Central Bedfordshire Shadow Health and Wellbeing Board

Agenda

Meeting Title:	Central Bedfordshire Shadow Health and Wellbeing Board
Date:	Thursday, 6 September 2012
Time:	1.00 p.m.
Location:	Council Chamber, Priory House, Shefford

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

Business

Item	Subject	Page Nos.	Lead
2.	**Annual Report of the Local Safeguarding Children Board** The Apprenticeships, Skills, Children and Learning Act 2009 introduced a requirement for Local Safeguarding Children Boards to produce and publish annual reports on the effectiveness of safeguarding in the local area. The Shadow Health and Wellbeing Board is asked to consider the 2011-12 Annual Report of the Central Bedfordshire Safeguarding Children Board and to demonstrate how it intends to respond to the issues raised.	5 - 40	SG/PP
3.	**Opportunities for Collaboration in Central Bedfordshire to Deliver Better Outcomes for Residents** To receive a report for discussion.	41 - 48	JO/JR
4.	**Update on the Healthier Together Programme** To receive a presentation on the emerging models for the reconfiguration of Acute Services and plans for consultation.	Presentation	JR

5.	**Update from the Bedfordshire Clinical Commissioning Group** To receive an update from the Bedfordshire Clinical Commissioning Group.	49 - 56	PH
6.	**Bedfordshire Clinical Commissioning Group Communications and Engagement Strategy** To receive the Bedfordshire Clinical Commissioning Group Communications and Engagement Strategy.	57 - 76	DL
7.	**National Developments on Health and Wellbeing Boards** To receive an update on national developments on Health and Wellbeing Boards.	Presentation	GE
8.	**Report from Central Bedfordshire LINk** The LINk report is an update on the work items in progress or issues that have come to light over the course of the year.	77 - 82	
9.	**Board Development and Work Plan** To present an updated work programme of items for the Health and Well Being Board for 2012 -2013.	83 - 92	
10.	**Public Participation** Members of the public have the opportunity to ask questions or make statements for up to 15 minutes, at the Chairman's discretion.		
11.	**Chairman's Announcements and Communications** To receive any announcements from the Chairman and any matters of communication.		
12.	**Minutes** To approve as a correct record the Minutes of the last meeting held on 5 July 2012 and note actions taken since that meeting.	93 - 98	

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 B Smith	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	29 August 2012

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	2011-2012 Annual Report of the Central Bedfordshire Safeguarding Children Board
Meeting Date:	6 September 2012
Responsible Officer(s)	Edwina Grant, Deputy Chief Executive/Director of Children's Services
Presented by:	Phil Picton, Independent Chair of the Central Bedfordshire Safeguarding Children Board

Action Required: The Board is asked to:

1. consider the Annual Report and note the priorities for safeguarding in the 2012-13 year and the proposed areas of focus for the Safeguarding Board contained in Section 7 of the Report (page 29); and

2. consider how it will contribute to the priorities for 2012-13.

Executive Summary	
1.	*The Apprenticeships, Skills, Children and Learning Act 2009* introduced a requirement for Local Safeguarding Children Boards to produce and publish annual reports on the effectiveness of safeguarding in the local area. The 2011-2012 Annual Report for Central Bedfordshire is presented to the Shadow Health and Wellbeing Board to seek the Board's support on addressing the issues raised.

Background	
2.	On 5 July 2012 the Board received a report concerning the statutory responsibilities of all agencies for the protection of children. The report set 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).
3.	The Central Bedfordshire Safeguarding Children Board (CBSCB) coordinates and monitors the effectiveness of arrangements to safeguard and promote the welfare of children and young people in the area. The CBSCB has an independent chair.

Detailed Recommendation	
4.	The Annual Report highlights the significant amount of work carried out during the year by partner agencies to safeguard children in Central Bedfordshire. In addition to describing that work and the successes and challenges of carrying it out, the report also looks to the future and identifies in Section 7 (page 29) the CBSCB priorities for safeguarding and the proposed areas of focus for the 2012-13 year. The CBSCB Business Plan for 2012-13 contains these priorities.
Conclusion and next steps	
5.	Members of the Health and Wellbeing Board are asked to consider their role in contributing to achieving the identified priorities.

Issues	
Strategy Implications	
6.	This report 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.
7.	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	
8.	The Shadow Health and Wellbeing Board will lead strategies for the health of children, and it will be a challenge for members of the Board to maintain a balance between the needs of the young and the pressures of the more expensive provision of services to a growing elderly population. The relationships between CBSCB and the Central Bedfordshire Shadow Health and Wellbeing Board have yet to be agreed. Clear processes which allow the CBSCB to effectively contribute to and challenge the new strategies and their outcomes are a critical requirement and the two Boards will need to work together well in the long term without the burden of excessive bureaucracy.
Management Responsibility	
9.	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	Possible	Major	Procedures in place within all agencies working with children and young people to ensure compliance with the requirements of “Working Together to Safeguard Children” (2010).
Reputational damage to partner organisations if they fail to safeguard children	Possible	Significant	Procedures 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 Phil Picton

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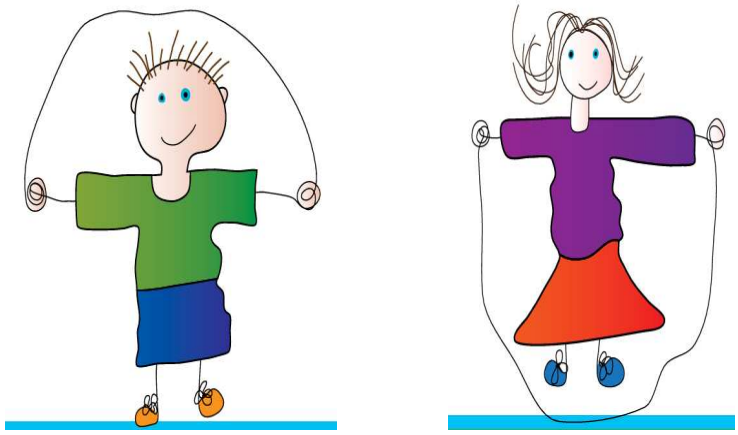
Central Bedfordshire Safeguarding Children Board

Annual Report 2011 – 2012



Contents:

1. Independent Chair's Summary of Safeguarding Performance and Issues

This is the second annual report of the Central Bedfordshire Safeguarding Children Board. The report looks back on safeguarding activities in Central Bedfordshire between April 2011 and March 2012 and looks forward to the progress to be made and challenges anticipated in 2012 –2013. The Central Bedfordshire Safeguarding Children Board, (CBSCB), became independently chaired in 2009, following the restructuring of the local authorities in Bedfordshire. It brings together the main organisations working with children, young people and families in the area so that they can coordinate their work, evaluate their accomplishments and receive multi-agency training on safeguarding issues.

Overall, partners in Central Bedfordshire have worked together well to safeguard children and this was confirmed by the recent Ofsted/CQC inspection, which rated safeguarding as 'Good'. In addition, there is clearly a great commitment from the Council and its partners to continue to improve and build on the suggestions which Ofsted made, through the development of a wide ranging improvement plan.

