Central Bedfordshire Shadow Health and Wellbeing Board

Agenda

Meeting Title:	Central Bedfordshire Shadow Health and Wellbeing Board
Date:	Thursday, 5 July 2012
Time:	1.00 p.m.
Location:	Council Chamber, Priory House, Monks Walk, Shefford

1. **Apologies for Absence**

   Apologies for absence and notification of substitute members

Business

Item	Subject	Page Nos.	Lead
2.	**Health and Wellbeing Strategy (HWBS)** The Health and Wellbeing Board (HWB) is asked to consider the draft HWBS and to discuss the key delivery elements, including the need for joint commissioning and how these priorities will be reflected within commissioning plans as well as monitoring performance. The Board is also asked to approve the draft strategy for public consultation.	5 - 24	MS
3.	**Bedfordshire Clinical Commissioning Group Commissioning Plan** The first strategic commissioning plan for Bedfordshire Clinical Commissioning Group (BCCG) sets out the vision, key areas of focus, and intended ways of working for the new organisation, which, from April 2013, assumed delegated responsibility for £478 million. The strategic plan is due to be submitted as part of a portfolio of evidence for BCCG's authorisation on 3 July, at which point it will convert from being draft to a live document.	To Follow	JR
4.	**The responsibilities of all agencies for safeguarding children and young people** To secure the commitment of the Health and Wellbeing Board to children's safeguarding.	25 - 28	YC

5.	**Healthier Together Programme (South East Midlands Acute Services Review) – Progress Report** To receive a progress report on the Healthier Together Programme.	29 - 36	Healthier Together Representative
6.	**Report from LINk** To receive an update on the key work items of the LINk in Central Bedfordshire, for consideration and note as required.	37 - 40	BS
7.	**HealthWatch Update** To receive an update on progress to develop a HealthWatch Central Bedfordshire, outlining the particular risks and challenges around regulations, finance and local boundaries. The report presents the approach being taken in response to these risks and challenges in order to establish HealthWatch Central Bedfordshire by 1 April 2013.	41 - 48	JO
8.	**Board Development and Work Plan** To consider the Work Plan.	49 - 56	RC
9.	**Any Chairman's Announcements**		Cllr Turner
10.	**Minutes of the last meeting**	57 - 62	

To: Members of the Central Bedfordshire Shadow Health and Wellbeing Board

Mr G Alderson	Director of Sustainable Communities
Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mrs C Bonser	Bedfordshire Local Involvement Network
Mr R Carr	Chief Executive
Mr M Coleman	Chairman, Bedfordshire LINk
Dr F Cox	Chief Executive Bedfordshire & Luton PCT Cluster
Mrs E Grant	Deputy Chief Executive/Director of Children's Services
Dr P Hassan	Chair of Bedfordshire Clinical Commissioning Group
Mrs C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Ogley	Director of Social Care, Health and Housing
Mr J Rooke	Chief Operating Officer Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
Mrs P E Turner MBE	Executive Member for Economic Partnerships
M A G Versallion	Executive Member for Children's Services

please ask for	Martha Clampitt
direct line	0300 300 4032
date published	25 June 2012

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Health and Wellbeing Strategy
Meeting Date:	5th July 2012
Responsible Officer(s)	Muriel Scott, Director of Public Health
Presented by:	Muriel Scott, Director of Public Health

Action Required:

1. **To consider and agree the consultation draft of the Health and Wellbeing Strategy**
2. **To agree the consultation period for the strategy**
3. **To discuss the key delivery elements, including the need for joint commissioning and how these priorities will be reflected within commissioning plans as well as monitoring performance.**

Executive Summary	
1.	This paper presents the first draft of the Health and Wellbeing Strategy (HWBS) for Central Bedfordshire. The HWBS aims to improve the health and wellbeing of all but importantly to reduce inequalities by improving the health of the poorest fastest. There are three cross-cutting priorities: • Improved outcomes for the vulnerable • Early intervention and prevention • Improved mental health and wellbeing These are underpinned by nine priority work programmes all of which have indicators to measure progress towards improved health and wellbeing in Central Bedfordshire.
Background	
2.	The Health and Social Care Act places a duty on the local authority and CCGs to develop a joint health and wellbeing strategy for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA). National Guidance also suggests that the HWBS could potentially consider how commissioning of services related to wider health determinants such as housing, education or lifestyle behaviours can be more closely integrated with commissioning of health and social care services.

3.	The nine priority work programmes have been previously considered by the shadow health and wellbeing board and were also endorsed at the health and wellbeing stakeholder event in February 2012. The priority work programmes are consistent with two of the emerging themes identified within the JSNA, that: • Investing in early intervention and prevention (for both adults and children) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life • There is no health without mental health, therefore improving mental health and wellbeing remains a high priority
Detailed Recommendation	
4.	The Health and Wellbeing Board (HWB) is asked to consider the draft HWBS for public consultation. The strategy highlights why each priority has been identified, what the HWB will do to address the priority and how progress will be measured. The detailed targets will be finalised during the consultation process and will not be part of the consultation.
5.	The Board has asked that a more inclusive approach is adopted, not taking separate approaches for adults, older people and children. The cross cutting priorities reflect this approach whilst also ensuring that there is clear accountability for delivery.
6.	The Board will want to ensure that the outcomes from the strategy will make a real difference to the health and wellbeing for the residents of Central Bedfordshire. In broad terms, implementation of the strategy should deliver: • Improvements in health of looked-after children • Improved safeguarding and patient safety • Reduced childhood obesity • Reduced teenage pregnancy • Improved outcomes for frail older people • Increased independence and choice • More people making healthier lifestyle choices • Improved mental health for children and their parents • Improved mental health and wellbeing for adults
7.	The strategy should now undergo a period of public consultation. Central Bedfordshire Council, Bedfordshire PCT and Central Bedfordshire Together are all signatories to the Compact, which sets out some key principles for how the public sector and the voluntary and community sector will work together. This includes a commitment from the public sector to allow twelve weeks for written consultations. This allows for thorough and meaningful consultation, enabling voluntary and community sector organisations to provide stronger and better-informed responses, and recognises the important role the sector has to play in the development of the strategy.

8.	The HWB is keen to see that the strategy is finalised and implementation starts as soon as possible and there was a suggestion that a shortened (30-day) consultation might be appropriate. The Compact recognises that there may be occasions when a shorter consultation period is necessary, such as needing to meet national policy timescales or funding applications, and requests that in such circumstances an explanation is given for shorter time frames. The HWBS consultation does not meet the criteria for shortened consultation and therefore there are some reputational risks associated with taking this approach.

Issues	
Strategy Implications	
9.	There are two emerging themes within the JSNA which will not be addressed directly within the HWBS priority work programmes. However the HWB can be assured that these will be addressed elsewhere: • The responsibility for improving educational attainment rests with schools and is a priority within the Children and Young People's Plan overseen by the Children's Trust. • The responsibility for improving the social determinants of health rests predominantly with Central Bedfordshire Council and is a high priority locally with action being delivered through strategies such as all-age skills strategy, transport strategy, leisure strategy and strategic housing.
10.	Bedfordshire Clinical Commissioning Group will need to take account of the HWBS when developing its own strategy and commissioning plans.
11.	The HWBS outlines the governance process and the partnership responsible for delivery. The indicators to measure progress to March 2014 will be finalised during the consultation period and the intention is that these will be agreed in outline at the HWB in September 2013, subject to the outcome from the consultation.

Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
There is a risk that as a result of following a 12 week consultation that this will delay implementation of the strategy.	Medium	Low	The delivery plans and associated action can be developed during the consultation period to ensure that action can start at the earliest opportunity. In some cases action has started and will not be delayed by a longer consultation.
There is a risk that as a result of focusing on nine specific priorities that action required under the Public Sector Equality Duty for all public bodies to address inequalities across 8 protected characteristics may not be achieved	Low	Medium	The HWB can be assured that consideration will be given to targeted approaches to service delivery as required. Specific action plans and performance monitoring mechanisms can be applied which enable inequalities to be addressed and tracked effectively.

Source Documents	**Location (including url where possible)**
Joint Strategic Needs Assessment	Not currently on the CBC website but contained within the papers for the board on 29th May 2012

Presented by Muriel Scott

Central Bedfordshire

NHS

Bedfordshire Clinical Commissioning Group

Central Bedfordshire Health & Wellbeing Strategy 2012-2016





July 2012

Foreword

We are delighted to launch this consultation of our first Health and Wellbeing Strategy for Central Bedfordshire

This strategy outlines our vision for improving health and wellbeing and reducing health inequalities in Central Bedfordshire. Through working together in partnership we believe that we can make a real difference to the lives of local people.

Whilst the health and wellbeing of Central Bedfordshire's residents is generally good, we are determined to make it better and importantly to ensure that everyone has the opportunity for improved health and wellbeing.

The responsibility to improve health and wellbeing rests with the health and wellbeing board but does not sit with the public sector alone. Our health and wellbeing is determined by the conditions in which we live such as our housing, employment, education and the environment, as well as by the services provided by the public sector. We will therefore be working closely with our partners in the voluntary sector, employers, and retailers and of course local communities.

We have recently looked in some depth at the health and wellbeing needs in the area (captured in the Joint Strategic Needs Assessment) which has been used to identify the priorities contained within this strategy. In the current economic climate we need to be sure that we are making the biggest difference to health and wellbeing with the available resources, hence the priorities identified for particular focus initially.

To ensure that we can see the difference we are making to people's lives, we have also identified how we will assure and measure progress.

Cllr Tricia Turner,
Chair of Central Bedfordshire Health and Wellbeing Board

Dr Paul Hassan
Vice Chair of Central Bedfordshire Health and Wellbeing Board and Chair of Bedfordshire Clinical Commissioning Group

Health and Wellbeing in Central Bedfordshire

Central Bedfordshire, a mainly rural location was, in 2010, home to about 255,200 residents, an increase of 9.2% since 2001. Central Bedfordshire has a growing and ageing population which is expected to increase to 274,400 by 2016. The biggest increase of around 30% will be in the number of people aged 65 and over, which has implications for future health and social care needs.

