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

please ask for Mel Peaston
direct line 01234 228200
date 20 July 2009

NOTICE OF MEETING

JOINT HEALTH SCRUTINY COMMITTEE

Date & Time
Thursday, 30 July 2009 at 2.00 p.m.

Venue at
Committee Room 2, Borough Hall, Cauldwell Street, Bedford MK42 9AP

Jaki Salisbury
Interim Chief Executive

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

Bedford Borough Council:

Cllrs: Jim Brandon, Judith Cunningham, Carole Ellis and Carl Meader.

Central Bedfordshire Council:

Cllrs Peter Rawcliffe, Ann Sparrow, Andrew Turner and Susan Goodchild.

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. **Election of Chairman**

   To elect a Chairman for the remainder of the municipal year.

3. **Election of Vice-Chairman**

   To elect a Vice-Chairman for the remainder of the municipal year.

4. **Declarations of Interests**

   To receive from Members any declarations and the nature thereof in relation to:-

   (a) personal interests in any agenda item

   (b) personal and prejudicial interests in any agenda item

   (c) any political whip arrangements in relation to any item on the agenda.

5. **Statutory Basis of the Joint Committee**

   To note the statutory basis of the Joint Committee as set out in the attached report.

6. **Composition and Size of the Joint Committee**

   To note the composition and size of the Joint Committee as set out in the attached report.

7. **Terms of Reference of the Joint Committee**

   To note the terms of reference of the Joint Committee (attached).

8. **NHS Bedfordshire's Response to the Joint Committee's Report**

   To receive and consider NHS Bedfordshire’s response to the Joint Committee’s final report (attached) and to determine whether the response is in the interests of the health service locally.

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Statutory Basis of the Joint Committee

1. The NHS Bedfordshire Strategy Joint Health Scrutiny Committee is established under powers set out in the Health and Social Care Act 2001 and under the Direction issued by the Secretary of State for Health on 17 July 2003 under statutory instrument 3048 of 2002 – the local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

2. Paragraph one of the Direction relates to application, commencement and interpretation, including definitions of which local Social Services Authorities, it applies to Paragraph 2 of the Direction and states

”Where a local NHS Body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint committee may:

a) make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations:

b) require the local NHS body to provide information about the proposal under regulation 5 of the Regulations: or

c) require an officer of the lead local NHS body to attend before it under regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.”

3. The Joint Health Scrutiny Committee has been established by Bedford Borough Council and Central Bedfordshire Council to discharge the requirements of the Direction in relation to matters which affect the constituent 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.

The Committee is recommended to agree this report.

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Composition and Size of the Joint Committee

1. The Committee will comprise four members from Bedford Borough Council and four members from Central Bedfordshire Council as the relevant Social Services authorities in the area served by NHS Bedfordshire. Members will be politically proportional to the membership of their local authority, unless both:

- that authority's full Council agrees, with no-one dissenting, to waive the political proportionality requirement for their own members; and

- Members of all authorities represented on the joint committee agree to waive that requirement.

Appointments to the Joint Committee have been made by the constituent bodies to reflect their own political proportionalities in accordance with the relevant legislation.

2. The Committee is requested to determine whether it wishes to allow for substitute members if a named member of the Committee is indisposed.

3. The Committee is also requested to determine a quorum for its meetings. It is suggested that this number be four, being one half of the Joint Health Scrutiny Committee, and that two of the quorum should be from Central Bedfordshire Council and two from Bedford Borough Council.

4. Recommendation

The Joint Health Scrutiny Committee is recommended to agree that:

a) the Committee comprise 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 England Strategic Health Authority;

b) named substitute members be allowed if the nominated member is indisposed;

c) the quorum of members be set at four, representing one half of the Committee, two of which should be from Bedford Borough Council and two from Central Bedfordshire Council.

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The Terms of Reference of the Joint Committee

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; and

h) consulting with patient groups and health professionals.

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Meeting: **Joint Health Overview & Scrutiny Committee**

Date: **30 July 2009**

Subject: **A Healthier Bedfordshire consultation report and response of NHS Bedfordshire**

Report of: Andrew Morgan, Chief Executive, NHS Bedfordshire

Summary: The report provides Members with the collation, analysis and response of NHS Bedfordshire to the public consultation on its five year strategic plan, *A Healthier Bedfordshire.*

The report also requests the response of the Joint Health Overview & Scrutiny Committee to the decisions taken by NHS Bedfordshire in response to the consultation.

Contact Officer:	David Levitt, *Head of Public Engagement and Communications: NHS Bedfordshire*
Public/Exempt:	Public
Wards Affected:	All
Function of:	n/a
Key Decision	n/a
Reason for urgency/ Exemption from call-in (if appropriate)	n/a

RECOMMENDATION:

1. **That the Joint Health Overview & Scrutiny Committee note the contents of this report and the response of NHS Bedfordshire to the recommendations of the Joint Health Overview & Scrutiny Committee and to the overall themes that emerged during the consultation.**

2. **That the Joint Health Overview & Scrutiny Committee note the decision of the Board of NHS Bedfordshire to:**
   - **Retain the three strategic priorities that underpin its strategic plan**
   - **Refresh the strategy in the light of the responses received**
   - **Ensure that public and clinical involvement continues to inform and shape the content and implementation of the strategy**
   - **Take forward the implementation of the strategy without delay.**

3. **That the Joint Health Overview & Scrutiny Committee consider the appropriateness of the decisions taken by NHS Bedfordshire in response to the feedback received during the consultation and whether they are in the best interests of the residents of Bedfordshire.**

Reason for Recommendation:	*So that Members of Joint Health & Housing Overview & Scrutiny Committee are content that the response of NHS Bedfordshire to the consultation and the resulting decisions are appropriate and in the interests of the residents of Bedfordshire.*

Introduction

1. NHS Bedfordshire completed a 12 week public consultation on its medium term strategy, *A Healthier Bedfordshire,* on 8 June 2009.

2. This paper summarises the outcome of the consultation and the response of NHS Bedfordshire to the views that were gathered during the process.

3. The full consultation report is attached as Annex 1. This sets out the consultation process, responses and the themes that emerged during the consultation.

4. Also attached are:
Appendix A: Consultation questions
Appendix B: Joint Health Overview and Scrutiny Committee Report
Appendix C: NHS Bedfordshire response to the OSC recommendations
Appendix D: Summary of letters received from organisations.

Key themes that emerged from the consultation

5. Through the consultation questionnaire, online responses and a series of consultation workshops, NHS Bedfordshire gathered the views, comments and suggestions of 454 people. There was strong support for each of the three strategic priorities. These are:

    1. To invest a greater proportion of our money into prevention, promoting healthy lifestyles, supporting early intervention and promoting independence
    2. To create effective support in local communities to reduce the reliance on hospital care, including in times of urgent need
    3. To offer more choice and convenience, by commissioning quality services closer to home that are based on the needs and preferences of Bedfordshire patients.

6. The strategy was broadly welcomed in its aims and ambitions. The key themes emerging from their report can be summarised as:

    - **Partnership working**: the strategy must be embedded with the local authorities within joint strategic planning and partnership working
    - **Deliverability:** the strategy must be financially viable and deliverable within the constraints of the current financial climate
    - **Evidence based:** the strategy must be underpinned by robust evidence and data that inform commissioning and prioritisation decisions
    - **Outcome directed**: SMART targets are required to ensure that the progress and success of the strategy can be monitored and achieved.

NHS Bedfordshire's response to the consultation

7. We welcome the responses received and that the strategy was widely supported by the public and by the Joint Health Overview and Scrutiny Committee.

8. The comments, views and suggestions gathered during the process should be taken into account during the review and refresh of the strategy over the summer/autumn. The feedback from the consultation will also be fed back to the appropriate project boards to ensure that they are adequately reflected in the ongoing development and implementation of the plans to deliver the strategy.

9. Taking into account all of the views expressed, we will:

    i. Retain the three strategic priorities that underpin *A Healthier Bedfordshire*
    ii. Refresh the strategy in light of the responses received, the responses to the recommendations of the Joint Health Overview and Scrutiny Committee and the need to update the financial scenarios based on the anticipated future financial situation. The final updated strategy will go back to the Strategy Committee and NHS Bedfordshire Board in September
    iii. Ensure that public and clinical involvement continues to inform and shape the content and implementation of the strategy
    iv. Take forward the implementation of the strategy without delay, through the *A Healthier Bedfordshire* Programme Board, overseen by the Strategy Committee.

Conclusion

A twelve week public consultation on the strategic plan of NHS Bedfordshire demonstrated strong support for each of the three strategic themes that underpin the strategy. It generated a range of views from which clear themes are discernable. The response of NHS Bedfordshire is reflective of these themes and of the recommendations made by the Joint Health Overview & Scrutiny Committee. Members are, therefore, asked to note the report and consider whether the decisions taken by NHS Bedfordshire are in the interests of Bedfordshire residents.

CORPORATE IMPLICATIONS

Council Priorities:

Financial:

n/a

Legal:

The Joint Committee has been established under the provisions contained within a Direction issued by the Secretary of State for Health on 17 July 2003 under statutory instrument 3048, known as the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

Risk Management:

n/a

Staffing (including Trades Unions):

n/a

Equalities/Human Rights:

n/a

Community Development/Safety:

n/a

Sustainability:

n/a

NHS Bedfordshire

ANNEX 1

A HEALTHIER BEDFORSHIRE

CONSULTATION REPORT

1. REQUIREMENT TO CONSULT

In accordance with Section 242 of the NHS Act 2006, NHS Bedfordshire engaged in a formal public consultation on its medium term strategic plan, *A Healthier Bedfordshire*.

2. CONSULTATION QUESTIONS

The PCT sought the views of local residents and key stakeholders on the three strategic priorities or 'golden threads' that underpin the strategy. These are:

- To invest a greater proportion of our money into prevention, promoting healthy lifestyles, supporting early intervention and promoting independence
- To create effective support in local communities to reduce the reliance on hospital care, including in times of urgent need
- To offer more choice and convenience, by commissioning quality services closer to home that are based on the needs and preferences of Bedfordshire patients.

The consultation questions are attached as appendix A.

The Joint Health Overview and Scrutiny Committee Report is attached as appendix B.

NHS Bedfordshire response to the recommendations of the Joint Health Overview and Scrutiny Committee is attached as appendix C.

A summary of letters received from organisations is attached as appendix D.

3. CONSULTATION METHODS

Our strategy is the culmination of two years' work, listening to local people from all walks of life in consultations, partnership boards, focus groups, stakeholder events, in meetings, in GP practice waiting rooms, through surveys. We have reviewed best practice, looked at the clinical evidence, assessed the health needs of all our communities and taken on board the views and advice of clinical experts.

The consultation ran for a period of 12 weeks from 16 March to 8 June 2009. We distributed consultation booklets and leaflets with freepost response forms and ran a series of consultation workshops across Bedfordshire.

The consultation booklet was posted to the following stakeholders:

- Bedfordshire GP practices
- Bedfordshire optical practices
- Bedfordshire dental practices
- Bedfordshire pharmacies
- Local MPs

- Bedfordshire county/unitary/district, town and parish councils
- Bedfordshire Health Panel members
- 241 statutory, voluntary and community organisations

In total, the full consultation document was posted to 784 stakeholders. It was also published on our website with the full strategy document and made available to the public at our consultation workshops, in other meetings and on request. We distributed 5,000 consultation leaflets and freepost questionnaires through GP, dental and optical practices, pharmacists, council offices and local libraries.

The consultation was publicised through the local media via news releases and was well covered in local newspapers, their websites and on local radio. We also promoted the strategy and our consultation through an advertising campaign on Heart FM radio, railway station poster sites and external rear panel bus adverts. People could respond to the consultation by:

- Completing and posting the freepost response form
- Emailing our dedicated consultation mailbox
- Completing an online consultation form on the our website
- Writing to NHS Bedfordshire
- Attending the consultation workshops
- Requesting a dedicated consultation meeting with NHS Bedfordshire

4. CONSULTATION RESPONSES

We involved and listened to 339 people (members of the public, partner organisations and staff) at seven consultation events as listed below:

Date	Location	Participants
24.04.09	Bedford Rugby Club	NHS Bedfordshire staff
05.05.09	Rufus Centre, Flitwick (session included in County Workforce Event)	NHS partner organisations
05.05.09	Rufus Centre, Flitwick	Public
14.05.09	Methodist Church, Dunstable	Public
18.05.09	Bedford Corn Exchange	Public
23.05.09	Bossard Hall, Leighton Buzzard	Public
28.05.09	Weatherley Centre, Biggleswade	Public

We also presented and provided information to stakeholders in other meetings, including Advocacy Alliance (learning disability), Offender Health Event, 'Any Questions' open evening with Barton-le-Clay GP practice Patient Participation Group, Bedford Borough Community Tasking Action Group, the BMA and four expert patient groups in mid and south Bedfordshire.

