

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 22 June 2015.

PRESENT

Cllr P Hollick (Chairman)
Cllr E Ghent (Vice-Chairman)

Cllrs P Downing
P A Duckett
C C Gomm

Cllrs Mrs S A Goodchild
Mrs D B Gurney
G Perham

Apologies for Absence: Cllrs N B Costin

Substitutes: Cllrs

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

Officers in Attendance: Mrs P Everitt – Scrutiny Policy Adviser
Mr T Hoyle – MANOP Head of Service
Mr T Keaveney – Assistant Director Housing Services
Mr S Mitchelmore – Assistant Director, Adult Social Care
Mr N Murley – Assistant Director Resources
Mrs J Ogley – Director of Social Care, Health and Housing
Mrs E Saunders – Assistant Director Commissioning

Others in Attendance Mr R Smith Chairman Central Bedfordshire Healthwatch

SCHH/15/1. **Minutes**

RESOLVED that the minutes of the meeting of Social Care Health and Housing Overview and Scrutiny Committee held on 16 March 2015 be confirmed and signed by the Chairman as a correct record.

SCHH/15/2. **Members' Interests**

Cllr P Hollick declared an interest as he was a patient at the Darrell House Dentist Surgery.

SCHH/15/3. Chairman's Announcements and Communications

The Chairman advised the Committee that new Members appointments to the Joint Health Overview and Scrutiny Committee were required. The Committee agreed the following Members be appointed:-

Cllr P Hollick
Cllr E Ghent
Cllr D Gurney
Cllr S Goodchild
Sub Cllr Paul Downing

Members were advised that the next meeting of the Joint Health OSC would take place on 2 July 2015.

The Chairman also advised he had received a copy of a letter from the Motor Neurone Disease Association to the Bedfordshire Clinical Commissioning Group (BCCG) regarding a decision to halt neurological nurse post funding. The Chairman would seek a response from the BCCG to the concerns raised.

THE MEETING ADJOURNED AT 10.07 AM AND RESTARTED AT 10.35 AM

SCHH/15/4. Petitions

None.

SCHH/15/5. Questions, Statements or Deputations

None.

SCHH/15/6. Call-In

None.

SCHH/15/7. Requested Items

None.

SCHH/15/8. Executive Member Update

The Executive Member for Social Care and Housing advised the Committee that her new role included Children's Services and Social Care. Cllr Maurice Jones would lead on Health matters, although she would continue to be a member of the Health and Wellbeing Board meetings.

SCHH/15/9. The Future of Caddington Hall Older Person's Home

The Executive Member for Social Care and Housing introduced a report which outlined the proposal to close the Caddington Hall Older Person's home and move residents to improved quality accommodation.

The Head of Managing the Accommodation Needs of Older People (MANOP) introduced a presentation and advised Members of the history of the seven care homes, including Caddington Hall which was managed by BUPA until 1st August 2014 when the contract ended. The homes are now directly managed by Central Bedfordshire Council. The homes do not meet the modern standards required and are expensive to update and maintain.

Residents, their families and staff at Caddington Hall had been invited to 1:1 meetings held at the home to talk through the options available. A full consultation had been published in February along with an abridged version which had been arranged at the request of families and residents, the results of which demonstrated support of the process and the recommendation to close the home. Assurance was provided that close monitoring during and after a resident's move would be maintained. The Director of Social Care Health and Housing had asked for delegated authority to keep Caddington Hall open for as long it was necessary based on residents needs. Some residents had chosen to leave Caddington Hall before a decision had been reached, six of whom had accepted an offer to move to Dukeminster Court in Dunstable.

The Care Act 2014 clarified the Council's duty to shape the market and ensure new providers would fulfil market demand. The Council's long term vision would ensure residents received a better offer of care home and provide a balance of care homes across the Council's area.

In light of the report and clarification sought, Members raised the following concerns:-

- Whether care currently received by residents at Caddington Hall would be maintained at a new place of residence. In response the Head of MANOP confirmed that this would be the case. Although Caddington Hall delivers residential care, nursing care would be provided if residents require it.
- Concern that residents would need to change their GP if a move to a new home took them outside of their current catchment area. The Head of MANOP advised that officers had fully briefed GP's and anyone transferring to a new GP practice would have their full medical details passed on.
- The arrangements in place to transport residents to new accommodation. Members were advised that transportation would be dealt with on an individual basis according to their needs and monitored carefully.
- Reassurance was sought that safeguarding of residents was paramount in the process of the proposed closure. The Head of MANOP advised that Social Workers would be monitoring residents to ensure they were placed in their choice of home and that there were sufficient spaces available to accommodate everyone.
- The current staffing levels available for the remaining residents at Caddington Hall. The Director of Social Care Health and Housing advised that 40 staff, in full and part time positions, had remained at the home. Staff that had left the home had not been replaced and those placed at risk would be advised by HR colleagues of redeployment and other opportunities in the Council.