The population of Central Bedfordshire is growing due to increasing life expectancy, a rising birth rate and inward migration.

Average life expectancy at birth in Central Bedfordshire is increasing and is currently 79.5 years for men and 83.0 years for women. These are similar to East of England and better than the England averages. Life expectancy is increasing at the rate of about 2.5 years for men and 1.5 years for women every decade.

Geographically there is a range of life expectancy within Central Bedfordshire: the gap between the most affluent and most deprived areas is on average 5.5 years for women and 7.4 years for men. Also, some disadvantaged groups have low life expectancy. People in the more deprived areas die earlier predominantly due to diseases of the circulatory system, cancers, especially lung cancer; diseases of the respiratory system and diseases of the digestive system.

There are a number of common themes which emerged from the recent re-fresh of the Joint Strategic Needs Assessment:

- Investing in early intervention and prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority
- Improving educational attainment and all-age skills will have a significant impact upon health and wellbeing
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

These themes have been used to inform the priorities within the strategy. The responsibility for improving educational attainment rests with schools and is a priority within the Children and Young People's Plan overseen by the Children's Trust. Action to address educational attainment has therefore not been included within this strategy.

The responsibility for improving the social determinants of health rests predominantly with Central Bedfordshire Council in conjunction with its partners. Whilst improving the social determinants of health is not currently a priority work programme within the HWBS, it remains a high priority locally with action being delivered through strategies such as all-age skills strategy, transport strategy, leisure strategy and the housing strategy.

Vision

What will health and wellbeing look like for the residents of Central Bedfordshire?

Our vision is to ensure that Central Bedfordshire is:

A place where everyone can enjoy a healthy, safe and fulfilling life and is recognised for its outstanding and sustainable quality of life

We will do this by working in partnership with our communities and residents to improve the opportunities open to them to improve their health and wellbeing

Our Priorities

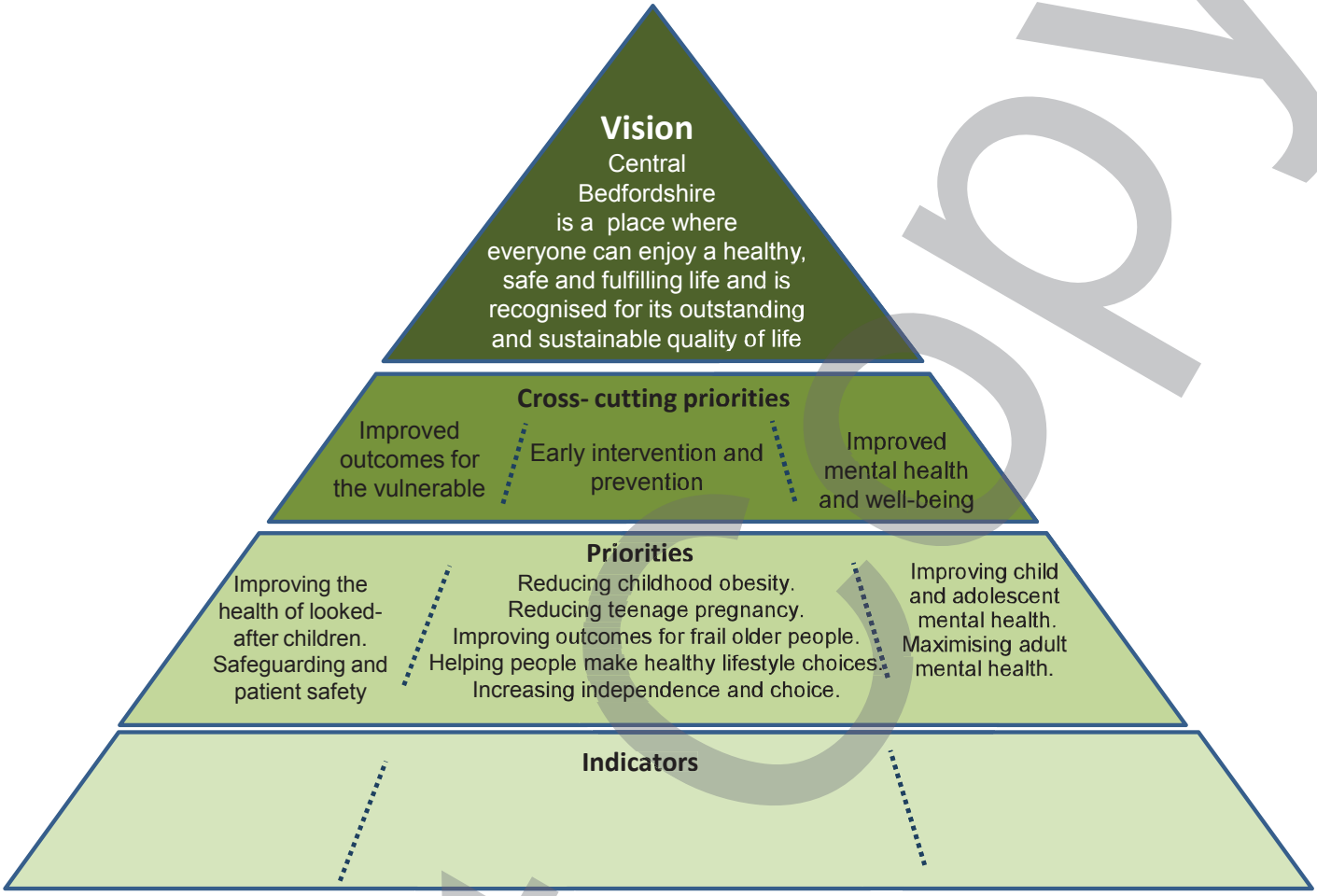
Informed by the JSNA we have identified three cross cutting priorities where we want to make progress fastest:

- Improved outcomes for those who are vulnerable
- Early Intervention and Prevention
- Improved mental health and wellbeing

These are underpinned by nine priority work programmes all of which have indicators to measure our progress. These priorities will be reviewed annually to ensure that they remain the right priorities to deliver improved health and wellbeing in Central Bedfordshire.
The relationship between the vision, priorities and how we will measure the difference we make is illustrated in figure 1.

The constituent members of the Health and Wellbeing Board have a responsibility to hold each other account for delivery, ensure that the interventions proposed are effective and are configured to deliver the best possible outcomes. We know that improved outcomes will be achieved through using current resources together and more effectively.

Figure 1: Health and Wellbeing: The vision, priorities and Indicators



The rationale for choosing each priority, what we will do to improve outcomes and how we will measure our progress is set out in the following part of the strategy.

Cross Cutting Priority: Improved outcomes for the vulnerable

Priority 1: Improving the health of looked after children

Why it's important

Looked After Children (LAC) are amongst the most vulnerable groups in society and they are at an increased risk of poor outcomes during the early years of life onwards. LAC and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect.

Numbers of looked after children in Central Bedfordshire have increased by 45% over the last 3 years and health outcomes for looked after children in Central Bedfordshire are poor compared to the East of England and England averages. A recent Ofsted/CQC Inspection reported that health services for looked after children in Central Bedfordshire are inadequate and outlined a number of specific areas to be addressed.

What we will do

- Redesign LAC health services to meet the needs of LAC and care leavers in Central Bedfordshire, shaped by clinicians, partners, LAC and care leavers.
- Ensure all looked after children have prompt access to appropriate services which promote good outcomes for them, including their emotional health and well-being.
- Ensure that all looked after children and young people have access to age appropriate health education and promotion information.
- Work with the Eastern Region on a peer support and challenge programme to ensure sustainable improvement.

How we will measure our progress

- Increased percentage of LAC who received their initial and review health assessment within the statutory time frames
- Increased percentage of LAC whose immunisations are up to date and whose teeth have been checked.
- Improved outcomes of audit results of initial and review health assessment files by the designated Doctor and Nurse which will include the quality of assessments, health action plans and implementation.
- Improved scores from the Strengths and Difficulties Questionnaire (SDQ) used during review assessments of LAC
- Improved LAC and young people's evaluations of the health services they receive which demonstrate that services are improving and meeting their needs

Priority 2: Safeguarding and Patient Safety

Why it's important

Safety is fundamental to the wellbeing and independence of people using health and social care. As more people are enabled to live more independently with support in the community, it is important to guard against the potential for abuse and neglect and to ensure sustained high quality services. Abuse in any form can impact on a person's physical and mental health, finances and social interactions. People are more likely to become unwell, socially isolated or may find it difficult to make important decisions in their lives due to stress or coercion.

Ensuring that people receive high quality care, are treated with dignity and respect and have their care needs met is essential to achieving good outcomes and is one of the highest priorities for the public and professionals alike.

What we will do

- Protect people when they are unable to protect themselves, including ensuring advocacy services are available for people who are unable to challenge or change circumstances that they experience.
- Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused.
- Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse
- Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults.
- Increased public awareness of safeguarding and improved systems for reporting of possible abuse.

How we will measure our progress

- More people who use services who say that those services have made them feel safe and secure
- Reduced incidence of newly-acquired category 3 and 4 pressure ulcers.
- Reduced Incidence of healthcare associated infection – MRSA and C difficile
- Improved patient experience of hospital care
- Reduced incidence of medication errors causing serious harm

Cross Cutting Priority: Early intervention and prevention

Intervening early and as soon as possible to tackle emerging problems for children, young people and their families or when a population of developing further problems, is critical if health and wellbeing is to be maximised. It is never too early and never too late to take a preventative approach; hence this theme crosses all age groups. There are however some areas where an increased focus on early intervention and prevention is required, hence the five priorities identified.

