. The Assistant Director Resources advised that Economic Development colleagues were involved to help find a solution in conjunction with employers.
- That the MANOP team continue in their search for development opportunities.
- That officers continue to develop IT business systems and ensure they are fit for purpose
- Support the concept of a Trading Company and noted a report be submitted to a future meeting of the Committee.

#### **RECOMMENDED**

#### **The Committee:-**

1. **Approves the approach to the draft Budget and Medium Term Financial Plan 2017/18 – 2020/21.**

2. **Notes the areas and pressures of increased demand in what are demand led services and the work to meet the financial pressures.**
3. **Urges any preventative work to try to reduce future demands wherever possible.**
4. **Urges officers to consider any additional ways for businesses to support those under the Work Choice scheme.**
5. **Urges the creation of an integrated workforce especially in relation to health and social care to improve the efficiency of our service.**
6. **Recognises the need to ensure our business systems are fit for purpose and that essential information is capable of being shared between relevant parties with confidence.**
7. **Looks forward to receiving a report on proposals for a Local Authority Trading Company and what advantages this might bring.**
8. **Approves the draft budget as a basis for consultation.**

**SCHH/16/76 Draft Capital Programme 2017/18 -2020/21**

The Head of Financial Services introduced a report outlining proposals to the 4 year Capital Programme and the timeline for public consultation. The Assistant Director Resources confirmed that funds had been allocated for integrated health and social care hubs and these figures would be included in the report to Executive.

**RECOMMENDED**

**The Committee:-**

1. **Supports the Draft Capital Programme 2017/18 – 2020/21.**
2. **Notes that allocation of monies to health and social care hubs be included with work continuing in this area.**
3. **Agrees the draft capital programme as a basis for consultation.**

**SCHH/16/77 Draft Budget for the Housing Revenue Account (Landlord Services) 2017/18 - 2020/21 and Business Plan**

The Senior Finance Officer introduced a presentation that outlined the Draft Budget for the Housing Revenue Account (HRA), that included the Landlord Business Plan summary and Investment Plan 2017-2023. Of particular note was the decrease by 1% of rents and the consequential reduction in the capital budget.

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

- That the proposals to enhance the existing number of scheduled housing schemes be supported.
- Noted the pressures on the Homelessness Service and that adequate provision was available through changes in the HRA.
- Concerns regarding the extension of the Right to Buy scheme to Housing Association stock and the need to mitigate the diminishing housing stock in Central Bedfordshire. The Committee also noted the self financing debt repayment proposal outlined in the Business Plan.

**RECOMMENDED**

**The Committee:-**

1. **Welcomes the opportunity to enhance the existing housing stock identified under the Sheltered Housing Review and the success of Priory View, Dunstable and the ambition to deliver further new build schemes.**
2. **Notes the pressures on homelessness and the demographic change and welcomes the constructive response to meet future housing needs.**
3. **Notes the self financing debt repayment under the 30 year Business Plan period.**
4. **Agrees the draft budget for the Housing Revenue Account (Landlord Services) 2017/18 – 2020/21 and Business Plan as the basis for consultation.**

**SCHH/16/78 Social Care Health & Housing Fees and Charges 2017/18**

The Head of Financial Services introduced a report that outlined the proposed Fees and Charges 2017/18 for the Directorate. Members supported the proposals, however, subject to further consideration of the planned fees for guest room hire and venue hire for residents at Priory View as stated above.

**RECOMMENDED the Committee supports the need to raise certain fees and charges where set out subject to a request from a public speaker that the charges for room hire by residents at Priory View for internal events and the cost of guest accommodation be reviewed, subject to the need for the Council to recover the costs associated with providing such accommodation.**

**SCHH/16/79 Work Programme 2016/17 and Executive Forward Plan**

AGREED the Committee work programme subject to the following amendments:-

- To reschedule the Pharmacies item.
- The addition of Care Home provision for Older People in Central Bedfordshire.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.40 p.m.)

Chairman.....

Dated.....

**Central Bedfordshire Council**

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

20 March 2017

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**Townsend Court - Houghton Regis**

Presenting Officers:

Donna Derby: Director of Commissioning & Performance, Bedfordshire Clinical Commission Group (BCCG)

Michelle Bradley: Director for Bedfordshire Mental Health & Wellbeing, East London Foundation Trust (ELFT)

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**Purpose of this report**

The BCCG briefing attached at Appendix A, details current arrangements for inpatients with mental health conditions in Bedfordshire.