We presented our strategy to a specially convened joint overview and scrutiny committee task group representing the two Bedfordshire unitary authorities. The task group met six times to ask questions and take evidence from a broad range of NHS Bedfordshire officers, covering all aspects of the strategy. Their report is attached as appendix B. Our response to their recommendations is attached as appendix C.

We received 110 responses through our freepost questionnaire, email and online feedback form. Background information on these respondents is set out below:

	No.	%
Gender		
Male	30	27
Female	71	65
Not stated	9	8
Age		
Under 21	1	1
21-44	30	27
45-64	35	32
65 or over	34	31
Not stated	10	9
Ethnicity		
White	89	81
Mixed race	1	1
Asian/Asian British	5	4
Not stated	15	14

In addition to these responses, we received letters from the individuals and organisations listed below.

- Bedfordshire and Hertfordshire Local Medical Committee
- Dunstable and District Association of Senior Citizens
- Dr Nicholas Morrish, Chairman, Bedford Hospital Medical Staff Committee: response on behalf of the committee.
- Mr EJ Neale, Medical Director, Bedford Hospital NHS Trust
- Mr Ray Rankmore, Chairman, Bedford Hospital NHS Trust: response on behalf of the hospital trust.

A summary of the responses is attached as appendix D.

5. KEY THEMES

We commissioned Dr Steven Wilkinson, Senior Research Associate, School of Education, University of East Anglia and Dr Jaki Lilly, Senior Lecturer, Anglia Ruskin University, to provide independent collation and analysis of the data gathered generated by the consultation. This was undertaken in a three stage process to identify and present the themes that have emerged through this consultation. This report represents the final stage of this process. Where appropriate, the written responses and the responses generated by the workshops have been combined. The detailed data that underlies the views and themes presented in this consultation report are available on request from NHS Bedfordshire by emailing david.levitt@bedfordshire.nhs.uk or calling 01234 792004.

Question 1
We plan to spend a greater proportion of our money on preventing illness and helping people stay healthy. What do you think? Do you…

	Questionnaire responses (%)	Workshop responses (%)
Agree/Strongly agree	83.3	60
Disagree/Strongly Disagree	7.4	4
Not Sure/No opinion	9.3	36

Reasons given for response
The narrative below combines the responses across all response types (reported in order of volume not necessarily representing significance).

Respondents who supported this proposal gave the following reasons:

- Prevention is better than cure.
- Prevention is a more cost effective use of resources.
- Prevention would improve the quality of life and reduce the long term effects of illness.
- Prevention was empowering and prevented co-morbidities.

Reasons that the proposal was not supported included:

- Some illnesses were unpreventable.
- All people should be treated the same.
- Prevention may not be cost effective.
- The health service should address needs. Those who are already ill should not be affected by a reduction in resources, should that be an outcome of this strategy.

General additional comments:

- Respondents wanted to know how such changes would take place, suggesting that people would not change their lifestyles and that they should be encouraged and educated to take personal responsibility to do so.
- A focus on existing needs was required.
- Prevention is a long term strategy and partnerships with other services and organisations (education, social services) would be needed.
- Communication is key to prevention.
- The health service should be evidence led and there should be measures to provide evidence of the impact of prevention.

Further considerations suggested:

- With an increasingly ageing population, a range of screening services was considered an important aspect of this strategy (i.e. cancer, diabetes, mental health).
- It was also suggested that mothers and children should be a particular focus of this proposal.
- The promotion of independent living was required.

Specific services suggested that would support prevention included:

- Five yearly health checks.
- Increasing the numbers of health visitors and specialist nurses.
- Targeting of smoking and obesity.

Question 2
Some of the biggest challenges for illness prevention and health promotion are in areas of greatest deprivation. This is where some of the biggest benefits can be gained and we plan to spend more money and time on prevention in these areas. What do you think? Do you…

	Questionnaire responses (%)	Workshop responses (%)
Agree/Strongly agree	71.2	59
Disagree/Strongly Disagree	10	9
Not Sure/No opinion	18.8	32

Reasons given for response
In support of spending more in areas of greatest need:

- Targeting deprived areas was a socially responsible position to take.
- Targeting would be more cost effective.

Considerations for this proposal included:

- Targeting children's health and education (especially on dietary issues).
- Work in cessation of smoking and in immunisation was recognised as being good examples of services targeted to deprived areas.
- Local and integrated services were needed.
- Hospital services should be maintained.
- Screening services and national advertising of illness prevention and health promotion were considered positively.
- However, it was also suggested that the NHS could be better at providing information and engaging with community groups. The provision of local services and providing feedback on health campaigns was also suggested.
- Access to health services could be better signposted in deprived areas and more information could be made available.

Against targeting prevention spending:

- It was not justifiable – a basic level of care for all was necessary (eg vaccinations) and that the presence of a health system was reassuring and necessary.
- It would not be cost effective.
- It was doubtful that there would be co-operation from people in targeted areas.
- Deprivation could not be reversed by the NHS.

Views on promoting independence:

- It was suggested that physiotherapy services made a positive contribution.
- Partnership working had the potential to maintain people in their own environments.
- More needed to be done to promote independent living, which could be supported with improved nursing and health visitors and by addressing transport issues.

Regarding quality, there was strong support for existing services provided at the Bedford Hospital. Two responses from the Hospital Trust in particular supported hospital based services.

Question 3
Over the next five years we plan to develop safe and effective treatment in community settings to reduce reliance on hospital care. Hospitals will change so they can concentrate on more complex care, leaving other health professionals to provide less complex care. What do you think? Do you…

	Combined responses (%)
Agree/Strongly agree	85.1
Disagree/Strongly Disagree	10.9
Not Sure/No opinion	4

Reasons given for response
In support of providing more care in community settings:

- Services that are more local would overcome the problem of difficult journeys.
- Such services would provide a more personal service and greater continuity of care.
- Local services were regarded as convenient, comfortable, less stressful and more accessible.
- It was thought that moving some services into the community would allow the acute service to focus on more critical hospital based services.

The services that would support this proposal included home care services and community based specialist, diagnostic and end of life services. However, it was also considered that the hospital services currently provided should be maintained.

Reasons this proposal was not supported:

- More health care workers would be needed to deliver community based care.
- It was suggested that community based services may cost more.
- Respondents were concerned about the potential destabilisation of the acute service, the moving of currently established services and the maintenance of clinical skills and training opportunities for junior doctors.
- It was suggested that community based care was not the best solution in all cases. While services may be provided more quickly, there were safety issues prompting the idea that monitoring of services was needed. It was also suggested that care should be patient centred and needs led.

Further considerations:

- It was also recognised that the responsible use of services was needed.
- Access to community provided care was considered as important.
- Cottage and local hospitals and healthcare centres were also suggested as important.
- However, the maintenance of the acute services and acute hospital were also recognised as important.
- The training of staff was an important issues raised, as was the need for waiting list management and access to out of hours services.
- It was recognised that this shift in healthcare provision would require change management.
- Signposting to services was regarded as important, as was the use of technology and information systems to support community based services.

Question 4
We plan to develop services that are more convenient and responsive, bringing in a wider range of healthcare providers from the NHS, voluntary and independent sectors,

to do this in a carefully planned and managed way. What do you think? Do you…

	Combined responses (%)
Agree/Strongly agree	78
Disagree/Strongly Disagree	11.5
Not Sure/No opinion	11.5

Reasons given for response

In support of extending choice for patients:

- Wider choice may reduce waiting times.
- It may provide competition for providers which may, in turn, drive up quality and improve the patient experience.

Reasons for not supporting wider choice:

- Choice may be confusing (especially for elderly patients)
- The model had not been proven
- Choice would not be achievable because:
    - Patients rely on the advice of their doctor
    - Ill people do not want to have to make choices.
    - Building the capacity for wider choice may eventually cost more.

Further considerations:

Supporting informed choice

- Choice must be 'informed' and the recognition that more trained staff would be necessary to support this.
- Information, education and patient advocacy services were suggested to provide guidance on choice.
- The advertising of services was considered important, as was an improved system for appointment making.
- Expectations needed to be managed.

Funding and costs

- Service should remain free. It was thought that independents would lead to increasing costs and patient charges.
- There were concerns that funding would not be available and that there would be a greater reliance on the voluntary sector.

Planning

- It was recognised that planning was necessary.
- Community needs would have to be prioritised.
- Extending choice would require a culture change in healthcare services
- Issues of transportation and the location of facilities needed to be addressed and more information on these provided.

Quality

- Quality of life as well as quality of care was considered important.
- Quality of training and the monitoring of independent providers was important.

Services suggested that could be available for wider choice included:

- Locally provided out of hours services.
- Long term conditions.
- Diagnostic services.

- Maternity services (including home births).
- Screening services.
- Care for the elderly.
- End of life services.
- Alternative and complementary therapies.
- Mental health services.
- Dentistry.

Question 5
Do you wish to see anything else added to the strategy? Overall, does it describe a local health service that you would like to see in Bedfordshire over the next five years? Is it ambitious enough? Do you think it is achievable? Do you have any specific concerns?

General comments:

- A central strategy and long term plan should meet the needs of the changing population and include the development of staff and the use of available funding.
- It was considered important to not move towards a privatised health service.
- It was suggested that quality of care should be a priority and that communication was key in this respect.
- A responsive service would be needed that would integrate services across sectors.
- It was considered important that the trust focus on prevention, outreach, partnership working and care for the elderly.
- Information about healthcare needs to be provided.
- Access to services for mental health patients was regarded as important.
- Community hospitals were seen as central to long term health care provision.
- It was considered that community based issues such alcohol, drugs and obesity should be targeted and that a focus on children was important.
- Progress and achievement should be demonstrated and so too should a commitment to diversity and equality issues.
- There is a need to demonstrate how changes will help the patient and be effective and safe.

Services that could be further developed included:

- GP services (including opening hours).
- Health screening for the elderly.
- Mental health services.
- Services for patients with long term illnesses.

Question 6
Do you have any comments on this consultation? Add any comments about the consultation process or the information we have provided.

- Some respondents felt that the questions and consultation document were disappointing while others felt the consultation process itself was positive.
- There was a plea that the views expressed in this consultation be heard and acted upon.

6. NEXT STEPS
The responses to the consultation set out in this report will be discussed by the NHS Bedfordshire Board at its meeting in public on 15 July, which is being held in Bedford.

The Board will consider the views expressed and ensure that the further development and implementation of the strategy is informed by those views.

The Board's response to the consultation will be publicised in a news release and this consultation report will be published on the NHS Bedfordshire website, posted to key stakeholders and made available on request.

David Levitt
Head of Public Engagement and Communications
(July 2009)

Appendix A: Consultation questions

A Healthier Bedfordshire – your views

Please read this alongside our consultation *A Healthier Bedfordshire – Have Your Say.* Please fold and seal your completed questionnaire and return by 1 June to:

A Healthier Bedfordshire
NHS Bedfordshire
FREEPOST NAT 16245
Bedford MK40 2BR

CONFIDENTIALITY

Your views will remain confidential and all responses will be kept anonymous. If you wish to be more involved in helping to shape local healthcare services, you also have the option to include your name and contact details at the end of the form and we will be in touch.

GOLDEN THREAD 1 – PREVENTION

Q1 We plan to spend a greater proportion of our money on preventing illness and helping people stay healthy. What do you think? Do you…

Strongly agree	*Tend to agree*	*Tend to disagree*	*Strongly disagree*	*No opinion*

Are there any other 'golden threads' that should underpin all of our work?