Priority 3: Reducing childhood obesity

Why it's important

Currently 1 in 5 children in the most deprived areas are obese by the time they reach the age of 11. In the rest of Central Bedfordshire 1 in 7 children are obese by the age of 11. Conditions linked with obesity in childhood include low self esteem, depression and musculo-skeletal problems. As overweight and obese children are more likely to go on to become obese adults, they are then at increased risk of type 2 diabetes, cardiovascular disease, respiratory conditions, and certain cancers. There is an exponential rise in risk as the level of obesity increases.
Preventing and reducing obesity in childhood will increase healthy life expectancy and reduce health inequalities.

What we will do

- Provide family based treatment programmes for managing childhood obesity targeted in the areas where obesity levels are highest (BeeZee Bodies and BeeZee Tots)
- Support schools to provide high quality physical activity and healthy eating through programmes such as Making the Most of Me and Change 4 Life
- Support pregnant women who are overweight or obese to introduce healthy living choices and reduce weight gain in pregnancy
- Develop the leisure strategy and active travel plan which will ensure increased opportunities for children and their families to be more physically activity.

How we will measure our progress

- Reduced levels of Obesity in children in reception (age 5) and year 6 (age 11)
- Reduced inequalities in levels of obesity between the 20% most deprived wards and the rest
- Increased children and young people's participation in high quality PE and sport
- Increased numbers of children and their families enrolled in programmes to reduce levels of obesity such as BeeZee Tots and BeeZee Bodies.

Priority 4: Reducing teenage pregnancy

Why it's important

While individual young people can be competent parents, all the evidence shows that children born to teenagers are much more likely to experience a range of negative outcomes in later life. The majority of teenage parents and their children live in deprived areas and often exhibit multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation. The links between teenage pregnancy, deprivation and poverty are inextricable with each of the teenage pregnancy hotspot wards falling within the 20% most deprived in the Central Bedfordshire area.

What we will do

- Support young people to make positive choices about their relationships and their sexual health by increasing access to high quality sexual health services and unbiased and accurate information, whilst helping young people to stay safe and recognise abusive or coercive relationships.
- Deliver specialist work with young people who may be at an increased risk of teenage pregnancy, in their schools and within their local communities to help build resilience to the pressures of modern adolescence.
- Deliver the 'Aspire' programme which aims to build the resilience of children who may be disengaging from education by working on raising their self esteem and aspirations. This approach helps the more vulnerable children realise and increase their potential
- Ensure that teenage parents access a range of individually tailored support in the antenatal period through to birth and beyond, to enable the best possible outcomes for themselves and their children.
- Help to reduce subsequent unintended pregnancies by increasing access to contraception and sexual health services after birth and post termination.

How we will measure our progress

- Increased numbers of young people accessing local sexual health services and telling us that the service meets their need.
- Increased uptake of long acting reversible contraception in the under 20s
- Increased numbers of teenage parents accessing services in their local community such as children's centres and parenting support
- Increased number of teenage parents who remain in education, employment or training
- Reduced under-18 conception rate.

Priority 5: Improving outcomes for frail older people

Why it's important

Frailty is associated with a loss of independence and vulnerability which impairs the quality of life and psychological well-being of many older people. This in turn is likely to result in increased need for health and social care support.
There are an estimated 6,500 frail older people in Central Bedfordshire currently but this is expected to double within the next 20 years.
Whilst there is some excellent local service provision, at times it can be disjointed, responding to rather than preventing crisis, with too many people losing their independence.
Improving outcomes for frail older people will allow those residents to maintain or regain their independence

What we will do

- Promote health by increasing the uptake of established screening and prevention programmes and commission self help and self management programmes
- Commission an expansion of the multi-disciplinary complex care team to deliver a case management service to reduce reliance on hospital admission.
- Commission alternative models of day services, increase the number of intensive home care packages and use of personal budgets, and improve access to telecare and telehealth.
- Commission a comprehensive information, support and advocacy and brokerage services
- Commission improved and integrated dementia services and improve access to psychological services for older people
- Commission additional Village Care schemes
- Improve housing and accommodation support by making the best use of existing extra care housing options and commission extra if required, strengthen the outcomes from floating support services, provide affordable warmth and strengthen the lettings approach by the provision of signposting and information.

How we will measure our progress

- Decreased emergency admissions for acute conditions that should not usually require hospital admission
- Reduced permanent admissions to residential and nursing care homes
- An increased proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- An increased proportion of people who use services who say that those services have made them feel safe and secure
- Reduced delayed transfers of care from hospital, and those which are attributable to adult social care
- An increased proportion of people who use services and carers who find it easy to find information about support

Priority 6: Promoting independence and choice

Why it's important

Supporting people to live independent lives and encouraging greater choice and control is fundamental. It is important that vulnerable people should have greater choice of personalised services which promote and sustain independent living.
Securing high quality care for all in a climate of economic downturn and changing demography requires a fundamental shift in how care is provided. Early loss of independence often leads to increased social care spend e.g. residential care represents £29 million or 34% of net spend on adult social care in Central Bedfordshire. Equally, early use of residential care depletes the resources of those who fund their own care, consequently leading to greater demands for publicly funded support. Loss of independence can also mean increased use of acute care.

What we will do

- Shift the balance of care from institutional to personal solutions with more effective support for people in their own homes, including widening the use of Telecare, extra care and specialist equipment to promote independence.
- Ensure that people are able to access information and support to help them manage their care needs enabling them to regain and retain their independence.
- Ensure people are able to manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Work with Community and Voluntary organisations to enhance the support available locally to people and their carers
- Continue to support timely discharge from hospital and adopt a whole systems approach to delivering rehabilitation and reablement to promote independence.
- Ensure that Carers receive the care and support they need to enable them continue in their caring role as well as maintaining their own health and wellbeing.

How we will measure our progress

- More people feeling supported to manage their condition and are able to make informed choices about their care
- An increased proportion of people who use services and carers who find it easy to find information about support
- An increased proportion of people using social care who receive self directed support and those receiving direct payment.
- An increased proportion of people with a long term illness or disability are supported to be independent and have access to information to enable them remain in control of their condition.

Priority 7: Helping people make healthy lifestyle choices

Why it's important

Adopting healthy lifestyles can prevent or delay ill health. On average a person who adopts a healthy lifestyle (doesn't smoke, eats 5 portions of fruit & vegetables a day, drinks moderate amounts of alcohol and is physically active) will live 14 years longer than a person who adopts none of these behaviours.

Only 11% of adults in Central Bedfordshire are physically active enough to benefit their health.
It is estimated that 49,000 adults (25%) are obese of whom it is estimated 9,000 have high blood pressure, 4,000 have cardiovascular disease and 3,000 have diabetes as a direct result of their weight.
In 2009/10 there were over 4,000 admissions to hospital as a result of alcohol related harm, an increase of 13% from the previous year. Heavy drinking is not restricted to the young; 20% of adults aged 65 years and over are estimated to be heavy drinkers.

What we will do

- Ensure that our built environment and leisure services support people to be as physically active as possible.
- Support people to reduce their drinking to safe levels through community based support.
- Support people to stop smoking at a time and location convenient to them.
- Provide 12 weeks free access, via General Practitioners, to accredited commercial slimming groups for people who wish to reduce their weight.
- Make Every Contact Count so that when our staff are in contact with people who wish to change their lifestyle that they are signposted to sources of help.
- Offer an NHS Health check 5- yearly to every person aged between 40-74 years who has not already been identified as at high risk of vascular disease such as heart or kidney disease. This will allow early identification and treatment which prevents or delays the consequence of disease

How we will measure our progress

- Reduced smoking prevalence and increased smoking quitters
- Reduced percentage of adults who are obese
- Reduced rates of alcohol related admissions to hospital
- Increased take up of NHS Health Checks by those who are eligible

Cross Cutting Priority: Improved mental health and well-being

Priority 8: Improving mental health for children and their parents

Why it's important

- One in ten children aged between 5 and 16 years has a mental health problem (3,682 children in Central Bedfordshire)
- Half of those with lifetime mental health problems first experience symptoms by the age of 14.
- Self-harming in young people is not uncommon (10-13% of 15-16 year olds have self harmed).
- One in ten new mothers experience postnatal depression.

What we will do

- Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems.
- We will review the service model for new mothers experiencing post natal depression.
- We will enhance local specialist services for young people with eating disorders
- Ensure that those young people with ongoing mental health problems have a smooth transition to adult mental health services
- Ensure Child and Adolescent Mental Health (CAMH) services for children with Learning Disability are integrated across health and social care
- Redesign CAMH services for Looked After Children to ensure early intervention
- Involve stakeholders and service users in the review of the integrated mental health and local authority services for children with a learning disability, against the service specification.

How we will measure our progress

- Increased number of children and young people from Central Bedfordshire seen by the newly commissioned early intervention CAMH service (CHUMS)
- Increased percentage of 17 year olds transferring to adult services whose transition has involved the Multi Agency Transition Tool

Priority 9: Improving mental health and wellbeing of adults

Why it's important

Mental well-being has been a frequently ignored aspect of health and well-being; however it often underpins and interacts with wider physical and social aspects of health and well-being. Mental health problems are common and have a significant impact upon health: One in six of the adult population experiences mental health problems at any one time and a quarter of the population will experience a mental health problem at some point in their lives.

Mental health problems are estimated to be the commonest cause of premature death and years of life lost with a disability.Poor mental health is associated with a variety of health damaging behaviours, including smoking, drug and alcohol misuse, unwanted pregnancy and poor diet.

People can benefit from work not only financially, but also in their general wellbeing. There is strong evidence that programmes to encourage and support people with mental health problems into work offer high economic and social returns.