The Board has continued to review all deaths of children through its Child Death Overview Procedure (CDOP). It has not had cause to initiate any Serious Case Reviews in the past year, but reviews some individual cases and carries out audits to identify lessons to learn for all agencies. It has continued to make good progress in delivering multi-agency training and has been particularly successful in carrying out briefings to staff about the lessons which have come from local cases and those of note from elsewhere.

Current Issues for Safeguarding

This report is produced at a time when the partner agencies face major upheaval. All public sector and voluntary organisations are struggling to reduce their budgets in a time of national austerity. In addition, the key safeguarding partners are facing specific restructuring of their systems and governance which could have significant impacts on the safeguarding of children. These are particularly:

- **NHS Restructuring**

  Local health services are undergoing major changes with the development of Clinical Commissioning Groups and Local Offices of the National Commissioning Board. Clarity is starting to appear in the way in which the new Health Structures will ensure that children are safe, but the Board will need to find new ways of coordinating the efforts of GPs and other clinicians to continue to develop NHS safeguarding effectiveness. It is particularly important that the new leaders in health recognise that safeguarding children is a key part of their new role.

- **Health and Wellbeing Board**

  In addition to these NHS changes, the relationship between the health organisations and the Council is altering with the introduction of the shadow Health and Wellbeing Board (HWB). The Board will lead strategies for the health of children and it will be a challenge for members to keep a balance between the needs of the young and the pressures of the more expensive provision of services to a growing elderly population. The relationships between CBSCB and the Central Bedfordshire Health and Wellbeing Board have yet to be agreed. Clear processes which allow the Safeguarding Board to effectively contribute to and challenge the new strategies and their outcomes are a critical requirement for the two Boards to work well in the long term without the burden of excessive bureaucracy.

- **Election of a Police and Crime Commissioner**

  The Constabulary faces a new challenge in its governance with the election of a Police and Crime Commissioner in November 2012. This role will carry responsibility for the development of the community safety strategy in Central Bedfordshire. Current community safety approaches make a significant contribution to safeguarding children through their focus on substance abuse and domestic abuse. Children are at risk from adults they live with who abuse alcohol or illegal drugs or where relationships are violent. In some households substance abuse and violence is aggravated by adult mental ill-health leaving children extremely vulnerable. Community Safety Strategies are particularly important in addressing these behaviours and reducing risk to the young. The election of the Commissioner brings a risk to existing services, but also an opportunity for a greater impact on such parental behaviours as a new Police and Crime Strategy for the coming years is developed.

- **The role of Schools and Children's Centres**

  Changes in national legislation have required and enabled schools to work more independently from the Council as the Local Education Authority. Whilst these new freedoms bring opportunities they also bring increasing responsibilities for governors and management teams to ensure that schools are resilient and effective in safeguarding. Schools and for the younger ages Children's Centres, also have a key role to play in identifying children suffering from the early impact of abuse and neglect, offering appropriate support and working with partner agencies to help families. In times of reducing budgets such early help is at risk. Following the government's Munro Report and recently published draft of the Working Together guidelines, CBSCB is likely to have an obligation to evaluate the success of this early help. This has been included in the new CBSCB plan as a specific project which partners will need to contribute to over the coming months.

It is generally recognised that during periods of change, organisations experience a reduction in their operational performance. There is therefore a risk that through restructuring and relocation of staff, organisations which have been very successful in safeguarding children may 'take their eye off the ball' to the detriment of vulnerable children in Central Bedfordshire. The Safeguarding Board has a duty to ensure that this does not happen and to continually remind directors and managers of the need to monitor operational effectiveness. To date this has been achieved but the coming year will continue to test the resilience of partners.

The CBSCB Business Plan

At the start of 2011-12, CBSCB set itself a very ambitious plan to address a wide range of issues. As you will see from the following report, the priorities were generally accomplished well, even though, with reducing resources all organisations struggled at times to actually report progress and attend meetings. However there is still a need to both maintain performance and improve in specific areas, both within individual organisations and through joint working. To address the pressure on partners and manage resources better, the Board reduced the need for some sub-committees to meet routinely and set a smaller number of realistically achievable priorities for 2012-13. These five new priorities are:

- Better identifying early signs of physical and emotional abuse and neglect.
- Improving the response to domestic abuse
- Dealing more effectively with sexual abuse and exploitation
- Development of the Board, such as the recruitment of lay members

- Monitoring and, on some occasions, implementing actions in response to the Munro review and the local Ofsted and CQC Inspections.

Joint Working across Safeguarding Boards

In its sub-committees CBSCB works jointly with Bedford Borough Safeguarding Children Board and the two independent chairs regularly discuss common issues. The partners who work across more than one of the local authorities of Luton, Central Bedfordshire and Bedford, such as the Police, the PCT, some providers of health services and Probation are particularly challenged to service two or three Safeguarding Children Boards. The three Directors of Children's Services and their Safeguarding Chairs have discussed the potential for further close working. Whilst recognising the challenges for some partners, the local authorities as the lead agencies are unanimous in their view that the only effective way of ensuring safeguarding is through separate Safeguarding Boards working jointly when priorities are similar. This discussion led to the recognition that there were further opportunities to pool safeguarding efforts and as a result the Boards now have one combined plan for tackling Sexual Exploitation and a joint initiative to further address domestic abuse more effectively.

Phil Picton
Independent Chair
Central Bedfordshire Safeguarding Board

2.0 The Context for Safeguarding Children in Central Bedfordshire

2.0.1 Central Bedfordshire has a resident population of approximately 56,400 children and young people aged 0 to 18, representing 22.1% of the total population of the area. In January 2011, 13.2% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 3% of pupils speak English as an additional language. Polish and Urdu are the most recorded commonly spoken community languages in the area

2.0.2 The majority of these children are educated in the 140 local schools comprising 96 primary schools, 33 secondary schools (23 middle schools and 10 upper schools), seven special schools/pupil referral units and 4 Independent schools. The structure and governance is changing as increasing numbers of schools seek academy status. Up until 31st March 25 schools had achieved Academy status. Early years service provision is delivered predominantly through the private and voluntary sector in over 108 settings; there are four local authority maintained nurseries.

2.0.3 Central Bedfordshire Council is the statutory lead agency for safeguarding children across the area and in appropriate cases has the legal powers to take children into care. On 1 April 2009 when Central Bedfordshire Council became a unitary authority, the Looked After Children population stood at 132 children & young people. The numbers of Looked after Children have risen steadily since that time to 176 at 31 March 2011 and the population as at 31 March 2012 stood at 208. This represents a rate per 10,000 of the population under 18 of 37, up from 31 per 10,000 the previous year. This compares to a national rate of 59 and a statistical neighbour rate of 46 per 10,000 population under 18 in 2010/11.

2.0.4 During 2011/2012 the following trends have been identified in relation to child protection activity compared to the previous year.