Q2 Some of the biggest challenges for illness prevention and health promotion are in areas of greatest deprivation. This is where some of the biggest benefits can be gained and we plan to spend more money and time on prevention in these areas. What do you think? Do you…

Strongly agree	*Tend to agree*	*Tend to disagree*	*Strongly disagree*	*No opinion*

Please tell us why you think this

GOLDEN THREAD 2 – MORE CARE IN COMMUNITY SETTINGS

Q3 Over the next five years we plan to develop safe and effective treatment in community settings to reduce reliance on hospital care. Hospitals will change so they can concentrate on more complex care, leaving other health professionals to provide less complex care. What do you think? Do you…

Strongly agree	*Tend to agree*	*Tend to disagree*	*Strongly disagree*	*No opinion*

Please tell us why you think this

GOLDEN THREAD 3 – MORE CHOICE AND CONVENIENCE

Q4 We plan to develop services that are more convenient and responsive, bringing in a wider range of healthcare providers from the NHS, voluntary and independent sectors, to do this in a carefully planned and managed way. What do you think? Do you…

Strongly agree	*Tend to agree*	*Tend to disagree*	*Strongly disagree*	*No opinion*

Please tell us why you think this

ADDITIONAL COMMENTS

Q5 Do you wish to see anything else added to the strategy? Overall, does it describe a local health service that you would like to see in Bedfordshire over the next five years? Is it ambitious enough? Do you think it is achievable? Do you have any specific concerns? Please add any further comments about any aspect of *A Healthier Bedfordshire* in the box below. Please use extra sheets, if needed.

Q6 Do you have any comments on this consultation? Add any comments about the consultation process or the information we have provided in the box below.

What happens next?

Thank you for your views. We will carefully consider all views and report on our website what people have told us and any decisions we have taken as a result, together with updates on the progress of the strategy over the coming years.

Do you wish to continue to be involved?

If you wish to be more involved in helping to shape local healthcare services (by joining our Health Panel, for example), please add your name and contact details below and we will be in touch.

Name:	Address:
Tel:	
Email:	

About you – please tell us if you are:

☐ Responding on behalf of an organisation.

Name of organisation: _____

☐ Providing your own response. If so, please tick the boxes below that you feel best describe you *(leave blank any you prefer not to answer)*

Are you

☐Male ☐Female ☐Under 21 ☐21-44 ☐45-64 ☐65 or over

☐White ☐Mixed Race ☐Asian/Asian British ☐Black/Black British

☐Other _____

Please write the first part of your postcode (eg MK45) in the box ☐

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.

May 2009

CONTENTS

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 unitary 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 Diane Meddick, Assistant Director – Strategy, who attended all of the meetings of the Joint Committee, held to scrutinise the strategy, except the final meeting held on 12 May 2009 to consider the final draft report.

1.6 The Joint Committee believes that there are three major areas of concern with the strategy. Each of these is set out in more detail below, along with observations and recommendations relating to the use of data. The Committee then makes recommendations about each of the eight service plans. A third section of the report deals with minor, usually presentational, issues.

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 Joint Mental Health Commissioning 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 Although the Joint Committee noted that the three priorities set out in the strategy were about **how** to achieve what was wanted, it felt that the strategy was "light" on **what** the strategy should achieve in terms of clinical outcomes. The priorities were really mechanisms to achieve improved health outcomes, which were not actually articulated in the strategy. 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 1
That the NHS Bedfordshire Board considers how the strategy can simplify and link the themes of its approach, within the confines required of it, to present a more coherent strategy which is focused on Bedfordshire's health issues, problems and priorities. The Board is urged to refocus the strategy onto improving health outcomes.

3. FUNDAMENTAL MAJOR CONCERNS

3.1 The Joint Committee believes that there are three specific major areas of concern with the strategy. These are,

a) **SMART OUTCOMES** - the lack of Specific, Measurable, Achievable, Relevant and Timely (SMART) targets that are outcome based for the strategy overall and for the proposals in each of the chapters on the eight service areas;

b) **FINANCIAL VIABILITY** - the financial viability of the strategy over the five year plan period in the context of the current financial and economic circumstances gives cause for genuine concern; and

c) **LOCAL AUTHORITY PARTNERSHIP WORKING** - the need to explicitly recognise the scope and need for joint working with the unitary authorities especially in the areas of Staying Healthy, Adult Social Care, Children's Services, Mental Health and End of Life Care.

3.2 Each of these is dealt with in more detail in the following paragraphs.

Smart Outcomes

3.3 The Joint Committee is concerned that the strategy sets out **how** the Primary Care Trust (PCT) aim to achieve what is required, rather than **what** the strategy aims to achieve. It is in this area that the Joint Committee has most concern. In some areas of the strategy measures are clearly set out, in others these are targets. Sometimes there are specific service outputs, in other areas it is stated 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.

3.4 The Joint Committee during its scrutiny of the proposals 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.

3.5 The Joint Committee believes that the strategy should be focused on securing improved health outcomes that are demonstrable. To that it end it believes that the strategy should focus less on activity and more on strategic outcomes that are specific, measurable, achievable, relevant and timely (SMART).

RECOMMENDATION 2

That the Board of NHS Bedfordshire ensures that outcome based targets that are specific, measurable, achievable, relevant and timely (SMART) are established for the strategy as a whole and for each of the eight plans of the strategy, with supporting evidence to justify how the proposals will improve the health of the people of Bedfordshire. The NHS Bedfordshire Board should review each of the sections in Appendix A to ensure that there are SMART outcomes for each section.

Financial Viability

3.6 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.

3.7 The Joint Committee was particularly concerned that the financial analyses in the plan scenario show continued budgetary growth over the five year plan period. The Committee was advised during its scrutiny of the proposals that funding for the first two years of the plan had been secured at the level indicated. However that still leaves some uncertainty in respect of the remaining three years of the plan period. The Joint Committee believes that these financial assumptions now look optimistic. It therefore believes that procedures need to be set in place for ensuring that the proposed improvements to services are delivered over the plan period within the available resources and recognises that this necessitates the re-prioritisation of some proposals. The Health Overview & Scrutiny Committees of the two unitary authorities would welcome the opportunity to consider the methodology to be employed in such re-prioritisation exercises.

RECOMMENDATION 3
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 financial and economic climate. The Board should also demonstrate how the strategy's proposals can be delivered in the context of a tighter funding and budgetary regime.

RECOMMENDATION 4
The Committee further recommends that the NHS Bedfordshire Board develops and shares with the Health Overview and Scrutiny Committees of the two authorities the methodology it will employ to re-prioritise services over the plan period to enable the strategy to be delivered within the resources available.

3.8 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, 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 funding matches ambition and vice versa.

RECOMMENDATION 5
That the NHS Bedfordshire Board be asked to review the worst-case financial projections at tables 10 and 11 on page 85 of the strategy.

3.9 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 Overview & Scrutiny Committee of the former Bedfordshire County Council. The Joint Committee believes that this work should continue.

RECOMMENDATION 6
That Central Bedfordshire Council and Bedford Borough Council, both through their Executives and their Health Overview & Scrutiny Committees, work with the NHS Bedfordshire Board to analyse the financial allocation for the Bedfordshire Primary Care Trust and consider what actions would be most appropriate to get the issue of a fair NHS funding allocation for NHS Bedfordshire being reconsidered in Whitehall.

Local Authority Partnership Working
3.10 The Joint Committee was concerned to note that, while those giving evidence recognised the importance of partnership working with healthcare providers, the unitary authorities, the voluntary / community and private sector partners, this was not a strong feature of the strategy as written. The Joint Committee believes that through existing partnership arrangements eg the Local Strategic Partnership and, also, through mechanisms such as the Local Area Agreements, Joint Strategies (e.g. Mental Health), Joint Commissioning and joint working, the complementary roles of the unitary authorities, especially children's services, adult social care, housing and leisure services are explicitly recognised and incorporated within the delivery frameworks.

RECOMMENDATION 7
That the NHS Bedfordshire Board encourages, promotes and delivers effective strategic and operational partnership working arrangements with the new

unitary authorities and other NHS, voluntary and private sector bodies in the area and that such partnership working arrangements be reflected both in the strategy and in relation to all of the Eight Plans within the strategy to achieve added value outcomes.

RECOMMENDATION 8
That the NHS Bedfordshire Board emphasises in the strategy the value of partnership working and recognises the health contribution to developing and delivering refreshed Sustainable Community Strategies in partnership with the two Local Strategic Partnerships and for leading on the delivery of the health targets contained in the associated Local Area Agreements for Bedfordshire.

4. A LOCAL STARTEGY TO MEET LOCAL NEEDS

4.1 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 NHS East of England, the Strategic Health Authority (SHA), had established a template for local health strategies and that this had been adopted by NHS Bedfordshire.

4.2 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, sets 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 levels of in-migration and an ageing population could also result in an increase in the incidence of Long Term Conditions with the consequent health resource, funding and capacity issues.

4.3 The Joint Committee recognised 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 reflected local health needs. They welcomed and accepted the reassurances that the strategy would be monitored and updated over time and in that sense it would become a "living document", a strategy to provide context and guidance for operational decisions and not just "a document".

RECOMMENDATION 9
That the NHS Bedfordshire Board, the NHS East of England Board and senior officers ensure that the health strategy for Bedfordshire reflects and meets the needs of our diverse communities and that it is adjusted and amended over time to reflect the emerging healthcare needs of the County and in particular ensure that there is a "golden thread" linking local healthcare needs to the proposed local actions in the strategy.

Demographic Data

4.4 In evidence, Edmund Tiddeman explained that Bedfordshire was a nationally identified growth area within the Milton Keynes/South Midlands (MKSM) 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, with significant impact over the next five years of the plan period. This would have a significant impact on healthcare resources. The Joint Committee believes that the use of such resources and capacity at the current utilisation levels would significantly exceed the resources available over the plan period.

4.5 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. 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 10
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 and ensures that the issue of the resource and healthcare capacity shortfall, especially the impact of the growth of older people, is more clearly addressed.

4.6 Members were particularly 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, as soon as practicable, 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.

Housing Projections
4.7 Councillors recognised that the strategy was developed over a period of time during which the full impact of the credit crunch was unknown. The Joint Committee acknowledges 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.

4.8 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 12
That the NHS Bedfordshire Board commissions 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.

Health Inequalities, Multiple Deprivation and Ethnicity
4.9 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 Joint 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 13
That the NHS Bedfordshire Board should provide at an early stage to the Health Overview & Scrutiny Committees of the two unitary authorities clear evidence on 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.

4.10 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 be provided relating to the Index of Multiple Deprivation for males and females, which is specific to Bedfordshire.

RECOMMENDATION 14
That the NHS Bedfordshire Board considers including in the strategy locally based evidence that people with higher levels of deprivation suffer poorer health than others and that poorer health relates to people and the circumstances in which they live, 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 15
That the NHS Bedfordshire Board ensures that statistical health mortality and morbidity information relating to the Index of Multiple Deprivation for males and females which is specific to Bedfordshire is provided in the strategy.

4.11 Councillors, in reviewing the proposals set out in the paragraph 'Deprivation and Current Health Inequalities' were concerned that there was no mention of the different 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*".

4.12 In considering the inequalities in life expectancy between men and women, the Joint Committee received and considered a background paper by Edmund Tiddeman entitled *Life Expectancy and Deprivation* and noted, unfortunately, 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 believe that this is still an issue and would wish to see the matter specifically addressed in the NHS Bedfordshire health strategy. The request for statistical information to be provided relating to the Index of Multiple Deprivation for males and females, which is specific to Bedfordshire, is also relevant here.

RECOMMENDATION 16
That the NHS Bedfordshire Board specifically sets in place actions to address the differential in life expectancy between men and women.

4.13 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.

RECOMMENDATION 17
That the NHS Bedfordshire Board notes that the term "super output areas" was more precise than "most deprived areas" and should be adopted for use in the strategy.

4.14 In reviewing the data on ethnicity 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 18
That the NHS Bedfordshire Board ensures that the proposals regarding the range of health services reflect the needs of ethnic minority patients and that there is a clearer link in the strategy between the analysis and the specific proposals.

Other Data Issues
4.15 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. Such information would allow all interested parties to consider how Bedfordshire Health data and performance compared to that of similar areas elsewhere in England and other PCTs in the region.

RECOMMENDATION 19
That the NHS Bedfordshire Board commissions and makes available to the Executives and Health Overview & Scrutiny Committees of the two unitary authorities, and to the Local Strategic Partnerships additional comparative data at two levels, first at the regional level and, secondly, with the Audit Commission family of similar areas.