What we will do

- Improve mental health through wellbeing and prevention services
- Reduce waiting times for assessment and treatment
- Maintain people's mental health post-treatment through better primary and community care services.
- Increase access to talking therapies.
- Improve the way care is delivered to people with dementia, and for their carers including improved access to memory clinics for people with dementia.
- Continue to support people to improve and keep their mental health, through programmes such as Change 4 Life and Making Every Contact Count.
- Improve each patients experience through mental health services.
- Ensure that more people with mental health issues are treated within GP practices/ primary Care.

How we will measure our progress

- Increased proportion of patients will be seen sooner and nearer to home.
- Increased proportion of people with mental illness will report improved experience of healthcare
- Increased proportion of people with mental illness will report an enhanced quality of life.
- Decreased premature mortality rate for people with serious mental illness.
- Increased percentage of people with mental illness in settled accommodation
- Reduction in the suicide rate

How we will report on progress and delivery

All the partners of the Health and Wellbeing Board have agreed the shared vision and priorities set out in this strategy. They are committed to working together and providing integrated care to our residents and patients as far as possible.

The Children's Trust and the Healthier Communities and Older People's Partnership Board have the responsibility for overseeing the delivery of the priorities. Action plans are either already in place or are being developed. Delivery against these action plans and importantly the associated indicators will be reported to the board six monthly.

The indicators which will be used to measure progress are detailed in appendix A

Priority	Partnership responsible for delivery	Lead Agency (tbc)
Improving the health of looked after children	Children's Trust	BCCG
Safeguarding and Patient Safety	Adult Safeguarding Board	CBC
Reducing childhood obesity	Children's Trust	Public Health
Reducing Teenage Pregnancy	Children's Trust	Public Health
Improving outcomes for frail older people	Healthier Communities and Older People's Partnership	CBC
Promoting independence and choice	Healthier Communities and Older People's Partnership	CBC
Helping people make healthy lifestyle choices	Healthier Communities and Older People's Partnership	Public Health
Improving mental health for children and their parents	Children's Trust	BCCG
Improving mental health and wellbeing of adults	Healthier Communities and Older People's Partnership	BCCG

Key:
BCCG - Bedfordshire Clinical Commissioning Group
CBC - Central Bedfordshire Council

APPENDIX A – indicators to measure progress

(TO BE FINALISED OVER THE CONSULTATION PERIOD)

Indicator	Baseline	Benchmark	Target 2013/14 outturn	Comment

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	The responsibilities of all agencies for safeguarding children and young people
Meeting Date:	5 July 2012
Responsible Officer(s)	Edwina Grant, Deputy Chief Executive/Director of Children's Services
Presented by:	Yolanda Corden, Interim Assistant Director, Operations

Action Required: **The Board is asked to:**

1. **Note the requirements on all agencies to ensure the protection of children.**
2. **Ask agencies to provide assurances that these responsibilities are being met.**
3. **Consider whether the Board requires further information to ensure that its members are sufficiently informed about children's safeguarding activity within Central Bedfordshire and the support and advice available.**

Executive Summary	
1.	This report provides information concerning the statutory responsibilities of all agencies for the protection of children. It asks the Shadow Health and Wellbeing Board to assume responsibility for ensuring that members of the Board are conversant with their safeguarding responsibilities and that agencies are able to provide assurances that procedures are in place to ensure that these responsibilities are being met.

Background	
2.	The report sets out the safeguarding principles contained within The Children Act 2004 and the responsibilities of all agencies working with children set out in "Working Together to Safeguard Children" (2010).

Detailed Recommendation	
3.	The Children Act 2004 established the following principles:
	• A duty to cooperate to improve the well being of children and young people.
	• The establishment of the role of Director of Children's Services.
	• The identification of a Lead Member for Children's Services.
	• The establishment of Local Safeguarding Children Boards, with statutorily defined membership.
	• The establishment of Children's Trust Boards.
	• Powers of intervention by Government where local authorities were found, in inspection, to be failing to adequately safeguard children.
4.	"Working Together to Safeguard Children" (2010) is a guide to inter-agency working to safeguard and promote the welfare of children. It sets out the responsibilities of all agencies working with children, and provides guidance for practitioners and frontline managers who have particular responsibilities for safeguarding and promoting the welfare of children. This guidance states that all organisations that provide services or work with children and young people should:
	• have senior managers who are committed to children's and young people's welfare and safety;
	• be clear about people's responsibilities to safeguard and promote children's and young people's welfare;
	• check that there are no known reasons or information available that would prevent staff and volunteers from working with children and young people;
	• have procedures for dealing with allegations of abuse against members of staff and volunteers;
	• make sure staff get training that helps them do their job well;
	• have procedures about how to safeguard and promote the welfare of young people; and
	• have agreements about working with other organisations.
5.	All agencies working with children are required take account of Part 1 (chapters 1 to 8) which constitutes statutory guidance. Part 2 of the document (chapters 9 to 12) provides non-statutory practice guidance.

The Roles of the Director of Children's Services and Lead Member for Children's Services	
6.	The Children Act 2004 requires a local authority to appoint a Director of Children's Services (DCS) and to designate a Lead Member for Children's Services (LMCS). The Act also requires local authorities and statutory partners to make arrangements to ensure that in discharging their functions they take full account of the need to safeguard and promote the welfare of children.
7.	The DCS and LMCS together provide a clear line of local accountability and support for effective interagency and partnership working. A key role is to ensure clarity about child protection systems, ensuring that professional leadership and practice is robust and can be challenged on a regular basis.
8.	The responsibilities of the DCS and LMCS include working with agencies and assuring the adequacy and effectiveness of local partnership arrangements and their respective accountabilities e.g. with schools, the Local Safeguarding Children Board (LSCB), the courts, the Children's Trust, Health and Wellbeing Boards, Community Safety Partnerships, Youth Offending Team Partnerships, Police, Probation, Multi-Agency Public Protection arrangements and Multi-Agency Risk Assessment Conferences.
9.	As a statutory member of the Health and Wellbeing Board, the DCS has a clear role in ensuring that safeguarding is integral to the work of all partners, as well as influencing the development of the joint Health and Wellbeing Strategy.
Central Bedfordshire Safeguarding Children Board	
10.	The Local Authority is required to set up a Local Safeguarding Children Board (LSCB) to coordinate the effectiveness of arrangements to safeguard and promote the welfare of children and young people in that area. The Central Bedfordshire LSCB has an independent chair; the DCS is a member of the LSCB.
11.	The work of the LSCB is set out in its Annual Business Plan. The LSCB reports its business to the Children's Trust Board and must also produce an Annual Report. This report is scheduled to come to the Shadow Health and Wellbeing Board on 6 September 2012.
Conclusion and next steps	
12.	Members of the Health and Wellbeing Board are asked to ensure that all partners are fully conversant with the requirements of "Working Together to Safeguard Children" and are able to provide assurances that these responsibilities are being met.

13.	The Health and Wellbeing Board is asked to consider whether it needs further information to ensure that its members are sufficiently informed about children's safeguarding activity within Central Bedfordshire and the support and advice available.

Issues	
Strategy Implications	
14.	This proposal relates to the draft priorities in the draft Health and Wellbeing Strategy for ensuring the health and wellbeing of children and young people and for early intervention and prevention.
15.	This proposal is closely aligned with Priority 2 of the Children and Young People's Plan 2011-2014: Protecting children and keep them safe.
Governance & Delivery	
16.	Agencies are asked to provide assurances to the Shadow Health and Wellbeing Board that they have robust procedures in place to ensure the protection of children and young people.
Management Responsibility	
17.	Responsibility for ensuring that procedures are in place to ensure the protection of children rests with each individual agency.

Risk Analysis

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Significant harm to children or young people	3	4	Procedures are in place within all agencies working with children and young people to ensure compliance with the requirements of "Working Together to Safeguard Children" (2010).

Source Documents	**Location (including url where possible)**
"Working Together to Safeguard Children" (2010)	http://publications.dcsf.gov.uk

Presented by Yolanda Corden

Healthier Together
South East Midlands
Better care in the right place

South East Midlands Acute Services Review

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Healthier Together Programme (South East Midlands Acute Services Review) – Progress Report
Meeting Date:	5 July 2012
Responsible Officer(s)	Simon Wood, Director of Commissioning, NHS Bedfordshire and Luton
Presented by:	Healthier Together Programme Representative

Action Required: The Shadow Health and Wellbeing Board is asked to note this report.

Executive Summary	
1.	This report provides an update progress during the pre-consultation phase of the Healthier Together Programme (South East Midlands Acute Services Review).

Background	
2.	This report forms the second monthly report to Boards, ahead of the formal public consultation proposed for the autumn. The detailed governance arrangements and structure were included within the previous report.
3.	The Board were provided with a progress report on 29 May 2012. At that time the Board asked that updates be provided to subsequent meetings on 5 July and 6 September 2012.

Detailed Recommendation	
4.	The Board is asked to note the programme progress that has taken place since the progress report presented on 29 May 2012 and feed back any queries through their Programme Board representative.

Issues

NHS

Healthier Together
South East Midlands
Better care in the right place

South East Midlands Acute Services Review

Strategy Implications		
7.	The aim of the programme is to deliver improved quality and outcomes for the population of the South East Midlands and ensure clinical and financial sustainability of the health economy through the reconfiguration of acute services provided in Northamptonshire, Bedfordshire, Luton and Milton Keynes.	
8.	This review is being led by Commissioners and is aligned to the strategies of Bedfordshire Clinical Commissioning Group and NHS Bedford & Luton.	
Governance & Delivery		
9.	9.1	The Healthier Together Programme is jointly managed by the PCT Clusters of NHS Milton Keynes and Northampton and NHS Bedford and Luton, working with the Clinical Commissioning Groups in Northamptonshire, Milton Keynes, Bedford and Luton.
	9.2	Regular progress reports will be provided to the Shadow Health and Wellbeing Board. Day to day progress is managed through a dedicated programme management office.
Management Responsibility		
10.	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group Simon Wood, Director of Commissioning, NHS Bedfordshire and Luton	

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

NHS

Healthier Together
South East Midlands
Better care in the right place

South East Midlands Acute Services Review

Source Documents	Location (including url where possible)

Simon Wood

Presented by

Healthier Together
South East Midlands
Better care in the right place

South East Midlands Acute Services Review

HEALTHIER TOGETHER PROGRAMME (SOUTH EAST MIDLANDS ACUTE SERVICES REVIEW)
PROGRESS REPORT FOR HEALTH AND WELL BEING BOARDS

1. Introduction

The purpose of this paper is to provide Boards with an update on the progress of the Healthier Together Programme (South East Midlands Acute Services Review). This forms the second monthly report to Boards, ahead of the formal public consultation proposed for the autumn. The detailed governance arrangements and structure were circulated in the previous report.