- 7.3% increase in the number of contacts to Children Social Care;
- 18.5% decrease in the conversion rate: Contacts to Referrals;
- 12.5% decrease in the number of referrals to Children Social Care;
- 30.8% increase in Section 47 enquiries started;
- 19.1% increase in initial assessments undertaken;
- 24.4% increase in core assessments undertaken;
- 36.9% increase in children who were the subject of an initial child protection conference;
- 38.2% increase in the number of children starting to be looked after

2.0.5 Changes in the number of children subject to a child protection plan and looked after as at 31.3.11 and 31.3 12 identify the following:

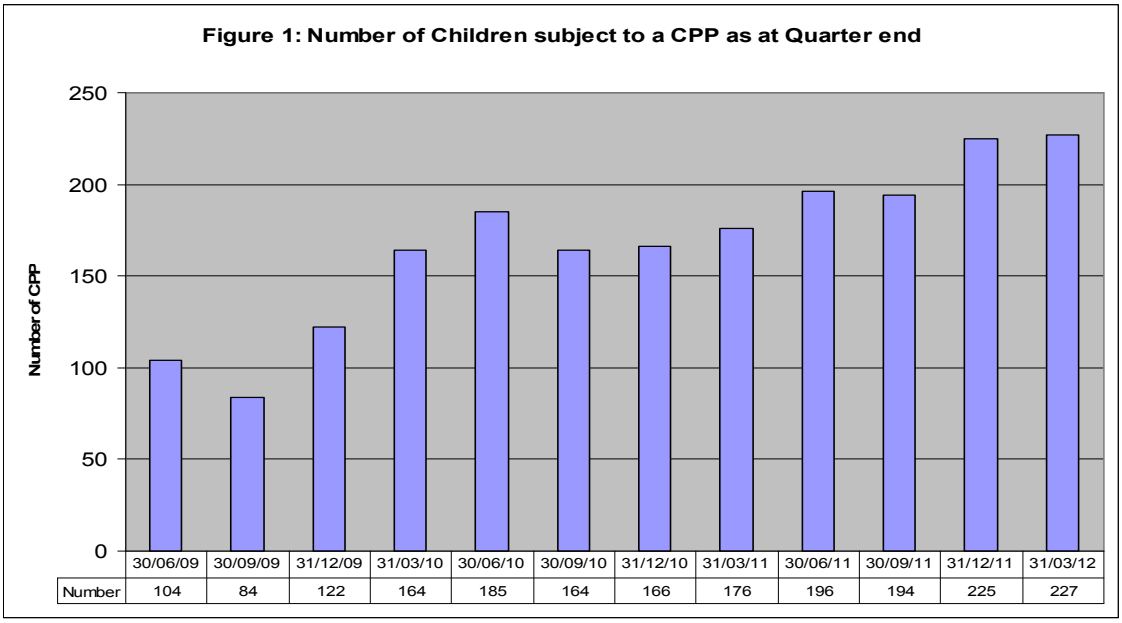
- 27.5% increase in children subject to a child protection plan at period ends (31/03/11 & 31/3/12)
- 18.2% increase in the numbers of looked after children at period ends (31/03/11 & 31/3//12)

2.0.6 The numbers of children subject to a child protection plan have risen from 178 at the end of March 2011 to 227 one year later. This has led to a 27.5% increase in the number of children subject to a plan at year end.

2.0.7 Expressed as a ratio per 10,000 of the population (under 18) in Central Bedfordshire, as at 31 March 2011, 32 per 10,000 (178 children) were subject to a child protection plan. As at 31.3.2012 40 per 10,000 of the population were subject to a plan. This compares with the national average for 2010/11 of 38 children per 10,000 and our statistical neighbour average of 28 per 10,000. It is important to note that during 2010/11 a 9.2% increase nationally was reported in respect of child protection plans. At the time of writing the outturn for 2011/ 2012 nationally is not available.

Figure1 illustrates the change on a quarterly basis of children subject to a child protection plan since the beginning of Central Bedfordshire in 2009

Figure 1: Number of Children subject to a CPP as at Quarter end



	30/06/09	30/09/09	31/12/09	31/03/10	30/06/10	30/09/10	31/12/10	31/03/11	30/06/11	30/09/11	31/12/11	31/03/12
Number	104	84	122	164	185	164	166	176	196	194	225	227

2.0.8 Between 1.4.2011 and 31.3.2012 268 children became subject of a child protection plan compared to 208 children during the previous year. This is a 22.3% increase in children becoming subject to a child protection plan.

2.0.9 Expressed as a ratio per 10,000 of the under 18 population, 268 children becoming subject of a plan equated to 47.5 compared to 37 per 10,000 population under 18 at the end of March 2011. National and statistical neighbour rates per 10,000 under 18 at the end of March 2011 were 44.4 and 33.3 respectively. Central Bedfordshire has therefore experienced a considerable increase in children becoming subject to a child protection plan. 114 children were made subject of a plan during the first six months of 2011/12 hence the rise in activity has been noticeable during the period October 2011 to March 2012 when 154 children were made the subject of a child protection plan.

2.0.10 The increase can be attributed to two main factors – the increase in referrals meeting a threshold for child protection interventions and the application of more rigour than the previous Bedfordshire County Council in applying thresholds and intervening to ensure children are protected from harm.

2.1 Categories of Child Protection Plans

2.1.1 Figure 2 illustrates the category of child protection plan for children subject to a child protection plan at the end of March 2012. 61% were recorded in the category of neglect; 28% in the category of emotional abuse; 7% in the category of sexual abuse and 4% in the category of physical abuse.

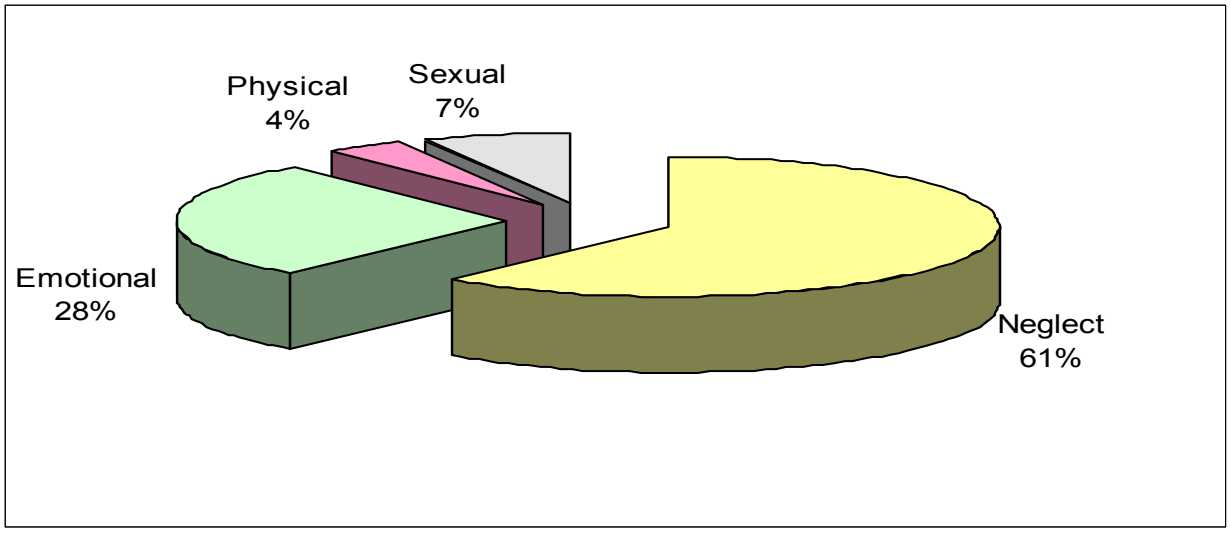


Figure 2: Percentage of children subject to a CPP at 31/3/12 by category of abuse

2.1.2 National figures for categories of child protection plan for 2010/11 were as follows: 43.9 % neglect; 29.2% emotional abuse; 10.6% physical abuse; 5.4% sexual abuse and 11.8 % multiple categories.