**RECOMMENDATIONS**

1. To consider and comment on the changes implemented to improve the care of mental health inpatients in Bedfordshire.
2. To consider the offer for members to visit Townsend Court and Fountain Court before the transfer of patients.

**Council Priorities**

This report supports the following council priority

- Protecting the vulnerable, promoting well being

**Corporate Implications**

The Townsend Court Houghton Regis briefing has been produced by Bedfordshire Clinical Commissioning Group and any corporate implications to the Council are detailed in the report.

**Conclusion and next Steps**

Members are requested to consider and comment on the information provided by the Bedfordshire Clinical Commissioning Group.

**Appendices**

Appendix A – Townsend Court Houghton Regis Briefing

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## Overview and Scrutiny Committee Briefing

**Subject: Townsend Court**  
**Briefing date: 20 March 2017**

### Overview

East London Foundation Trust (ELFT) is improving mental health services in Bedfordshire to provide a more therapeutic environment for mental health inpatient recovery. This involves temporarily moving mental health inpatient beds from Weller Wing at Bedford Hospital into Townsend Court in Houghton Regis, until a long term strategy for mental health is developed and implemented by Bedfordshire Clinical Commissioning Group.

#### What is happening?

By the end of March, ELFT will transfer female inpatients from the current premises of Keats Ward at Weller Wing to Townsend Court in Houghton Regis. Townsend Court was identified as the most appropriate unit to provide inpatient mental health services, given its design, location and because it had previously provided acute services.

ELFT closed Townsend Court to admissions in January, pending a consultation with staff. Now that the consultation is complete, the plan is to either discharge those patients who have completed their treatment back into the community, or transfer those patients who are still being treated to Fountain Court in Bedford.

Townsend Court currently provides acute care for older people who need support because their symptoms have become more challenging in either their home or care home. Patients receive 24 hour nursing care, with occupational therapy and support to stabilise other physical health issues that can co-exist with dementia, like diabetes.

Older people are currently cared for in three centres across Bedfordshire including Fountain Court in Bedford, Townsend Court in Houghton Regis and The Poplars in Houghton Regis. Patients are allocated beds on availability, rather than location. In these facilities, patients are stabilised, so they can return home when it is safe or appropriate to do so, this would include an assessment to determine if an enhanced care package is required on an individual's return home.

Patients usually stay in Townsend Court for approximately one to three months, although it can occasionally be longer if appropriate facilities for future care need to be identified. The Community Mental Health team liaise with Townsend Court to ensure the correct level of care is provided on discharge, if required. ELFT is also considering a number of additional support measures as part of the service change, including providing an enhanced Matron role to make sure people are discharged appropriately and their care transferred effectively.

There are currently 7 inpatients at Townsend Court and the multi-disciplinary team is reviewing each person to identify those people who are ready for discharge or will be prior to the unit closing and those who will need to continue being treated in an in-patient service and will need to be transferred to Fountains Court in Bedford.

With Townsend Court closing to older people, those who need inpatient beds will be cared for at either The Poplars or at Fountain Court in Bedford. Bedfordshire Clinical Commissioning Group recognises that ELFT need to provide care as locally as possible. Functional older people services will remain in Luton and south Bedfordshire, with dementia inpatient services being provided at Fountain Court.

Why are these changes being made?

This temporary inpatient service change is part of the ongoing improvements, which will lead to a five year strategy to provide modern mental health services across Bedfordshire and strengthen crisis support. Those with an interest in the long term plans for mental health services will have the opportunity to get involved in the process and shape future provision.

Currently, inpatient mental health services are delivered in a number of locations, which include:

27 male beds	Ash Ward, Oakley Court, Luton
9 female beds	Willow Ward, Oakley Court, Luton
17 female beds	Keats Ward, Weller Wing, Bedford
26 beds (mixed for older people)	Fountains Court, Bedford
16 beds (mixed for older people)	Townsend Court, Houghton Regis

In 2013, the Care Quality Commission (CQC) raised concerns that Weller Wing at Bedford Hospital, which provides inpatient care for people in both Bedford Borough and Central Bedfordshire was not suitable to provide mental health care, because the building was not conducive to recovery. This was strongly supported by the local community and while essential improvements were made to the building – for example, removing the dormitory areas in Keats Ward, (which had also been highlighted as a particular concern by the CQC), it was accepted that services would be moved from Weller Wing, as part of the new contract award to ELFT in 2015.