2. Programme Progress

2.1. Developing Clinical Models

Each CWG completed their initial draft report at the end of May, outlining a proposed pathway and potential models in their specialty area. These were discussed by the Clinical Senate and programme board.

The feedback from those meetingswas reviewed by each CWG and the reports were re-presented to theClinical Senateat an all-day session on 15th June.The purpose of this session was to robustly challenge and test all of the models and how these could fit together.

The Clinical Implementation Group, chaired by Professor John Wallwork, will meet in early July to begin discussions on the proposed models and consider potential locations

2.2. Business Modelling

In parallel to the work of the CWGs, business modelling support has been commissioned to assist financial and activity modelling of proposed scenarios. The modelling will also include travel and transport analysis.

A Business Modelling Group, chaired by the Director of Strategy at Bedford Hospital, has been established to oversee this work and includes membership from all partner Trusts and commissioners. Models are being generated for commissioners and providers to model the financial and activity implications if there are no reconfigurations (the 'base case' model) or to model specific scenarios that partner organisations wish to consider.

To date the commissioner and provider base case models have been completed (initial outputs from the commissioner model have been shared with commissioners for verification and outputs from the provider models will be shared with acute Trusts by the 22nd June). Over the following 2 weeks the various scenarios arising from the Clinical Implementation Group will be modelled to support decision-making.

NHS

2.3. Travel and Transport

Travel and transport is an area of concern for patients and the public and a Travel and Transport Group, chaired by the Medical Directors of the two PCT Clusters, has been established to assess the impact any reconfiguration is likely to have. Membership of the group includes; PPAG representatives, Ambulance and patient transport services; public transport providers and those with a wider strategy view from the Local Enterprise Partnerships and Local Authorities. Initial work will include developing a baseline against which all proposed models can be assessed.

2.4. Impact Assessment

An Impact Assessment steering group has been established and met for the first time at the end of May. The steering group has now developed tools for both the quality and equality impact assessments, which are being used by the CWGs to assess clinical service models.Impact assessment work is part of the ongoing process and there will be specific points where options and models will be formally assessed.

2.5. Commissioners

The commissioners group has met twice in June to develop a shared commissioner vision, intentions and CCG concordat, outlining how the CCGs will work together to lead and implement the programme. This work will be presented to the Programme Board in early July.

2.6. Communications and engagement

The following is a sample of the communications and engagement activity undertaken since the previous report in May:

- Surveys of the public in the following CWG areas Maternity, Children's Care and Long Term Conditions have been carried out. We are currently analysing the feedback
- Survey of NHS hospital staff, Community Trusts, Ambulance Trusts and GP practices is underway – available online and in paper copy
- The website has been redeveloped with new material added
- The monthly update newsletterwas published in June
- Ongoing programme of public, stakeholder and third sector meetings/ presentations
- Steve Lowden (PPAG Chair) and Ed Neale (Clinical Senate Chair) have been Interviewed on BBC Three Counties, Seclo Sounds, In2Beats Community Radio and Inspire Radio
- Continuing social media strategy on Facebook and Twitter
- Meetings and communications with neighbouring health services and local authorities to keep them informed of developments

Healthier Together
South East Midlands
Better care in the right place

South East Midlands Acute Services Review

A range of activity is planned over the next month, which will seek to further engage staff and stakeholders in the proposed options for models of the care. This will include:

- A deliberative event for stakeholders to be held at the end of July
- A new set of communications materials, distributed via partner organisations to inform local staff, stakeholders of the proposals and how to get involved
- Briefings for local staff and stakeholders by local partner leads, providing opportunities to ask questions and find out more details
- Meetings with Clinical Commissioning Group locality practice leads to ensure effective engagement with GPs practices

A final report summarising all the pre-consultation engagement will be prepared to provide assurance that best practice has been followed ahead of a formal public consultation.

3. Progress against key milestones

All of the following milestones are currently on track to be met on time. For diary reasons, the Programme Board scheduled for late June has been moved to early July. However this is not expected to have an impact on the following timetable.

Milestone	Due	Status
Commissioner vision and health outcomes to Programme Board	Late June	On Track
Proposals from Clinical Senate on recommendation for core services and options for clinical models to Programme Board	Late June	On Track
Options for clinical models to Clinical Implementation Group (CIG)	Late June	On Track
Joint Health Overview & Scrutiny Committee	Mid July	On Track
First draft of options on models and locations from CIG and Clinical Senate to Programme Board	Late July	On Track
Final draft Consultation document to the Programme Board	Late August	On Track
Final consultation document (having been through JHOSC) to Programme Board	Mid September	On Track
Final consultation document to Joint PCT Consultation Board	Mid September	On Track
Consultation starts	1st October (for 13 weeks)	On Track

NHS

4. Recommendation

The Board is asked to note progress to date and feedback any queries through their Programme Board representative.

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Central Bedfordshire LINk
Meeting Date:	5 July 2012
Responsible Officer(s)	Bob Smith, Chair, Central Bedfordshire LINk
Presented by:	Charlotte Bonser, Operations Manager, LINk Host Organisation

Action Required: The Board is asked to:

1. Note the current work programme of the LINk.
2. Note the importance of the LINk legacy into Healthwatch as part of the ongoing patient and public involvement agenda.
3. Note the question to colleagues in the Bedfordshire Clinical Commissioning Group around developing an effective relationship between Patient Participation Group and Healthwatch.

Executive Summary	
1.	This report provides an update on current LINk activity and identifies emerging issues for the Board around patient and public involvement through Healthwatch and the Clinical Commissioning Group. .

Background	
Enter and View	
2.	The Local Government and Public Involvement Act 2007 give LINk a statutory power enter and view premises where adult social care services are provided. The LINk has recently completed work with its members on training, guidelines and planning for enter and view visits to 6 local residential and nursing care homes in the coming months.
3.	LINk members have been involved in the NHS Falls Prevention Group which has produced an information pack and guidelines on falls prevention for residential and nursing care homes. Enter and view visits are an opportunity for the LINk to gather evidence on how these guidelines are being implemented.

3.	The Board is asked to consider how data about the customer experience gathered from these visits can best be fed back to commissioners to enable to Board to be able to identify where changes and improvements have been made as a result of patient and public involvement.
LINk Annual Report 2011-12	
4.	The Board is asked to note that the LINk Annual Report for 2011-12 was presented to and accepted by the LINk AGM on 21 June 2012. It was also announced at the meeting that Bob Smith will take over as LINk Chair for 2012-13. The Annual Report is available to view on the Central Bedfordshire LINk website at http://www.bedfordshirelink.co.uk/Pages/AnnualReport20112.aspx.
LINk legacy into Healthwatch	
6.	A key feature of the Annual Report 2011-12 is the LINk's involvement in work to develop Central Bedfordshire Healthwatch. Work is underway with the Council to review the LINk by capturing the views and experiences of members in order to identify the legacy that needs to be carried forward into Healthwatch.
7.	The Central Bedfordshire Healthwatch Steering Group, which includes representation from: Social Care, Health and Housing; Children's Services; NHS Bedfordshire; and Bedfordshire Clinical Commissioning Group, will take forward the LINk legacy work into the commissioning of Healthwatch.
Patient Participation Group Survey	
8.	The LINk recently completed a survey to identify the number of Patient Participation Groups established by local GP surgeries.
9.	In response to this survey, the LINk would value feedback from Bedfordshire Clinical Commissioning Group about plans to increase the number of Patient Participation Groups and how these groups will relate to Healthwatch to ensure a strong and coherent patient voice is heard by the Health and Wellbeing Board.
Issues	
Strategy Implications	
23.	The work of the LINk and the development of Healthwatch impacts upon the Health and Wellbeing Strategy and Bedfordshire Clinical Commissioning Group Engagement Strategy.
Governance & Delivery	
24.	Central Bedfordshire Council is responsible for contracting support arrangements for the independent LINk. Central Bedfordshire Council is responsible for commissioning Healthwatch under the Health and Social Care Act 2012.

25.	Healthwatch will be a statutory member of the Health and Wellbeing Board.
Management Responsibility	
25.	Central Bedfordshire Council are responsible for contracting support arrangements that enable the work of the independent LINk which it is overseen by the LINk Board.
26.	Commissioning Healthwatch Central Bedfordshire is a duty for the Local Authority under the Health and Social Care Act 2012. Management of this process is via a multi-agency Steering Group which also is responsible for leading the development of Healthwatch Central Bedfordshire. Updates on progress towards commissioning Healthwatch to the Health and Wellbeing Board will be through the Director of Social Care, Health and Housing.

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Loss of current volunteer base during the transition from LINk to Healthwatch	Low	High	The Healthwatch Transition Steering Group, LINk Board and LINk Host are working together to communicate and engage with LINk members on the development of Healthwatch.
Dilution of patient and public voice by the number of engagement involvement mechanisms such as Patient Participation Groups and Healthwatch	Low	High	The Healthwatch Transition Steering Group including the LINk and Bedfordshire Clinical Commissioning Group are working to develop synergy between the various patient and public involvement mechanisms.