RECOMMENDED

- 1. A thorough report noted.**

2. **The Committee was satisfied that the consultation had been properly carried out.**
3. **The Committee applauded the drive to provide modern living standards for elderly residents who needed care.**
4. **The Committee was satisfied that the concerns of residents of Caddington Hall were being considered and asked for assurance that moving residents was carried out with sensitivity.**
5. **Closure of Caddington Hall to relocate residents to improved quality accommodation was seen as appropriate under the circumstances.**

SCHH/15/10. Allocations Policy for Independent Living

The Assistant Director for Housing introduced a report and presentation which set out proposals for the Independent Living Policy. This Policy would become an appendix to the main Allocation Policy adopted by the Council in 2014 that provided a fair and transparent means to determine who should join the housing register, who has priority and the process followed to make a resident an offer of a property. The Independent Living Policy would apply to schemes where the Council provided care or support teams on site.

Successful events had been held to inform the Policy and 244 responses had been received in response to the consultation document. Residents had indicated a desire for a community independent living life style with isolation featuring as the main reason for this choice. The Policy would ensure that residents who did not require care would be eligible for the scheme to help to create a thriving community. Also proposed was a Community Charter that residents would be requested to adopt and ensure their personal involvement.

A balanced care profile had been developed on the number of hours care received by a resident in a week, from low care needs at 5-10 hours, to high care needs at 21 hours and above. However, in response to the comments made in the consultation, the Assistant Director for Housing proposed to amend the low care needs criteria to 0-10 hours.

In light of the presentation and clarification sought, the following concerns were raised by Members:-

- Whether the Independent Living Policy would apply to Aragon Housing Association? The Assistant Director for Housing advised that the Policy would apply and that the Council had a legal agreement to work in partnership with Aragon. The Policy would ensure small care schemes were more easily managed by officers. The Policy would also ensure positive market engagement with private developers on future requirements.
- How the cost of purchased and shared ownership property was calculated and how the rentable value of a vacant property was measured? In response the Assistant Director for Housing advised that by law the Council could charge 80% of the market rent. A report on charges would be submitted to a future meeting that aimed to achieve affordable properties balanced with the need to maintain quality, but expensive buildings.
- How officers would monitor the effectiveness of the Community Charter? The Assistant Director for Housing advised that checks on positive and

social interaction contributions would be made, however, more work on this initial idea was required.

RECOMMENDED

- 1. The Committee support the concept of independent living and the benefits it would bring to residents.**
- 2. Applauds the policy intent to recognise local people's needs, to ensure the balance of needs was catered for and to building communities within the Council's Independent Living Schemes.**
- 3. Recommended to the Executive that the minimum criteria for care and support be 0-10 hours instead of 5-10 hours.**
- 4. Note that the policy and the sales/lettings processes prescribed by the terms of the policy, will be an appendix to the council's main allocations policy (forming the Council's Allocations Scheme) and would be applied first to lettings/sales of apartments at Dukeminster Court Dunstable. The policy would then be reviewed, in advance of its application to sales and lettings at Greenfields, Leighton Buzzard.**

SCHH/15/11. East London Foundation Trust

The Director of Social Care Health and Housing advised the Committee that Mental Health Services in Central Bedfordshire had been run by the South Essex Partnership Trust until April 2015. The East London Foundation Trust (ELFT) had been successful in its bid to run Mental Health Services commissioned by Central Bedfordshire and the Bedfordshire Clinical Commissioning Group and officers had been involved in the appointment process.

The Managing Director & Deputy Chief Executive for Bedfordshire and Luton Mental Health and Wellbeing Services delivered a presentation which outlined the service vision for Bedfordshire including Luton. During the first 100 days engagement with staff, carers, key stakeholders and statutory partners had been undertaken. Priorities for ELFT had been established and over the next year the inclusion of accessible local services through the four health locality hubs, high quality therapeutic inpatient services, a single point of contact for patients by October 2015 including improvements to the Weller Wing at Bedford Hospital.

In light of the update and clarification sought, Members of the Committee raised the following concerns:-

- Whether ELFT would increase the number of front line staff. John Wilkins advised that Bedfordshire CCG had agreed additional funding for the inpatient developments and this would increase the number of staff. With this additional funding, ELFT wished to increase its staffing by 50-60 staff and reduce reliance on bank staff and avoid the use Agency workers where possible. He also advised there was currently an 11% vacancy rate and a recruitment drive was in place. ELFT had been in discussions with Bedfordshire University to develop a joint Mental Health Institute for the training of mental health nurses. This would mean that ELFT was actively involved in the recruitment of undergraduates, supported them through their placements and would then be able to offer them posts once they qualified.

With a low turnover rate at 1%, ELFT were confident they would achieve their ambition.

- What arrangements were in place to work with the Police to support residents who needed specialist Mental Health help? John Wilkins advised that a training programme for Police Constables had been arranged and the recently agreed Bedfordshire Crisis Concordant had agreed a range of actions including improving assessments in A&E and a faster assessment within the Section 136 suites at Bedford Hospital and L&D Hospital. Both actions would significantly reduce the time Police Officers were spending in these areas. Options for a joint Police and ELFT Mental Health Street Triage project were being developed. This would involve an experienced mental health nurse working with the Police on the streets.

