

Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



**TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

22 April 2009

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE -
Thursday 30 April 2009**

Further to the agenda and papers for the above meeting which were previously circulated, please find attached the following additional report(s) which were not available at the time the agenda was published.

7. Urgent Care Strategy (Bedfordshire NHS)

The report plus Appendices A and B are attached.

**9. Joint Scrutiny of A Healthier Bedfordshire, NHS
Bedfordshire's Strategic Plan 2009-2013**

The report has already been previously circulated with the agenda.
Attached please find Appendices A and B.

Should you have any queries regarding the above please contact me on tel: (01234) 228200 or e-mail mel.peaston@centralbedfordshire.gov.uk.

Yours sincerely

Mel Peaston
Senior Democratic Services Officer
email: mel.peaston@centralbedfordshire.gov.uk

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Agenda Item:

Meeting: Social Care, Health & Housing Overview & Scrutiny Committee
Date:
Subject: Reforming Urgent Care in Bedford
Report of:
Summary: The report presents the proposed public consultation on urgent care reform in Bedford.

Contact Officer: David Levitt, Head of Public Engagement and Communication, NHS Bedfordshire
Public/Exempt: Not applicable
Wards Affected: Cranfield and other wards where patients are referred to Bedford Hospital.
Function of: Not applicable
Key Decision
Reason for urgency/ Exemption from call-in (if appropriate)

RECOMMENDATIONS:	
1.	That the OSC support the public consultation documentation and process outlined in respect of the Urgent Care Strategy.
<i>Reason for Recommendations:</i>	<i>To involve stakeholders in developing the vision for urgent care reform in Bedford.</i>

Summary of Draft Urgent Care Strategy

1. This paper summarises the local strategy aimed at reforming urgent care services commissioned in Bedford and how we aim to consult with key stakeholders, patients and the public. The strategy is line with NHS Bedfordshire strategy and the East of England strategy entitled ‘Toward the Best, Together’. The document combines evidence based models of care and local healthcare needs to propose a local solution. It will be the first of its kind regionally, if not nationally.

2. Implementing this strategy will require two key changes
 - Commissioning a provider to deliver reduced emergency admissions and provide Urgent Care Centre integrated with A&E at Bedford Hospital NHS Trust.
 - Supporting Bedford Hospital in the development of short stay units with dedicated consultant team that provide GPs with access to urgent clinic appointments as an alternative to hospital admission.
3. The single largest opportunity in commissioning this model comes from the statutory changes to Primary Care Trusts relinquishing responsibility for their provider functions. Locally, this represents Bedfordshire Community Health Services (BCHS). By April 2010, commissioners will need to have recommissioned services currently delivered by BCHS.
4. Clinicians, existing providers and stakeholders have been involved in developing the strategy with patient representation.

REASON FOR DECISION / REPORT

1. This report is a response from Bedfordshire Health and Adult Social Care Overview and Scrutiny Committee decision in February 2009 to support full public consultation on the strategy.
2. The Committee is asked to support the consultation documentation and process, and be assured that they enable commissioners to meet their statutory obligations in this respect.
3. The business case will be developed over the next six months and will detail financial implications, benefits and risks to the local health economy. The business case will also consider phased implementation. We would anticipate go live in 2010/11 to coincide with expiry of interim arrangements currently in place for Bedfordshire Community Health Services that currently operates as an Arms Length Trading Organisation (ALTO) from NHS Bedfordshire.

PROPOSAL / DETAIL OF STRATEGY

1. The East of England strategy 'Towards the Best, Together' and NHS Bedfordshire strategy have committed to improving lives and health of people. Among the vehicles for achieving these are work streams for improving acute care and long term conditions.
2. Challenges facing local commissioning include
 - Growing and ageing population. Data suggests we can expect a 29% growth in the number of people aged over 65 years by 2021.
 - Increasing incidence of long term conditions.
 - Increasing demand for urgent care services. This is evidenced by increasing number of emergency admissions each year.
 - Absence of integrated care providers at the interfaces between primary and secondary care.
 - No systematic method of preventing emergency admissions or managing seamless discharge from hospital.
 - Lack of commissioner confidence that current provision will deliver effective care model in future.

3. The commissioning objectives are to achieve
 - 3% reduction in non-elective admissions
 - 2% reduction in 30-day readmissions amongst people aged over 65 years
 - 5% reduction in A&E attendances
 - 7% increase in number of non-elective admissions discharged before 48-hours
 - Reduce delayed discharges
 - Improve patient satisfaction and outcomes

The OSC asked that the targets be revisited to be more challenging in our ambitions. As a result, these targets will commence at the levels indicated and move toward trajectory based targets, increasing over time as the service is embedded.