2.1.3 The categories of abuse recorded in relation to child protection plans is in line with the national average for emotional abuse and higher than the national average in relation to neglect. Locally there is a smaller percentage of children on a plan in the category of physical abuse and a higher than national average of plans in the category of sexual abuse.

2.2 Children subject to a plan on more than one occasion

2.2.1 Performance in relation to the national indicators for children subject to a plan on more than one occasion at the end of March 2012 was 9.3%. Nationally for the year ending March 2011 the percentage was 13.3% and for our statistical neighbours the figure percentage was 12.1%. Central Bedfordshire has seen a reduction in the year end figures in respect of children subject to a plan for the second or subsequent time compared to the previous year.

2.2.2 Performance in relation to duration of child protection plans i.e. children on plans over 2 years was 6.8% at the end of the year. This relates to 15 children whose plan was discontinued over two years of a total of 219 discontinued plans. The outturn at March 2011 was 6.5% locally compared to a national outturn of 6%.

2.3 Child protection cases reviewed on time

2.3.1 All children subject to a child protection plan have had their reviews held within timescale since 01/04/09. All children subject to a child protection plan have a qualified social worker allocated to their case.

2.3.2 As at March 2012 the percentage of children on child protection plans from non white backgrounds was higher than the Central Bedfordshire population by 3.7% and 11.5% within the looked after population. Expressed in terms of a percentage in relation to Central Bedfordshire schools the percentage is 0.3 % lower for child protection and 8.5% higher for looked after children. The number of unaccompanied asylum seeking children account for this in part due to the relatively low numbers of looked after children.

2.4 Gender and age of children subject to a child protection plan

2.4.1 The gender profile of children with child protection plans is almost equal. As at 31 March 2012 the gender of children subject to a Child Protection Plan in Central Bedfordshire is consistent with the national average.

2.4.2 The age profile of children subject to a plan in Central Bedfordshire is set out below.

CP Plans by Age					
	31/03/2011			31/03/2012	
	Total CBC	**% CBC**	**National**	**Total CBC**	**% CBC**
Unborn	4	2%	2%	0	0%
Under 1	18	10%	11%	25	11%
0-4	53	30%	32%	78	34%
05-09	53	30%	29%	67	30%
10-15	47	26%	26%	51	22%
16-17	3	2%	2%	6	3%
TOTAL	**178**	100%	100%	**227**	100%

3. 0 Central Bedfordshire Safeguarding Children Board Activity in 2011 – 2012

3.0.1 The Central Bedfordshire Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations in Central Bedfordshire will co-operate to safeguard and promote the welfare of children in Central Bedfordshire, and for ensuring the effectiveness of what they do.

3.0.2 The functions of the Central Bedfordshire Safeguarding Children Board is set out in primary legislation and regulations. The core objectives of the Board are:

- to co-ordinate what is done by each person or body represented on the Board
- for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
- to ensure the effectiveness of what is done by each such person or body for that purpose.

3.1 Progress against the Central Bedfordshire Safeguarding Children Board 2011-12 Business Plan Priorities

3.1.1 Each year the Central Bedfordshire Safeguarding Children Board develops a business plan to focus its work on key priorities. The 2011-12 business plan was ambitious

reflecting the desire of partners to continue to make progress across a wide range of safeguarding issues. The key improvements against each priority are shown below and the full report against this plan can be read at Appendix A to this report.

3.2 Strategic Priority 1

To improve the effectiveness of Child Protection interventions, analysing carefully the reasons why increasing numbers of children have become subject to child protection plans and looking at ways to prevent this. This will involve maintaining strong relationships with health and schools during a period of transition and promoting the safeguarding of older adolescents who may be vulnerable to crime, homelessness, or sexual exploitation.

3.2.1 Schools are able to access the 2 day Central Bedfordshire Safeguarding Children Board training and e-learning courses and can commission their own single agency training. Within the Ofsted School Inspection framework safeguarding is an element and the Ofsted reports are monitored by the Council.

3.2.2 Central Bedfordshire Council has made available to schools a course dealing with cyber bullying. Schools are kept informed of safeguarding issues and available training via the Central Bedfordshire Council's Central Essentials newsletter which is issued to schools fortnightly.

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3.2.3 A health and well-being questionnaire is currently being modelled to seek the views of children and young people in schools. Its outputs will be available to partner agencies to inform service planning and development. The questionnaire includes bullying.

3.2.4 Central Bedfordshire Council's secure website holds the policy and procedures and all relevant documentation for schools to access on safeguarding and safer recruitment. The Council assists schools with processing CRB checks.

3.2.5 A report on proposals for the delivery, monitoring and evaluation of GP practice training in safeguarding was presented to the Board. Each GP Practice in Bedfordshire now has a safeguarding children Lead GP. NHS Bedfordshire continues to monitor GP training.

3.2.6 NHS Bedfordshire has updated the Board in relation to the planning and provision of Child Protection Medicals. NHS Luton and Bedfordshire (project management lead), together with most of Central Bedfordshire Safeguarding Children Board partners have made significant progress over last 9 months in the development of sexual assault services. The Bedfordshire and Luton Sexual Assault Referral Centre – The Emerald Centre – opened in March 2011 to provide a forensically secure environment for medical examinations plus a 'soft room' where professionals can meet with victims.

3.2.7 The Emerald Centre sees all victims aged 14 and over. For child sexual assault cases that are not forensically acute, negotiations are underway with Bedford Hospital to move these services, which currently take place in the community, into the hospital which will provide an more integrated service to be provided.

3.2.8 NHS Bedfordshire and Luton and Bedfordshire Police have put in place an agreement with Peterborough Sexual Assault Referral Centre and Cambridge & Peterborough Foundation Trust community paediatricians to provide Sexual Assault Referral Centre paediatric services i.e. examination of children under the age of 13 (and those aged 13 and over with additional needs as determined by the forensic medical examiner) by a community paediatrician alongside a forensic medical examiner in a forensically

secure environment. The out of hours rota provided by Peterborough Sexual Assault Referral Centre allows cases to be seen in a timely manner. There is now therefore one pathway across the county, both in and out of hours for acute sexual assault.

3.2.9 Health Crisis aims to establish clear processes to support young people who may require acute admission to a mental health adolescent in-patient unit.