The work to improve mental health services in Bedfordshire begun in April 2015, opening Oakley Court to reduce the number of people from Bedfordshire who were being placed around the country due to a shortage in beds locally and this continued in Jan 2015, when in line with national best practice, admission of men onto Keats ward ceased and Weller Wing became a female only ward. From this point, men living in Bedford, who required hospital admission went to Oakley Court in Luton, or one of the other Luton based inpatient facilities.

Chaucer Ward, at Weller Wing, an older people’s ward was also integrated with Fountains Court, based on the Health Village site in Bedford to provide an improved environment for care delivery which includes ground floor accommodation and safe access to outdoor space.

What facilities are there for older people?

Fountain Court is a 26-bed acute assessment unit for older people with mental illness that provides both treatment for functional illnesses such as depression and specialist dementia care.

It has an experienced and skilled medical and nursing team that provides 24-hour assessment and treatment. There is also a dedicated team of occupational therapists, to assist with the assessment process.

The Poplars in Houghton Regis is a 16 bedded ward for older people who have functional mental illness such as depression or anxiety. A clinical and estate review of this unit was completed as part of this consultation to see if the unit could also provide treatment for older people with dementia but the design of the unit does not support such a model.



## **Timeline**

ELFT started to engage with staff formally about proposed changes to Townsend Court in January. Engagement with patients, their families and carers is currently underway to ensure a smooth transition of patients and services. It is expected that inpatients that cannot be discharged safely into the community will be transferred to Fountain Court in mid-March. ELFT expect to transfer inpatients from Keats Ward at Weller Wing to Townsend Court before end of March, following staff induction to the unit and some minor estates work.

## **Scale of change**

### Ensuring quality and patient safety

We recognise that the proposal includes the relocation of vulnerable people from across Central Bedfordshire. ELFT appreciates the importance of providing services locally and is considering a number of steps to minimise the risk, including providing a crisis service to older people and establishing a Matron role to make sure that people are discharged appropriately and their care transferred effectively.

ELFT has established a project group that meets regularly to ensure that the systems are in place to ensure there is minimum disruption to the systems and that there is a safe transfer or discharge of each patient based on individual need

### Staffing

ELFT will be working with staff to support them to continue with their existing roles or be supported into alternative positions, if preferred.

### Engagement

ELFT has engaged with both patients and public as part of this process. In October 2016, ELFT engaged with patient groups in Bedford Borough to explain the proposal to move patients out of Weller Wing at Bedford Hospital and look for alternative premises.

In January, following an extensive investigation to secure a new facility for mental health care, Townsend Court was identified and a 30-day consultation with staff affected at both Townsend Court and Weller Wing begun on 5 January, 2017. With the decision now made, ELFT is engaging with patients, families and carers to assure them of the quality of care they will continue to receive and visits are being arranged for visits to Fountain Court in Bedford, before the transfer in March.

### Next steps

Bedfordshire Clinical Commissioning Group and ELFT are committed to keeping Central Bedfordshire Council, its Executives and Health Overview and Scrutiny Committee up to date with progress on the five year mental health strategy and the temporary measures that will take place until the strategy is implemented.

Bedfordshire CCG and ELFT have also extended an offer for members of the Central Bedfordshire Overview and Scrutiny Committee to visit Townsend Court and Fountain Court before the transfer of patients, so that they can be assured that patient care and experience is at the centre of our plans. Bedfordshire CCG and ELFT will be holding their first engagement with the public regarding the development of long term plans for mental health services for the population of Bedfordshire on 6 March 2017.

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**Central Bedfordshire Council**

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

**20 March 2017**

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**Work Programme & Executive Forward Plan**

Advising Officer: Paula Everitt, Scrutiny Policy Adviser  
[Paula.Everitt@centralbedfordshire.gov.uk](mailto: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. During 2016/17 Members have been invited to share their experiences of the overview and scrutiny process and make suggestions to the Overview and Scrutiny Coordination Panel (OSCP) on future ways of working. This feedback was subsequently considered by the OSCP who resolved to encourage the OSCs to apply the following principles for ways of working:-
  - a. activity be led by the OSCs and residents as well as the Executive Forward Plan;
  - b. more policy development activity be undertaken through the exploration of proposals and principles at the earliest opportunity of commencement of strategy development;
  - c. shorter more focused agendas through prioritisation of items that add value and enable outcomes; and
  - d. create more time for Members outside of formal meetings in addition to providing more opportunity to brief Members informally on some topics.