4. Extensive literature research was used to develop an evidence-based model of care that delivers these objectives.

The model of care described within the strategy document tasks a single provider with preventing emergency admissions and managing discharge from acute hospital spells. This joined responsibility ensures patients will be supported effectively in the community. The provider will have a responsibility at each entry and exit point to the urgent care system, facilitating transitions between hospital and home and ensuring patients receive the right care, in the right place, at the right time.

In implementing this model, we will collate existing functions of existing providers such as district nursing, rehabilitation and enablement services and out of hours GP service. While these may cease to exist in their current format, the care elements will remain. In essence, this model provides us with the opportunity to improve care provision and health outcomes for local people through commissioning services differently.

5. The proposal does not threaten the viability of Bedford Hospital NHS Trust. Clinicians at Bedford Hospital have been active in generating this strategy. Their clinical concerns about inappropriate presentations at A&E, delays to discharging patients back into the community and deficiencies within community provision to sustain people in their own homes, are addressed within this document. Increased investment in community resources and prevention services will generate vital capacity within the hospital in the form of beds and staff. This capacity is necessary to run safe and effective clinical care for our population.

The OSC in February 2009 asked for further dialogue with Bedford Hospital over the proposed strategy and possible changes in the way services are commissioned. Discussions at a senior level have been positive and the strategy will be presented at their Executive Management Group by July 2009.

The Professional Executive Committee at NHS Bedfordshire supported the Urgent Care Strategy in December 2008 as a vehicle to achieving both PCT strategy and that of the East of England Strategic Health Authority.

ALTERNATIVES CONSIDERED

10. Extensive literature has been used to develop what is, an evidence based model of care. Alternative models have not been developed.

Options concerning implementation had been suggested within NHS Bedfordshire. Namely, this included 'pilot' models provided alongside existing services to test the effectiveness of the proposal. This has not been considered for numerous reasons. Adding another layer of care provision will add to confusion and poses greater risk to patient care and financial risk to commissioners and providers.

We believe the proposed model described within the Urgent Care Strategy presents our best option for care configuration in future.

CONSULTATION

1. The consultation document sets out how we propose to consult stakeholders, patients and the public.

The key aims from engagement are to attain a better understanding of:

- what currently works well and therefore, what we need to retain in the new model
- what needs to improve
- whether the proposed model will achieve this

2. We plan to engage with the East of England Strategic Health Authority to obtain further advice regarding the model and our communication plans. This may include a review by the National Clinical Assessment Team (NCAT) and a Gateway Review by the Office for Government Commerce (OGC)

Conclusion and Next Steps

1. Significant urgent care challenges are presented from our demography and health needs combined with growing expenditure and increasing pressure on existing services. Fundamental changes are required to address these.
2. The public consultation between June and August will allow us to ascertain public opinion on services as they currently exist and test public views on our vision for urgent care.
3. The committee is asked to support the public consultation document and process.

Appendices:

Appendix A – Urgent Care Consultation Document

Appendix B – Stakeholder Consultation Matrix

NHS Bedfordshire and Horizon Health Commissioning

Public consultation on Urgent Care in Bedford and the surrounding area

8 June to 28 August 2009

1. INTRODUCTION

NHS Bedfordshire and Horizon Health Commissioning Ltd and have developed a vision for urgent care services for people who are within the catchment area of Bedford Hospital. This includes Bedford town, north Bedfordshire and parts of central Bedfordshire where people tend to go to Bedford Hospital if they need treatment in a hospital.

Our strategy aims to improve access, quality and outcomes for local people needing urgent care services. It is based on three key principles:

- To reduce avoidable emergency admissions and readmissions
- To reduce unnecessary A&E attendances
- To minimise waiting and ensure patients receive the right service in the right place at the right time from the right people.

We are now holding a formal 12 week public consultation to better understand what local residents want from their urgent care services and find out what you think of the ideas within this strategy. The consultation runs from **8 June to 28 August 2009**. Section 11 explains how you can tell us what you think.