3.2.10 MAPPA (multi agency public protection arrangements) work closely with partners to communicate and manage and reduce the risk of harm to children in the community where parents or guardians are supervised by the Probation Trust. MAPPA attendance by children's services staff is excellent as evidenced by Ministry of Justice thematic inspection results with 100% attendance of staff invited to MAPPA meetings.

3.2.11 Bedfordshire Probation Trust has begun to develop the criminal justice children and families pathways and has recognised that domestic abuse in families and child safeguarding issues are a high priority when addressing risk and the needs of offenders. Community Domestic Abuse programmes to include I-DAP and Caring Dads have been set up.

3.2.12 Sexual Exploitation was a growing priority during 2011-12 as a number of high profile national cases highlighted the risks to children particularly young teenage girls. In response to the Government Sexual Exploitation Action Plan, Central Bedfordshire Safeguarding Children Board linked with the Bedford and Luton Boards to develop a joint local action plan which features as a significant priority in the 2012-13 Business Plan (see section on 2012-13 priorities).

3.3 Strategic Priority 2.

To incorporate the lessons from the Serious Case Review of Child J, namely the identification of sexual offending and liaison between adult criminal justice services and children' social care in relation to work with sex offenders. Central Bedfordshire Safeguarding Children Board should ensure that strategic links between adult and children's safeguarding are strengthened.

3.3.1 The Child J Serious Case Review was completed in 2010, but some actions resulting from the review were still to be completed at the start of 2011-12. Although the action plans are now complete, the issues have been combined into multi-agency training sessions.

3.3.2 As a result of the Child J Serious Case Review a joint Guide for the Police, Crown Prosecution Service and Local Safeguarding Children Boards to assist the exchange of information when there are simultaneous Serious Case Reviews and criminal proceedings was signed off at the Central Bedfordshire Safeguarding Children Board in July. This document has been accepted nationally as good practice.

3.3.3 Briefings were held on the 20th June 2011 to provide good practice guidance and advice in respect of the risk assessment of sex offenders. These briefing events were attended by 274 frontline professionals and volunteers and were very positively evaluated.

3.3.4 In keeping with the Serious Case Review's recommendations, Central Bedfordshire Council presented a report to the Strategic Board in respect of commissioning services (Child J). The Commissioning Team completed an audit of practice to ensure appropriate procedures are in place when commissioning specialist assessments and risk assessments.

3.4 Protecting children and keeping them safe (Children & Young Peoples Plan)

3.4.1 Partners have continued working closely to develop the processes for identifying and responding to children whose safety is, or is likely to be, compromised. The national Tellus survey to gauge children and young people's feelings of safety no longer exists. The Central Bedfordshire Children's Trust is assessing partners' engagement and youth participation activities. Once this is complete, Central Bedfordshire Safeguarding Children Board will look to develop its approach to youth engagement building on the Children's Trust's work.

3.4.2 The Board has achieved a number of new initiatives including:

- Reinvestment of training income to provide better evaluation of the longer term learning from courses. Initial data is very good.
- Continued dissemination of learning points from Serious Case Review Child J, through staff briefings and training events.
- Development of e-learning modules with good take up by GPs
- Development of an annual audit programme and performance management framework.
- Discussion and collection of information from agencies on sexual exploitation which has led to a strategy of training frontline staff in the awareness of sexual exploitation in preparation for further Sexual Exploitation training and work streams in 2012

3.5 Reduce the impact of domestic abuse on children and young people:

3.5.1 Domestic abuse in households where children live is a continuing risk to safeguarding. The Multi Agency Risk Assessment Conference (MARAC) was launched in 2007 in order to provide a multi-agency response to the most high risk cases in order to safeguard against domestic abuse and ensure that effective information sharing was taking place. Central Bedfordshire now holds a monthly MARAC meeting where an average of 18 cases is referred every month (based on data from December 2010 – January 2012). Referrals are received from a range of agencies including Police, Children's Services and Housing. As part of the recommendations from the Community Safety Partnership Strategic Assessment for 2012 a review of the MARAC will be undertaken this year.

3.5.2. 35% of domestic abuse starts or escalates during pregnancy. In order to address this, an Independent Domestic Violence Advisor (IDVA) is now based in the maternity unit at Luton & Dunstable Hospital one day a week. Arrangements have recently been agreed with Bedford Hospital for a similar arrangement. A series of briefing sessions took place during 2011 which trained all Community Midwives based out of Bedford Hospital on what the MARAC & IDVA Service is and how to refer into these services. It is planned that similar sessions will be arranged for all midwives based out of the Luton & Dunstable Hospital.

3.5.3 In Central Bedfordshire there was an 8.8% decrease in overall reporting to the police from 2793 incidents between April 2010 – March 2011, to 2546 incidents for the same period 2011-2012.

3.6 Central Bedfordshire MARAC:

Jan 2011 – Dec 2011:

- 174 referrals (an increase from 141 in 2010)
- 15% were repeat referrals (19% in 2010)
- 318 children were resident in the households subject to MARAC (243 in 2010)
- 56% of the referrals originated from the Police (similar in 2010)

Central Bedfordshire IDVA Service:

April 2011 – Sept 2011:

- 135 referrals (264 in the previous six months)
- 37% were re-referrals (25% in previous six months)
- 61% referrals originated from the police (56% in previous six months)
- 65% of clients have engaged with the service (national average 60%) (previous data not available).

(Data for October to March 2012 is not available at this point due to the re-tendering of the IDVA Service

3.6.1 The Freedom Programme is for women who have experienced domestic abuse and supports women in an abusive relationship to identify and recognise abusive behaviours and be aware of the impact that this has on any children in the household. The programme also supports women who are no longer in an abusive relationship, reminding them of the early warning signs, and providing beneficial peer support to other women.

3.6.2 The Freedom Programme has been co-ordinated through the Parenting team of Central Bedfordshire Council since October 2011. Since taking over the co-ordination role awareness training has been delivered to 40 professionals and there are 15 newly trained facilitators delivering rolling programmes in 5 locations – Dunstable, Houghton Regis, Leighton Buzzard (run through Homestart), Sandy and Stotfold, The team also hosted an awareness raising event (Mockingbird High) during Domestic Abuse Awareness Week which was attended by over 100 professionals. The Team hosts a support network for all those involved in delivering the programme and also promote the Freedom Home Study Course for women unable to access the programme.

3.6.3 Until recently there has been a gap in provision of services for individual children where families do not meet the threshold for children's social care intervention. As a result families no longer living with domestic abuse might not meet the threshold for support, despite the experience of living with domestic abuse still having a significant impact on their lives. The organization, 'Sorted', have been commissioned to deliver one to one therapeutic interventions for children aged 5 – 13 years affected by domestic abuse. Interventions combine talking therapies with play and theraplay appropriate to the age of the child.

3.6.4 A robust training programme relating to domestic abuse has been established and delivered by the Bedfordshire Domestic Abuse Partnership has also involved a 'Training for the Trainers' component to ensure continuation of training. Much of the programme is available via the Domestic Abuse Partnership however there is close working with the Central Bedfordshire Safeguarding Children Board which offers a specific course on Domestic Abuse and the Impact on Children & Young People (see later Multi-Agency Training section 5).

