

# CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Room 15, Priory House, Monks Walk, Shefford on Monday, 10 September 2012.

## PRESENT

Cllr Mrs R J Drinkwater (Chairman)  
Cllr N J Sheppard (Vice-Chairman)

Cllrs D Bowater  
P A Duckett  
Mrs S A Goodchild

Cllrs Mrs D B Gurney  
P Hollick

Apologies for Absence: Clrs Mrs R B Gammons  
M A Smith

Substitutes: Clrs C C Gomm (In place of Mrs R B Gammons)

Members in Attendance: Cllrs Mrs C Hegley  
Executive Member for Social Care, Health & Housing

Officers in Attendance:	Mr N Murley	– Assistant Director Business & Performance
	Mrs J Ogley	– Director of Social Care, Health and Housing
	Mr J Partridge	– Scrutiny Policy Adviser
	Elizabeth Saunders	– Assistant Director Commissioning

Others in Attendance	Mrs C Bonser Mr T O'Donovan Mr J Rooke Mr B Smith	Bedfordshire Local Involvement Network MSK Service Redesign Manager Chief Operating Officer Bedfordshire Clinical Commissioning Group Chairman, Bedfordshire LINK
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SCHH/12/32 Minutes

In relation to Minute SCHH/12/25 the Assistant Director for Business & Performance commented that the council had put in place arrangements to ensure that, as far as possible, no customer was placed at additional risk as a result of the introduction of charging for telecare services. Neither the Council nor the operator of the telecare service had presently received any reports or feedback to indicate that any former customers had suffered as a result of giving up the service. It was also commented that all returned equipment would be cleaned and disinfected using appropriate materials. A small number of items which were not easy to disinfect, such as pull cords, were being replaced as a matter of course before being reissued. A continuous process of

promotion for telecare services was targeted at potential customers, voluntary groups and professionals. Specific information would be provided to carers at forthcoming meetings of the council's Carer's Delivery Partnership and Carers Forum.

It was also noted that Mr Bob Smith should be listed in the list of those who also attended the meeting on 20 July.

**RESOLVED**

**That the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 30 July be confirmed and signed by the Chairman as a correct record subject to the addition of Mr B Smith in the list of attendees.**

**SCHH/12/33 Members' Interests**

There were no interests or any political whip declared in relation to any agenda items.

**SCHH/12/34 Chairman's Announcements and Communications**

The Chairman informed the Committee that progress was being made in relation to the task force reviews on leaving hospital and changes in the approach to housing. Further updates on progress would be provided to the Committee as appropriate.

**SCHH/12/35 Petitions**

No petitions were received from members of the public in accordance with the Public Participation Procedure as set out in Part D2 of the Constitution.

**SCHH/12/36 Questions, Statements or Deputations**

No questions, statements or deputations were received from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of Part A4 of the Constitution.

**SCHH/12/37 Call-In**

The Panel was advised that no decisions of the Executive had been referred to the Panel under the Call-in Procedures set out in Appendix "A" to Rule No. S18 of the Overview and Scrutiny Procedure Rules.

**SCHH/12/38 Requested Items**

No items were referred to the Committee for consideration at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

## SCHH/12/39 Executive Member Update

Cllr Mrs C Hegley, Executive Member for Social Care, Health and Housing updated the Committee on several issues that were not included on the agenda, these included:-

- A recent Member seminar on the changes in the Council's future approach to housing, which had been well attended. A Member of the Committee congratulated officers on the organisation of this event, which had been very useful.
- Regular performance meetings that the Executive Member attended. The directorate was currently involved in discussion relating to the budget setting process. Work was also underway on the development of future plans and strategies.
- The launch of the Bedford Foodbank scheme, which had been positive. In response to a question from a Member the Executive Member agreed to report back to the Committee on whether there were other foodbank schemes in neighbouring local authorities. It was further commented that the Council would monitor how many individuals and families had been supported by this scheme and provide information to the Committee at a future date.