Source Documents	**Location (including url where possible)**

Bob Smith

_____

Presented by

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Developing Healthwatch Central Bedfordshire
Meeting Date:	5 July 2012
Responsible Officer(s)	Julie Ogley, Director of Social Care, Health and Housing
Presented by:	Julie Ogley, Director of Social Care, Health and Housing

Action Required: **The Board is asked to:**

1. **Consider the risks and challenges in developing this programme as outlined in the paper and identify if the Board requires further information.**

2. **Note the approach being taken in response to these risks and challenges in order to develop Healthwatch Central Bedfordshire by 1 April 2013 (an updated timeline can be found at Appendix 1).**

Executive Summary	
1.	This report provides and update on progress to develop a Healthwatch Central Bedfordshire, outlining the particular risks and challenges around regulations, finance and local boundaries. The report presents the approach being taken in response to these risks and challenges in order to establish Healthwatch Central Bedfordshire by 1 April 2013.

Background	
2.	Under the Health and Social Care Act 2012, previous legislation which required local authorities to make arrangements for activity by Local Involvement Networks (LINks) has been amended to require local authorities to commission effective and efficient Local Healthwatch organisations which will include new functions of providing signposting and access to complaints advocacy. Healthwatch will have a statutory seat on the Health and Wellbeing Board. Local Healthwatch organisations are required to be in place by 1 April 2013.

Update on progress towards developing Healthwatch Central Bedfordshire	
3.	A review of the legacy of Central Bedfordshire LINks focusing on the key elements of good practice which needs to be preserved in the transition from LINks to Healthwatch Central Bedfordshire is currently underway. The aim of the review is to explore the experience of the LINk model of patient and public involvement in health and social care against its original aims, using the experience of Central Bedfordshire LINk to: • identify strengths of the model which the proposed new Healthwatch arrangements can build on. • identify opportunities from lessons learnt which Healthwatch will need to address • identify existing structures, skills and resources that must not be lost in transition from LINks to Healthwatch including the relationship with the volunteer base
4.	The review will be based on the 360-degree feedback model, which is a process whereby a service is rated on their performance by people who know something about their work, work with the service or use the service. 360 degree feedback, otherwise known as multi source feedback, is a comprehensive and structured way to obtain feedback from different sources, such as self, manager, peers, staff, customers and stakeholders.
5.	The stakeholders encouraged to participate in this legacy review are: LINks Members and Participants, LINks Host, Members of the Healthwatch Steering Group, members of the Health and Wellbeing Board, members and Officers of Central Bedfordshire Council via Overview and Scrutiny and the Delivery Partnership, Representatives of all local NHS Trusts, the Primary Care Trust and the Bedfordshire Commissioning Group and any other providers where enter and view has taken place, representatives of the Luton and Bedfordshire council, local carers, Voluntary Action Luton and Community and Volunteer Organisations..
6.	A communications and engagement plan is being implemented including work to engage key stakeholders such as the community & voluntary sector and Clinical Commissioning Group.
7.	Central Bedfordshire led a piece of regional work to agree a definition of what signposting means within Healthwatch. This will now be shared nationally with other local authority Healthwatch leads, the Local Government Association, the Care Quality Commission and Department of Health.
Challenges and risks	
Funding	
8.	Funding has been identified but exact figures are not yet confirmed by the Department of Health (DH). Funding will be available for Local Healthwatch to Local Authorities from the Department of Health and will not be ring fenced. There is a firm commitment to ensure that the newly commissioned

	Healthwatch is fit for purpose and reflects the needs and requirements of local people.
9.	The DH continues to consult on the funding transfer arrangement that will apply in respect of the transfer of signposting arrangements from Patient Advice and Liaison Service and in respect of the transfer of NHS complaints advocacy, this will be determined in the autumn funding settlement 2012/13. The key question is what element of PALS will transfer to Local Healthwatch? The national view is that any TUPE of NHS staff would have to follow the national NHS Framework but arrangements would be based on local needs. Again, clarification is anticipated.
10.	There is some funding in 2012 /13 to support development of Healthwatch (£3.2million across England) which has been allocated via the Council. As a Pathfinder, Central Bedfordshire is in regular dialogue with the Department of Health as part of a regional push with other Pathfinders to have confirmed funding as soon as possible.
Regulations	
11.	There are still some uncertainties about the detail of what is required in the commissioning and function of Local Healthwatch as it is anticipated that the regulations for the Health and Social Care Act 2012 will not be laid by Parliament until September – October 2012. As a Pathfinder area, Central Bedfordshire is contributing to Department of Health work on the regulations.
12.	Health and Social Care for children and young people is part of the remit of Healthwatch under the Health and Social Care Act 2012. There has been early engagement with the Healthwatch agenda by Children's Services in Central Bedfordshire and working with children and young people forms a key part of the communication and engagement plan for establishing Healthwatch Central Bedfordshire.
13.	Central Bedfordshire's Pathfinder status will enable the Healthwatch Steering Group, including Children's Services, to be as informed as possible about the emerging regulations and local implications for children and young people's health and social care.
14.	To date a number of the authorities have chosen to explore the model of Healthwatch as an independent Legal entity; in reality this would probably mean a board of directors / trustees which is quite different from LINks. There will be a requirement to seek local legal advice. Healthwatch Central Bedfordshire is required, by legislation, to be a corporate body.
Boundary Issues	
15.	There are particular challenges in developing Healthwatch Central Bedfordshire that arise from a shared Clinical Commissioning Group with Bedford Borough Council and Central Bedfordshire not being coterminous with any of the district hospitals in the area.

16.	Similarly, the current Patient Advisory Liaison Service (PALS) is shared across Bedford, Central Bedfordshire and Luton and yet there is a requirement for Healthwatch Central Bedfordshire to have a PALS signposting function.
17.	Healthwatch Central Bedfordshire will also be required to make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision and social care either through a directly provided complaints advocacy service or referral to a third party contracted by the local authority expressly for these purposes. At present such activity is provided through nationally-let contracts.
18.	Paramount when considering the above is the challenge of ensuring a simple and effective customer pathfinder alongside delivering value for money through the commissioning arrangements for a PALS signposting and complaints advocacy service(s).
Conclusion and Next steps	
19.	Good progress on developing Healthwatch is being made though acknowledging the delay in national guidance around commissioning and funding. The Board is asked to note that Central Bedfordshire has been invited to present its work towards commissioning Healthwatch to a Local Government Association Masterclass on 25th June 2012. Additionally, Central Bedfordshire has been asked by the British Medical Association to share its work on developing Healthwatch.
20.	A workshop to identify the most appropriate model(s) for Healthwatch Central Bedfordshire, taking into consideration the above risks and challenges, will be held on 28 June 2012.
21.	The model(s) identified will then inform the procurement process(es) the Council will need to undertake in commissioning Healthwatch Central Bedfordshire and its constituent functions.
22.	The outcomes of this workshop will provide the basis of further engagement work with wider stakeholders ahead of the start of a procurement process as outlined in the revised Healthwatch Central Bedfordshire timeline available at Appendix 1.

Issues	
Strategy Implications	
23.	Developing a Central Bedfordshire Healthwatch impacts upon the Health and Wellbeing Strategy for Central Bedfordshire, Community Engagement Strategy and the Social Care Health and Housing Advice and Information Strategy. It will also have implications for the Clinical Commissioning Group Engagement Strategy.

Governance & Delivery	
24.	The multi-agency Healthwatch Central Bedfordshire Steering Group chaired by Assistant Director for Commissioning, Central Bedfordshire Council provides governance and delivery of the Healthwatch project and ensuring appropriate strategic links are made with the programmes of work outlined above in section 8.
Management Responsibility	
25.	Commissioning Healthwatch Central Bedfordshire is a duty for the Local Authority under the Health and Social Care Act 2012. Management of this process is via a multi-agency Steering Group which also is responsible for leading the development of Healthwatch Central Bedfordshire. Updates on progress towards commissioning Healthwatch to the Health and Wellbeing Board will be through the Director of Social Care, Health and Housing.

Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
National regulations are developed by Government which means implementation is delayed and timescales missed due to service redesign requirements	Possible	Moderate	Influencing central government to provide clarification ASAP via national conference. Attended meeting with DH and are now in dialogue with them to shape and influence regulations
The legacy is not managed effectively which causes a loss of good practice, skill base and learning from current challenges.	Unlikely	Low	1. Design communications and Engagement strategy for consultation end of May including managing relationships with LINk volunteers (completed) 2. LINks review to be undertaken to support recruitment/training (on-going June 2012) 3. Maintain LINks and volunteers current training opportunities (on-going) 4. Agree with LINks systems and information to form legacy handover (Exit and Legacy Strategy in development – to be completed end of

			June 2012)
Lack of clarity on what signposting is and what arrangements we need in place for the specification which will prevent effective commissioning	Possible	Low	1. Agree a definition of what signposting looks like with local leaders (Completed) 2. Review current services (June 2012 – completed) 3. Design new service with a PALS/Signposting task force (part of workshop discussion June 28th 2012) to feed into wider service specification

Source Documents	**Location (including url where possible)**

Julie Ogley

Presented by

Appendix 1 - Healthwatch Central Bedfordshire Milestones 2012/13 (v2)

Milestone	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Learning and Review											
LHW Masterclass's											
LINks to HW Exit and Legacy Strategy Development											
360 degree review											
LINKs Information and systems review											
Model Development											
Develop draft Central Bedfordshire service specification											
Develop Central Bedfordshire model and procurement options appraisal											
Workshop to agree model and procurement process											
Model design and consultation											
Stakeholder Engagement on Healthwatch service specification											
Finalise model and specification											
Regulations from DH on LHW model											
Procurement											
Procurement process for Healthwatch organisation											
Pathfinder Implementation											
Develop recruitment, selection and governance for a Pathfinder Healthwatch Executive											
Recruitment to Pathfinder (Pathfinder) Healthwatch Executive											
Pathfinder Healthwatch Executive – Go live											
Review Pathfinder Executive											
Communication Strategy											
Community awareness raising of Healthwatch											
Healthwatch website in place (phase 1)											
Healthwatch website in place (designed by volunteers)											
Healthwatch England Communications Branding pack											
Healthwatch Central Bedfordshire Go Live											
Develop recruitment, selection and governance for a Healthwatch Executive											
Recruitment to Healthwatch Executive											
Pathfinder Healthwatch Executive – Go live											
Central Bedfordshire Healthwatch											

Meeting: **Shadow Health and Wellbeing Board**

Date: **5 July 2012**

Subject: Work Programme 2012 – 2013

Report of: Chief Executive

Summary: The report provides Members with details of the currently drafted Board work programme.