3.6.5 In response to a lack of coordinated education in schools, Healthy Relationships Education Packs were developed, culminating in a launch event in March 2011. The packs are now being used in a number of schools in the area. The packs won an Equality & Diversity Award in October 2011 presented by the Bedfordshire Race & Equalities Council at their annual Equality Awards. There will be a second stage launch in 2012 which will target schools who did not attend the original event. This will be arranged jointly between the Bedfordshire Domestic Abuse Partnership and the Central Bedfordshire Safeguarding Children Board. Schools are also provided with signposting information and advice and guidance with regard to pupils who may disclose domestic abuse taking place at home.

3.7 To ensure that a comprehensive, set of multi-agency policies, practice and guidance is available to all staff working with children across Central Bedfordshire.

3.7.1 The Joint Policy and Procedures Group have continued to meet in order to develop and revise the web based Pan Bedfordshire Interagency Child Protection Procedures that are compliant with national and local changes.

3.7.2. Web based Interagency Child Protection Procedures developed by Tri X Childcare with Luton LSCB at http://bedfordscb.proceduresonline.com/index.htm these continue to be worked on by the 3 LSCB's.

3.8. To further develop the agreed performance framework to measure and report on safeguarding performance

3.8.1 The Central Bedfordshire Safeguarding Children Board monitors performance to assist in understanding the manner in which agencies work both individually and together to safeguard the welfare of children and young people in Central Bedfordshire.

3.8.2 Information is obtained from a variety of sources including:

- Case File Audits
- Thematic Audits
- Serious Case Reviews/Management Reviews.
- Data collection at child protection conferences and core groups that assists the LSCB to understand the effectiveness of these crucial decision making activities.
- Multi-agency safeguarding data set.
- Local direct contact with hundreds of multi-agency staff attending training, workshops and conferences.

3.8.3 The Joint Performance Management & Audit Group case file audit programme has undertaken themed case file audits in relation to Core Groups, Strategy meetings and Section 47 enquiries. These audits included the development of a theme specific audit tool; the selection of cases; the analysis and evaluation of information collected and the dissemination of messages arising from the audits to Central Bedfordshire Safeguarding Children Board partners.

3.8.4 In addition the Joint Performance Management & Audit Group considers cases (which can be presented by any agency) where the Boards believe there is learning that should be shared.

3.8.5 The purpose of multi-agency audits is to learn from existing casework to:

- improve effectiveness of multi-agency assessment, planning and intervention
- improve management, supervision and decision making in casework
- improve outcomes for children and families

3.8.6 Multi-agency audit is a critical part of the Boards scrutiny and challenge role. They involve each agency bringing their audit of a pre-determined case(s) and sharing the findings amongst partner agencies. The process enables scrutiny of the effectiveness of multi-agency practice including information sharing, agreeing any lessons learned from the audit; and any corrective actions and / or actions to improve safeguarding practice.

3.8.7 Multi-agency audits are organised and overseen by two joint groups - the Joint Performance Management and Audit Group and the Joint Executive Serious Case Review Panel. Multi agency audits are also achieved through Inter-agency Practice Reviews; Independent Management Reviews and Serious Case Reviews.

3.8.8 Responsibility for producing a comprehensive quarterly Performance Monitoring Summary of Child Protection activity, with trend and contextual benchmarking information with our statistical neighbours has been the responsibility of Central Bedfordshire Council and reported to all the Strategic Boards in the last year.

3.8.9 The Joint Performance Management & Audit Group developed a data set for the purposes of collation and analysis of activity data from partner agencies in line with the themes identified in the Business Plan. Difficulties in accessing some of the data have been experienced by some agencies, either as a result of the form in which the data was requested or because of the demands placed on them to produce additional activity reports. However the data which has been collected will be completed for dissemination in July 2012. Going forward a performance framework for 2012/2013 will be developed by the Performance Management and Audit Group taking into account the national proposals for reporting performance activity.

3.9 To ensure the effectiveness and quality of the multi agency safeguarding training improves outcomes for children.

3.9.1 During the financial year 2011-2012 the Central Bedfordshire Safeguarding Children Board delivered 43 courses involving 56 days of face to face training to 1001 delegates a 6% increase on the previous year. Free Online E learning has continued to be provided and the E learning training menu has been extended to 8 courses including one specifically designed for Young people aged 13-18 years. 1177 workers and volunteers have successfully completed an E learning course and 88 are in progress. E learning completion runs at 93%. E learning and face to face training has been provided at a charge to private and independent organisations and this has resulted in significant income generation.

3.9.2 Given the needs of partner organisations to assess the impact of all activity including training on positive outcomes for children then some of this income was used to fund a part time training evaluation administrator from December 2011 on a fixed term contract going forward until end April 2013. The key activity of this post is Course Evaluation and particularly how Central Bedfordshire Safeguarding Children Board courses impact on worker's practice. All partner organisations have been advised of feedback and reports will be continuously generated and refined to reflect job role and setting analysis going forward into 2012-2013.

3.9.3 All Central Bedfordshire Safeguarding Children Board courses are regularly over subscribed and extra 2 day courses have been arranged to accommodate delegates from across the extended children's workforce.

3.9.4 Remaining challenges and issues include

- further improving links with schools and their Governing Bodies as more local schools convert to Academy status

3.9.5 Fuller reports of the multi-agency training activity and evaluation of training are included in Section 5 of this report.

3.10 To ensure that Serious Case Reviews are initiated appropriately and are timely, of good quality, and deliver maximum learning for all agencies.

3.10.1 No serious case reviews were commissioned during 2011-12. The work of the Serious Case Review Panel is set out in detail in section 3.14 of this report.

3.11 To ensure safer recruitment practices across all agencies working with children in Central Bedfordshire.

3.11.1 The Local Authority Designated Officer (LADO) reports to the Board have demonstrated that the role is exercised effectively, good reporting and tracking arrangements ensure that appropriate analysis of the referral patterns and levels of awareness across agencies is undertaken. Prompt action is taken to address any deficits. Learning from cases referred to the LADO is used well, for example in delivering training and in commissioning arrangements. Partner agencies, particularly schools, appear to value highly the consultation and advice available through the LADO service. Internal performance information demonstrates that notifications receive a prompt considered response with appropriate outcomes, and this was evidenced in a sample of cases reviewed by Ofsted inspectors.

3.12 Confirm the funding for the operation of the Central Bedfordshire Safeguarding Children Board for 2012-13

3.12.1 The administration of the Safeguarding Boards for Central Bedfordshire and Bedford Borough is jointly managed and funding is agreed by both Boards with contributions by both councils and other partners. Proposed funding arrangements presented to the Strategic Board and agreed in December 2011 were as follows;

	Bedford Borough Council	**Central Bedfordshire Council**	**Police**	**NHS Beds**	**Probation**	**CAFCASS**
Funding Formula	**25.09%**	**25.09%**	**12.15%**	**33.55%**	**3.82%**	**0.30%**
Budget 2012/13	**£51,927**	**£51,927**	**£25146**	**£69,437**	**£7906**	**£620**

3.12.2 The Training Function is funded by Central Bedfordshire Safeguarding Children Board partners' contributions funding commissioned training places at £60 per day per delegate for their workforce. Income is also generated from charges to other partner

organisations such as Probation, schools and GPs and from the Private and Independent sector requiring face to face training or E learning.

