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

please ask for Mel Peaston
direct line 01234 228200
date 1 May 2009

NOTICE OF MEETING

JOINT HEALTH SCRUTINY COMMITTEE

Date & Time

Tuesday, 12 May 2009 at 2.00 p.m.

Venue at
Bedford Borough Council, Borough Hall, Cauldwell Street, Bedford
In Committee Room 1

Jaki Salisbury
Interim Chief Executive

To: The Chairman and Members of the JOINT HEALTH SCRUTINY COMMITTEE:

Bedford Borough Council:

Cllrs: J Brandon, J Cunningham (Vice-Chairman), B Dillingham and C Meader

[Named Substitutes – Bedford Borough Council:

Cllr Sue Oliver]

Central Bedfordshire Council:

Cllrs S F Male (Chairman), M Gibson, A B Carter and Mrs S Goodchild

[Named Substitutes – Central Bedfordshire Council:

Cllr A Graham]

All other Members of the Councils - on request

MEMBERS OF THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THIS MEETING

AGENDA

1. **Apologies for Absence**

   To receive any apologies for absence.

2. **Minutes**

   To approve as a correct record the minutes of the meeting held on 21 April 2009 (attached) and 28 April 2009 (to follow).

3. **Members' Interests**

   To receive from Members declarations and the nature thereof in respect of:-

   (a) Personal interests in any agenda item
   (b) Personal and Prejudicial Interests in an agenda item
   (c) Notification of the existence of a political whip.

4. **Draft Report arising from the Scrutiny of NHS Bedfordshire's Strategy Proposals**

   To consider the report (attached).

5. **Date of Next Meeting**

   The next meeting will be held on 30 July 2009. At that meeting Members will 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 Joint Committee has been adequate; and to determine whether there is a need to refer the Strategy to the Secretary of State.

MID BEDFORDSHIRE DISTRICT COUNCIL

At a meeting of the **JOINT HEALTH SCRUTINY COMMITTEE** held at Room 15, Priory House, Monks Walk, Shefford on Tuesday, 21 April 2009

PRESENT

Cllrs (CBC)	M Gibson Mrs S Goodchild SFMale	Cllrs (BBC)	J Brandon J Cunningham C Meader

Apologies for Absence: Cllrs A B Carter

Substitutes: Cllrs

Members in Attendance: Cllrs P Rawcliffe (CBC), M Davey (BBC)

Officers in Attendance: Bernard Carter, Head of Overview and Scrutiny CBC; Mel Peaston, Senior Democratic Services Officer, CBC; Bill Hamilton, Adviser to the Committee; Jacqueline Gray, Principle Overview & Scrutiny Officer, BBC;

L/04/1 **Election of Chairman**

Prior to the election of the Chairman, the Committee noted that apologies for absence had been received from Councillor Carter from Central Bedfordshire Council.

The Committee also noted that the Bedford Borough Council Conservative vacancy on the Committee had been filled by Councillor Brian Dillingham.

Councillor Male was duly elected as Chairman of the Joint Committee for the remainder of the municipal year.

L/04/2 **Election of Vice-Chairman**

Councillor Cunningham was duly elected as Vice-Chairman of the Joint Committee for the remainder of the municipal year.

Following the election of the Vice-Chairman, the Committee was advised of the sudden and unexpected death the day before of Councillor Dave Lewis, Deputy Leader of the Labour Group at Bedford Borough Council.

The Committee stood in silence for one minute in respect for the memory of Councillor Lewis.

L/04/3 **Declaration of Interests**

There were no declarations of interests.

L/04/4 **Statutory Basis of the Joint Committee**

Members considered a report of the Head of Scrutiny, Central Bedfordshire Council, setting out the statutory basis of the Joint Committee.

It was noted that the Joint Health Scrutiny Committee had been established by Bedford Borough Council and Central Bedfordshire Council. Its purpose was to discharge the requirements of the Direction issued by the Secretary of State in relation to matters which affect the constitutent councils, specifically the consultation by NHS Bedfordshire proposing substantial changes and/or developments to health services in their areas arising from A Healthier Bedfordshire, NHS Bedfordshire's Strategic Plan for 2009 to 2013.

RESOLVED to agree the report.

L/04/5 **Composition and size of the Joint Committee**

The Committee considered a report of the Head of Scrutiny, Central Bedfordshire Council, concerning the composition of the Joint Committee. The report set out details regarding political proportionality and it was noted that the appointments to the Joint Committee had been made by the consituent councils to reflect their own political proportionalities in accordance with the relevant legislation.

The report also asked the Joint Committee to determine its arrangements for substitute members and for a quorum.

In response to a question it was noted that substitutes attending on behalf of substantive members would comprise part of the quorum. It was also noted that cabinet members could not be members of the Joint Committee.

RESOLVED:-

1. that the Joint Committee comprises four members from Bedford Borough Council and four members from Central Bedfordshire Council as the relevant Social Services authorities in the area served by the East of Engand Strategic Health Authority;

2. that named substitute members are allowed if the nominated member is indisposed;

3. that the quorum of members be set at four, representing one half of the Joint Committee, two of which must be from Bedford Borough Council and two must be from Central Bedfordshire Council.

L/04/6 **Terms of Reference of the Joint Committee**

The Joint Committee received the terms of reference of its predecessor body, Bedfordshire County Council's Corporate Overview and Scrutiny Committee's NHS Bedfordshire Strategy Task Group.

RESOLVED to adopt the terms of reference as set out in the submitted report for this Joint Commmittee.

L/04/7 **Adoption of work already completed by Bedfordshire County Council's NHS Strategy Member Task Group**

The Joint Committee received details of work which had already been completed through the action notes and minutes of meetings of its predecessor body, the Bedfordshire NHS Strategy Task Group.

It was noted that maps larger in scale than those included in the document "A Healthier Bedfordshire" would be provided to members of the Joint Committee.

Two documents, comprising a report by Edmun Tiddemann entitled Life Expectancy and Deprivation and a set of slides provided to the Task Group on the document A Healthier Bedfordshire, were tabled at the meeting as background information for members of the Joint Committee.

Members noted that the statistics on life expectancy and deprivation were drawn from national data. A request was made that statistical information relating to the index of multiple deprivation for male and female specific to Bedfordshire be provided.

RESOLVED:-

1. to formally adopt the work already completed by the Task Group;
2. to request that statistical information relating to the index of multiple deprivation for male and female specific to Bedfordshire be provided to the Joint Committee.

L/04/8 **NHS Bedfordshire's Strategy Proposals**

Mental Health

The Committee welcomed Helen Hardy, Mental Health Services NHS Bedfordshire, who provided an explanatory summary and responded to questions relating to the Mental Health section starting on page 10 in Appendix A of the draft strategy.

An explanation was given regarding the "Expert Patient" propject which put the patient's experience at the forefront of consultation.

In response to a comment that the SMART goals were not measurable the Committee was advised that more detailed work behind the Strategy including a robust performance framework stated how goals could be measured. The appendix contained an operational plan. This was considered insufficient to enable performance of high level matters to be transparent.

The Committee was advised that a programme called Improving Access to Psychological Therapies was very outcome focused, routinely measuring a range of performance criteria. A suggestion was made that performance on this programme could be brought to the health overview and scrutiny committees annually or biannually.