2. In addition, the OSCP agreed that given the current experience with regard quarterly performance and budget reports a trial should be undertaken whereby these reports will only be received by the Corporate Resources OSC from April onwards. This trial will enable Members to determine whether this approach provides greater focus on these aspects of scrutiny. All Members will be able to request an item to be added to the agenda of any the OSCs on aspects of budget or performance. The Corporate Resources OSC will also be able to refer matters to the relevant OSC for a 'deep-dive' of any topic if there is a particular concern.
3. 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.
4. In considering which items should be added to the work programme Members are encouraged to minimise duplication, focus on those items that have been requested by residents and the committee and to focus on those items where Members can add value.
5. The 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) wishes to proactively scrutinise.

### **Overview and Scrutiny Task Forces**

6. 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**

7. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan. 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
The Integration of Health and Social Care in Central Bedfordshire	4 April 2017
The Day Offer for Older People and Adults with Disabilities	4 April 2017
Re-development of Croft Green, Dunstable	4 April 2017
Award of Contract - Development of Biggleswade South Gypsy and Traveller Site	4 April 2017
Shared Lives Scheme Management Service for Adults with Learning Disabilities	4 April 2017
The Integration of Health and Social Care in Central	6 June 2017

Bedfordshire (recommendations of Overview and Scrutiny enquiry)	
<b>Non Key Decisions</b>	<b>Indicative Exec Meeting date</b>
Period 9 (Quarter 3) – 2016/17 Revenue Budget Monitoring	4 April 2017
Period 9 (Quarter 3) – 2016/17 Capital Budget Monitoring	4 April 2017
Period 9 (Quarter 3) – 2016/17 Housing Revenue Account Budget Monitoring	4 April 2017
Quarter 3 Performance Monitoring -	4 April 2017
Provisional Housing Revenue Account Outturn Report 2016/17 (subject to audit)	6 June 2017
Quarter 1 2017/18 Housing Revenue Account Budget Monitoring	10 October 2017
Quarter 2 2017/18 Housing Revenue Account Budget Monitoring	5 December 2017
Draft Budget for the Housing Revenue Account (Landlord Business Plan) 2018/19	9 January 2018

### Corporate Implications

8. 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

9. 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

### Corporate Resources OSC Work Programme (2017/18)

Meeting date	Report Title	Outcomes we are seeking to achieve
15 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	Allocations Policy	To receive a report on the Housing Allocation Policy
05 June 2017	The Day Offer for Older People and Adults with Disabilities (maybe)	To report following the consultation process.
05 June 2017	Sustainability and Transformation Plans (STP's)	To receive an update on the implementation of STPs
05 June 2017	Peer Review on Reablement and Rehabilitation Update tbc	To receive an update on the outcomes of the LGA Peer Review Report.
05 June 2017	Draft Empty Homes Strategy	to seek Members views on the draft to also inform the consultation. The plan is for the final strategy to go to Executive on 01/08/17 as there are expected to be some small changes to the strategy.
24 July 2017	The future of the Birches Older Persons Home	To consider the opportunity to improve care home provision and to authorise the commencement of a consultation process.
24 July 2017		
18 September 2017		
27 November 2017	Retender of contract for residential and nursing home places	December Executive Report

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**Central Bedfordshire Council**

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

Monday, 20 March 2017

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**Joint Health Overview and Scrutiny Proposal**

Report of Cllr Peter Hollick, Chairman of the SCHHOSC

Advising Officers: Jonathon Partridge, Head of Governance  
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**This report relates to a Key issue**

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**Purpose of this report**

1. This report outlines a proposal to establish a Joint Health Overview and Scrutiny Committee (JHOSC) to scrutinise the Sustainability and Transformation Plan (STP) for Bedfordshire, Luton and Milton Keynes.

**RECOMMENDATIONS**

1. That the Committee consider the options detailed in the report and support the preferred option 3 with a view to proposing the establishment of a discretionary JHOSC with statutory scrutiny powers.
2. That the Committee comment on the appended terms of reference and memorandum of understanding of such a JHOSC should it be minded to establish one.