In response to a question from a Member of the Committee the Executive Member agreed to look into concerns relating to staffing levels in the north of Central Bedfordshire. The Executive Member agreed to provide any further information to the Committee as appropriate.

**NOTED the update and that further information relating to concerns raised would be provided to the Committee as appropriate.**

## SCHH/12/40 LINK Update

The Committee received a report from the Chairman of the Bedfordshire LINK that provided an update on the key work and issues the LINK was presently engaged with. These issues included progress with visits to care/nursing homes in Central Bedfordshire and guidance that the LINK has sought from Bedfordshire Clinical Commissioning Group in relation to patient choice and local commissioning.

**NOTED the update**

## SCHH/12/41 Healthier Together Programme

The Committee received a report from Mr John Rooke, Chief Operating Officer for Bedfordshire Clinical Commissioning Group (BCCG). The report updated progress in relation to the Healthier Together Programme in the South East Midlands Region. J Rooke also outlined the importance of changing the way that acute services were delivered in the region as a result of demographic changes and the deficit in which some trusts were currently operating.

In response to the issues highlighted in the report the Committee discussed the following issues:-

- The partnership approach that had been undertaken between NHS Bedfordshire and BCCG in developing the evidence base for the Healthier Together review.
- The importance of effective communication and handover to ensure that services were properly coordinated, particularly in relation to services in local community settings for the frail elderly.
- The rationale for a 50% increase in hospital workloads over the next 30 years if things remained the same, which included factors related to 'sex' and 'age' of the population.
- The growing need to make decisions regarding those services and drugs that should be provided as a priority, particularly in relation to cancer services. Due to budgetary constraints the BCCG needed to be guided by clinical guidance regarding the provision of services and drugs that were the most cost effective.
- Not losing sight of the need to provide high quality services. It was commented that patients would be willing to travel further for services that were higher in quality.
- Whilst BCCG had a free hand to develop proposals for the delivery of acute services in the south east midlands those proposals were consistently communicated to relevant national bodies for information.
- The importance of the Council engaging in consultation on proposals to ensure effective outcomes for Central Bedfordshire residents.
- The importance of continuing to build on the examples of successfully integrated services throughout Central Bedfordshire.

### **NOTED the update**

#### **SCHH/12/42 Any Qualified Provider**

The Committee received a presentation from Timothy O'Donovan, System Redesign Manager BCCG, that informed Members of the principles of Any Qualified Provider (AQP). The presentation also informed Members of the three services that had been selected for AQP implementation in Central Bedfordshire in 2012/13, which were:-

1. Diagnostics (Non-obstetric ultrasound, MRI)
2. Adult Hearing (Age-acquired 55+ and GP referral only)
3. Wheelchairs (Wheelchair services for adults and children – access, assessment, provision and on-going support)

In response to the issues highlighted in the report the Committee discussed the following issues:-

- The application process for providers to become accredited for AQP was demanding and could discourage some providers from applying.
- The rationale behind selecting only three services for implementation to AQP in 2012/13, which was the result of a national trend in the first transitional year. The three services for implementation in 2012/13 were

selected based on the performance of these services. Officers accepted that more work was necessary to consider the implications of AQP for the three services to be implemented in 2012/13.

- The provision of additional MRI scanners, which would occur mainly in acute hospitals.
- There were currently no plans to change the locations in which blood tests or eye exams were provided in Central Bedfordshire. These services could be reviewed in the future as part of AQP depending on the quality of care.
- The difficulty of predicting how many services would be provided outside of the NHS by other providers under AQP in 15-20 years time.

### **NOTED the presentation**

#### **SCHH/12/43 Fee Levels and Standards and Quality of Dementia Care**

The Committee received a presentation from E Saunders, the Assistant Director for Commissioning regarding fee levels and standards and quality of dementia care. In particular the presentation informed Members of the emergence of a new approach in relation to:-

- introducing outcome based commissioning;
- a disciplined approach to project management for all major change programmes;
- capturing learning; and
- the separation of strategic commissioning contracting functions.