Impact on Local Hospitals

4.16 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, and more hospitals specialise in specific medical and surgical treatments. The Committee believes that this is an omission which should be remedied, especially as local hospitals will also be affected by the proposed repatriation from outside the County of some procedures within the acute sector over the coming years. There is a need to demonstrate that, taken overall, the proposals do not undermine the long term sustainability of the local hospitals which are highly valued by local communities.

RECOMMENDATION 20
That the NHS Bedfordshire Board commissions and publishes in the adopted strategy, 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 to home and District General Hospitals specialising in medical and surgical treatments.

5. SO WHAT DO WE NEED TO DO?

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

5.2 The Committee is concerned about the processes in place for supporting carers. Whilst it was noted that systems were in place for people accessing carers' support 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 engaging hard-to-reach individuals and, as some people in deprived communities do not access leaflets from pharmacies, more focused approaches must be developed and budgeted for.

RECOMMENDATION 21
That the NHS Bedfordshire Board considers developing further their approaches to ensure that people in deprived communities and otherwise hard-to-reach individuals were aware of, and could successfully access, support for carers.

5.3 The Joint Committee noted that between 2009/10 and 2013/14 NHS Bedfordshire is planning to spend an additional £139m. Of this amount, £4m would be spent on prevention. This represents less than 3% of the additional resources. The Committee noted that, although it was only a small proportion of the total additional spending, it nonetheless represented an increase. The Joint Committee was not convinced that this was a sufficient uplift if the goals of the strategy were to be secured. The Joint Committee felt strongly that additional spending on prevention would lead to reduced hospital admissions and to directly associated savings which could then be redeployed to improve health treatments elsewhere in the system.

RECOMMENDATION 22
That the NHS Bedfordshire Board recognises that although more resources are planned to be spent on preventive work in 2009/10 - 2013/14, this would not be significantly more as a proportion of the whole budget and that the Board considers whether sufficient priority and funding has been afforded to preventive services.

5.4 The Members noted the title of section 7.15 of the strategy, "Developing the local market". The Joint Committee thinks that use of such phraseology confuses thinking. The Joint Committee believes that a single purchaser with multiple providers does not amount to a market. The Members noted and regretted that this was commonplace jargon which the NHS was being encouraged to use. The Joint Committee believed that it could lead the NHS Bedfordshire Board into making decisions based on a flawed analysis and thereby come to the wrong conclusions in its commissioning role.

5.5 The Joint Committee considered the programme budgets set out in the strategy. The Committee expressed its concern that some of the headings were catch-alls which served to obscure rather than elucidate, in particular the "other" heading which covers nearly £86 million of spending. The Joint Committee was advised that the PCT was currently undertaking a detailed analysis of this information and the Joint Committee believes that it should be set out in the adopted strategy.

RECOMMENDATION 23
That the NHS Bedfordshire Board be asked to give greater clarity on table 13, page 90 – Spend Across 23 Programme Budgets – by providing a more detailed analysis of the content of the "other" category.

Risk Analyses
5.6 The Joint Committee believes, in that context, that 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.

RECOMMENDATION 24
That the NHS Bedfordshire Board ensures 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.

5.7 In particular 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 review of the risk analysis of the strategy is carried out at the earliest opportunity.

5.8 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/retention, 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.

5.9 The Councils represented on the Joint Committee wish 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 Overview & 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 & Scrutiny Committees, consider an annual review of the progress made under the eight themes in the A *Healthier Bedfordshire* strategy.

5.10 The following paragraphs set out the Joint Committee's recommendations in respect of each of the eight chapters of the plan. In order for this report not to be repetitious it should be taken as read that the recommendations set out earlier, especially those relating to the use of SMART outcomes, the financial viability and the need to work in partnership with local authorities and other partners apply to each of the services considered below.

6. STAYING HEALTHY

6.1 The Joint Committee received evidence 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.

6.2 The Joint 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.

6.3 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 services which enabled them to stay healthy. Funding for this and similar services should be maintained. The Joint Committee believed that health screening was an important part of preventive medicine and early diagnosis.

RECOMMENDATION 28
That the NHS Bedfordshire Board gives consideration to increasing publicity regarding the health screening services available so that there is greater awareness of this as an available facility, as part of a programme of preventive medicine and early diagnosis.

6.4 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. The Joint Committee believed that a further measure

of 52 week smoking cessation should be introduced to track the sustainability of the support / interventions to assist on smoking cessation.

RECOMMENDATION 29
That the NHS Bedfordshire Board monitors and reports on smoking cessation by individuals for periods longer than four weeks, and specifically that a further measure of 52 week smoking cessation be introduced to track the sustainability of the support / interventions to assist on smoking cessation.

7. MENTAL HEALTH

7.1 The Joint 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.

7.2 She explained the nature and importance of the "Expert Patient" project which put the patient's experience at the forefront of consultation.

7.3 The Joint 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 & Scrutiny Committees annually or biannually.

7.4 In reviewing the data set out in Section 2.7, Comparison of Key Health Indicators, the Joint Committee considered that the absence of an indicator in respect of Mental Health was a significant omission which should be remedied in the final strategy.

RECOMMENDATION 30
That the NHS Bedfordshire Board commissions and presents one or more Key Health indicators in respect of Mental Health in the adopted health strategy for Bedfordshire.

RECOMMENDATION 31
That the NHS Bedfordshire Board considers including strategic mental health outcomes in the Mental Health section of the Appendix to enable performance to be monitored.

7.5 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 the key to successfully implementing the strategy. The Joint Committee also believes that parallel work should be set in place in respect of the medical and social care needs of people with learning disabilities. The Joint Committee believes, notwithstanding the overarching recommendations in Section 3 above, that it is important to make specific recommendations regarding partnership working with the two unitary authorities in the fields of mental health and learning disability.

RECOMMENDATION 32
That the NHS Bedfordshire Board emphasises in the strategy the importance of partnership working with the two unitary authorities in the area particularly in the field of mental health and that the Board sets in train work with the unitary authorities to determine their respective responsibilities.

RECOMMENDATION 33
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 field of learning disability and that the Board sets in train work with the local authorities to determine their respective responsibilities.

7.6 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. With the history of funding in the field of mental health in Bedfordshire the Committee believes, notwithstanding the overarching recommendations in Section 3 above, that it is important to make specific recommendations regarding the funding of mental health services in Bedfordshire.

RECOMMENDATION 34
That the NHS Bedfordshire Board satisfies itself 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 situation and financial climate.

8. MATERNITY AND NEWBORN

8.1 The Joint Committee received evidence from Chris Myers, Lead Commissioner on the Children's Project for this strategy, Bedfordshire NHS who gave a brief presentation and responded to questions.

8.2 It was noted that some figures were contained within the SMART targets, which was to be welcomed by the Members. However, it was unclear from the draft strategy what would happen in this field after 2011.

RECOMMENDATION 35
That the NHS Bedfordshire Board provides clarification in the strategy as to what will happen after 2011 in respect of Maternity and Newborn services.

8.3 Members commented that it was appropriate to address end-of-life care in this section as not every pregnancy resulted in a healthy, live, mother and baby. A request was also made that post natal depression be addressed in this section of the strategy.

RECOMMENDATION 36
That the NHS Bedfordshire Board ensures that the issue of addressing mental health services be made explicit within the Maternity and Newborn section of the strategy.

RECOMMENDATION 37
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.

8.4 An explanation was given of how level 3 maternity services were delivered (in respect of very frail tiny babies). It was noted that a network approach was employed to identify the nearest provision when it was needed. Provision at Luton and Dunstable Hospital had increased in 2008 by 3 cots.

8.5 Concerns were expressed that resources for publicity should be managed to deliver a beneficial impact in hard-to-reach sections of the community.

8.6 Both the strategy (paragraph 9.3.3) and Appendix A to the strategy (pages 18-21) indicate that the current programme budget for maternity can support the agenda for change that is proposed. The changes to existing contracts through better commissioning, up-rating to the national tariff and other measures to improve cost-effectiveness are seen as the means of releasing resources. The Joint Committee was clear that additional resources will be required for commissioning the community midwifery services (via the acute commissioning budget and the maternity and reproductive health programme). The Joint Committee is not convinced, in the absence of more detailed evidence, that the ambitions set out in the Maternity and New Born section of the strategy can be secured only from improved efficiency and improvements in cost-effectiveness. The Joint Committee would urge the Board to examine the funding situation in some detail. The Joint Committee believes, notwithstanding the overarching recommendations in Section 3 above relating to financial viability, that it is important to make a specific recommendation regarding the funding for Maternity and Newborn services.

RECOMMENDATION 38
That the NHS Bedfordshire Board reviews and satisfies itself as to how the targets for Maternity and Newborn will be met within the efficiency savings proposed in the strategy.

9. CHILDREN'S SERVICES

9.1 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 answered Members questions and clearly explained that the three main themes of the priorities ran through Children's Services.

9.2 The PCT was aiming to improve patient experiences and patient satisfaction. The proposals were evidence based and needs led. It was intended that year on year improvements in services would be delivered.

9.3 The Joint Committee was 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 an annual review system put in place to assess implementation, delivery and the success of the proposals. Diane Meddick explained that the PCT had put in place monthly internal monitoring arrangements as part of the Programme Board overseeing implementation.

9.4 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 Local Safeguarding Children's Board arrangements and the Children's Trust. The Joint Committee believes, notwithstanding the overarching recommendations in Section 3 above, that it is important to make specific recommendations regarding partnership working with the two unitary authorities in the field of Children's Services.

RECOMMENDATION 39
That the NHS Bedfordshire Board ensures that the strategy makes reference to more linkage into existing partnership arrangements, specifically the Children's Trust, the Local Safeguarding Children's Board and the two unitary authorities in the area, in relation to Children's Services.

9.5 While there was general acceptance that the strategy addressed health inequalities, Members were concerned that there was no specific reference to the needs of gypsy & traveller children. Similarly there was a need to underline the role of Children's Centres as a focus for child health provision. The Joint Committee also believed that there was a need to cross reference the Child and Adolescent Mental Health Service (CAMHS) provision from the Mental Health chapter into this one. The Joint Committee believes that the issue of mental health services for children and young people is important both for the young patients per se and also in respect of the wider impact on the educational attainment of the young patients and their school peers.

RECOMMENDATION 40
That the NHS Bedfordshire Board ensure that there are appropriate linkages at both the policy and the service delivery level between the Children's Services and the Child and Adolescent Mental Health Services (CAMHS).

10. PLANNED CARE INCLUDING DENTAL CARE

10.1 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.

10.2 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.

10.3 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.

RECOMMENDATION 41
That the NHS Bedfordshire Board, in line with Recommendation 27 above, 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 Overview & Scrutiny Committees of the two unitary authorities as these are of particular interest to the residents of Bedfordshire.

Choose & Book

10.4 Members reported constituency concerns about the problems with the Choose and Book system. Some Members believed that this had been poorly implemented in primary care.

RECOMMENDATION 42
That the NHS Bedfordshire Board take steps to ensure that problems with the Choose and Book system are investigated and resolved both at the service delivery end and the patient end before it becomes operational in any further markets.

10.5 Members also considered the issue of dentistry services. Some Members reported that accessing NHS dental services was difficult for new patients in some parts of Bedford borough. 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.

10.6 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 Joint 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 43
That the NHS Bedfordshire Board ensures that all Bedfordshire dental patients who wish to access NHS dental care can do so. The Committee recognises that this may involve accessing NHS dental services across the NHS Bedfordshire boundary, where it is more convenient for the patient.

11. ACUTE CARE

11.1 The Joint 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. She also explained the difference between acute and urgent care and indeed how it varied from emergency care.

11.2 The Joint Committee supported the proposals to reduce the volume of inappropriate admissions and delayed discharges. Members did however believe that sufficient provision of and access to 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.

RECOMMENDATION 44
That the NHS Bedfordshire Board ensures that the strategy clearly states that more intermediate or step-up and step-down beds are fundamental to the successful implementation of this aspect of the strategy and that the Board should satisfy itself on the sufficiency of this service locally.

11.3 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.

RECOMMENDATION 45
That the NHS Bedfordshire Board and the unitary authorities set in place arrangements that would minimise the risk of and costs associated with inappropriate admissions and delayed discharges.