**Sustainability and Transformation Plans (STPS)**

2. The NHS and local councils have come together in 44 areas (footprints) covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.
3. Central Bedfordshire is located in the Bedfordshire, Luton and Milton Keynes STP footprint for which plans are currently being developed linked to the five local priorities local partners have identified. These priorities are:
  - Priority 1: Illness prevention and health promotion: Preventing ill health and promoting good health by giving people the knowledge

and ability, individually and through local communities, to manage their own health effectively

- Priority 2: Primary, community and social care: Delivering high quality and resilient primary, community and social care services across Bedfordshire, Luton and Milton Keynes
- Priority 3: Secondary care: Delivering high quality and sustainable secondary (hospital) care services across Bedfordshire, Luton and Milton Keynes
- Priority 4: Digital programme: Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care
- Priority 5: Demand management and commissioning: Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in Bedfordshire, Luton and Milton Keynes

#### **Legislative requirements for health scrutiny**

4. NHS organisations are required to consult local authority health OSCs as a statutory consultee on any 'substantial' change to local health services.
5. OSCs can make recommendations to the NHS about proposals for change, to which the NHS must respond. Health OSCs can also refer a proposal for change to the Secretary of State for Health which will then prevent any implementation of the proposals until the matter is considered by an Independent Reconfiguration Panel.
6. If two or more local authority OSCs consider that a proposal amounts to a substantial variation, then they must form a JHOSC and cannot be consulted separately. However, councils can decide when establishing a JHOSC to retain the power to refer matters to the Secretary of State for Health and do not have to delegate that to a JHOSC.

#### **Why a JHOSC may be required with regards to the STP**

7. NHS England's guide on 'Engaging Local People' specifically refers to the existing engagement and consultations requirements for proposals developed as part of the STP, and not for the STP overall. It is therefore implied that STPs are not 'substantial reconfiguration' plans as a whole and therefore not subject to the full public consultation process. Separate proposals that are developed under the auspices of the STP

would be considered as they arose, following the model already used for local CCG commissioning.

8. Given the scale and breadth of the STP, it is likely that there will be some proposals for change that could be regarded as 'substantial'. Given the demands on the NHS to reform, the drivers for change and for integration, as well as the financial and demographic pressures then it is possible that there will be higher numbers of proposals coming forward than has been seen in the past.
9. NHS organisations continue to be required to consult health OSCs on service change. For each proposal in areas where residents are potentially affected by the proposal the health OSC would need to consider the proposal, reach a view on whether it was substantial for their residents and, where two or more OSCs consider it to be substantial, must establish a JHOSC. In theory this could see multiple JHOSCs considering separately proposals for change.
10. Where a JHOSC is required as a statutory consultee, the legislation is clear that there is no duplication of roles and the separate local authority health OSC is not also a statutory consultee.
11. It is also possible under the health scrutiny legislation for local authorities to establish a 'discretionary' JHOSC. These are standing committees, established to carry out a broader role than solely the statutory consultations that may arise in the area. These JHOSCs are delegated to consider more strategic issues relating to local health (e.g. financial performance, quality of local healthcare) and also consider whether or not a proposal for change to services is substantial. It is usual that these discretionary JHOSCs are delegated general health scrutiny powers to require information and attendance from NHS representatives and therefore there is no duplication with the work of the local health OSC of that authority if it chooses to continue to have one.

### **Options for consideration**

12. There are three possible models for reviewing the proposals arising from the STP. It is a statutory requirement for a JHOSC to be formed where proposals cut across more than one local authority area. However the following options provide the opportunity for Members to consider adding discretionary as well as statutory powers to a JHOSC.

### **Option 1: Separate OSC arrangements**

13. Under option 1 each OSC covered by the footprint would separately consider each service proposal as it came forward and set up a JHOSC

for each one individually if more than one authority thought it to be a substantial change.

14. Members should be aware that this option could lead to several JHOSCs being formed across the STP footprint comprising of 2 or more councils considering different elements of the priorities of the STP. It would encourage duplication and add delays into the process of arranging necessary shared meetings.

**Option 2: Statutory JHOSC where councils separately consider if the matter is substantial**

15. Under option 2 a standing JHOSC would be established only to be used when necessary. NHS commissioners would present a report to each of the relevant OSCs separately where the public may be affected. If the relevant OSCs agree that the change is substantial it is referred to the standing JHOSC for formal consideration.
16. In order to minimise duplication the JHOSC could be given the role of considering whether or not a proposal was substantial, which would be a streamlined approach and allow for consistency between proposals, as opposed to that role sitting with each local authorities' health OSC separately.
17. Where the proposal affected only one authority, it would be referred back to that authority's health OSC.
18. The JHOSC could set up sub-committees for those proposals for 2 or 3 councils on a 'task and finish' basis if it wished.
19. This option does not provide the JHOSC with discretionary powers in relation to the 'strategic' scrutiny of the STP, which would be left to the local authority health OSCs to carry out separately.