The Director of Social Care Health and Housing advised that a report on the Mental Health Crisis Concordant would be submitted to the October meeting of this Committee.

RECOMMENDED noted the update and the Mental Health Crisis Concordant be included on the work programme for October's meeting.

SCHH/15/12. **Bedfordshire Clinical Commissioning Group Financial Plan**

Nick Robinson, Interim Accountable Officer at the Bedfordshire Clinical Commissioning Group (BCCG) introduced a report that focused on the £45m financial deficit, the reasons behind it and lessons learned. From the investigation it was apparent that the BCCG had failed to see signs of the worsening financial deficit in 2013/14. Other issues included poor core information systems, poor leadership and management structure, poor processes and a failure to meet planned savings.

NHS England exercised its powers to put the BCCG into special measures and a recovery plan had been developed to tackle the issues outlined. This plan had the support of GPs, along with support of a strengthened governing body. With commissioning support from a unit in the South West of England, improved systems and processes had been implemented and the BCCG was confident it could target and start to address known weaknesses by the end of July 2015. The development of the Plan for Patients 2015/17, which included consideration of Biggleswade Hospital, was fundamental to the BCCG's recovery which had been paused whilst investigations took place.

In light of the update and clarification sought, Members raised the following concerns:-

- Whether any fraudulent activity had taken place now that the extent of the deficit was known. Nick Robinson assured the Committee that external forensic investigators had established that all monies had been spent on healthcare. He acknowledged that detailed quarterly monitoring of budgets had not raised any undue concerns.
- Disappointment that the BCCG had not acted upon engagement with patient groups, stakeholders and partners. Nick Robinson felt these groups had been let down by the BCCG and they would reassess and advise those concerned on the plan in a clear and transparent way with regards to

delivery. That information provided to the Committee was light in content and made for uncomfortable reading, and whether the Interim Accountable Officer would remain with the BCCG to see the changes through. Nick Robinson advised that a permanent Accountable Officer would be recruited, however, he would stay in his position for as long as he was needed.

- Whether work with the Health and Wellbeing Board over the past four years on new models of care would be progressed. Nick Robinson advised there were no current plans to implement the new models as component parts were out of alignment. In order to drive the initiatives forward, Members were advised to lobby the issue regarding the Hospitals which had hindered progress.

Cllr Jones thanked Nick Robinson for his openness and reminded Members of the difficulties this Council faced when it first started in 2009. The Council would continue to support the BCCG during this difficult time.

RECOMMENDED

- 1. The Committee expressed its grave concern over the financial situation in which the BCCG found itself, in particular the lack financial knowledge, the failure to recognise an underlying deficit and the subsequent ineffectual action take between July and December 2014 as the deficit grew.**
- 2. The Committee noted the key actions which had been taken, the demand led nature of the business and the quality of healthcare commissioned, but reiterated that the new executive management team might learn from the mistakes of its predecessors and commission services within budget by demonstrating a more efficient and effective organisation together with prudent financial controls.**
- 3. The Committee looked forward to renewed public confidence.**

SCHH/15/13. Transforming Dental Services in Bedfordshire

The Committee considered a report from NHS England that proposed to maintain and improve NHS dental service within Bedfordshire. Officers from NHS England were unable to attend however Feema Francis a Consultant in Dental Public Health presented the report. Ms Francis advised Members on the dental access of 18-24 year group and data collected by Public Health England that indicated Central Bedfordshire was above the national average for this age group. Public Health data referred to would be circulated with the minutes of the meeting.

In light of the update, Members discussed the following:-

- What steps were taken to educate residents of the importance of using the dentist? Ms Francis advised that a variety of approaches were used to advise on dental access for 0-5 year olds starting with visits to residents homes, special care settings and children's centres.
- Whether patients from Dunstable were able to access 8-8 services available in Luton? Ms Francis advised that since 2009 it had not been necessary to register and residents could attend any practice including the 8-8 surgery.

RECOMMENDED

1. The Committee welcomed the prospect of an improved service to relieve attendance at A&E.
2. The Committee asked NHS England whether a 'hub approach' to provide a more comprehensive local service with practices sharing extended hours and some equipment rather than an 8-8 service in another town had been considered.

PH ENGLAND DENTAL ACCESS IN 18-24 YEAR OLDS IN CENTRAL BEDFORDSHIRE

Dental Access data for 18-24 year olds in Central Bedfordshire referred to at item 14 of the Agenda.

SCHH/15/14. Work Programme 2015/16 and Executive Forward Plan

The Committee considered the current work programme and requested that officers' feedback on the proposal to close Caddington Hall and lessons learnt on the process.

RECOMMENDED that the work programme be approved subject to the additional items detailed in the Minutes above.

(Note: The meeting commenced at 10.00 a.m. and concluded at 2.30 p.m.)

Chairman

Date