A comment was made that targets in relation to mental health were joint across the health authoritiy and the councils in the area. Joint commissioning plans and strategies were key.

The Joint Committee noted the resource implications of proposals set out in section 9 of the draft Strategy and were concerned that there may be insufficient budget available.

RECOMMENDED that the PCT Board:

1. consider including stratgic outcomes in the Mental Health section of the Appendix to enable performance to be monitored;

2. bring out more in the Strategy the importance of partnership working with the two local authorities in the area particularly in the fields of learning disability and mental health;

3. consider whether it is satisfied that funding in relation to mental health was sufficient to meet the Strategy particularly in view of the current economic climate.

RECOMMENDED to the health overview and scrutiny committees at Bedford Borough Council and Central Bedfordshire Council to consider an annual review of the progress made under the eight themes in the Strategy.

Planned Care

The Joint Committee welcomed Tony Medwell, Head of Primary Care Commissioning, NHS Bedfordshire and Lucy Smith, Head of Planned Care Commissioning, NHS Bedfordshire. They gave a brief introduction and responded to questions in relation to Planned Care, starting on page 28 of Appendix A.

A comment was made that although there were some outcomes and measurable deliveries set out in this section a series of planned and measurable SMART targets was lacking.

The Joint Committee noted that GP consortia were looking at the services they wanted to deliver locally for patients, including for example dermatology, muscular skeletal matters such as physiotherapy, and minor surgery. Members were keen to measure the progress of this approach.

It was noted that with an increasing and ageing population it would not be possible to continue to provide all services from hospital which are currently provided, and that alternative approaches were to be welcomed. Nonetheless, there could be an impact of increasing numbers of services being delivered from hospitals at a greater distances from the patient so it was important to monitor the impact of changes in where services were delivered from.

A discussion ensued regarding dentistry services. A comment was made that accessing NHS dental services was difficult for new patients in Bedford. It was noted that some patients were not aware that NHS dental services were not free at the point of delivery, unlike medical care, and so they thought that they were paying for private care not NHS services.

The Joint Committee noted that some areas appeared to be lacking in dental care services but it could be that patients accessed care elsewhere, including over the Bedfordshire NHS boundary. It was noted that possibilities for provision in areas lacking services were being looked into, for example the use of a mobile dental unit. Members considered that clarification should be sought as to whether people were unable to access care before additional provision was made.

A member present at the meeting made the point that she received dental services from a surgery in Cranfield, which was not included on the map in the document. It was suggested that the accuracy of the maps relating to dentists' surgeries be checked.

RECOMMENDED to the PCT Board:-

1. that the SMART Strategy outcomes, the importance of partnership working and the funding capacity issues as stated above for Mental Health be considered as reiterated regarding Planned Care;

2. that progress is monitored on those items of planned care provision which will be brought into the surgeries for delivery and reported to the health scrutiny committee of the two local councils;

3. that the impact of changes in where services are delivered from is monitored to prevent increasing numbers of services being delivered, particularly by hospitals, at an unacceptable distance from the patient's home;

4. that clarification be sought on whether there were patients unable to access dental care before additional provision was made, as patients may be accessing services across the NHS Bedfordshire boundary.

(The meeting adjourned for a lunch break and the meeting was resumed at 2.00pm. Cllr Jim Brandon from Bedford Borough Council left before the commencement of the afternoon session.)

Staying Healthy

Sarah Evans, Acting Senior Public Health Manager, NHS Bedfordshire gave a brief summary of this section and responded to questions.

A discussion ensued regarding inequalities in life expectancy between men and women. Members had received a background paper by Edmund Tiddemann entitled Life Expectancy and Deprivation and noted that the figures contained within it were not specific to Bedfordshire. Comments were made that it was

important that the Strategy addressed the needs of the local community and were not deflected by data relating to the whole of the country.

Members also noted that use of the term "super output areas" was more precise than "most deprived areas" and considered that this should be the term employed in the Strategy.

The Committee was advised that veterans were now classed as a vulnerable group in respect of health services. It was noted that partnership working, for example with the Soldiers Sailors and Airmen's Families Association (SSAFA) in respect of veterans and the Fire Authority in respect of smoking cessation initiatives, was vital and should feature more in the Strategy.

A comment was made that whilst there was a varied programme of screening offered by the NHS some members of the public might not be aware of its breadth and efforts should be made to increase awareness. It was important that people took advantage of the services which enabled them to stay healthy, and funding for this should not be cut.

Members noted that in view of the extremely adverse impact smoking had on health, smoking cessation support was vital. The Government required statistics for people who had ceased smoking for a period of four weeks, but members considered that four weeks of not smoking could not be taken ito indicate permanent smoking cessation in an individual.

RECOMMENDED that the PCT Board:-

1. emphasise more the value of partnership working in the Strategy including in connection with the Local Area Agreement;

2. give consideration to increasing publicity regarding the health screening services available so that there is greater awareness of this as an available facility;

3. monitor smoking cessation of individuals for periods longer than four weeks;

4. note that the term "super output areas" was more precise than "most deprived areas" and should be adopted for use in the Strategy;

5. that the Strategy was underpinned by data relating to people locally rather than for the whole of England;

6. note that that as with other parts of the Strategy, high level strategic but measurable SMART objectives should be included in the Staying Healthy section.

The Committee noted that in view of further apologies being given at this point for the remainder of the meeting, it would become inquorate. In view of this it was **AGREED** that the meeting be adjourned to 30 April 2009 and the remaining matter for consideration at this meeting be considered then.

The meeting concluded at 3.00pm.

Chairman……………………………………

Date…………..…………………………..….

L/04/9 **Date of next meeting**

It was noted that the next meeting would be held on 28 April 2009 and that this meeting would be adjourned to that date when the business of today's meeting would be completed.

(Note: The meeting commenced at Time Not Specified and concluded at Time Not Specified.)

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Bedford Borough Council and Central Bedfordshire Council Joint Health Overview & Scrutiny Committee.

Report of the Joint Committee established to scrutinise *A Healthier Bedfordshire*, the strategy of NHS Bedfordshire and to respond to the invitation to respond to the consultation.

1. INTRODUCTION

1.1 The publication by NHS Bedfordshire, the local Primary Care Trust, of the strategy "A Healthier Bedfordshire" is welcomed by the Joint Committee as it represents an opportunity to focus on improving the health of the population of Bedfordshire within the area served by the two Councils.

1.2 The two local authorities, Bedford Borough Council and Central Bedfordshire Council have joined together to form a statutory joint committee under the terms of the Secretary of State's Direction of 17 July 2003.

1.3 This report sets out the response of the Joint Committee to the invitation to respond to the consultation on the proposed strategy following the Joint Committee's scrutiny of the strategy and the proposals within it.

1.4 The composition of the Joint Committee is set out in Appendix 1, while the terms of reference are set out in Appendix 2. The detail of how the Joint Committee went about its work is set out in Appendix 3.

1.5 The Committee is grateful for the information supplied by and the support it received from officers of NHS Bedfordshire, especially Project Director, Diane Meddick (assistant Director of Strategy) who attended all of the meetings held to scrutinise the strategy.