Contact Officer:	Patricia Coker, Head of Service, Partnerships – Social Care, Health and Housing
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

The work programme of the Shadow Health and Wellbeing Board will contribute indirectly to all 5 Council priorities.

Financial:

n/a

Legal:

n/a

Risk Management:

n/a

Staffing (including Trades Unions):

n/a

Equalities/Human Rights:

n/a

Community Safety:

n/a

Sustainability:

n/a

RECOMMENDATION(S):

that the Shadow Health and Wellbeing Board considers and approves the work programme attached, subject to any further amendments it may wish to make.

Work Programme

1. Attached at Appendix A is the currently drafted work programme for the Board.

2. The Board is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

3. Attached at Appendix B is a form to be completed to add items to the work programme.

Appendices:
A – Shadow Health and Wellbeing Board Work Programme
B – Item request form for Shadow Health and Wellbeing Board Work Programme

Background Papers: (open to public inspection)
None.

Location of papers: Priory House, Chicksands

Appendix A

Work Programme for Shadow Health and Wellbeing Board

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
1.	TBA	Pharmaceutical Needs Assessment		
2.	TBA	Substance Misuse		
3.	TBA	Mental Health Advocacy		
4.	29 May 2012	Priorities to Inform Joint Health and Wellbeing Strategy (JHWBS) (first considered at 15/03/12 meeting) MS		
5.	29 May 2012	Public Health Transition Plan (first considered at 15/03/12 meeting) SF		Update on Public Health Transition
6.	29 May 2012	Work Programme	To note the Work Programme.	Standing Item
7.	29 May 2012	PCT Cluster Plan SF		Primary Care Trust cluster is required to have an integrated plan, submitted through its Strategic Health Authority cluster to the Department of Health by the 5 April 2012, which reflects the outcomes of the local Joint Strategic Needs Assessment, and ensures the public health transition elements have been developed with local authorities. Strategic Health.
8.	29 May 2012	Joint Strategic Needs Assessment (JSNA) CS		The JSNA is currently being refreshed. This will form the basis for the Health and Wellbeing Strategy

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
9.	29 May 2012	Quality, Innovation, Productivity and Prevention (QIPP) JR		
10.	29 May 2012	Board Development Needs JO		
11.	29 May 2012	Report from LINK/HealthWatch MC	To note the report.	Standing Item
12.	29 May 2012	Looked After Children's Health SG/EZ	To note and comment on the Ofstead report on looked after children's health	
13.	29 May 2012	Joint Strategic Needs Assessment (JSNA) CS		
14.	29 May 2012	Healthier Together Programme NB		
15.	29 May 2012	Board Development and Work Plan JO		
16.	5 July 2012	Safeguarding Children YC/EG	To secure the commitment of the Health & Wellbeing Board to children's safeguarding.	
17.	5 July 2012	Agree Joint Health Wellbeing Strategy (JHWBS) Draft for Consultation CS		There is a statutory requirement to develop a Health and Wellbeing Strategy
18.	5 July 2012	Health Wellbeing (HWB) Partnership Framework PC		

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
19.	5 July 2012	Update on the Healthier Together Programme		
20.	5 July 2012	Work Programme		
21.	5 July 2012	Report from LINk / HealthWatch		
22.	6 September 2012	Annual Report of the Local Safeguarding Children Board EG	For discussion and comment	
23.	6 September 2012	Joint Health Wellbeing Strategy (JHWBS) agreed and published CS		
24.	6 September 2012	Local HealthWatch JO		Update progress towards a Local HealthWatch
25.	6 September 2012	Clinical Commissioning Group - Authorisation Process JR		
26.	6 September 2012	Equality Delivery System		The Shadow Board should be invited to comment on the EDS implementation plans for both NHS Commissioners and Providers. Furthermore embedding the EDS within Clinical Commissioning Group is a key requirement of the authorisation process.
27.	6 September 2012	Commissioning NHS Complaints Advocacy JO		
28.	6 September 2012	Clinical Commissioning Group (CCG) Engagement Plans JR		
29.	6 September 2012	Patient Experiences		
30.	6 September 2012	Update on the Healthier Together Programme		

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
31.	6 September 2012	Work Programme		
32.	6 September 2012	Report from LINk / HealthWatch		
33.	8 November 2012	Stakeholder Engagement PC		
34.	8 November 2012	Work Programme		
35.	8 November 2012	Report from LINk / HealthWatch		
36.	8 November 2012	Progress report on Looked After Children's Health		
37.	31 January 2013	Bedfordshire Clinical Commissioning Group (BCCG) Commissioning Plans/Strategy JR		
38.	31 January 2013	Work Programme		
39.	31 January 2013	Report from LINk / HealthWatch		
40.	21 March 2013	Annual Report of Director of Public Health MS		
41.	21 March 2013	Assumption of Statutory Powers JA		
42.	21 March 2013	Work Programme		
43.	21 March 2013	Report from LINk / HealthWatch		

Shadow Health and Wellbeing Board

Work Programme of Decisions

Title of report and intended decision to be agreed by the Shadow HWB	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Contact Members and Officers (Method of Comment and Closing Date)
Insert the title of the key decision and a short sentence describing what decision the Shadow HWB will need to make e.g. To adopt ……	Insert the date of the Shadow HWB meeting	Insert who has been consulted e.g. stakeholders, the date they were consulted and the method.	Insert the documents the Shadow HWB may consider when making their decision e.g. report.	Insert the name and title of the relevant Shadow HWB Member, the name of the relevant Director and the name, telephone number and email address of the contact officer. Also insert the closing date for comments, if no date is supplied, then the closing date will be a month before the Shadow HWB date e.g. the closing date for the Shadow HWB meeting on 8 November will be 11 October.

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CENTRAL BEDFORDSHIRE (SHADOW) HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Tuesday, 29 May 2012

PRESENT

Mrs C Bonser	Bedfordshire Local Involvement Network
Mr R Carr	Chief Executive
Mr M Coleman	Chairman, Bedfordshire LINk
Dr F Cox	Chief Executive Bedfordshire & Luton PCT Cluster
Mrs S Gibson	Health & Special Projects Co-ordinator
Dr P Hassan	Chair of Bedfordshire Clinical Commissioning Group
Mrs C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Moakes	Assistant Director Community Safety & Public Protection
Mrs J Ogley	Director of Social Care, Health and Housing
Mr J Rooke	Chief Operating Officer Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
M A G Versallion	Executive Member for Children's Services

Apologies for Absence:
Mr G Alderson
Dr J Baxter
Mrs E Grant
Cllr Mrs P E Turner MBE

Substitutes:
Mrs S Gibson for Mrs Edwina Grant
Mrs J Moakes for Mr G Alderson

Members in Attendance: Cllrs A L Dodwell
J G Jamieson,

Officers in Attendance:

Mrs M Clampitt	–	Committee Services Officer
Mrs P Coker	–	Head of Service, Partnerships - Social Care, Health & Housing
Dr D Gray	–	Assigned Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group
Mrs A Murray	–	Director of Nursing and Quality
Mrs C Shohet	–	Assistant Director for Public Health, NHS Bedfordshire
Mr S Wood	–	Programme Director for the Healthier Together Programme

SHWB/12/1 **Election of Chairman and Vice-Chairman for the year 2012 - 2013**

The Board were invited to make nominations for Chairman and Vice-Chairman of the Shadow Health and Wellbeing Board.

Cllr Mrs Tricia Turner MBE was the only candidate nominated and seconded. She was therefore appointed Chairman.

Dr Paul Hassan was the only candidate nominated and seconded. He was therefore appointed Vice-Chairman of the Shadow Health and Wellbeing Board.

RESOLVED

1. **that Cllr Mrs Tricia Turner MBE be elected as Chairman of the Shadow Health and Wellbeing Board 2012-13.**

2. **that Dr Paul Hassan be elected Vice-Chairman of the Shadow Health and Wellbeing Board 2012-13.**

SHWB/12/2 **Any Chairman's Announcements**

The Vice-Chairman welcomed everyone to the first public meeting of the Shadow Health and Wellbeing Board.

Having been elected to the Vice-Chairmanship of the Board, Dr Hassan made the following comments:

The Health and Wellbeing Board would oversee closer and more integrated working between Health and Central Bedfordshire Council and the PCT. The Bedfordshire Clinical Commissioning Group was looking forward to working with the Council to improve the health and wellbeing of the population of Central Bedfordshire. It was anticipated that the more integrated working would lead to improvements. The Bedfordshire Clinical Commissioning Group would bring its commissioning plans to the Health and Wellbeing Board and ensure they linked with the priorities of the Board which were currently being developed.

Membership of the Health and Wellbeing Board comprised officers and elected members of Central Bedfordshire Council and the BCCG was looking forward to a lasting and productive relationship.

SHWB/12/3 **Report of Bedfordshire LINk (covering Central Bedfordshire)**

The Board received a report which provided an update on key work items of the LINk in Central Bedfordshire. The LINk had been focusing on three main areas of work:-

- Nursing care and hospital discharge
- Mental health care pathways and

- Care in nursing and care homes in the area.