11.4 The Joint Committee also noted the cross over from end of life care to the acute sector and confirmed that it wished to see such provision being 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 range of different cancer strategies was given insufficient attention in the strategy and this was an issue Members thought should be rectified in the final draft.

RECOMMENDATION 46
That the NHS Bedfordshire Board ensures that cancer services are addressed appropriately in the strategy.

11.5 The Joint Committee noted that there were no proposals to change the provision of A& E services at the local hospitals and 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 the incidence of patients presenting with minor matters, would be unacceptable.

RECOMMENDATION 47
That the NHS Bedfordshire Board be advised that closure of Accident & Emergency departments at hospitals in Bedfordshire following any reductions in incidence of patients presenting with minor matters would be unacceptable.

12. TAKING ACUTE AND PLANNED CARE TOGETHER

12.1 Overall Members considered that the strategy provided for less acute and planned care to be provided in hospitals. Members were concerned that there was little evidence to demonstrate how hospitals could continue to be financially viable with reduced patient throughput and, equally, they were concerned about whether there was sufficient primary and community care capacity to absorb the volume of diverted patients.

RECOMMENDATION 48
That the NHS Bedfordshire Board be requested to include within the strategy evidence that reducing hospital admissions will retain the financial viability and sustainability of hospitals over the plan period while at the same time releasing resources from hospitals which can be used within the community, as this is central to the overall viability of the strategy.

RECOMMENDATION 49
That the NHS Bedfordshire Board should satisfy itself and include evidence in the strategy to demonstrate that capacity exists within the primary care and community care sectors to deliver the increased demand for care arising from patients diverted from hospital admissions.

RECOMMENDATION 50
That the NHS Bedfordshire Board ensures that the strategy clearly addresses the need to develop and publicise 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.

12.2 It was noted that with an increasing and ageing population there would be increasing demand on both planned care and acute services which are currently provided from hospital and that alternative approaches would need to be set in place to increase capacity. The Joint Committee noted that as well as more care, closer to home, 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 are to be delivered from in the future.

12.3 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 Joint Committee accepted that better clinical outcomes justified the increase in travel associated with specialisation. The Health Overview & Scrutiny Committees of the two authorities would wish to be consulted on the proposals when they emerge. The Joint Committee also believed that the concept of step up and step down beds would facilitate the aim of patients receiving specialist treatment in a specialist centre and then being transferred to their local hospital for recovery and after care. The Joint Committee also

believes that the concept of step up and step down beds for preparation and after care can help offset the inconvenience to patients, their families and carers.

RECOMMENDATION 51
That the NHS Bedfordshire Board be advised that the Health Overview & Scrutiny Committees of the two unitary authorities would welcome and expect further consultation on any proposals to specialise acute and planned services at different hospitals in the sub-region or region.

RECOMMENDATION 52
That the NHS Bedfordshire Board ensures that the impact of any changes in the arrangements about where planned and acute 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, and where such remote treatment is justified clinically, then step up and step down bed facilities be set in place

13. LONG TERM CONDITIONS

13.1 The Joint 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.

13.2 Members were not convinced about the financial savings proposals set out in the strategy and believe that the PCT Board will need to revisit them. The Joint 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. Members doubted whether this was a credible position to hold. They also believed that there was scope to improve the cross referencing to hard to reach groups with long term conditions, including, for example, those homeless people who, by dint of their personal circumstances, must use night shelters.

RECOMMENDATION 53
That the NHS Bedfordshire Board ensures, in line with the earlier overarching recommendation on financial viability, that the financial savings in this section are recalculated and fed into the general review of whether the strategy is deliverable in the current economic and financial conditions.

13.3 The Joint Committee welcomed the commitment given by Esther Bolton that statements relating to the outcomes that would be delivered would feature within the Long-Term Conditions section of the strategy. In line with Recommendation 2 above the Joint Committee believed that this was a commitment that should be replicated in the other chapters of the strategy.

RECOMMENDATION 54

That the NHS Bedfordshire Board ensures, in line with Recommendation 2 above, that the adopted strategy includes outcomes for each Long Term Condition falling within this chapter.

14. END OF LIFE CARE

14.1 The Joint 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.

14.2 Members were very 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.

RECOMMENDATION 55
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.

14.3 In the Joint 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, their families and their carers were better informed about the services and options available to them. This would involve joint working between the unitary authorities and the NHS and this should be explicitly recognised in the strategy and indeed be a normal part of service delivery.

RECOMMENDATION 56
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, their relatives and their 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 including, for example, 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 57
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 speedily and in partnership with the relevant unitary authority. In addition, arrangements should be put in place

to enable anomalies to be addressed with the capacity to review, and if necessary speedily appeal, such decisions.

RECOMMENDATION 58
That the NHS Bedfordshire Board should satisfy itself that the strategy demonstrates that plans are in place to support choice (for example hospices) for frail elderly people and their families in relation to where death will occur.

14.4 The Joint 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 Joint Committee believes that this is an area the NHS Bedfordshire Board should specifically address.

RECOMMENDATION 59
That the NHS Bedfordshire Board ensures, in line with Recommendation 3, that each stage of end-of-life care is adequately supported, funded and reflected in the strategy.

15. MINOR MATTERS

15.1 The Joint Committee also recognised some minor typographical and presentational issues. These are set out below.

GCSE results

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

RECOMMENDATION 60
That the NHS Bedfordshire Board make use of the most recent data in respect of the GCSE performance of pupils and, as necessary, adjust the strategy to reflect the recent improvement.

Layout & Accuracy

5.3 Members considered that some matters would more appropriately sit in a different place within the strategy, e.g. the final bullet on p49 relating to carers would be better placed in section 4.2 “Creating Effective Support in Local Communities”.

RECOMMENDATION 61
That the NHS Bedfordshire Board consider the lay-out of the strategy and ensure that matters are addressed in the appropriate section.

15.4 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 62

That the NHS Bedfordshire Board ensure that geographical maps in the strategy:

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

16. CONCLUSION

16.1 The Joint Health Overview & Scrutiny Committee has carefully considered the proposed health strategy for Bedfordshire. While it welcomes the production of the strategy and supports its aims and priorities it does have significant concerns about the strategy being "fit for purpose".

16.2 There are three main concerns:

a) **SMART OUTCOMES** - the lack of Specific, Measurable, Achievable, Relevant and Timely (SMART) targets that are outcome based for the strategy overall and for the proposals in each of the chapters on the eight service areas,

b) **FINANCIAL VIABILITY** - the financial viability of the strategy over the five year plan period in the context of the current financial and economic circumstances,

c) **LOCAL AUTHORITY PARTNERSHIP WORKING** - the need to explicitly recognise the scope and need for joint working with the unitary authorities especially in the areas of Staying Healthy, Adult Social Care, Children's Services, Mental Health and End of Life Care.

16.3 The Joint Committee also wishes to see specific improvements and changes to the eight service areas and has set out its recommendations in respect of all these areas.

16.4 The Joint Committee believes that the NHS Bedfordshire Board should address these three areas and the other issues set out in this report as part of its consideration based on the results of its consultations. The Joint Committee seeks clear assurances that the issues it has raised in this paper are clearly and transparently addressed when the NHS Bedfordshire Board considers the consultation responses on the strategy.

16.5 The two unitary authorities which established the Joint Committee wish to retain involvement in reviewing the delivery of the strategy on an annual basis and would welcome further engagement with NHS Bedfordshire as the implementation proceeds. The authorities recognise that there will be incremental changes, some of which will require further consultation. The Health Overview & Scrutiny Committees will play their part in such consultations. They would also welcome an annual review meeting with the PCT where progress with securing the ambitions of the strategy could be assessed and discussed.

16.6 This was, I believe, the first joint scrutiny venture between Bedford Borough Council and Central Bedfordshire Council as the two new unitary authorities. I believe it has been a very successful partnership arrangement.

16.7 For my part, as Chairman, I would like to thank the Members of the Joint Committee, including substitute Members, all of whom worked extremely hard to understand complex health issues. I would like to thank all of the officers of NHS Bedfordshire, especially Diane Meddick, Assistant Director - strategy, for their expert testimonies and the explanations and advice they gave to the Joint Committee.
16.8 Finally I would like to thank the Directors and officers of the unitary authorities and the Committee's Advisor who supported the work of the Joint Committee.

16.9 The Joint Committee will reconvene in late July 2009 to consider the response of the NHS Bedfordshire Board to this and other responses to their consultation on something we all wish to see, A *Healthier Bedfordshire*.

Councillor Stephen Male
Chairman

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

May 2009

Appendices

Joint Health Overview & Scrutiny Committee

May 2009

Appendix
Appendix 1 - The Composition of the Joint Committee
Appendix 2 - The Terms of Reference of the Joint Committee
Appendix 3 - How the Committee went about its Work

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 – Vice Chairman of the Joint Committee
- Councillor B Dillingham
- Councillor C Meader (Councillor Susan Oliver substituted for Councillor Meader at the meeting held on 28th April 2009)

Central Bedfordshire Council:

- Councillor A B Carter
- Councillor M Gibson
- Councillor Mrs S Goodchild (Councillor Ms A M W Graham substituted for Cllr Goodchild at the meeting on 12 May 2009)
- Councillor S F Male – Chairman of the Joint Committee

A.1.3 In addition the proceedings of the Joint Committee were observed and supported by Executive Members from each of the authorities, Councillor Peter Rawcliffe (Central Bedfordshire Council) and Councillor Margaret Davey (Bedford Borough Council). The following senior staff of the two authorities also attended meetings of the Joint Committee and participated in the debate:

Bedford Borough Council:

- Gordon Johnston – Deputy Chief Executive
- Frank Toner – Executive Director Adult Services

Central Bedfordshire:

- Bernard Carter – Overview & Scrutiny Manager
- Mel Peaston – Senior Committee Administrator

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 establish 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 membership 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, 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 Miller 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, 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.

Appendix C

NHS Bedfordshire response to the recommendations from Bedford Borough Council and Central Bedfordshire Council Joint Health Overview and Scrutiny Committee.

OSC Recommendation 1
That the NHS Bedfordshire Board considers how the strategy can simplify and link the themes of its approach, within the confines required of it, to present a more coherent strategy, which is focused on Bedfordshire's health issues, problems and priorities. The Board is urged to refocus the strategy onto improving health outcomes.

NHS Bedfordshire response: agreed
The East of England Pledges and World Class Commissioning (WCC) health outcome measures will continue to be monitored as the measures of our success. Work has started on the development of locality based profiles with each of the five Practice Based Commissioning (PBC) groups across Bedfordshire. These profiles will contain a range of information from the Joint Strategic Needs Assessment (JSNA) and other sources to provide a detailed understanding of demography, epidemiology service activity and spend. This will inform strategic planning and prioritisation and ensure that commissioning decisions are based upon local requirements. The impact and outcome of these interventions will be monitored closely to ensure that improved health outcomes are achieved.

OSC Recommendation 2
That the Board of NHS Bedfordshire ensures that outcome based targets that are specific, measurable, achievable, relevant and timely (SMART) are established for the strategy as a whole and for each of the eight plans of the strategy, with supporting evidence to justify how the proposals will improve the health of the people of Bedfordshire. The NHS Bedfordshire Board should review each of the sections in Appendix A to the strategy to ensure that there are SMART outcomes for each section.

NHS Bedfordshire response: agreed
NHS Bedfordshire will continue to develop a set of SMART targets and action plans through the delivery of our strategic programme. These will be clearly linked to the 11 World Class Health Outcome measures as set out below.