**Option 3: Discretionary JHOSC with statutory scrutiny powers**

20. Under option 3 any proposed changes to services under the auspices of the STP would be presented to the JHOSC as soon as possible setting out the reasons for the review, a preliminary engagement plan and the timetable for the review. The JHOSC would be asked to agree that the change was substantial and review the proposals at a JHOSC meeting.
21. In addition the OSCs would agree to delegate the discretionary powers to consider the strategic issues associated with the STP and to look at the 'inter-connected' issues between the priorities, and scrutinise those elements, such as NHS digitisation or the development of an Accountable Care System/Organisation where there may be large-scale changes but these are not considered by the NHS to qualify as a 'substantial' change to services to patients.

22. This option allows Members to link the strategic scrutiny of the STP to proposals for change, and to consider the inter-dependencies of the priorities across the STP.
23. One JHOSC would enable Members to develop continuing familiarity with the STP and its priorities, and would therefore strengthen their scrutiny of proposals. It could also compare service change proposals to ensure a consistent approach to what constituted substantial, and what good engagement looked like.
24. Option 3 provides a more timely process as the NHS would only need to take issues to one body rather than four and a meeting would be able to consider several proposals at the same time. It would be able to share the administrative requirements of this process too.

### **Considerations for Members**

25. If Members are minded to agree a JHOSC their views are specifically sought on:-
  1. the arrangements for Chairing the JHOSC and who it would be most appropriate take this position, or if it should be rotated around the Councils;
  2. the hosting arrangements of the JHOSC, whether this should be one authority or rotated between the Councils; and
  3. whether a definition of a 'substantial' change is necessary to provide greater clarity of those matters that ought to be referred to the JHOSC.

### **Reason/s for recommendations**

26. The consideration of the options detailed in this report will enable the Council to put in place appropriate arrangements for the scrutiny of the STP and any substantial proposals arising from the STP process.

### **Council Priorities**

27. This report will support the delivery of the Councils priority to protect the vulnerable and improve wellbeing.

### **Corporate Implications**

#### **Legal Implications**

28. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 Local authorities are required to form a JHOSC to be consulted on substantial health proposals that cut across more than one area unless an exemption from the duty to consult applies. Where such substantial changes arise from the STP the NHS is legally required to consult with such a JHOSC.

29. The Regulations also allow delegation of the scrutiny of any matter relating to the planning, provision and operation of the health service in its area to another Local Authority or a JHOSC. The legislative requirements may differ between substantial proposals and other proposals and careful consideration of the scope of delegations should take place.
30. Governance of any JHOSC will need to comply with the requirements of the Council's Constitution and further legal advice should be provided on the final terms of both any memorandum of understanding and the terms of reference for the JHOSC.
31. The appointment of members onto a JHOSC and subsequent reporting to the Council's Social Care, Health and Housing OSC should comply with paragraph 5 of Part D1 of the Constitution.
32. The proposals contained in this report will enable the Council to deliver on its statutory duties by forming a JHOSC.

### **Financial and Risk Implications**

33. Any additional costs arising from hosting and officer support to the meetings of the JHOSC can be contained within existing budgets.

### **Equalities Implications**

34. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
35. There are no equalities risk implications arising directly from this report. The establishment of a JHOSC will enable the authority to consult a wide range of residents who may be impacted by proposals in a more cohesive and straight-forward manner.

### **Conclusion and next Steps**

36. Following consideration of the report officers will be able to contact colleagues in other authorities with regard our preferred approach to scrutiny of the STP. Should a JHOSC be agreed all non-Executive Members will be invited to take part.

### **Appendices**

**Appendix** - Draft Terms of Reference/Memorandum of understanding

### **Background Papers**

None.

## **Appendix**

### **Draft Terms of Reference/Memorandum of understanding**

These draw on the agreed terms of reference for previous JHOSCs in this local area and are based on option 3 set out above. These could be adapted to be used for any of the models above, taking into account the varying scope of the work.