2. Overview - NHS Bedfordshire's Strategy Proposals

2.1 The Joint Committee believes that the strategy should focus on improving health outcomes. It recognises that throughout the strategy and its appendices there are measures, indicators and commitments as to what will be done by NHS Bedfordshire through its needs analysis, service redesign, commissioning and partnership working responsibilities. The Joint Committee also recognises that the main strategy is underpinned and supported by a number of service strategies and other associated documentation (e.g. the carers' strategy). The Joint Committee also recognises the hierarchical nature of this documentation.

2.2 The Joint Committee welcomes and supports the goals set out in the strategy:

a) Improve the health and wellbeing of the population of Bedfordshire and its local communities in a fair and transparent way.
b) Reduce unfairness in health and reduce health inequalities
c) Ensure better healthcare experience for the population of Bedfordshire
d) Ensure that the people of Bedfordshire have more choice and access to high quality, safe, clinically and cost-effective local health services.

2.3 The Joint Committee also notes the three strategic priorities which will drive the implementation of the plan:

a) Investing a greater proportion of our money into prevention (healthy lifestyles, early intervention and promoting independence).
b) creating effective support in local communities to reduce the reliance on hospital care, including in times of urgent need. This will mean:

- Increasing the capacity within primary and community services to improve access to diagnostic and treatment services in local communities and focusing resources in acute hospitals on those that need it.
- Ensuring shorter waiting times for treatment
- Respecting the wishes of patients about their care from birth to the end of their life.

c) Offering more choice and convenience, by commissioning quality services closer to home based on the needs and preferences of Bedfordshire patients.

2.4 However the Joint Committee is concerned that these priorities set out *how* the Primary Care Trust (PCT) aimed to achieve what was required, rather that *what* the strategy would achieve. It is in this area that the Joint Committee has most concern. In some areas of the plan measures are set out, in others these are targets, sometimes there are specific service outputs, in other areas it is stated that how the strategy will be delivered by new organisational arrangements. These proposals, it is suggested, are proxies for setting out the outcomes for the improved health of the population of Bedfordshire. The Joint Committee believes that the NHS Bedfordshire Board should refocus the strategy in order that a set of clear, understandable outcomes are established for each of the eight main areas of the strategy.

2.5 The Joint Committee during its scrutiny of the strategy also became concerned that the strategy fell between two stools, the first being a statement of strategic intent to be delivered over time as resources permitted and the second being a unified set of documentation of what will be achieved over a five year period. The first could be argued as being aspirational and the second deliverable. To that extent the Joint Committee believes that the purpose and thrust of the strategy needs to be clarified.

2.6 The Joint Committee recognised that the strategy had been developed and drafted over a period of some months during 2008 and the early part of 2009. The Joint Committee also noted that this was a period of financial and economic turbulence. In such a climate it is inevitable that the working assumptions, the operating environment and the forecasts employed could be undermined or changed. In that context it is important to ensure that all relevant parts of the strategy are subjected to sensitivity analyses and risk analyses both before the strategy is finalised and at each annual review, as it is rolled forward each year.

2.7 the joint Committee was concerned to note that, while those giving evidence to it recognised the importance of partnership working with

healthcare providers, the local authorities and voluntary and private sector partners, this was not a strong feature of the strategy as written. The Joint Committee believes that through mechanisms such as the Local Area Agreements, Joint Strategies (e.g. Carers), Joint Commissioning and joint working, the complementary roles of the local authorities, especially children's services, adult social care, housing and leisure services are explicitly recognised and placed within the delivery frameworks.

RECOMMENDATION 1
That the Board of NHS Bedfordshire ensure that sufficient targets for each of the Eight Plans of the Strategy, expressed as health outcomes for the people of Bedfordshire, be established. These outcome targets should be specific, measurable, achievable, relevant and timely with supporting evidence to justify this. Then the Board should review each of the SMART sections in Appendix A to ensure that the targets are in line with this recommendation.

RECOMMENDATION 2
That the Board of NHS Bedfordshire should satisfy itself that the Strategy can be delivered and is not merely a set of aspirations, with consideration being given to the financial viability of the Strategy within the current economic climate,

RECOMMENDATION 3
That the Strategy be reconsidered and redrafted to state clearly what the desired outcomes are, what outputs can be delivered and how such delivery will be achieved within the resources available;

RECOMMENDATION 4
That partnership working with the new unitary authorities and other NHS, voluntary and private sector in the area be undertaken in relation to all Eight Plans within the Strategy to achieve added value outcomes;

3. Sections 2 and 3 of the Strategy

3.1 Diane Meddick and Edmund Tiddeman of NHS Bedfordshire gave a presentation on the first two sections of the proposed strategy, Section 2 - *Bedfordshire Today and in the Future* and Section 3 - *Insights of Patients, Public, Clinicians and Partners*. They advised that the Strategic Health Authority had established a template for local strategies and this had been adopted by NHS Bedfordshire.

3.2 The members recognised that NHS Bedfordshire was required to work to a template provided by the SHA, and that template aimed to translate the priorities set out in the regional health strategy, *Towards the Best Together* and other strategic documents such as the Darzi Report and the regional health promises. The position of Bedfordshire as one of the country's growth areas to a degree set it apart from other areas of the region. Accordingly it would be necessary to clearly establish whether the proposals and the priorities emanating from the regional health strategy were all equally applicable to Bedfordshire or whether the County's needs meant that there

would need to be variations of the regional strategy and its priorities to reflect local needs. For example the forecast ageing population could also result in an increase in Long Term Conditions with the consequent health resource, funding and capacity issues. The Joint Committee recognise that the strategy, *A Healthier Bedfordshire*, was a technical document to deliver the policies, priorities and commitments set out in the regional strategy, *Towards the Best Together*. However Members were concerned to ensure that the local health strategy reflects the local health needs. They welcomed and accepted the reassurances that the strategy would be monitored and updated over time and it that sense it would become a "living document", a strategy to provide context and guidance for operational decisions and not just "a document".

RECOMMENDATION 5
That the NHS Bedfordshire Board and the NHS East of England Board and senior officers ensure that the health strategy for Bedfordshire reflects and meets the needs of Bedfordshire and that it is adjusted and amended over time to reflect the emerging healthcare needs of the County.

3.3 In evidence, Edmund Tiddeman explained that Bedfordshire was a growth area within the Milton Keynes and South Midlands overall growth area. There was both an ageing and a growing population, with demographic changes throughout each of the age bands resulting in a dramatic, 30%, increase in the population of older people over the next ten years, including the next five years of the plan period. This would have a significant impact on the healthcare resources and the use of such resources and capacity at the current utilisation levels would significantly exceed the resources available over the plan period.

RECOMMENDATION 6
That the NHS Bedfordshire Board should bring out and address the issue of the resource and healthcare capacity shortfall more clearly, especially the impact of the growth of older people.

3.4 Members were also concerned that in following the SHA's template there was still a gap between the analysis of the demographic and other healthcare data in Section 2 and the proposals set out in the strategy. The Joint Committee believes it would be helpful for example to demonstrate how the local demographic growth for Bedfordshire compared to the position in England as whole, as a comparator. The Joint Committee recognises that the Bedfordshire population will grow both in size and in age and that this will have an impact both on Government spending and the Government needing to spend. The Joint Committee believes that the focus of the strategy on this aspect of Bedfordshire's demographic position could be sharper and that the strategy could be a vehicle to better focus local decision makers on the impact of the demographic issues facing Bedfordshire. A better link between the demographic forecasts and the specific actions/proposals set out in the strategy should also be provided.