Goal	Outcome	Outcome Measures
Improving Health	1. Increase life expectancy of males 2. Increase life expectancy Females 3. Reduce health inequalities between the worst 20% and best 20% of our communities	**VSB 01** – All age all cause mortality (AAACM) – mortality rate per 100,000 (directly age standardised) population from all causes at all ages
	4. Long term conditions: we will improve the lives of those with long term illness	Managing variation in emergency admissions calculated for a suite of 19 long term conditions
	5. Increase the numbers of smoking quitters	Number of quitters at four weeks: **VSB05** – Smoking Prevalence

		(Smoking Quitters) – number of 4 week smoking quitters who attended NHS Stop Smoking Services
	6. Reduce childhood obesity: we will halt the rise in obese children and then seek to reduce it	Prevalence of obesity in year six **VSB09** – Childhood Obesity - % of children in reception and Year 6 with height and weight recorded
Better patient experience	7. Patient experience: we will deliver year on year improvements in patient experience	**VSB15** – Self reported experience of patients/users – patient experience score of primary care services
Access to quality, safe clinically and cost effective local services.	8. GP access: we will ensure GP practices improve access and become more responsive to the needs of all patients	**VSA06** – Patient reported measure of GP Access – 5 elements of access to primary care
	9. Dental Access: we will ensure NHS Primary Dental Services are available to all who need it	Number/Proportion of population (adult and children) visiting an NHS dentist within the preceding 24 months **VSB18** – Dental Services – Number of patients receiving NHS primary dental services located within the PCT area within a 24 month period
	10. Reduce C. Difficile infection rates	Cases of C. Difficile per 10,000 population Vital Signs **VSA03** – Incidence of C Difficile infections
	11. Increase the % of drug users in effective treatment	National indicator **NI40** - Number of drug users in effective treatment by measuring year on year change in the total number of drug users in effective treatment for at least 12 weeks

OSC Recommendation 3

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 financial and economic climate. The Board should also demonstrate how the strategy's proposals can be delivered in the context of a tighter funding and budgetary regime.

NHS Bedfordshire response: agreed

NHS Bedfordshire will develop financial modelling and capability as part of its World Class Commissioning Organisational Development Plan, which has been approved by the NHS Bedfordshire's Board, as contained within Priority Area 8 of the Organisational Development Plan – Organisation and Governance. NHS Bedfordshire recognises this as a key priority and will focus on robust financial planning that ensures value for money and affordability. NHS Bedfordshire is working on a number of financial scenarios that will be refreshed regularly as financial situations change.

OSC Recommendation 4
The Committee further recommends that the NHS Bedfordshire Board develops and shares with the Health Overview and Scrutiny Committees of the two authorities the methodology it will employ to re-prioritise services over the plan period to enable the strategy to be delivered within the resources available.

NHS Bedfordshire response: agreed
The above process will be open and transparent.

OSC Recommendation 5
That the NHS Bedfordshire Board be asked to review the worst-case financial projections at tables 10 and 11 on page 85 of the strategy.

NHS Bedfordshire response: agreed
As 4 above.

OSC Recommendation 6
That Central Bedfordshire Council and Bedford Borough Council, both through their Executives and their Health Overview & Scrutiny Committees, work with the NHS Bedfordshire Board to analyse the financial allocation for the Bedfordshire Primary Care Trust and consider what actions would be most appropriate to get the issue of a fair NHS funding allocation for NHS Bedfordshire being reconsidered in Whitehall.

NHS Bedfordshire response: agreed
NHS Bedfordshire welcomes the support of the local authorities to help ensure the residents of Bedfordshire receive fair and equitable funding for local services.

OSC Recommendation 7
That the NHS Bedfordshire Board encourages, promotes and delivers effective strategic and operational partnership working arrangements with the new unitary authorities and other NHS, voluntary and private sector bodies in the area and that such partnership working arrangements be reflected both in the strategy and in relation to all of the eight plans within the strategy to achieve added value outcomes.

NHS Bedfordshire response: agreed
Partnership working is accepted as integral to all delivery plans. As demonstrated by the recent establishment of joint strategic planning arrangements in the two new unitary authorities: Central Bedfordshire Healthier Communities and Older People Partnership Board; Bedford Borough Health and Wellbeing Partnership Board; and 'Be Healthy' groups for Bedford Borough and Central Bedfordshire. Both Partnership Boards are co-chaired by the Director of Adult Social Care and the Director of Health System Management; sub-groups will be chaired by either a local authority or NHS Bedfordshire service manager.

OSC Recommendation 8
That the NHS Bedfordshire Board emphasises in the strategy the value of partnership working and recognises the health contribution to developing and delivering refreshed Sustainable Community Strategies in partnership with the two Local Strategic Partnerships and for leading on the delivery of the health targets contained in the associated Local Area Agreements for Bedfordshire.

NHS Bedfordshire response: agreed
As 7 above.

OSC Recommendation 9
That the NHS Bedfordshire Board, the NHS East of England Board and senior officers ensure that the health strategy for Bedfordshire reflects and meets the needs of our diverse communities and that it is adjusted and amended over time to reflect the emerging healthcare needs of the county and in particular ensure that there is a "golden thread" linking local healthcare needs to the proposed local actions in the strategy.

NHS Bedfordshire response: agreed
This is integral to all the work within the strategy and is also the first step in the World Class Commissioning process, ensuring that a thorough health needs assessment is undertaken and that this work informs the commissioning process and developments in service provision. In addition, that evaluation and monitoring processes are in place to ensure that services continue to meet the needs of the population and are flexible to any changes in need.

OSC Recommendation 10
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 and ensures that the issue of the resource and healthcare capacity shortfall, especially the impact of the growth of older people, is more clearly addressed.

NHS Bedfordshire response: agreed
This will be integral to monitoring the successful implementation of the strategy through the Programme Office during the commissioning cycles throughout the life of the strategy.

OSC Recommendation 11
That the NHS Bedfordshire Board and the Executives of the new unitary authorities bring forward proposals, as soon as practicable, 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.

NHS Bedfordshire response: agreed
Joint proposals are being developed within the joint partnership working arrangements with Bedford Borough Council and Central Bedfordshire Council.

OSC Recommendation 12
That the NHS Bedfordshire Board commissions 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.

NHS Bedfordshire response: agreed
Revised demographic and financial modelling is currently being undertaken based on previous work involving Price Waterhouse Cooper and external consultants SIMUL8. A study has been commissioned across the Milton Keynes, South Midlands growth area.

OSC Recommendation 13
That the NHS Bedfordshire Board should provide at an early stage to the Health Overview & Scrutiny Committees of the two unitary authorities clear evidence on 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.

NHS Bedfordshire response: agreed
Further work will be undertaken to assess the correlations between multiple deprivation and life expectations during the priority setting process. However, currently there is limited data at small area level, which means we cannot be certain that a low life expectancy in one area is a continuing fact or just a temporary occurrence.

OSC Recommendation 14
That the NHS Bedfordshire Board considers including in the strategy locally based evidence that people with higher levels of deprivation suffer poorer health than others and that poorer health relates to people and the circumstances in which they live, 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.

NHS Bedfordshire response: agreed
It is recognised that lifestyle factors such as smoking, diet, activity levels and the obesity that can result have a significant influence on health. There is a geographical influence on this, as the lifestyles of a community will influence individuals; if everyone around you smokes it is going to be harder for you not to smoke. Also, access to healthy food instead of unhealthy take-always will influence the choices people make. It is a complex mix of access, availability of finances to afford the healthy choice, education to know the healthy choice and social influences. It is important that the *healthy choice becomes the easy choice*.

OSC Recommendation 15
That the NHS Bedfordshire Board ensures that statistical health mortality and morbidity information relating to the Index of Multiple Deprivation for males and females, which is specific to Bedfordshire, is provided in the strategy.

NHS Bedfordshire response: agreed
We will provide mortality data and hospital admissions data aggregated by quintiles of deprivation across Bedfordshire.

OSC Recommendation 16
That the NHS Bedfordshire Board specifically sets in place actions to address the differential in life expectancy between men and women.

NHS Bedfordshire response: agreed
We are working on actions in order to reduce inequalities in health that are caused by socioeconomic disparities or differential risk factors such as for cardiovascular disease. Some differences in health that affect life expectancy and the differential between men and women are due to genetic differences and are, therefore, not modifiable. However, NHS Bedfordshire will continue to research lifestyle, behavioural and attitudinal factors that may have an impact on the differential in life expectancy between men and women.

OSC Recommendation 17
That the NHS Bedfordshire Board notes that the term “super output areas” was more precise than “most deprived areas” and should be adopted for use in the strategy.

NHS Bedfordshire response: agreed
We will use the terms Lower Super Output Area (LSOA) and Middle Super Output Area (MSOA), as appropriate.

OSC Recommendation 18
That the NHS Bedfordshire Board ensures that the proposals regarding the range of health services reflect the needs of ethnic minority patients and that there is a clearer link in the strategy between the analysis and the specific proposals.

NHS Bedfordshire response: agreed
NHS Bedfordshire has developed a Single Equality Scheme (SES). The SES provides a framework that pulls together the six equality strands (race, disability, gender, age, religion or belief and sexual orientation). It also includes an Action Plan with outlines for specific actions that NHS Bedfordshire will take to eliminate discrimination and promote equality for all.

OSC Recommendation 19
That the NHS Bedfordshire Board commissions and makes available to the Executives and Health Overview & Scrutiny Committees of the two unitary authorities, and to the Local Strategic Partnerships additional comparative data at two levels, first at the regional level and, secondly, with the Audit Commission family of similar areas.

NHS Bedfordshire response: agreed
NHS Bedfordshire can and will, wherever data is available, provide comparative data based on the Eastern Region of England. We can, for Bedford Borough, wherever data are available, provide comparative data based on the Office for National Statistics (ONS) area classification ONS5.8 – ‘New and Growing Towns’. We can, for Central Bedfordshire, wherever data are available, provide comparative data based on the Office for National Statistics (ONS) area classification ONS5.7 – ‘Prospering Smaller Towns’.

OSC Recommendation 20
That the NHS Bedfordshire Board commissions and publishes in the adopted strategy, 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 to home and District General Hospitals specialising in medical and surgical treatments.

NHS Bedfordshire response: agreed
These twin policy objectives result from the National Strategy, which frees up capacity at specialist centres to develop and provide leading edge technological advances by repatriating care that was previously specialist and has become standard practice to local hospitals. Care closer to home frees the capacity for this repatriated work at local hospitals. Detailed analysis of the impact of the above will be undertaken on an individual pathway basis, based on diagnosis.

OSC Recommendation 21
That the NHS Bedfordshire Board considers developing further their approaches to ensure that people in deprived communities and otherwise hard-to-reach individuals were aware of, and could successfully access, support for carers.

NHS Bedfordshire response: agreed
Carers will get help, support, advice and information from NHS Bedfordshire. In addition, NHS Bedfordshire will use its commissioning powers as a driving force for improving services to carers from deprived areas and ensure that best practice is spread as part of its quality schedules and patient offer.

OSC Recommendation 22
That the NHS Bedfordshire Board recognises that although more resources are planned to be spent on preventive work in 2009/10 - 2013/14, this would not be significantly more as a proportion of the whole budget and that the Board considers whether sufficient priority and funding has been afforded to preventive services.

NHS Bedfordshire response: agreed
The NHS Bedfordshire Board considers this to be a reasonable level of investment whilst we maintain financial balance. Developing a range of preventative services that generate a longer-term impact on people's health and healthy lifestyles has be balanced against the continuing need to provide care for those that become ill in the shorter term.

OSC Recommendation 23
That the NHS Bedfordshire Board be asked to give greater clarity on table 13, page 90 – Spend Across 23 Programme Budgets – by providing a more detailed analysis of the content of the "other" category.

NHS Bedfordshire response: agreed
The programme to deliver 'A Healthier Bedfordshire' strategy has identified the need for a business process project to ensure programme budgeting is used as the principal means of measuring the effectiveness of implementing service redesign projects. The Programme Budget Project has been set up and has identified in its scope the need to address the disproportionate amount of funding which has been attributed to Category 23 ('Other').

OSC Recommendation 24
That the NHS Bedfordshire Board ensures 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.

NHS Bedfordshire response: agreed
Sensitivity analyses will be performed by projects to establish that the scope of the benefits is managed during the implementation of the strategy. Sensitivity analysis will be performed by the Public Health Directorate on public health trajectory data and prevalence data, and by the Central Intelligence Unit on activity data to manage the risk of over/under performance in contracts and finances during the design of the implementation projects.

OSC Recommendation 25
That the NHS Bedfordshire Board be asked to ensure that a full review of the risk analysis of the strategy is carried out at the earliest opportunity.

NHS Bedfordshire response: agreed
Risks in the programme will be managed via project, sub programme and programme risk registers. These risks will form a part of the overall PCT risk process, using the agreed PCT risk scoring. Project risks will be managed by the project managers and escalated to the executive member responsible for the sub programme. Programme risks will be managed within the Programme Office and escalated to the Strategy Committee and where appropriate, to the Board.