This consultation document describes in summary the current urgent care services, the challenges it faces and explains how our strategy will address them to provide excellent urgent care services for our residents now and in future. You can find the full strategy at www.bedfordshirepct.nhs.uk

2. WHAT IS URGENT CARE?

There is no single definition of 'urgent care'. It is personal to each individual and the circumstances they find themselves in. In this document 'urgent care' means services that are used by patients when they think the healthcare they need is urgent. Examples of urgent care include:

- When something is serious, but not necessarily life threatening, but the person needs immediate help – for example, a bad fall
- When something seems serious, but you don't know what to do – for example a child with a worsening fever, someone who seems very depressed
- When there is a minor injury, such as cuts or bruises, that needs treating straight away
- When you suspect a common illness or condition, such as toothache or a very bad cough, but are not sure what to do.

For this document, we define urgent care as an unanticipated event or situation where the patient or carer feels attention is needed on the same day.

3. CURRENT SERVICES

Local residents currently have access to the following services for their urgent care needs:

- GP services and out-of-hours GP services (provided by Bedoc)
- Pharmacy
- Dentistry
- Bedfordshire Community Health Services
- NHS Direct
- East of England Ambulance Service
- Accident & Emergency (A&E) department at Bedford Hospital
- Putnoe Walk-in Centre.

4. LOCAL CHALLENGES IN URGENT CARE

The A&E department at Bedford Hospital has seen growing numbers of people attend in recent years (figures to be added to a final draft). While we have attained the national four-hour target in 2007/08 and 2008/09, this is proving increasingly difficult to sustain.

We have to make the best possible use of the hospital beds at Bedford Hospital and it is imperative that we are able to accommodate and care for those who need hospital admission.

Increasing demand for urgent care will put additional pressures on these services. There are a number of reasons why demand for urgent care is increasing and set to increase further.

A growing population

In Bedford, we face a growing challenge from changing and growing health needs. We need to respond to an estimated 13% growth in population in north Bedfordshire by 2021.

An ageing population

In addition to overall population growth, the proportion of older people among the population is set to increase by 29% by 2021. Health needs and the need for urgent care both increase as people get older

More people with long term conditions

People who are living with one or more long term conditions have far higher than average needs for urgent care.

There are approximately 6,750 people with diabetes in north Bedfordshire and this is expected to grow by 560 new cases each year. It is estimated that a quarter of all people newly diagnosed with diabetes already have some form of coronary vascular disease.

In north Bedfordshire, public health information suggests an expected increase of 28% in the number of people suffering from coronary heart disease by 2018.

The number of people aged over 75 suffering from heart failure and chronic obstructive pulmonary disease (emphysema) is set to increase by 39% by 2018.

The views of patients

We know from the national consultation, *Our Health, Our Care, Our Say*, that people want:

- Better access to general practice
- Community based care where possible
- Enabling health, independence and well-being
- Support for people with long term conditions

Principles for urgent care services

A ten year strategy, *Reforming Emergency Care* (October 2001), was the early Department of Health response to the NHS Plan to drive improvement in emergency care. *Transforming Emergency Care in England (Department of Health, 2004)* reflected a review of progress against these principles.

Recommendations were that services be designed from the patient's point of view. The document identified six key principles:

- Personal, individual, high quality services wherever it is delivered according to patients' needs
- No unnecessary delays for patients
- Simple access with care journeys that are easy to understand
- Convenient care for patients, available where and when needed
- Emergency prevention through early intervention
- A fully joined up system without barriers or delays.

5. HOW WE'VE DEVELOPED THE STRATEGY

Looking at the evidence and best practice

Our urgent care strategy is the culmination of significant research, reviewing evidence and dialogue with local clinicians. We have assessed the evidence about urgent care and what is recommended as best practice from around the country. Our proposal reflects trends seen regionally and nationally within urgent care.

Supporting wider plans for health

The strategy also reflects the main aspects of *A Healthier Bedfordshire*, the five year health plan for Bedfordshire. This means that, for urgent care services, we plan:

- To invest a greater proportion of our money into prevention (health lifestyle, early intervention and promoting independence)

- To have better services and support in local communities to reduce the reliance on hospital care, including in times of need
- To offer more choice and convenience through quality services closer to home based on people's needs and preferences.

Rethinking our services

In line with national policy, primary care trusts (PCTs) are to become solely focused on planning, developing and investing in healthcare services for their residents and ensuring patients receive safe, high quality services. In future, they will no longer directly provide healthcare services. This means that Bedfordshire Community Health Services will no longer be a part of NHS Bedfordshire, which is the PCT for the county.

Community services are in transition and expected to be transferred to other providers in 2010. With this change in community services in progress, it gives us an exciting opportunity to take a fresh look at the way local community services and urgent care is delivered from 2010.