RECOMMENDATION 7
That the NHS Bedfordshire Board provides in the adopted strategy better logical linkages between the demographic and other data and the

proposals set out in the strategy.

RECOMMENDATION 8
That the NHS Bedfordshire Board provides a "golden thread" linking local healthcare needs to proposed local actions.

3.5 Councillors recognised that that the strategy was developed over a period of time during which the full impact of the credit crunch was unknown. The Joint Committee believes that the impact of the credit crunch will delay some of the proposed house-building in the County. As such the demographic changes, especially those relating to a growing population may reveal themselves over a longer time period than the five year period of the strategy. The Members believe that it would be prudent for there to be significant sensitivity testing of the demographic data and the financial projections that arise from them over the plan period. The members accept that some of the changes set out in the strategy may merely be delayed, but still consider that there is a need for the changes envisaged, and the necessary investment in services, to be synchronised in order to make the best use of the available resources.

RECOMMENDATION 9
That the NHS Bedfordshire Board commission detailed sensitivity analyses of the demographic data and the timing of financial investments in improved healthcare capacity to reflect the impact of the credit crunch.

3.6 Councillors recognised that in such a strategy some of the data will always be out of date. However it believes that the recorded performance of the County's pupils in their GCSE examinations should be properly reflected in the strategy in that recent performance is somewhat better than that recorded in the strategy. To the extent that this is used as proxy indicator of health (more qualified people are usually healthier and look after their health better), the most recent data should be used.

RECOMMENDATION 10
That the NHS Bedfordshire Board make use of the most recent data in respect of the GCSE performance of the County's pupils and, as necessary, adjust the strategy to reflect the recent improvement.

3.7 Members were concerned to note the data set out in the first bullet point on page 20 of the strategy, that the number of people over 65 unable to manage at least one mobility activity on their own, was forecast to rise from a current estimate of 9,300 to 11.400 by the year 2015. Members believe that this is a very significant forecast development and that this is an issue which should be addressed not only by the NHS but also by the two new unitary authorities.

RECOMMENDATION 11
That the NHS Bedfordshire Board and the Executives of the new unitary authorities bring forward proposals to address the impact on health and

adult social care services of the forecast increase in the number of people over 65 years of age unable to manage at least one mobility activity on their own.

3.8 In reviewing the data on ethnicity the Members were not convinced that the strategy adequately or properly reflected the needs of the different ethnic groups. The proposals set out in the strategy do not show an adequate linkage back to the analysis of ethnicity.

RECOMMENDATION 12
That the NHS Bedfordshire ensures that the strategy's proposals regarding the range of health services reflect the needs of the ethnic minority patients and that there is a clearer link between the analysis and the specific proposals.

3.9 Councillors, in reviewing the proposals set out in paragraph 2.6, 'Deprivation and Current Health Inequalities' were concerned that there was no mention of the differential life expectancy of men and women and as such there are no proposals to specifically address this specific health inequality. This was a matter raised in the scrutiny of *"Towards the Best Together",* the regional strategy, and the response from the East of England Strategic Health Authority was that *"The SHA notes this recommendation and will ask the Staying Healthy Programme Board whether there is anything we can do to address this issue".* Members believe that this is still an issue and would wish to see the matter specifically addressed in the NHS Bedfordshire health strategy.

RECOMMENDATION 13
That the NHS Bedfordshire Board specifically sets in place actions to address the differential life expectancy of men and women.

3.10 Members were perturbed to see the respective analyses of geographical distribution of the Index of Multiple Deprivation and Life Expectancy set out in Figures 9 and 10 of the document, on page 24. Members believe that the evidence presented does not show the pattern that it claims to show. The comparative data purports to show that mortality rates are higher in areas of multiple deprivation and Members believe that this assertion is not justified by the evidence that is presented. Indeed there is some evidence from the data to link affluence with higher mortality rates. Members believe that NHS Bedfordshire should revisit this issue and set out policies and priorities to address the differential health conditions per se. The Committee received a further report from NHS Bedfordshire which gave more evidence, based on national data analysis in support of the claim in the strategy. The Committee believes that a similar analysis using local data on multiple deprivation and local mortality statistics should be considered by the NHS Bedfordshire Board as part of its process of considering the consultation responses to the strategy.

RECOMMENDATION 14
That the NHS Bedfordshire Board should revisit the issue of links or correlation between the Index of Multiple Deprivation and the Life Expectancy in the County and set out policies, priorities and actions to

address the differential health conditions in the County per se.

3.11 Members noted with interest the data set out in Section 2.7, Comparison of Key Health Indicators. They believe that there is a need for additional comparative data at two levels, first at the regional level and, secondly, that comparison with the Audit Commission family of similar areas should be undertaken. Members also considered that the absence of an indicator in respect of Mental Health was a glaring omission which should be remedied in the final strategy.

RECOMMENDATION 15
That the NHS Bedfordshire Board commissions and presents additional comparative data at two levels, first at the regional level and, secondly, with the Audit Commission family of similar areas.

RECOMMENDATION 16
That the NHS Bedfordshire Board commissions and presents an indicator in respect of Mental Health in the adopted health strategy for Bedfordshire.

3.12 Members were concerned to note the absence of any real analysis of the impact on Acute Services and local hospitals as more services are provided in the community, as the strategy proposes. They believe that this is an omission which should be remedied, especially as local hospitals will also be affected by the proposed concentrations of specialised medical and surgical procedures within the acute sector over the coming years.

RECOMMENDATION 17
That the NHS Bedfordshire Board commission and publish, as part of their commissioning responsibilities, a detailed and full analysis of the impact on the acute sector and local hospitals of the twin policy objectives of delivering more care closer home and District General Hospitals specialising in medical and surgical treatments.

3.13 Members noted the presentation of data set out sections 3.12, 3.13 and 3.14 of the strategy. The Joint Committee noted the measures to improve patient experience set out in paragraph 3.15.

Section 4 – So What Do We Need to Do?

4.1 The Joint Committee has considered Section 4 of the strategy. It noted that the three strategic priorities would drive the implementation plans.

4.2 The Committee is concerned about the processes in place for supporting carers. Whilst it was noted that Joint Carer Strategic Systems were in place for people with mental health problems, the Joint Committee believes that there is a need for:-

- Better signposting to enable carers to access support
- more resources to be expended on hard-to-reach people as people in deprived areas do not access leaflets from pharmacies so more focused approaches must be budgeted for.

RECOMMENDATION 18
That the NHS Bedfordshire Board consider developing further their approaches to ensure that people in deprived communities and otherwise hard-to-reach people were aware of and could successfully access support for carers.

4.3 Members considered that some matters would more appropriately sit in a different place within the strategy, e.g. the final bullet on page 49 relating to carers would be better placed in section 4.2 "Creating Effective Support in Local Communities".

RECOMMENDATION 19
That the NHS Bedfordshire Board consider the lay-out of the Strategy and ensure that matters are addressed in the appropriate section.