OSC Recommendation 26
That the NHS Bedfordshire Board addresses with some urgency the need for proper workforce planning in terms of recruitment/retention, 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.

NHS Bedfordshire response: agreed
Work is being carried out now at the executive level to ensure the delivery of the strategic plan by people who have clear development plans based on the required range of competencies. A planned process of development is under way with NHS Bedfordshire leading the development of the skills of managers and clinicians in the health system. Workforce systems have been established to undertake the work of identifying and targeting skill needs within the workforce in Bedfordshire, including the County Workforce Group, which leads on our strategic, system wide, workforce planning. Additional capacity has been created to develop the role of this group and expertise in this area, enhanced to complement the growing relationship with the Workforce Directorate at the NHS East of England. NHS Bedfordshire is also developing its information technology to enable integrated strategic workforce planning to take place.

OSC Recommendation 27
That Bedford Borough Council and Central Bedfordshire Council, through their respective Health Overview & Scrutiny Committees, consider an annual review of the progress made under the eight themes in the *A Healthier Bedfordshire* strategy.

NHS Bedfordshire response: agreed
We welcome the opportunity to review progress with our local authority Health Overview and Scrutiny committees.

OSC Recommendation 28
That the NHS Bedfordshire Board gives consideration to increasing publicity regarding the health screening services available so that there is greater awareness of this as an available facility, as part of a programme of preventive medicine and early diagnosis.

NHS Bedfordshire response: agreed
This is now included as one of the work streams (Staying Healthy).

OSC Recommendation 29
That the NHS Bedfordshire Board monitors and reports on smoking cessation by individuals for periods longer than four weeks, and specifically that a further measure of 52 week smoking cessation be introduced to track the sustainability of the support / interventions to assist on smoking cessation.

NHS Bedfordshire response: agreed
There is now an additional local indicator for stop smoking at 52 weeks.

OSC Recommendation 30
That the NHS Bedfordshire Board commissions and presents one or more key health indicators in respect of Mental Health in the adopted health strategy for Bedfordshire.

NHS Bedfordshire response: agreed
Key health indicators have been identified as deliverables through the 'A Healthier Bedfordshire' Mental Health and Learning Disabilities Project Board.

OSC Recommendation 31
That the NHS Bedfordshire Board considers including strategic mental health outcomes in the Mental Health section of the Appendix to enable performance to be monitored.

NHS Bedfordshire response: agreed
Strategic mental health outcomes have been included in contracts and will be monitored through identified periodic reviews.

OSC Recommendation 32
That the NHS Bedfordshire Board emphasises in the strategy the importance of partnership working with the two unitary authorities in the area particularly in the field of mental health and that the Board sets in train work with the unitary authorities to determine their respective responsibilities.

NHS Bedfordshire response: agreed
Partnership working is integral to the strategy and the 'A Healthier Bedfordshire' Mental Health and Learning Disabilities Project Board membership includes representatives from each unitary authority.

OSC Recommendation 33
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 field of learning disability and that the Board sets in train work with the local authorities to determine their respective responsibilities.

NHS Bedfordshire response: agreed
As 32 above.

OSC Recommendation 34
That the NHS Bedfordshire Board satisfies itself 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 situation and financial climate.

NHS Bedfordshire response: agreed
NHS Bedfordshire will develop financial modelling and capability as part of its World Class Commissioning Organisational Development Plan to support the delivery of the mental health agenda

OSC Recommendation 35
NHS Bedfordshire Board provides clarification in the strategy as to what will happen after 2011 in respect of Maternity and Newborn services.

NHS Bedfordshire response: agreed
The Project Board for Maternity and New Born responsible for implementation is developing stretch targets around addressing inequalities and vulnerable groups.

OSC Recommendation 36
That the NHS Bedfordshire Board ensures that the issue of addressing mental health services be made explicit within the Maternity and Newborn section of the strategy.

NHS Bedfordshire response: agreed
Improved access to maternal mental health services is already incorporated into work streams and delivery plans.

OSC Recommendation 37
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.

NHS Bedfordshire response: agreed
End of Life Care in relation to Maternity and Newborn will be addressed through a representative of the Stillborn and Neonatal Death Support Group (SANDS) being invited to join joining the membership of the Maternity Services Liaison Committee who are responsible for monitoring the delivery of this section of the strategy.

OSC Recommendation 38
That the NHS Bedfordshire Board reviews and satisfies itself as to how the targets for Maternity and Newborn will be met within the efficiency savings proposed in the strategy.

NHS Bedfordshire response: agreed
The additional funding is already covered through the compulsory increase in the national tariff.

OSC Recommendation 39
That the NHS Bedfordshire Board ensures that the strategy makes reference to more linkage into existing partnership arrangements, specifically the Children's Trust, the Local Safeguarding Children's Board and the two unitary authorities in the area, in relation to Children's Services.

NHS Bedfordshire response: agreed
NHS Bedfordshire is committed to working jointly with local authority partners. Joint planning and priorities will be developed through the Children's Trusts arrangements. Joint commissioning arrangements are in place for child health and there is ongoing commitment to work closely with the LSCB. Consideration will be given to developing joint teams, collocation of staff and ensuring that transitions between services do not impact adversely on children and young people.

OSC Recommendation 40
That the NHS Bedfordshire Board ensure that there are appropriate linkages at both the policy and the service delivery level between the Children's Services and the Child and Adolescent Mental Health Services (CAMHS).

NHS Bedfordshire response: agreed
CAMHS have for some time been commissioned jointly by NHS Bedfordshire and the local authority. Budgets have been aligned and priorities decided on a joint basis. Joined up services will continue to develop and NHS, local authority and voluntary sector services will develop increasing linkages to enable gaps to be met and appropriate levels of provision in the right places. NHS Bedfordshire is committed to continuing these developments and working through the Children's Trusts to achieve our joint objectives.

OSC Recommendation 41
That the NHS Bedfordshire Board, in line with Recommendation 27 above, 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 Overview & Scrutiny Committees of the two unitary authorities as these are of particular interest to the residents of Bedfordshire.

NHS Bedfordshire response: agreed
NHS Bedfordshire welcomes the opportunity to periodically report progress and seek advice from the Health Overview & Scrutiny Committees on planned care provision based in the community.

OSC Recommendation 42
That the NHS Bedfordshire Board take steps to ensure that problems with the Choose and Book system are investigated and resolved both at the service delivery end and the patient end before it becomes operational in any further markets.

NHS Bedfordshire response: agreed
NHS Bedfordshire accepts the principle outlined here and will ensure Choose and Book project managers continue to resolve any issues as quickly as possible during the implementation process, by providing rapid technical assistance and management support to sites that have gone live with Choose and Book. Choose and Book is a National Programme that we are required to fulfil. Choose and Book has made significant progress and is in a position to be rolled out to all providers of healthcare, which will significantly improve access and choice for patients.

OSC Recommendation 43
That the NHS Bedfordshire Board ensures that all Bedfordshire dental patients who wish to access NHS dental care can do so. The Committee recognises that this may involve accessing NHS dental services across the NHS Bedfordshire boundary, where it is more convenient for the patient.

NHS Bedfordshire response: agreed
NHS Bedfordshire fully concurs with this recommendation that all Bedfordshire dental patients who wish to access NHS dental care can do so. We already commission sufficient NHS dental care to enable all NHS residents of Bedfordshire to access NHS dentistry. To promote higher uptake of our current excess capacity, we have commissioned a publicity campaign targeted at those that do not currently access NHS dental care.

OSC Recommendation 44
That the NHS Bedfordshire Board ensures that the strategy clearly states that more intermediate or step-up and step-down beds are fundamental to the successful implementation of this aspect of the strategy and that the Board should satisfy itself on the sufficiency of this service locally.

NHS Bedfordshire response: agreed
Appropriate intermediate care services will be developed, of which beds will be integral to a range of innovative responses during the redesign of existing services. At this stage NHS Bedfordshire cannot confirm the number of beds required to support intermediate care and step up and step down services. A review is currently under way that will inform the level of capacity required against current and future demand.

OSC Recommendation 45
That the NHS Bedfordshire Board and the unitary authorities set in place arrangements that would minimise the risk of and costs associated with inappropriate admissions and delayed discharges.

NHS Bedfordshire response: agreed
Discussions are now under way with the unitary authorities regarding appropriate pathways and care for patients to reduce unnecessary admissions. Authorities are now part of the Whole System Urgent Care Redesign networks.

OSC Recommendation 46
That the NHS Bedfordshire Board ensures that cancer services are addressed appropriately in the strategy.

NHS Bedfordshire response: agreed
NHS Bedfordshire has a dedicated clinical cancer lead. We are developing a cancer strategy, which will be integrated into the implementation of *A Healthier Bedfordshire.*

OSC Recommendation 47
That the NHS Bedfordshire Board be advised that closure of Accident & Emergency departments at hospitals in Bedfordshire following any reductions in incidence of patients presenting with minor matters would be unacceptable.

NHS Bedfordshire response: agreed
It is agreed that closure of the A&E dept at Bedford Hospital would be unacceptable.

OSC Recommendation 48
That the NHS Bedfordshire Board be requested to include within the strategy evidence that reducing hospital admissions will retain the financial viability and sustainability of hospitals over the plan period while at the same time releasing resources from hospitals which can be used within the community, as this is central to the overall viability of the strategy.

NHS Bedfordshire response: agreed
The intention of the strategy is to ensure the viability of local hospital services by supporting their ability to take on patients that are currently referred out of area. All proposals will be fully supported by a Board approved business case process, which will provide the necessary evidence, governance and risk assessment that local hospital services are not destabilised. The PCT is

committed to providing appropriate care in and out of hospital. See also recommendation 20.

OSC Recommendation 49
That the NHS Bedfordshire Board should satisfy itself and include evidence in the strategy to demonstrate that capacity exists within the primary care and community care sectors to deliver the increased demand for care arising from patients diverted from hospital admissions.

NHS Bedfordshire response: agreed
NHS Bedfordshire concurs that its strategic plans must support increasing the capacity of primary and community services. In addition, patient pathway changes are agreed by a Board approved business case process that assesses capacity issues. Each pathway change is also assessed by the overarching Bedfordshire Commissioning Group.

OSC Recommendation 50
That the NHS Bedfordshire Board ensures that the strategy clearly addresses the need to develop and publicise 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.

NHS Bedfordshire response: agreed
The strategy is underpinned by our three priorities of prevention, care closer to home and more choice for patients.

OSC Recommendation 51
That the NHS Bedfordshire Board be advised that the Health Overview & Scrutiny Committees of the two unitary authorities would welcome and expect further consultation on any proposals to specialise acute and planned services at different hospitals in the sub-region or region.

NHS Bedfordshire response: agreed
NHS Bedfordshire will seek the advice of Health Overview & Scrutiny Committees of the two unitary authorities. We agree to keep them informed of any potential specialisation of acute services and any important changes to planned care, in line with our statutory duty to involve.

OSC Recommendation 52
That the NHS Bedfordshire Board ensures that the impact of any changes in the arrangements about where planned and acute 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, and where such remote treatment is justified clinically, then step up and step down bed facilities be set in place.

NHS Bedfordshire response: agreed
NHS Bedfordshire will ensure it monitors the impact of any service changes to make sure that any changes are not obliging patients to travel unacceptable distances. However, it is recognised that patients can exercise choice as to where they are treated and may opt to travel further in some instances. As part of World Class Commissioning, services will be monitored through several methods, including patient surveys. In addition, the strategy is to bring care closer to home and expand community provision of step up and step down facilities. However, it is possible that in some exceptional instances, clinical

necessity or patient choice will determine that some patients have to travel long distances for very specialist treatment. It is possible that such specialist care may not be able to be provided in step up or step down facilities.

OSC Recommendation 53
That the NHS Bedfordshire Board ensures, in line with the earlier overarching recommendation on financial viability, that the financial savings in this section (Long Term Conditions) are recalculated and fed into the general review of whether the strategy is deliverable in the current economic and financial conditions.

NHS Bedfordshire response: agreed
Investment will be identified and delivered through a detailed business case, which will be maintained by the Programme Board. The financial calculations for the implementation of the Long Term Conditions (LTC) strategy will be revisited. This will be undertaken to ensure that they are correct and the assumption that no extra new investment is required to deliver the LTC strategy is robust.