6. WHAT WE ARE PROPOSING

As a result of the challenges and evidence, we have developed the Urgent Care Strategy on the basis of three key principles. These focus on:

- Preventing emergency admissions and re-admissions
- Preventing unnecessary A&E attendances
- Minimising waiting and ensuring patients receive the right service in the right place at the right time from the right people.

We propose to achieve this through implementing two key services:

- An urgent care centre at A&E in Bedford Hospital; and
- An integrated community health team, known as a Gateway Team.

Urgent Care Centre

Working alongside A&E at Bedford Hospital, an urgent care centre would be staffed by GPs and emergency care nurses, who would assess and treat adults and children who come into the hospital with minor illnesses and injuries. It would be open throughout the day and night.

This arrangement would help to ensure that patients are seen and treated more quickly. Those with less serious conditions would be seen in the urgent care centre, freeing up A&E staff to provide rapid treatment to those with more serious conditions. Any patients in the urgent care centre with more serious conditions would be transferred quickly to the A&E team.

An urgent care centre would enable us to provide high quality and sustainable emergency access in future.

Gateway Team

Building on the services that are currently in place, the Gateway Team would be a multi-professional team (nurses, therapists, doctors, pharmacists and others) providing personalised care plans and treatment for people at risk of

an admission. The team would be available 24 hours a day and ensure smooth transition of people between hospital and home.

Patients would have a named care manager who would agree treatment plans with them and review progress against the goals set at the outset.

Patients would be able to schedule visits from therapists and nurses with their care manager in a way that is convenient for them.

Patients would have access to medical support, should they need it. Their GP would be updated with the patient's treatment plan and progress and would support the patient's care and treatment, where it is needed.

The patient's care manager would be able to call on wider health and social care resources to keep the patient healthy and independent in their own home.

The team would have a presence in hospital to ensure people who could be cared for and treated at home or in a community bedded unit, received timely discharge. They would make sure patient needs are identified before discharge and arrangements are made to provide a smooth transition between hospital and home.

7. SUMMARY OF THE BENEFITS

The benefits to local residents and users of the proposed new services are:

- All people attending A&E will be seen quickly and according to need
- Better co-ordination of health services
- Better continuity of care
- Care that is tailored to individual needs
- Prevention of avoidable hospital admissions through responsive services.

8. HOW WE WILL FUND AND ACHIEVE IT

Additional start-up investment would be needed to bring in the new services. This would then generate savings from the reduction in the number of emergency admissions and delayed discharges, which would be reinvested in further developing urgent care services to prevent more hospital admissions and support more people in their own home.

Overall, the proposed changes would be achieved through restructuring existing services such as community nursing, rehabilitation teams and the Bedford GP out-of-hours service. This means that no additional long-term investment would be required.

Detailed costings will be provided during the development of the business case.

9. WHAT WE'D LIKE TO KNOW FROM YOU

We want to know from local people what they think about local services as they currently exist, what their experiences are of using these services and where there is room for improvement.

We want to know whether you agree with our principle of preventing avoidable hospital admissions and working in a more proactive and joined up way.

We also want to know what you think about these proposed changes and whether they will achieve the principles we have set out. We'd like to know if there is anything else you would wish to see from urgent care provision that we have not addressed here.

10. WHAT HAPPENS NEXT

Our urgent care strategy sets out how we feel we need to respond to the challenges we face now and in future. We believe that our proposals for urgent care will allow us to meet the needs of our population and deliver better care.

We are asking members of the public and people with an interest in urgent care to comment on our proposals over the next twelve weeks. The consultation starts on 8 June 2009 and ends on 28 August 2009.

We will carefully consider all the feedback we receive and include a summary of this with any recommendations in a consultation report for discussion and a decision by November 2009 on taking the proposals forward at a Board meeting of NHS Bedfordshire, which will be held in public. The consultation report will be published on the NHS Bedfordshire website and be available on request. We will also publish the Board's decision on our website and in the local media.

Should the proposals go forward, we would be looking to bring in the new urgent care services in 2010.