4.4 The Joint Committee has queried whether there was evidence that people living in deprived communities suffered poorer health and asked for such evidence on the local situation to be included in the strategy. Although information was contained in Appendix a (page 3 section 6) the conclusions needed to be drawn out (for example that people suffering deprivation also suffer greater levels of heart disease). The Joint Committee noted the supplementary report by Edmund Tiddeman entitled *Life Expectancy and Deprivation*. Members noted that the statistics on life expectancy and deprivation were drawn from national data. A request was made that statistical information relating to the index of multiple deprivation for male and female specific to Bedfordshire be provided.

RECOMMENDATION 20
That the NHS Bedfordshire Board consider including in the strategy evidence that people with higher levels of deprivation suffer poorer health than others and that poorer health relates to people, not geographical areas. It should be clear that deprivation is not interpreted as a justification for poorer health, but that there is a link between prevalence of a disease and deprivation.

RECOMMENDATION 21
That the NHS Bedfordshire Board ensures that statistical health mortality and morbidity information relating to the index of multiple deprivations for male and female specific to Bedfordshire be provided in the strategy.

4.5 The Joint Committee noted that between 2008/09 and 2013/14, NHS Bedfordshire is planning to spend an additional £139m. Of this amount, £4m would be spent on prevention. This represented less than 3% of the additional resources. The Joint Committee was not convinced that this is enough of an uplift if the goals of the strategy are to be secured. The Committee further noted that, although it was only a small proportion of the total additional spend, it nonetheless represented an increase. Some spending on prevention could lead to reduced hospital admissions and lead to savings there.

RECOMMENDATION 22
That the NHS Bedfordshire Board recognises that although more resources are planned to be spent on preventive work in 2008/09-2013/14, this would not be significantly more as a proportion of the whole budget and to consider whether sufficient priority and funding has been afforded to preventive services.

4.6 Elected members reported constituency concerns about the problems with the Choose and Book system. It was noted that this had been poorly implemented in primary care.

RECOMMENDATION 23
That the NHS Bedfordshire Board take steps to ensure that problems with the Choose and Book system are solved both at the service delivery end and the patient end before it becomes operational in any further markets.

4.7 The Joint Committee noted that that the three priorities set out in the strategy were about *how* to achieve what was wanted, rather than *what* the strategy should achieve. The priorities were really mechanisms to achieve improved health outcomes which were not stated. There were also 8 plans, 3 themes and some demographic data – a comment was made that this represented over-analysis. The Committee considered that it was not readily apparent how the themes linked together.

RECOMMENDATION 24
That the NHS Bedfordshire Board consider how the Strategy can simplify and link the themes of its approach within the confines required of it to present a strategy which is focused on Bedfordshire's health issues, problems and priorities. The Board is urged to refocus the strategy onto improving health outcomes.

4.8 The Joint Committee welcomed the information provided in the table on page 61 setting out the HCC rating for quality of service and use of resources for various providers of health services. It was noted however that some people found it hard to read type against a bright coloured background.

RECOMMENDATION 25
That the NHS Bedfordshire Board ensure that baseline data for major commitments is correct within the Strategy, enabling Overview & Scrutiny Committees to monitor progress.

4.9 Members also had a number of other 'presentational' concerns, including that full-size maps be provided in section 7 and that the explanatory legends were missing. The bullet points at Figure 14 on page 68 were incomplete. There was also an error as there are two pharmacies in Flitwick. It was noted that the graph at 7.4 – figure 12 – was out of date as since the end of last year patients must be seen within 18 weeks. The Joint Committee believes that data and figures within the Strategy must be checked to ensure they are up-to-date and accurate (e.g. page 37, timings in relation to stroke). It was noted that patients in Bedfordshire who lived near a boundary with another PCT

area could access some healthcare provision across the boundary if that was closer.

RECOMMENDATION 26
That the NHS Bedfordshire Board ensure that mapping in the Strategy:

- **had clear explanatory legends where appropriate**
- **was complete**
- **was factually correct**
- **showed where people living near a county boundary could access NHS services more conveniently across the boundary.**

4.10 The members noted the title of section 7.15 “Developing the local market” and clarified that a single purchaser with a multiple provider did not amount to a market. The Committee noted and regretted that this was jargon which the NHS was being encouraged to use and believed that that the NHS Bedfordshire Board should not be a party to such fads of bureaucratic fashion.

4.11 The Joint Committee sought reassurances that the data in Table 11 on page 85 of the strategy showed accurate figures for worst-case scenarios. The Joint Committee was concerned that following the recent budget, albeit with a two year commitment on NHS funding for 2009/10 and 2010/11, that even the worst case financial scenario now looked optimistic. The Joint Committee believes that the NHS Bedfordshire Board will need to re-examine the funding of the strategy over its projected five year life to ensure that the funding matches the ambition and vice versa.

RECOMMENDATION 27
That the NHS Bedfordshire Board be asked to review the worst-case financial projections at tables 10 and 11 on page 85

4.12 The Joint Committee considered the programme budgets set out in the strategy. It was concerned that some of the headings were catch-alls which served to obscure rather than elucidate, in particular the “other” heading which covers nearly £86Million of spending. It believed that this should be the subject of detailed analysis which should be set out in the strategy.

RECOMMENDATION 28
That the NHS Bedfordshire Board be asked to give greater clarity on table 13, page 90 – Spend Across 23 Programme Budgets – by breaking down further the category “other”.

4.13 The Joint Committee is aware of difficulties regarding Government funding of NHS Bedfordshire. The PCT Budget falls short of what the needs analysis judges that NHS Bedfordshire should receive. The Joint Committee is aware of the analysis of funding and the lobbying of local MPs in this regard undertaken by the Health Committee of the former Bedfordshire County Council. The Joint Committee believes that this is work which should continue.

RECOMMENDATION 24
That the two local unitary authorities, Central Bedfordshire Council and Bedford Borough Council, be asked to consider the financial allocation

for NHS Bedfordshire and consider what action would be most appropriate to get this matter reconsidered in Whitehall.

4.14 The members noted the risk analysis on page 105 (Table 18). As part of its general review of the strategy and its sensitivity analysis of the underlying assumptions and forecasts the Joint Committee believes that the NHS Bedfordshire Board should also review this risk analysis.

RECOMMENDATION 25
That the NHS Bedfordshire Board be asked to ensure that a full risk analysis is carried out on Table 18 at the earliest opportunity.

4.15 Both as part of the risk analysis and in respect of the overall workforce requirements the Joint Committee noted that the delivery of the strategy was dependent on there being in place proper workforce arrangements, in terms of appropriate levels and numbers of staff and that there are numbers of staff that are adequately and suitably qualified and experienced.

RECOMMENDATION 26
That the NHS Bedfordshire Board addresses with some urgency the need for proper workforce planning in terms of recruitment, training and development to ensure that there are sufficient numbers of staff with the right skill set to deliver the service changes and improvements set out in the strategy.

4.16 The Councils represented on the Joint Committee wishes to remain engaged with the delivery of the strategy. To that end they believe that arrangements should be set in place such that the health scrutiny overview and scrutiny committees of Bedford Borough Council and Central Bedfordshire Council can conduct an annual review of progress of, and impact of, the *Healthier Bedfordshire* strategy

RECOMMENDATION 27
That Bedford Borough Council and Central Bedfordshire Council, through their respective health overview and scrutiny committees, consider an annual review of the progress made under the eight themes in the *A Healthier Bedfordshire* strategy.

