

## CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 28 July 2014.

### PRESENT

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

Cllrs R D Berry  
Mrs G Clarke  
P A Duckett

Cllrs C C Gomm  
Mrs S A Goodchild

Apologies for Absence: Cllrs N J Sheppard  
M A Smith

Members in Attendance: Cllrs P N Aldis  
Mrs C F Chapman MBE  
C Hegley  
J G Jamieson  
A M Turner

Executive Member for  
Social Care, Health &  
Housing  
Leader of the Council  
and Chairman of the  
Executive  
Deputy Executive  
Member for Social Care,  
Health & Housing

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

Others in Attendance Mr D Brewer North & East Herts Trust

### SCHH/14/30. **Members' Interests**

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

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

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

SCHH/14/32. **Petitions**

None.

SCHH/14/33. **Questions, Statements or Deputations**

None.

SCHH/14/34. **Call-In**

None.

SCHH/14/35. **Requested Items**

None.

SCHH/14/36. **Executive Member Update**

The Executive Member for Social Care, Health and Housing updated the Committee on issues that were not included on the agenda, these included:-

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

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

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

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

SCHH/14/37. **Minutes**

**RESOLVED**

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

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

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

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

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

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

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

- Whether the Trust would provide a specialist paediatric orthopaedic service in the future. Mr Brewer explained it would be difficult for a medium-sized Trust to justify to commissioners running a full range of specialist paediatric services in addition to regional centres of excellence e.g. Addenbrookes.
- Where the Trust felt it could improve in the future. In response Mr Brewer expected the Trust to work with the CCG to develop a seamless service for patients with multiple and long-term conditions.

- Concern that full support and training is given to Ambulance staff, in order that patients are stabilised quickly and taken to the appropriate hospital for their needs. Mr Brewer confirmed that close liaison with the East of England Ambulance Trust was maintained at all times and a new 24/7 heart attack centre was available at the Lister.

**NOTED the update.**

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

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

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

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

**NOTED the report.**

#### SCHH/14/40. **Discharge of Homelessness Duty Policy**

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

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

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

- Concern that vulnerable residents would no longer receive compassionate consideration from officers. The Assistant Director explained that compassion would be key in the prevention work undertaken by officers and resources had been increased to deal with this.
- Whether the Council would be paying premium rates for the private properties offered to homelessness families. In response the Assistant Director confirmed premium rent properties were not an option and local affordable housing would be sought. A deposit to secure the property would be provided by the Council and this process had been used

successfully for the 62 current properties rented. This approach would be clarified in the policy.

- Assurances were sought that the consultation process had been robust and included the views of the voluntary sector and Beds Housing Link. In response the Assistant Director explained the consultation process had been comprehensive during the course of recent months and there was a challenge due the breadth of consultation that had taken place, that “consultation over-load” was a problem for typically smaller providers. However, those that had engaged with the consultation process supported the policy and safeguards for vulnerable people were in place.
- A request that officers refer to recent policy changes that impact on the overarching policy in future reports to give Members a reminder of the full picture.

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

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

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

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

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

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

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

**Noted the Update.**

SCHH/14/42. **Quarter 4 Performance Report**

The report provided information on the Social Care Health and Housing and Public Health performance against the Medium Term Plan and their continued good performance. Those areas not achieving target had been reported to Members previously. Public Health had reported exceeding its target on Health Checks to residents and would ensure full added value would be developed in this area.

**NOTED the update**

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

The Committee considered the current draft work programme.

**RECOMMENDED that the work programme be approved.**

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