3.12.3 In addition to the progress made by the Board partners working together to achieve its 2011 -12 Business Plan, individual partners have made significant progress in taking forward plans within their own organisations.

3.13 Child Death Overview - Bedfordshire and Luton Child Death Overview Panel

3.13.1 Safeguarding Children Boards are required to carry out reviews of all child deaths in their area. Central Bedfordshire Safeguarding Children Board carries out this process by working jointly with Luton and Bedford Safeguarding Children Boards in the Bedfordshire and Luton Child Death Overview Panel. The panel comprises senior managers from across the partners together with relevant clinicians from health organisations. The panel also has a lay member who is able to provide a non-medical independent perspective on the review of child deaths. The CDOP process is managed by NHS Luton and Bedfordshire on behalf of the three Boards.

3.13.2 The specific purposes of the panel are:

To collect and analyse information about the deaths of all children (0-18yrs) in Bedfordshire and Luton with a view to identifying:

- Any matters of concern affecting the safety and welfare of children in the area of the authority, including any case giving rise to the need for a Serious Case Review (SCR)
- Any general public health or safety concerns arising from deaths of children

3.13.3 To put in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death of a child (Working Together to Safeguard Children 2010)

3.13.4 During the period 1st April 2011 to 31st March 2012 a total of 58 child deaths were reported to the Bedfordshire and Luton Child Death Overview Panel. This is a reduction of just over 6% on the previous year. 19 of the child deaths were of children residing in Bedford Borough, 17 of the deaths were of children living in Central Bedfordshire and 22 of the child deaths were of children living in Luton.

3.13.5 During the year 2011-2012 eight CDOP panel meetings were held plus 1 extra meeting with neonatologists, senior paediatric nurses and midwives to review a cohort of neonatal deaths.

3.13.6 The panel are required to determine if there are any modifiable factors during the review of the death. These are defined as one or more factors which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions could be modified to reduce the risk of future child deaths.

3.13.7 17 Central Bedfordshire child deaths were reported during 2011-2012. This is a slight increase of 2 on the previous year. 4 of the deaths were unexpected but notably there were no ‘Sudden Unexpected Deaths of Infants (SUDI)’ reported compared to 3 in 2010-2011. There are no common themes identified with the unexpected deaths.

3.13.8. 11 deaths were reviewed; some of the children had died during the previous reporting year. Of these 4 of the cases were noted to have modifiable factors. These were

concerned with maternal smoking and 1 SUDI where unsafe sleeping practices had been identified. This is similar to the situation across the partner Boards, with a total of 55 deaths in Bedfordshire and Luton - 43% of which had one or more modifiable factors.

3.13.9 The issues around smoking have been bought to the attention of Public health In Bedfordshire. The Public Health Smoking in Pregnancy lead works closely with maternity units to ensure maternity staff understand the importance of raising the issue of smoking and to ensure best recommended practice (as per NICE guidelines) is implemented.

3.13.10 NHS Bedfordshire's Stop Smoking Service Specialist Advisors, offer dedicated tailored clinics to pregnant women at maternity units, with clinics also available to pregnant women in the community at a range of different locations.

3.13.11 'Smoke free baby and me programme' supports pregnant women from referral up to 6 months post partum. This is delivered in partnership with Children Centres. The programme is an incentive based scheme to encourage ongoing cessation.

3.13.12. The Stop Smoking Service also maintain links with stop smoking services in Hertfordshire, as many Bedfordshire mothers deliver at Lister Hospital Smoke free Homes and Cars is a national campaign that is being rolled out locally. In Bedfordshire it will include an online pledge system to 'keep homes and family cars smoke free'. This will be underpinned by a training programme for frontline staff that have contact with pregnant women and young families.

3.13.13 The emerging themes in regards to unsafe sleeping practices from the review of cases are incorporated into CDOP multi agency training sessions. The issue has also been flagged with maternity units and health visiting teams. It is known that the safe sleeping messages are being delivered to new mothers. Currently CDOP are considering how to re-launch the keeping baby safe campaign and an initial meeting has been held with service providers across the county. These safe sleeping issues are a national issue as they involve a complex public health message which needs to be delivered to parents from all communities and ethnic groups.

3.13.14. A meeting was held in March 2012 with providers across the county to discuss how the safe sleeping message is currently delivered and how it can be re-enforced. This will be the subject of ongoing discussion but the group felt the key issue was about educating the professionals to enable them to deliver the safe sleeping messages effectively.

3.13.15 During recent the Ofsted/CQC Inspections across the three local authorities in Bedfordshire concerns were expressed by the inspectors that frontline staff was not aware of the messages arising from the review of Child Deaths locally. Efforts had already been made within training sessions and by publication of the CDOP annual report and a newsletter to disseminate messages widely but an action plan has now been developed to include regular training sessions on CDOP issues identified for all frontline staff. The CDOP annual report and a short commentary on the emerging themes has also been placed on the independent contractors section of NHS Bedfordshire and Luton intranet

3.13.16 The CDOP annual report for 2011 - 2012 will provide further analysis of the data and any emerging themes in child death and will be presented to the Safeguarding Board and published on the Central Bedfordshire Safeguarding Children Board website later in the year.

3.14 Serious Case Reviews.

3.14.1 Central Bedfordshire Safeguarding Children Board considers a serious case review when a child dies or is seriously injured, and abuse and/or neglect are suspected or known to be a factor, or there are concerns about how local agencies worked together. The purpose of such reviews is to learn lessons and improve practice. These reviews result in action plans that should drive this improvement.

3.14.2 The Joint Executive Serious Case Review Panel is convened when there is a need to consider an individual case where it is considered there might be a situation where a serious case review should be commenced. The Panel consists of colleagues from Health, Police, Children's Social Care and Probation. The Panel are supported by the Bedford Borough Safeguarding Children Board Independent Chair and Safeguarding Children Board Business Manager.

3.14.3 No Serious Case Reviews have been instigated in 2011- 2012. In one case referred to the Panel there were lessons to be learnt and the relevant agencies were asked to report back to the Panel on their response to the actions required. This was completed and the lessons learnt disseminated to agencies to disseminate to their staff and also presented to the Child Death Overview Panel. Another case referred at the end of March 2012 is in the process of being reviewed via a Multi Agency Case Review rather than as a Serious Case Review.

3.14.4 Key messages are incorporated into all Central Bedfordshire Safeguarding Children Board training courses and single agency courses validated by the Central Bedfordshire Safeguarding Children Board. This is a standing agenda item for the Training Commissioning Group and Training Development & Implementation Group. Courses reviewed annually/bi-annually and as required by national developments. Training has been adapted to incorporate learning from local and national serious case reviews. New courses have been developed or commissioned in response to these findings e.g. Impact of Substance Misuse Awareness.