5. Staying Healthy

5.1 The Joint Committee received evidence from on the Staying Healthy proposals from Sarah Evans, Acting Senior Public Health Manager, NHS Bedfordshire. She gave a brief summary of this section and responded to questions.

5.2 Members considered inequalities in life expectancy between men and women. Members had received a background paper by Edmund Tiddemann entitled *Life Expectancy and Deprivation* and noted that the figures contained within it were not specific to Bedfordshire. The Joint Committee believed it important that the strategy should address the needs of the local community and are not deflected by data relating to the whole of the country. Members

also noted that use of the term "super output areas" was more precise than "most deprived areas" and considered that this should be the term employed in the strategy.

5.3 The Committee was advised about and welcomed the fact that military veterans were now classed as a vulnerable group in respect of health services. It was noted that partnership working, for example with the Soldiers Sailors and Airmen's Families Association (SSAFA) in respect of veterans and the Fire Authority in respect of smoking cessation initiatives, was vital and should feature more in the Strategy.

5.4 The Joint Committee noted that whilst there was a varied programme of screening offered by the NHS some members of the public might not be aware of its breadth and efforts should be made to increase awareness. It was important that people took advantage of the services which enabled them to stay healthy, and funding for this and similar services should be maintained.

5.5 Members noted that in view of the extremely adverse impact smoking had on health, smoking cessation support was vital. The Government required statistics for people who had ceased smoking for a period of four weeks, but members considered that four weeks of not smoking could not be taken to indicate permanent smoking cessation by individual smokers.

RECOMMENDATION 28
That the NHS Bedfordshire Board emphasise more the value of partnership working in the strategy including in connection with the Local Area Agreement.

RECOMMENDATION 29
That the NHS Bedfordshire Board give consideration to increasing publicity regarding the health screening services available so that there is greater awareness of this as an available facility.

RECOMMENDATION 30
That the NHS Bedfordshire Board monitor and report on smoking cessation by individuals for periods longer than four weeks

RECOMMENDATION 31
That the NHS Bedfordshire Board note that the term "super output areas" was more precise than "most deprived areas" and should be adopted for use in the strategy.

RECOMMENDATION 32
That the NHS Bedfordshire Board ensures that the strategy is underpinned by data relating to people locally rather than data for the whole of England.

RECOMMENDATION 33
That the NHS Bedfordshire Board ensures that that as with other parts of the strategy, high level strategic but measurable SMART, outcome-based, objectives should be included in the Staying Healthy section.

6. Mental Health

6.1 The Committee heard evidence from Helen Hardy, Mental Health Services NHS Bedfordshire, who provided an explanatory summary and responded to questions relating to the Mental Health section of the draft strategy.

6.2 She explained the nature and importance of the “Expert Patient” project which put the patient’s experience at the forefront of consultation.

6.3 As with other elements of the strategy, the Joint Committee noted that the SMART goals in this section of this strategy were not measurable. The Committee was advised that there was more detailed work behind the strategy including a robust performance framework stated how goals could be measured. The appendix contained an operational plan. The Joint Committee considered that this was insufficient to enable high level performance to be transparent.

6.4 The Committee was advised that a programme called Improving Access to Psychological Therapies was very outcome focused, routinely measuring a range of performance criteria. A suggestion was made that performance on this programme could be brought to the health overview and scrutiny committees annually or biannually.

6.4 The Joint Committee noted that a number of the targets in relation to mental health were joint targets, simultaneously owned by NHS Bedfordshire and the two unitary authorities in the area. The members concurred in the view that joint commissioning plans and strategies were key to successfully implementing the strategy.

6.5 The Joint Committee noted the resource implications of proposals set out in section 9 of the draft strategy and expressed concern that there may be insufficient budget available to deliver the ambitions of the mental health section of the strategy.

RECOMMENDATION 34
That the NHS Bedfordshire Board consider including strategic mental health outcomes in the Mental Health section of the Appendix to enable performance to be monitored.

RECOMMENDATION 35
That the NHS Bedfordshire Board emphasise in the strategy the importance of partnership working with the two local authorities in the area particularly in the fields of learning disability and mental health.

RECOMMENDATION 36
That the NHS Bedfordshire Board consider whether it is satisfied that funding in relation to mental health was sufficient to meet the ambitions of the mental health aspects of the strategy, particularly in view of the current economic climate.

7. Maternity and Newborn

RECOMMENDATION 37
That the NHS Bedfordshire Board ensures that clarification be provided in the strategy as to what will happen after 2011 in respect of Maternity and Newborn services.

RECOMMENDATION 38
That the NHS Bedfordshire Board ensures that the issue of addressing end-of-life care in relation to Maternity and Newborn is included in this section of the strategy;

RECOMMENDATION 39
That the NHS Bedfordshire Board that the Board review how the publicity targets will be met within the efficiency savings;

RECOMMENDATION 40
That the NHS Bedfordshire Board ensures that the issue of addressing mental health delivery be made explicit within the Maternity and Newborn section of the Strategy.

8. Children’s Services

8.1 The Joint Committee received evidence from Lee Miller, Head of Children’s Commissioning and Chris Myers, Head of Commissioning for Children’s Acute Care. They explained that the three main themes of the priorities ran through Children’s Services. The PCT was aiming to improve patient experiences and patient satisfaction. The proposals were evidence based and need led. It was intended that year on year improvements in services would be delivered. Members were concerned that there was a lack of specificity in respect of the targets for service improvements, despite the laudable goals. Members explained that they wished to see strategic SMART targets and goals so that an annual review system could be put in place to assess implementation, delivery and the success of the proposals. Diane Meddick explained that the PCT would put in place monthly internal monitoring arrangements as part of the Local Area Agreement arrangements. Members were also concerned about how the services would be delivered and were particularly concerned about the relationship between the proposals and other local initiatives in the area of children’s services, including the Children’s Plan, Every Child Matters, the Children’s Board arrangements and the Children’s Trust. While there was general acceptance that the Strategy addressed health inequalities, members were concerned that there was no specific reference to the needs of traveller children. Similarly there was a

need to underline the role of Children's Centres as a focus for child health provision. The Committee also believed that there was need to cross reference the CAMHS provision from the Mental Health chapter into this one.

RECOMMENDATION 41
That the NHS Bedfordshire Board ensures that the strategy makes reference to more linkage into partnerships, specifically the Children's Trust and the two unitary councils in the area in relation to Children's Services;

9. Planned Care including Dental Care

9.1 The Joint Committee received evidence in respect of Planned Care from Tony Medwell, Head of Primary Care Commissioning, NHS Bedfordshire and Lucy Smith, Head of Planned Care Commissioning, NHS Bedfordshire. They gave a brief introduction and responded to questions, starting on page 28 of Appendix A.

9.2 The Joint Committee noted that although there were some service outcomes and measurable deliveries set out in this section of the strategy, a series of planned and measurable SMART targets was lacking.

9.3 The Joint Committee noted that GP consortia were looking at the services they wanted to deliver locally for patients, including for example dermatology, muscular skeletal matters such as physiotherapy, and minor surgery. Members were keen to assess the progress of this approach.