11. HOW TO HAVE YOUR SAY

There are a number of ways for you to tell us what you think. You can:

- Complete the questionnaire in section 13 of this document or with the consultation leaflet and return it to:

**Urgent Care Consultation
NHS Bedfordshire
Freepost NAT 16245
Bedford MK40 2BR**

- Complete the questionnaire online at www.bedfordshire.nhs.uk
- Come along to the public meetings at
 - Details TBA

- Write to us at the above address
- Email NHS Bedfordshire with your comments to urgentcare@bedfordshire.nhs.uk

Consultation information

We will be placing consultation leaflets summarising the proposals and with freepost response forms in a range of public locations, including:

- GP practices
- Health centres
- Pharmacies
- Dental practices
- Libraries
- Community centres

The draft strategy and consultation document will be published on the NHS Bedfordshire website and sent out to key stakeholders. They will be available from the wider public on request.

12. PROMOTING EQUALITY AND DIVERSITY

The NHS has a statutory duty to assess the impact of its work on local populations. We are aware that some people may experience more difficulties in accessing local health services as a direct result of their race, disability or gender.

As part of this consultation, we will assess the impact of the options in relation to equality and diversity. This will form part of the information that the NHS Bedfordshire Board will consider at an open Board meeting in making a decision on the proposals.

To help us to do this, we would like you to state your gender, age and ethnic group when you complete the consultation questionnaire. All information will remain anonymous.

13. THE CONSULTATION QUESTIONS

1. Based on your experience, please tell us what you think about the following local urgent care services

	Very good	Good	Poor	Very poor	No opinion
A&E (Bedford Hospital)					
Out of hours GP service (BEDOC)					
Putnoe Walk-in centre					
Community Services					

2. Why do you think so many people in Bedford go to A&E?

3. What do you think we could do to meet this need in places other than the hospital?

4. Do you think we should invest a larger proportion of our budget in keeping people healthy and independent in their home and preventing hospital admission?

Yes

No

No opinion

Please say why

5. Do you think it is important to provide better discharge arrangements and support in the community for people that have been admitted to hospital?

Yes

No

No opinion

Please say why

6. Do you think the proposed changes in our urgent care strategy will achieve 5 and 6?

Yes

No

No opinion

Please say why

7. Do you think we need an urgent care centre, working alongside A&E, in Bedford Hospital?

Yes

No

No opinion

Please say why

8. Do you think there should be a single number to call when you need urgent care?

Yes

No

No opinion

Please say why

9. If you have suggestions for anything else you would like added to the strategy, please write them in the box below.

10. Overall, are you in favour of the proposals for urgent care?

Yes

No

No opinion

Please say why

11. Do you have specific concerns about this strategy?

12. Do you have any comments on the information we have provided for this consultation or on how we have consulted?

ABOUT YOU – please complete this section to help us ensure we have feedback from a wide range of people.

Are you:

A man

A woman

Prefer not to say

What is your age group?

Under 21

21-44

45-64

65 and over

Prefer not to say

What is your ethnic group?

(a) **WHITE:** British Irish Other white

(b) **MIXED:** White & Black Caribbean White & Black African
 White & Asian Other mixed

(c) **ASIAN OR ASIAN BRITISH:** Indian Pakistani Bangladeshi
 Other Asian

(d) **BLACK OR BLACK BRITISH:** Caribbean African Other
black background

(e) **OTHER ETHNIC GROUPS:** Chinese Other ethnic group

Prefer not to say

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

What is the first part of your postcode (eg MK40)?

Do you work for the NHS?

Yes

No

Do you represent a local community group or interest group?

Yes

No

If yes, please say which:

Thank you for completing this questionnaire.

*Please return to our freepost address by **28 August 2009**.*

APPENDIX 1: GLOSSARY

Bedoc – a group of GPs that work together to provide out of hours GP services at Bedford Hospital for people in Bedford and the surrounding area.

Commissioning – the process of assessing local needs, planning, procuring (buying) and monitoring services provided by individuals and organisations.

Community Health Services – a range of health and care services provided in local communities, such as district nursing, health visiting and various community therapy services. These are provided locally by Bedfordshire Community Health Services.

Coronary vascular disease (CVD) – diseases relating to the heart and circulatory system (eg blood vessels).

Emergency care nurses – nurses with additional skills and training to assess and treat patients who may need emergency care.

Horizon Health Commissioning Ltd – a group of 26 GP practices working together to commission local, patient focused services as part of the national Practice Based Commissioning (PBC) initiative.

NHS Bedfordshire – formerly known as Bedfordshire Primary Care Trust (PCT), it is the NHS organisation responsible for commissioning and providing healthcare services for Bedfordshire and working with other organisations and local communities to improve health and well being.

NHS Direct – telephone and internet based health advice and information service.

Putnoe Walk-in Centre – GP services available 8am to 8pm, 365 days a year for registered and unregistered patients without appointment.