At the March 2012 Shadow Health and Wellbeing Board meeting, the LINk had been asked why issues had not been brought directly to the providers or commissioners of services. The LINk wished to explain that patients were reluctant to complain about poor treatment for fear that it would impact on any future treatment they would receive. The LINk further clarified that most patients provided narrative information rather than hard facts of dates, names and times when problems occurred.

The Director of Nursing and Quality asked that the LINk provide the narrative details from patients as they were very important sources of intelligence. A report would be brought to the 6 September 2012 Board meeting detailing patient experiences.

The Director of Social Care, Health and Housing informed the Board that the Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee would be considering a report at its next meeting regarding hospital discharges. It was anticipated that a task force would be established to review the information about patients' experiences. It was also noted that Quality and Safety were key priorities of the Board and the Clinical Commissioning Group.

RESOLVED

that the Bedfordshire LINk (covering Central Bedfordshire) report be noted.

SHWB/12/4 **Joint Strategic Needs Assessment**

The Board received a report which set out the executive summary of the refreshed Joint Strategic Needs Assessment (JSNA) for Central Bedfordshire.

The Board were reminded that the JSNA was originally established as a requirement of the 2007 Local Government and Public Involvement in Health Act and it was currently the responsibility of the Director of Public Health, the Director of Children's Services and the Director of Adult Services to work jointly to produce it. From April 2013, Local Authorities and Clinical Commissioning Groups (CCG) would each have equal and explicit obligations to prepare a JSNA, and this duty would have to be discharged by the Health and Wellbeing Board in accordance with the Health and Social Care Act (2012). The JSNA was established in 2010 and in the autumn 2011 the refresh process had began.

The four main themes of the JSNA were the following:-

- Investing in early intervention and ill-health prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority

- Improving educational attainment and all-age skills will have a significant impact upon a wide range of outcomes
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

The Board agreed that the document was very informative and was a 'living document' which must be used to shape commissioning priorities for the Bedfordshire Clinical Commissioning Group (BCCG) and Central Bedfordshire Council (CBC) demonstrated its relationship to the JSNA themes.

The Board agreed that the JSNA provided a tool to identify the needs of residents and help gauge the impact of improvements.

RESOLVED

1. **that the executive summary of the Joint Strategic Needs Assessment (JSNA) be supported;**

2. **that Officers from the relevant organisations be asked to ensure that reports back to the Board would demonstrated how future strategies proposed addressed issues identified in the JSNA;**

3. **that Officers be asked to identify mechanisms through which the Board would be satisfied that the JSNA was influencing commissioning strategies.**

SHWB/12/5 **NHS Bedfordshire & Luton Integrated QIPP Plan 2012-15**

The Board received a report providing an overview of the key points of the PCT Cluster integrated Quality, Innovation, Productivity and Prevention(QIPP) Plan for Bedfordshire overall and Central Bedfordshire in particular.

The Bedfordshire Clinical Commissioning Group (BCCG)'s vision "to ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the highest quality healthcare providing the best patient experience possible within available resources."

The BCCG had adopted a fresh approach which focused on the outcomes from both the patient and clinical perspective. Three key areas of focus which were cross-cutting and had associated priority outcome indicators, for both the NHS Outcomes Framework and the local Health & Wellbeing priorities) were identified as follows:-

- **Care right now** – improvement of patients' urgent care services, including walk-in centres, GP out of hours services and A&E services, so that more than 85% patients rate their overall experience as good or very good by 2015. Currently this was 66%

- **Care for my condition into the future** – increase the proportion of people with a long term condition who feel they have had enough support from local services to help manage their condition from 66% (in 2011) to 80% in 2015
- **Care when it's not that simple** – work with social care to increase to 85% the proportion of people aged 65 and over who are still at home three months after leaving hospital for rehabilitation in the community.

The Board noted that cost inflation would rise faster than BCCG's financial allocation. Clarification was sought regarding delivery arrangements and what would occur if the required savings they were not delivered. Both Dr Gray and the Chief Executive of the PCT Cluster reassured the Board that sufficient checks were in place to ensure that financial targets would be met. During the shadow year, BCCG reported monthly and quarterly to the PCT and also to a PCT financial performance meeting. The National Commissioning Board would ultimately take control should BCCG not deliver as expected.

RESOLVED

1. **that the contents of the NHS Bedfordshire and Luton Integrated Quality, Innovation, Productivity and Prevention (QIPP) Plan 2012 – 15, setting out the financial and quality parameters for the local health economy over the next three years, be noted;**

2. **to note that the commissioning responsibility for much of the Plan's delivery moved in April 2012 from NHS Bedfordshire (the Primary Care Trust) to the Bedfordshire Clinical Commissioning Group (BCCG).**

SHWB/12/6 **Draft Outline for Joint Health and Wellbeing Strategy (JHWBS)**

The Board considered a report providing an outline of the priorities previously identified for the Health and Wellbeing Strategy (HWBS) in Central Bedfordshire and a proposed structure which broadly aligned with the needs identified in the refreshed Joint Strategic Needs Assessment (JSNA) (minute SHWB/12/04 above refers).

The Board had agreed at its meeting on November 2011 the priorities for improving outcomes for children which were also included in the Children's and Young Peoples Plan, as follows:-

- reducing teenage pregnancy
- reducing childhood obesity
- improving mental health for children and their parents
- improving the health of looked after children

The Board had agreed at its meeting on January 2012 the priorities for adults and older people:-

- prevention and early intervention
- improving outcomes for frail older people

- improving mental health and wellbeing
- safeguarding and patient safety
- promoting independence and choice

It was agreed that the HWBS would be contain a summary which would refer to the delivery plans for each priority identified. The HWBS would be used to assess progress over a 12-month period, including against the JSNA. The Board commented that the closer alignment of priorities between children and adults was required to reduce silo working and ensure a whole of life approach.

The Board requested that the timescales for the completion of the Strategy be reviewed and accelerated where possible to allow more time for delivery.

RESOLVED

1. **that the priorities identified for the medium term, be confirmed;**

2. **that the strategy be developed further in the proposed format prior to the next Board meeting on 5 July 2012;**

3. **that the timescales be accelerated where possible for the completion of the strategy thus allowing more time for the delivery of the priorities agreed.**

SHWB/12/7 **Looked After Children's Health**

The Board received a report which set out the findings of Central Bedfordshire's recent Safeguarding and Looked After Children (LAC) inspection in relation to the quality of health services for looked after children. The inspection had been carried out between 20 February and 2 March 2012. The report was published on 10 April 2012.

Ofsted found that the health outcomes for the 12 months preceding December 2011 were lower than the East of England averages.

Ofsted identified other weaknesses which would need addressing:-
- Health agency awareness of their responsibilities towards looked after children
- Access to health information by looked after children
- No specific health service for care leavers or health after care service
- The content and quality of health files
- No permanent designated doctor or nurse for looked after children in place

The Board noted that a short term plan had been created to address issues raised by Ofsted with a three to six month completion timeframe following the inspection. In addition there were other issues which would require a longer period of time to resolve and a redesigning of services. The redesign would address the themes, as detailed on page 56 of the agenda, which had emerged from the inspection.

The Board would receive an update report at the 6 September meeting.

RESOLVED

1. **that the information within the report be noted;**

2. **that the action to be taken to address the issues raised in the inspection report be noted;**

3. **that reports on progress be received at future Board meetings.**

SHWB/12/8 **Healthier Together Programme (previously Acute Services Review)**

The Board received a report which provided an update on progress against all aspects of the Healthier Together Programme.

The Healthier Together Programme is commissioner led and is being undertaken by clinicians from the five acute trusts and Clinical Commissioning Groups as well as other stakeholders, including local authorities. The aim of the programme is to deliver improved quality and outcomes for the population of the South East Midlands and ensure clinical and financial sustainability.

A Joint Health Overview and Scrutiny Committee had been established with the responsibility to review proposals and come to views on the emerging proposals.

The Board confirmed the need to be involved in the discussions about reshaping of services.

The Director of Social Care, Health and Housing confirmed that the Social Care, Health and Housing OSC reserved the option to hold a separate scrutiny review taking into account the lack of co-terminosity with any district hospital.

It was noted that there are two parts to the process:-

- Clear articulation of the care requirements whilst reducing reliance on acute care hospitals, and
- Options for which services would be delivered and at which locations once the following had been ascertained:-
    - How much activity is undertaken at each facility
    - What does the evidence say
    - What is sustainable

The Board agreed that securing the support of the GPs for the emerging proposals was particularly important in influencing public opinion.

The next part of the process involved four public consultations to be concluded by September 2012. It was agreed that an update on the emerging proposals would be brought to the 5 July 2012 meeting of the Board.

RESOLVED

1. **that an update report be brought to the 5 July 2012 Board meeting.**

2. **that the Healthier Together Programme report be noted.**

SHWB/12/9 **Work Programme 2012 - 2013**

The Board received a report which provided details of the current Work Programme for 2012-2013. The Work Programme was attached at Appendix A and an item request form was attached at Appendix B to the report.

The Board considered and agreed the Work Programme subject to the inclusion of the following items:-

- Update on the Healthier Together Programme – 5 July and 6 September
- Patient Experiences – 6 September
- Acceleration of the completion of the Health and Wellbeing Strategy

RESOLVED

that the work programme, attached at Appendix A to the report, be approved as amended.

Note: A revised Work Programme is attached to these minutes.

SHWB/12/10 **Public Participation**

The Chair of the Luton and Dunstable Hospital attended the meeting to observe how the Board functioned and to see how the Luton and Dunstable Hospital could support the aims of the Board.

SHWB/12/11 **Minutes of the last meeting**

RESOLVED

that the Minutes of the last meeting held on 15 March 2012 be confirmed as a correct record and signed by the Chairman.

(Note: The meeting commenced at 6.00 p.m. and concluded at 7.45 p.m.)