9.4 It was noted that with an increasing and ageing population it would not be possible to continue to provide all services from hospital which are currently provided, and that alternative approaches would need to be set in place. The Joint Committee noted that there could be an impact of increasing numbers of services being delivered from hospitals at a greater distance from the patient, so it was important to monitor the impact of changes in where services were delivered from.

9.5 Members also considered the issue of dentistry services. Some members reported that accessing NHS dental services was difficult for new patients in Bedford. It was noted that some patients were not aware that NHS dental services were not free at the point of delivery, unlike other medical care, and so they thought that they were paying for private care, not NHS services.

9.6 The Joint Committee noted that some areas appeared to be lacking in dental care services although it was recognised that some patients accessed care elsewhere, including over the NHS Bedfordshire boundary. The Joint Committee noted that possibilities for provision in areas lacking services were being looked into, for example the use of a mobile dental unit. Members considered that clarification should be sought as to whether people were unable to access care before additional provision was made. One committee member made the point that she received dental services from a surgery in Cranfield, which was not included on the map in the document. It was suggested that the accuracy of the maps relating to dentists' surgeries be checked.

RECOMMENDATION 42
That the NHS Bedfordshire Board ensures that the SMART Strategy outcomes, the importance of partnership working and the funding capacity issues as set out above in respect of Mental Health services be reiterated in respect of Planned Care;

RECOMMENDATION 43
That the NHS Bedfordshire Board ensures that progress is monitored on those items of planned care provision which will be delivered from Health Centres and GP surgeries and periodically reported to the health scrutiny committees of the two local councils.

RECOMMENDATION 44
That the NHS Bedfordshire Board ensures that the impact of changes in the arrangements where services are delivered from is monitored to prevent increasing numbers of services being delivered, particularly by hospitals, at an unacceptable distance from the patient's home.

RECOMMENDATION 45
That the NHS Bedfordshire Board ensures patients are able to access dental care in Bedfordshire rather than being required to access services across the NHS Bedfordshire boundary.

10. Acute Care

10.1 The Committee received evidence from Lynda Lambourne, Head of Acute and Urgent Care Commissioning at NHS Bedfordshire. She explained that a major feature of this aspect of the strategy was the need to bring together existing contracts and services, redesigning them as necessary using a care pathway approach. Ms Lambourne explained the difference between acute and urgent care and indeed how it varied from emergency care. Overall the strategy provided for less acute care to be provided in hospitals. Members were concerned that there was little evidence to demonstrate how hospitals could cope with less patient throughput and equally were concerned about whether there was sufficient primary and community care capacity to absorb the volume of diverted patients. The Committee supported the proposals to reduce the volume of inappropriate admissions and delayed discharges. The Committee did however believe that the provision of intermediate or step down beds was an essential part of the success of the strategy and that the NHS Bedfordshire Board should ensure that appropriate provision is made. The joint committee believed that the issue of inappropriate admissions and delayed discharges was one area where joint working between the Adult Social services of the two unitary authorities and the PCT would be of significant benefit and as such should be specifically referred to in the strategy. The Committee also noted the cross over from end of life care to the acute sector and confirmed that it wished to see such provision been explicitly recognised in this chapter. The references to cancer services needed to be more explicit having regard to the arrangement whereby the PCT commissioned services from at least two Cancer Networks. The Joint Committee was also interested to hear about the embryonic proposals to have specific hospitals focus on specific treatments, recognising

that such specialisation was rewarded by better clinical outcomes. The health scrutiny committees of the two authorities would wish to be consulted on the proposals when they emerge especially in the areas of thrombolysis, renal services and other specialisms. The Joint Committee noted that there were no proposals to change the provision of A& E services at the local hospitals at supported that position. Any proposals to vary the current arrangements for example, the closure of Accident & Emergency departments at hospitals in Bedfordshire following any reductions in incidence of patient presenting with minor matters, would be unacceptable.

RECOMMENDATION 46
That the NHS Bedfordshire Board be requested to include within the strategy evidence that reducing hospital admissions will release resources which can be used within the community;

RECOMMENDATION 47
That the NHS Bedfordshire Board should satisfy itself and include evidence in the Strategy to demonstrate that capacity exists within the community to deliver care there;

RECOMMENDATION 48
That the NHS Bedfordshire Board should satisfy itself that the Strategy demonstrates that plans are in place to support choice for frail elderly people and their families in relation to where death will occur;

RECOMMENDATION 49
That the NHS Bedfordshire Board ensures that the strategy clearly addresses the need to develop effective local interventions so that minor health matters can be dealt with locally, for example walk-in clinics rather than at Accident and Emergency (A&E) departments of hospitals.

RECOMMENDATION 50
That the NHS Bedfordshire Board be advised that closure of Accident & Emergency departments at hospitals in Bedfordshire following any reductions in incidence of patient presenting with minor matters would be unacceptable.

RECOMMENDATION 51
That the NHS Bedfordshire Board ensures that cancer services are addressed appropriately in the strategy.

RECOMMENDATION 52
That the NHS Bedfordshire Board ensures that the strategy clearly states that more intermediate beds are fundamental to the successful implementation of this aspect of the strategy.

RECOMMENDATION 53
That the NHS Bedfordshire Board notes that the local authorities welcome the further consultation proposed on specialist services, such as the renal specialist unit.

11. Long Term Conditions

11.1 The Committee heard from Annie Topping, Chief Executive for West Mid Bedfordshire Practice Based Commissioning Consortium and Esther Bolton, the recently appointed Head of Long Term Commissioning and Community Services at NHS Bedfordshire. They explained that the patient pathway being adopted for the design of future long term condition services included the prevention of illness, screening and diagnosis, the preparation of individual management plans and proposals to cope with exacerbations. Such redesign of services will enable the recovery of some of the costs of service provision. Members were not convinced about the financial savings proposals and believe that the PCT Board will need to revisit them. The Committee was not entirely convinced of the logic that showed that despite an increasing population and an increase in the number of older people, both leading to increased demand for long term condition services, that no new investment would be required to secure the proposals in the strategy. The Committee doubted whether this was a credible position to hold. The Committee was also concerned about the lack of SMART outcome based targets for these services and welcomed the offer to produce outcomes for each of the conditions covered by the chapter. The Committee also believed that there was scope to improve the cross referencing to hard to reach groups with long term conditions, including for example those people who use night shelters.

RECOMMENDATION 54
That the NHS Bedfordshire Board ensures that a set of outcome based SMART health and well-being indicators for long term conditions be provided.

RECOMMENDATION 55
That the NHS Bedfordshire Board ensures that the financial savings in this section be recalculated and fed into the general review of whether the strategy is deliverable in the current economic conditions.

RECOMMENDATION 56
That the NHS Bedfordshire Board to note that the Joint Committee welcomes the commitment to producing outcomes for each condition falling within this section.