Urgent Care – care that, while not necessarily an emergency, requires same day action.

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APPENDIX B

Stakeholder consultation matrix: who we will consult with; how we will provide information; and receive feedback

STAKEHOLDER	CONSULTATION METHOD									
	CONSULTATION DOCUMENT	LEAFLET / FREEPOST	ONLINE FORM	EMAIL	PUBLIC MEETING	ATTEND STAKEHOLDER MEETING ON REQUEST	FOCUS GROUP	PATIENT SURVEY	PATIENT INTERVIEW	
Public		X	X	X	X					
Patients		X	X	X	X		X	X	X	
Third sector	X		X	X	X	X				
LINK	X	X	X	X	X	X				
Nursing / residential homes	X		X	X	X					
Bedford Hospital management and clinicians	X	X	X	X	X	X				
GPs / practice staff	X	X	X	X	X	X				
BLPT management and clinicians	X	X	X	X	X	X				
Community Services management and clinicians	X	X	X	X	X	X				
EEAST management and staff	X	X	X	X	X	X				
NHS Direct management	X	X	X	X	X	X				
Social Services management and staff	X	X	X	X	X	X				
Bedoc Council Group	X		X	X	X	X				
OSC / PRD	X					X				
NHS Bedfordshire PEC	X					X				

NHS Bedfordshire Strategy Task Group

Terms of Reference:

- To scrutinise the draft NHS Bedfordshire Strategy by:-
 1. examining the proposals against the Regional Strategy, including checking whether the 8 main themes of the Regional Strategy have been covered
 2. examining the proposals in the strategy in their own right
 3. examining whether there is anything missing, or given inappropriate weight, having regard to the local health issues and the health priorities in Bedfordshire and subsequently the areas relating to Central Bedfordshire and Bedford Borough Council
 4. identifying whether there are issues raised by any patient group
 5. considering the PCT's ability to fund the proposals given their relatively low funding allocation by central Government
 6. consider whether the framework is in place so that the financial, IT, property assets and HR aspects of the local strategy are deliverable
 7. covering any other matter arising from the exercise which has a significant impact regarding health in the local area
 8. and consulting with patient groups and health professionals.

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A Healthier Bedfordshire – Working for you – The NHS Bedfordshire Strategic Plan 2009-2013

Plan of Meetings of the Bedfordshire Health Strategy Task Group/Joint Committee - matters to be covered

The Consultation on the NHS Strategy runs from 5 March 2009 until 25 May 2009

Meeting 1 – 11.02.09 – 3pm	<ul style="list-style-type: none"> • Receive presentation of the draft strategy – David Levitt and Dianne Meddick
Meeting 2 - 05.03.09 – 2pm	<ul style="list-style-type: none"> • To receive a presentation on the current health of, and health issues facing, Bedfordshire and to scrutinise understand those issues
Meeting 3 - 24.03.09 – 2pm	<ul style="list-style-type: none"> • To receive a presentation on the proposed strategy to improve the health of, and address health issues facing, Bedfordshire and to scrutinise that strategy
Meeting 4 - 07.04.09 – 2pm This meeting was CANCELLED	<ul style="list-style-type: none"> • To receive a presentation on the proposed delivery of the strategy and to scrutinise the delivery proposals
Meeting 5 - 21.04.09 - All day meeting – 09.30am start to deal with governance issues for the Joint Committee issues followed by scrutinising the proposals starting at 10.00am.	<p>Governance issues re Joint Committee</p> <p>To receive and scrutinise the strategy proposals in respect of:</p> <ul style="list-style-type: none"> • Staying Healthy • Mental Health and Learning Disabilities • Planned Careincl Dental Health (Tony Medwell) • Children’s Services <p>First two in the morning, second two in the afternoon</p>
Meeting 6 – 28.04.09 - All day meeting – 10.00am start	<p>To receive and scrutinise the strategy proposals in respect of:</p> <ul style="list-style-type: none"> • Acute Care • Long Term Conditions • End of Life care • Maternity & Newborn (Chris Myers)

	First two in the morning, second two in the afternoon
Meeting 7 - 12 .05.09 – 2pm	To consider and approve submission of the Overview & Scrutiny response to NHS Bedfordshire
Meeting 8 - 30.07.09 – 2pm	To consider whether the decision of the NHS Bedfordshire Board on the strategy is in the interests of health locally and whether the consultation with the Committee has been adequate and to determine whether there is a need to refer the strategy to the Secretary of State.