The presentation also outlined the phased approach to outcome based commissioning and the next steps to be taken by the Council. It was emphasised that the changing role of the Care Quality Commission gave the Council a more pronounced role in relation monitoring and challenging performance, developing market intelligence and developing a clear vision for the area. In addition J Ogle, the Director of Social Care, Health and Housing emphasised the importance of joint and integrated commissioning.

In response to the presentation and further information provided the committee discussed the following issues:-

- The importance of enhancing awareness of dementia and disseminating information relating to the services and support that were available locally.
- The Committee challenged the target to achieve 60% of dementia care in the good or excellent bracket. The Committee also queried what an excellent dementia care service might look like. In response officers commented that the target needed to be realistic and the Council would focus on providing an accurate picture of the care that was provided.
- The importance of monitoring and enhancing performance in relation to domiciliary care.

- Challenges in relation to providing more access to dementia care services and stimulating the market in the north. The Director commented that a market position statement for Central Bedfordshire would support the Council in steering development towards the north of Central Bedfordshire.
- The use of the Development Strategy and rural exception sites to enhance the development of housing for older people.

In addition the Executive Member for Social Care, Health and Housing congratulated the directorate for the hard work that was underway, particularly taking into account the current challenges relating to changes in approach.

### **RECOMMENDED**

**That the Executive Member for Social Care, Health and Housing revisit the target to achieve 60% of dementia care in the good or excellent bracket to consider if it could be uplifted.**

#### **SCHH/12/44 Quarter 1 Capital Budget Monitoring Report**

The Committee received the quarter 1 capital budget monitoring report for the Social Care, Health and Housing Directorate. In response to the issues highlighted in the report the Committee discussed the following:-

- It was positive that the directorate was spending the capital budget.
- Discussions that were ongoing relating to influencing sheltered housing development in Ampthill/Flitwick.

The Executive Member also commented on the significant amount of accommodation that had been delivered as a result of the NHS campus closure. It was agreed that Members should be informed of the projects that had been delivered as a result of the NHS campus closure. The Assistant Director for Business and Performance commented that a briefing had been arranged for Members on 12 October where further details could be provided.

**NOTED the Social Care, Health and Housing General Fund Capital Budget position at the end of June 2012.**

#### **SCHH/12/45 Quarter 1 Revenue Budget Monitoring Report**

The Committee received the Quarter 1 revenue budget monitoring report for the Social Care, Health and Housing Directorate. In response to questions from the Committee it was clarified that 'external care packages' referred to independent providers rather than placements outside of Central Bedfordshire. It was also confirmed that block beds, i.e. those that were provided by the BUPA contract, were allocated to patients prior to seeking to allocate any spot beds.

**NOTED the General Fund outturn of £57.3m, which shows a £0.259m under spend against budget**

**SCHH/12/46 Quarter 1 Housing Revenue Account Budget Monitoring Report**

The Committee received the quarter 1 housing revenue account and capital budget management report for period ended 30 June 2012. Officers clarified that the figures identified in capital programme summary were £000's, and not £millions.

**NOTED the forecast outturn position for the Housing Revenue Account as at the end of June 2012.**

**SCHH/12/47 Quarter 1 Performance Monitoring Report**

The Committee received the quarter 1 performance monitoring report for the Social Care, Health and Housing directorate. The Director of Social Care, Health and Housing commented that the monitoring of the Medium Term Plan would be included in subsequent reports. The directorate would ensure a focus on quality rather than just meeting performance targets.

In response to a question from a Member it was clarified that the loss of a face to face customer service would not impact to a large extent on the directorate. Much of the face to face contact for social care, health and housing took place through the social worker and not through the customer service team.

It was suggested by the Committee that the directorate should review why residents did not want to receive self-directed support.

**NOTED the quarter 1 performance monitoring report for the Social Care, Health and Housing directorate.**

**SCHH/12/48 Work Programme 2012/13**

**RESOLVED that the Social Care, Health and Housing Overview and Scrutiny Committee work programme be approved.**

(Note: The meeting commenced at 10.00 a.m. and concluded at 12.31 p.m.)