### **Membership**

1. That the requirement for political proportionality is waived. Each council may apply proportionality in their own appointment process if they wish.
2. That the JHOSC is comprised of Members from Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and Milton Keynes Council.
3. That each council appoints 3 members to the JHOSC as per their own arrangements. Substitutes will be permitted. (NB: these should be non-executive members of the local authority)
4. That the quorum will be at least one member from three of the four constituent councils.

### **Chairing, voting, standing orders and meeting schedule**

5. The JHOSC will elect its Chair and appoint its Vice Chair each year. The Chair will be from the host authority and the Vice-Chair could rotate between the other member authorities.
6. The JHOSC will operate under the standing orders of the host local authority.
7. Each Member of the Committee will have one vote.
8. The JHOSC will agree the venues, dates and times of its meetings, noting that its work will be subject to the NHS timetable for consultation in some cases.

### **Support to the JHOSC**

9. The host authority and other member authorities will provide administrative and scrutiny support to the JHOSC. The host authority will act as the co-ordinating body for the JHOSC and will provide a named officer for that purpose. Each authority will provide a named officer to act as scrutiny support and liaise with the host authority officer and the JHOSC officer support group as required.
10. The member authorities will share costs equally associated with hosting the JHOSC.
11. Each member authority will publish and distribute committee papers to its own members. The host authority will ensure that the JHOSC papers are published on the internet.

### **Scope of the JHOSC's Work**

12. That the JHOSC will scrutinise the work done under the auspices of the local BLMK STP, across the 5 priorities and the STP governance arrangements.
13. That the JHOSC, for the purposes of statutory consultation on service change proposals arising from the STP, will act as the statutory health scrutiny consultee for those local authorities affected by those proposals. Where only one authority is affected, the matter will be referred back by the JHOSC to the local authority's HOSC.
14. That the JHOSC will, in the course of its work, require attendance from appropriate representatives of NHS organisations and require evidence in writing.
15. That the JHOSC may, as part of its scrutiny of the STP and any statutory consultations arising from the STP, invite interested parties to attend and give evidence to the JHOSC, in person and in writing.

### **JHOSC Reports**

16. At the conclusion of evidence gathering, Members will deliberate and agree in principle, their conclusions, comments and recommendations. The JHOSC will then delegate the responsibility for drafting its final report to the lead scrutiny officer, after consultation with the Chair and Vice-Chair.
17. The JHOSC will endeavour to reach consensus and avoid the need for any minority reports. If unavoidable, a minority report could be prepared by a dissenting JHOSC Member or Members and attached to the final report as an Appendix.
18. The scrutiny officers will collaborate to prepare the draft report, summarising the evidence, conclusions and any comments and recommendations agreed by the JHOSC. The draft report will be circulated to each Member of the JHOSC for comments.
19. Once the final version of the report has been agreed, after consultation with the Chair and Vice Chair, the lead scrutiny officer will forward it directly to the NHS commissioners/responsible body, with a request for a written response within timescales set out in legislation.

### **Local Resolution and Referral Powers**

20. The JHOSC will carry out the process of local resolution with the relevant NHS bodies where it is required under the statutory consultation process.
21. Powers of referral to the Secretary of State for Health are to be retained by each local authority to exercise separately at the conclusion of each statutory consultation, on receipt of the JHOSC report and any relevant minority report from a JHOSC Member or Members.



### **Press and Media**

22. That the host authority will act as the contact point for any press queries arising from the work of the JHOSC and will liaise with the Communications Teams of each participating local authority as required.
23. The JHOSC will approve press releases relating to its work, delegating the responsibility for drafting them to the supporting officer of the lead authority, after consultation with the Chair and Vice-Chair.

### **Changes to the Terms of Reference**

24. Any changes to the ToR can only be made by express agreement of the member authorities.

### **Memorandum of Understanding**

25. It can also be useful to develop a memorandum of understanding between JHOSC member councils to ensure the efficient working of the JHOSC. For example:-
  - Each council could have a lead member on the JHOSC to act as a contact point alongside the Chair and Vice-Chair for matters arising between meetings where the Chair wishes to consult more widely;
  - Officer group is set up to plan for meetings and liaise with NHS colleagues on reports and witnesses to attend meetings and to keep up to date with the timetable of the NHS programme;
  - Pre-meeting briefings for all JHOSC members to consider question-planning and key issues for the meeting, as well as objectives of the meeting;
  - Rotation of meetings around the area, subject to meeting room availability
  - Agree dates of the meetings for the year, noting that given the NHS timetable, these may not all be necessary but allows for Members to plan their diaries.

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