OSC Recommendation 54
That the NHS Bedfordshire Board ensures, in line with Recommendation 2 above, that the adopted strategy includes outcomes for each Long Term Condition falling within this chapter.

NHS Bedfordshire response: agreed
All specific long term conditions will have specific outcomes assigned within the LTC strategy. These outcomes will be clearly defined and measurable. The focus of the outcomes will be to ensure that people with long term conditions understand them and believe they are relevant to their particular condition.

OSC Recommendation 55
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.

NHS Bedfordshire response: agreed
The Continuing Care criteria are a statutory requirement.

OSC Recommendation 56
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, their relatives and their carers.

NHS Bedfordshire response: agreed
NHS Bedfordshire will ensure that the local authorities and voluntary services are fully engaged and understand their role in the management of end of life care.

OSC Recommendation 57
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 speedily and in partnership with the relevant unitary authority. In addition, arrangements should be put in place to enable anomalies to be addressed with the capacity to review, and if necessary speedily appeal, such decisions.

NHS Bedfordshire response: agreed
The Project Board is made up of a variety of professionals and each has a work stream that they lead on. These cover the areas of information and audit, education and training, care homes and hospices, community nurses, acute services, social acre and primary care (GPs).

OSC Recommendation 58
That the NHS Bedfordshire Board should satisfy itself that the strategy demonstrates that plans are in place to support choice (for example hospices) for frail elderly people and their families in relation to where death will occur.

NHS Bedfordshire response: agreed
This is an objective within the End of Life work stream.

OSC Recommendation 59
That the NHS Bedfordshire Board ensures, in line with Recommendation 3, that each stage of end-of-life care is adequately supported, funded and reflected in the strategy.

NHS Bedfordshire response: agreed
One of the cornerstones of the End of Life Care strategy for NHS Bedfordshire is the delivery of choice at the end of life for all patients with life limiting illness. The method of access of choice is through the use of the national End of Life Care tools and in particular, Advanced Care Planning which is being rolled out across the whole of NHS Bedfordshire, including nursing homes. It is critical that this is underpinned by accessibility to high quality palliative care being available in a range of settings, including home. However, it should be noted that hospice care is distinctly for patients with specialist palliative care needs on the end of life pathway and therefore, would not always be an appropriate place of care for frail elderly people at the end of life.

OSC Recommendation 60
That the NHS Bedfordshire Board make use of the most recent data in respect of the GCSE performance of pupils and, as necessary, adjust the strategy to reflect the recent improvement.

NHS Bedfordshire response: agreed
All data used to underpin the strategy will be refreshed in the autumn.

OSC Recommendation 61
That the NHS Bedfordshire Board consider the layout of the strategy and ensure that matters are addressed in the appropriate section.

NHS Bedfordshire response: agreed
The process of revision in the autumn will incorporate this feedback.

OSC Recommendation 62
That the NHS Bedfordshire Board ensure that geographical maps in the strategy:

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

NHS Bedfordshire response: agreed
The process of revision in the autumn will incorporate this feedback.

Appendix D: Summary of letters received from organisations

Stakeholder	Response summary
Bedfordshire and Hertfordshire Local Medical Committee	Supports increasing investment in primary care to deliver the right services closer to home when appropriate. However, committee felt there was a lack of practical detail on how this would be achieved. As such, the consultation was seen as 'a PR exercise'. In some areas, the language did not match members' experiences, eg increasing patient choice, but not allowing patients to choose a named statin. Greater investment in healthcare in community setting was welcomed, but seen as difficult to achieve due to 'apparent power of the secondary sector'. Members viewed commitment to spending 'a greater proportion' on prevention as spending 'a smaller proportion' on treating sick people. Lack of health visitors and district nurses was seen as preventing progress in this area. Emphasis on prevention will take year to have an impact and therefore, not reduce costs in the short term. Prevention will lengthen life spans but not reduce the inevitable costs of end of life care. Members did not agree that it was necessary to bring in commercial providers to deliver more convenient and responsive services and saw this as 'the thin end of the wedge'. The efficiency and effectiveness of independent treatment centres is being questioned nationally. *NHS Bedfordshire response:* We welcome the support for increasing investment in primary care. We will focus on robust financial planning to assure deliverability as we develop detailed implementation plans. Ensuring appropriate community service provision is integral to the implementation of the strategy and is central to our ongoing programme to transform our provider services by 2010 as part of our world class commissioning development. We recognise the long term nature of much prevention work and believe our strategy strikes the right balance between additional investment in prevention and the need to provide care for those who become ill in the shorter term. Any commercial providers would need to demonstrate against detailed criteria that they offer the best option.
Dunstable and District Association of Senior Citizens	PCT funding expectations appear, in part, to rely on population growth, which is dependent on economic conditions. Focus on prevention and localised clinics is recommended, particularly for aged and young mothers and children. Some aspects of social care do not meet public expectations. Privately owned care services must be carefully managed for quality and value for money through well written and monitored contracts. There were misgivings about personal

	budgets and programmes for social care, which may not be the best option for older people and people with mental health problems. Bedfordshire LINk could be invaluable in monitoring the overall strategy implementation from the patients' point of view. *NHS Bedfordshire response:* Our proposals are not reliant on population growth, but offer a response to population growth. Robust financial planning will continually test out plans against anticipated financial scenarios. The quality and performance of services that we commission will be robustly monitored and managed. Personal health budgets will be piloted and evaluated before consideration of wider implementation. The *A Healthier Bedfordshire* Programme Board has a LINk representative. We will continue to work closely with Bedfordshire LINk and seek to involve members in providing a patient and public perspective to strategy implementation.
Dr Nicholas Morrish, Chairman, Bedford Hospital Medical Staff Committee: response on behalf of the committee.	Supports emphasis on prevention. However, changes will take time to result in lower demand for services. These should not be scaled down until preventative measures work, which could take decades. Sees the logic of the hospital not doing what can be done elsewhere, but points out that it is located centrally and conveniently for many people. Large component of hospital work is better termed 'specialist' rather than 'acute'. This may not need to be on a hospital site, but does need specific specialist competencies. Aspirations for balance between hospital and out of hospital care appear arbitrary. Reducing acute care investment without evidence for how demand will fall is a concern. Also need more clarity on shifting from secondary to primary. Medical staff are open to developing specialist services off the hospital site – does this count as 'out of hospital'? Need to note that some GPSI type services have been shown to be more expensive and less effective. Would also emphasise major governance issues. Concerned that planned low levels of investment in acute and specialist services will not cover known deficiencies such as stroke care and dialysis. Quality and safety must be paramount when services are reconfigured. Service redesign requires effective clinical engagement across primary and secondary care interface. Hospital clinicians are often best placed and most motivated to drive the redesign process. We are concerned that plans could destabilise the hospital to the huge detriment of the local health service and wish to see evidence base for proposals; details of governance and quality assurance mechanisms to monitor investment in out of hospital care; and the public consultation information that has informed the PCT's plans.

	NHS Bedfordshire response: We welcome the support for prevention. We accept that investment in prevention will take time to impact on demand for current services and recognise the need to ensure current services continue to meet that demand. The strategy sets out our aims in respect of providing more services in community settings, when appropriate. Our implementation plans will provide the detail of what we move from hospital and how. We will consult on substantial service reconfigurations. All specialist services delivered in community settings are 'out of hospital'. Quality and safety are always paramount and we will ensure appropriate governance arrangements. All pathways will be reviewed to ensure appropriate outcomes are achieved for patients of all services, including stroke care and dialysis. The active involvement of all clinicians in service redesign will be key to its success and we welcome the involvement of secondary care clinicians. Our implementation plans will be widely discussed with all major partners, stakeholders and the public and will be based on appropriate clinical evidence.
Mr EJ Neale, Medical Director, Bedford Hospital NHS Trust	Agree in principle to the strategic priorities. However, will relative disinvestment in secondary care lead to poorer services before the longer term benefits are realised? Secondary care can make a large contribution to providing care closer to home. Would welcome repatriation of many current tertiary services to Bedford. Will you support your local hospital by reducing spending at more distant hospitals? Cost improvement plans need to be applied equally to primary and secondary care. Higher patient expectations and knowledge are leading to greater levels of investigations and a more cautious approach to referral that is driving up costs. This needs to be addressed in Bedfordshire and nationally. It is not clear what additional choice is being offered for women in antenatal care. Is the strategy supportive of midwife-led units outside of the hospital setting? Midwifery led units co-located with consultant units are much safer, particularly for rural areas. It is disappointing that there are not more pledges for maternity services, particularly around access. In relation to productivity savings and emergency care, whilst demand management is welcomed, clarity on referral criteria is needed. Particular concern around community diagnostics. Where there are staff shortages in some specialities nationally, care needs to be taken in from where and how staff are attracted. Moving minor surgery from secondary to primary care can put junior doctor training at further risk if the hospital cannot access simpler procedures for training. Fully support comments on improving end of life care.

	NHS Bedfordshire response: We welcome the support in principle for the strategy. Repatriation of some tertiary services will enable us to shift some spending from out of county hospitals to Bedfordshire hospitals. Our strategy recognises the potential increases in demand resulting from a more cautious approach to referral, often led by new guidance. To address this, it is essential that clinicians work together on referral pathways to achieve the most appropriate outcomes for patients. Maternity services proposals are still under development and we welcome the engagement of local clinicians. Robust governance procedures will ensure quality standards of services within and outside of hospitals.
Mr Ray Rankmore, Chairman, Bedford Hospital NHS Trust: response on behalf of the hospital trust.	Q1: Tend to agree. However, concerned in time lag to outcomes and impact on current services. Will money spent on prevention be taken out of services evenly or proportionately? Board accepts the fundamental principles of tackling health problems, health inequality, providing care nearer to home and reducing pressure on hospitals. Growth assumptions beyond 2010/11 appear too optimistic in current climate. Q2. Tend to agree. Spending on prevention should be targeted to areas where biggest benefits can be achieved. These services need to be appropriate, affordable and outcomes measured. Q3. Tend to agree. However, there are concerns over replication of facilities, workforce issues, affordability and impact on hospital's viability. Willing to explore outreach care. Document does not clearly show risk to other hospital services when some services move out but overheads remain fixed. Increased demand for investigations in risk averse culture is not reflected in the strategy. Role of hospital training for future doctors is not addressed. Q4. Tend to agree. Services should be developed where practical and affordable. Concern over replicating existing capital facilities. Not clearly demonstrated that care out of hospital was cheaper or higher quality. Workplace implications are not clearly demonstrated or costed. Will choice include the choice of coming to the hospital? Q5. Additional comments: Board believes insufficient attention is given to children's services. The future of paediatrics at the hospital is not considered. There is an absence of renal services despite increasing need. Investment in hospital stroke services would improve patient outcomes and save money. Other areas of concern are emergency mental health and poor rehab services, resulting in longer hospital stays. Growing

	elderly population requires more community beds and stronger support services. There are no services commissioned for brain injury long term rehab. Document is light on how systems can be integrated. Moves between primary and secondary care will be less evident if focus is on patients rather than providers. Q6. Comments on the consultation: Implications of the changes have not been spelt out clearly to the public. Role of commissioners is not clear in the document – are they buying services from providers or running all health services? Hospital would like greater opportunity to explore how it can work to achieve the strategy and use its skills and resources to ensure there is a viable and sustainable hospital into the future. *NHS Bedfordshire response:* We welcome Bedford Hospital's support for our strategy. We accept time lag from investment to impact that is inherent in prevention. Implementation plans will detail our investment in prevention. Robust financial planning will include looking at a range of scenarios to ensure our growth assumptions remain valid. All service reconfiguration proposals to will be fully supported by a Board approved business case process, which will provide the necessary evidence, governance and risk assessment that local hospital services are not destabilised. Care closer to home frees the capacity for repatriated work at local hospitals. Detailed analysis of the impact of the above will be undertaken on an individual pathway basis, based on diagnosis. We welcome opportunities to explore outreach care with the hospital. Robust governance procedures will ensure quality standards of services within and outside of hospitals. All pathways will be reviewed to ensure appropriate outcomes are achieved for patients of all services, including the services mentioned in the hospital's response to our consultation. The role of the commissioner is to ensure high quality, safe services for its residents. We will work closely with providers to ensure this.