12. End of Life Care

12.1 The Committee received evidence in respect of this chapter of the strategy from Nicky Bannister, Head of Commissioning for End of Life Care and Palliative Care, NHS Bedfordshire. She explained that the aim of the strategy was to improve end of life care, ensure that more people had choice as to where they died and in the process aim to meet patients' wishes that they did not die in hospital. In some cases, where there were no further medical treatments available to patients, it was unnecessary for them to remain in hospital. Members were concerned that the gradation from social care (which is paid for) to medical care (which is free at the point of delivery) was not as transparent as it might be. The Committee was also keen to see SMART outcome based targets in this area of the strategy as well as in other

parts of it. In the Committee’s view there was a need to ensure that the processes surrounding end of life care, including those covering both the children’s services and adult social care services, should be better documented and publicised so that both patients and their carers were better informed about the services and options available to them. This would involve joint working between the local authorities and the NHS and this should be explicitly recognised in the strategy and indeed be a normal part of service delivery. The Committee was concerned that the ambitions of the strategy in respect of end of life care could only be secured by adequately funding the packages of services involved. The Committee believes that this is an area the NHS Bedfordshire Board should specifically address. .

RECOMMENDATION 57
That the NHS Bedfordshire Board ensures that challenging stretch targets be put in place to ensure that patient choice is delivered in relation to end-of-life services.

RECOMMENDATION 58
That the NHS Bedfordshire Board makes it clear in the strategy at what point community care becomes medical care in relation to end-of-life services and therefore free at the point of delivery;

RECOMMENDATION 59
That the NHS Bedfordshire Board ensures that the strategy states that the decision-making process of moving from social care to medical care in relation to a terminally ill person should be carried out in partnership with the local authority, and arrangements should be put in place to enable this, with the capacity to review decisions;

RECOMMENDATION 60
That the NHS Bedfordshire Board ensures that clear strategic goals are set and services put in place to improve the end of life experience for the patient, relatives and carers which should include:-

- **clear information for patients, relatives and carers of people who are dying;**
- **support and counselling to be available for all involved in end-of-life care;**
- **home support to be available for example including domiciliary care, sitting services, respite care;**
- **sufficient and available hospice beds;**
- **support for carers and families to prevent future mental and physical health problems, for example training and physical aids;**

RECOMMENDATION 61
That the NHS Bedfordshire Board ensures that each stage of end-of-life care is adequately supported and funded and reflected in the strategy.

Conclusion
To be drafted.

Councillor Stephen Male
Chairman
Bedford Borough and Central Bedfordshire Joint Health Overview & Scrutiny Committee
May 2009

Appendix 1 - The composition of the Joint Committee

A.1.1 The former Bedfordshire County Council Health & Adult social Care Overview & Scrutiny Committee established a member task group to commence the scrutiny of the NHS Bedfordshire strategy, A Healthier Bedfordshire. That task group met on three occasions when it membership was:
Councillor Stephen Male, Bedfordshire County Council and Chairman of the Bedfordshire Health and Adult Social Care Overview & Scrutiny Committee
Councillor Alan Carter, Bedfordshire County Council and Vice Chairman of the Bedfordshire Health and Adult Social Care Overview & Scrutiny Committee
Councillor Judith Cunningham, Bedford Borough Council, member of the Bedfordshire Health and Adult Social Care Overview & Scrutiny Committee
Councillor Ann Sparrow South Bedfordshire District Council, member of the Bedfordshire Health and Adult Social Care Overview & Scrutiny Committee

A.1.2. On the abolition of the County Council on 31 March 2009 Bedford Borough Council and Central Bedfordshire Council, the successor unitary authorities established, on 21 April 2009, a statutory joint committee under the terms of the Secretary of State's Direction of 17 July 2003. The membership of the joint committee was:

Bedford Borough Council:

Councillor J Brandon
Councillor J Cunningham
Councillor B Dillingham
Councillor C Meader

Central Bedfordshire Council:

Councillor A B Carter
Councillor M Gibson
Councillor Mrs S Goodchild
Councillor S F Male.

A.1.3 In addition the proceedings of the Joint Committee were observed and supported by Executive Members from each of the authorities and by senior staff of the authorities.

Appendix 2 - The terms of reference of the Joint Committee

A.2.1 The terms of reference of the Joint Committee were as follows:

To scrutinise the draft NHS Bedfordshire strategy by:

a) examining the proposals against the regional health strategy, including checking whether the eight main themes of the regional strategy have been covered.
b) examining the proposals in the strategy in their own right.
c) 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 Central Bedfordshire and Bedford Borough.
d) identifying whether there are issues raised by any patient group
e) considering the PCT's ability to fund the proposals given their relatively low funding allocation by Central Government.
f) considering whether the framework is in place so that the financial, IT, property assets and HR aspects of the local strategy are deliverable
g) covering any other matter arising from the exercise which has a significant impact regarding health in the local area.
h) and consulting with patient groups and health professionals.

Appendix 3 - How the Committee went about its work

A.3.1 The former Bedfordshire County Council Health & Adult social Care Overview & Scrutiny Committee established a member task group to commence the scrutiny of the NHS Bedfordshire strategy, A Healthier Bedfordshire. That task group met on three occasions, 11 February 2009, 5 March 2009, and 24 March 2009.

A.3.2 On the 11 February 2009 the member task group considered how it would go about its work, requested that the successor authorities established a statutory joint committee under the terms of the Secretary of State's Direction of 17 July 2003 and received an overview briefing from Diane Meddick and David Levitt, officers of NHS Bedfordshire. Having received the overview the Task Group agreed a programme of meetings which set out the sequence of work it would follow.

A.3.3 On 5 March 2009 the member task group received an overview on sections 2 and 3 of the strategy from Diane Meddick and Edmund Tiddenham, again both officers of NHS Bedfordshire. At that meeting the task group began to formulate its recommendations in light of the evidence it had received.

A.3.4 On 24 March 2009 the member task group received an overview presentation and considered evidence on the remaining sections of the strategy, sections 4-9, from Diane Meddick and James Wilkes, officers of NHS Bedfordshire. It was agreed that the detail of the eight main service areas would be scrutinised separately.

A.3.5 On 21 April 2009 the Bedford Borough Council and the Central Bedfordshire Councils established a Joint Health Overview & Scrutiny Committee with the member as set out in Appendix 1 and with the terms of reference set out in Appendix 2. At that meeting the Joint Committee considered the work of the member task group established by the County Council and agreed to adopt it as its own. The Joint Committee then received evidence, based on Appendix 1 of the strategy on the following service proposals:

a) Mental Health – evidence from Helen Hardy – NHS Bedfordshire
b) Planned Care – evidence from Tony Medwell and Lucy Smith - both of NHS Bedfordshire
c) Staying Healthy – evidence from Sarah Evans – NHS Bedfordshire

Diane Meddick, NHS Bedfordshire, Project Director, supported her colleagues through the session.

A.3.6 On 28th April the Joint Committee received evidence in respect of the remaining service proposals as follows:
a) Children's Services - evidence from Lee Miler and Chris Myers - NHS Bedfordshire
b) Maternity & Newborn - evidence from Chris Myers - NHS Bedfordshire
c) Acute Care - evidence from Lynda Lambourne- NHS Bedfordshire
d) End of Life - evidence from Nicky Bannister - NHS Bedfordshire

e) Long Term Conditions - evidence from Annie Topping - Chief Executive of West Mid Bedfordshire Practice Based Commissioning Consortium and Esther Bolton - NHS Bedfordshire

Diane Meddick, NHS Bedfordshire, Project Director, supported her colleagues through the session.

A.3.7 On the 12 May 2009 the Joint Committee reconvened to review its work, to consider its draft recommendations and to consider and finalise its report to be submitted to NHS Bedfordshire by the consultation closing date.