3.14.5. The last two serious case reviews which took place in 2005 (Child DL) and 2010 (Child J) both had comprehensive action plans where all the actions were been completed, evidenced and reviewed.

4.0 Governance and accountability arrangements for Central Bedfordshire Safeguarding Children Board

4.0.1 The Children Act 2004 places a duty on all relevant authorities to make arrangements to safeguard and promote the welfare of children; this primarily deals with how organisations working with children ensure that they have appropriate regard to safety and welfare.

4.0.2 Working Together to Safeguard Children 2010 (HM Government) provides statutory guidance regarding the governance of Safeguarding Boards, including the procedures for CDOP and Serious Case Reviews. Following the Munro Report on Child Protection published in May 2011, the national guidance is being re-written and is likely to be published during the summer of 2012. Following that, the Board will consider its governance structures and processes to ensure it responds appropriately.

4.0.3 The Central Bedfordshire Safeguarding Children Board has been effectively established since April 2010 The Strategic Board meets three times each year and has

good attendance by representatives from the senior levels of all organisations involved in protecting or promoting the welfare of children. Most key partners contribute well to its work at the strategic and operational level, although as responsibilities of public sector organisations change there is a need to have increasing involvement of new key players such as GPs and schools. The Board is actively working with these key partners to secure their active contribution. Central Bedfordshire Safeguarding Children Board demonstrates clear priorities through its business plan and specific areas of achievement such as the impact of multi-agency training and improvements in the quality of practice resulting from multi-agency audits.

4.0.4 Ofsted Inspection of safeguarding and looked after services in Central Bedfordshire in February 2012 rated Partnership Working as good. Most partners are engaged and communicate well with each other to safeguard children. In some instances conflicting priorities within individual agencies create barriers to partnership working and these are evident at both operational and strategic planning levels. For example issues such as health involvement in domestic violence initiatives at the strategic level, and appropriate police involvement in child protection conferences. Issues such as this are discussed and resolved within the Joint Steering Group (joint with Bedford Borough Board) which is led by the Chair of Central Bedfordshire Safeguarding Children Board and if necessary are elevated to full Board level for resolution.

4.0.5 Central Bedfordshire Council leads the Children's Trust Partnership in delivering the local Children and Young People's Plan (CYPP). This plan includes a wide range of multi-agency initiatives to improve health and wellbeing including a 'Stay Safe' theme which emphasises the importance of the Central Bedfordshire Safeguarding Children Board and promotes an active response to domestic abuse in families with children. This Children's Trust is chaired by the Lead Member for Children's Services and has appropriate representatives from key partners, including the voluntary sector, and has clear governance arrangements. It ensures that safeguarding is suitably prioritised across a broad range of organisations and has clear lines of communication, reporting and oversight with other strategic safeguarding fora such as the Overview and Scrutiny Committee.

4.0.6 Representatives from the voluntary sector are actively engaged in a wide range of strategic and operational groups through the Central Bedfordshire Safeguarding Children Board and Children's Trust, and are able to influence the development of services to support children and families. Voluntary sector organisations work well with statutory partners and some are commissioned to provide a range of readily accessible services to young people, in particular early intervention to prevent safeguarding concerns escalating and working with vulnerable groups. Strong collaboration between statutory and voluntary sector partners is enhanced through the secondment of some council staff to services provided by voluntary organisations and through some voluntary organisations delivering training to statutory partners.

4.0.7 In January 2012 a proposal to rationalise Board structures was presented to the Central Bedfordshire Safeguarding Children Board in response to some partners concerns around capacity and being able to engage effectively across three safeguarding children boards.

4.0.8 As a result, the Board agreed to disband the below groups as sitting sub-committees with the groups meeting in future as needed by partners rather than routinely. Nominated lead officers have been identified to ensure that group meetings are called appropriately. The Lead Officers are responsible for the development and delivery of the Central Bedfordshire Safeguarding Children Board business plan objectives, via flexible mechanisms determined by the Lead Officers and Joint Steering Group.

- Joint Policy & Procedures Group
- Joint Training Commissioning Group
- Joint Training Development & Implementation Group
- Joint Communications Group

4.0.9 The Board agreed for the following groups to remain as a formal part of the Board structure, meeting regularly to deal with relatively wide agendas;

- Joint Steering Group
- Joint Executive Serious Case Review Panel
- Joint Performance Management & Audit Group
- Cross border Child Death Overview Panel.

4.0.10 As part of their submission for this annual report, partners have set out their own governance contribution to the Board. The Police contribution highlights the challenge for partners of servicing three Safeguarding Boards during a period of public sector austerity but appreciates the view of Central Bedfordshire Council and the other partner councils that there is a need to retain the individual Boards in the foreseeable future.

5.0 Central Bedfordshire Safeguarding Children Board's Delivery of Multi-Agency Training

5.0.1 The Joint Training Commissioning Group has met quarterly during 2011-2012 and the Training Development and Commissioning Manager has reported directly to these meetings and has also presented reports to the Strategic Boards for each LSCB on the activities, finances and strategy for inter agency training in both areas.

5.0.2 The full time Central Bedfordshire Safeguarding Children Board Training Officer co-delivers most inter- agency courses in conjunction with safeguarding leads/trainers from partner agencies. This assists in ensuring single agencies' training messages are consistent with local audit messages, research evidence and national safeguarding training messages. In addition these Pool Trainers are required to attend Pool Update meetings that are held 3 times per year where local, national and research messages are presented.

5.0.3 A Working in Core groups ½ day course was developed in direct response to Audit findings and four courses have run since November 2012. This course has been very positively evaluated and has had clear impact on practice e.g.

'Course also gave me confidence to insist on being a member of a specific core group of child dual rolled with another school as I felt I could add another perspective to meeting. Agreed that it is a priority for staff to attend these meetings to become involved & network for benefit of child '(BBC School delegate January 2012)

5.0.4 The Central Bedfordshire Safeguarding Children Board's quality assurance and performance monitoring activities e.g. Enquiries have recently been made of both Local Authorities with regard to service level agreements held with providers and the safer recruitment training and other Safeguarding training requirements of such agreements so that the Training Manager may contact the service providers direct and support and advise on S.11 compliance. This work will continue into 2012-2013. In addition messages for learning arising from multi-agency audits undertaken by the Joint Performance Management & Audit Group are incorporated into training.

5.0.5 Learning from serious case reviews: The training function developed responses to the training actions arising out of Child J Serious Case Review and these have been implemented during 2011-2012. Constructive challenge is now part of the core training content and activity for all inter agency training courses and a specific externally commissioned 1 day course on how this is maintained in particularly complex cases has been held bi –annually. Further awareness raising as well as targeted training events on Child Sexual Abuse themes and Sexual Exploitation are planned for 2012-2013 and indications are that recruitment will be excellent.

5.0.6 The Training Function collects and analyses evaluation data as already described above. In addition the Training Officer attends all events and engages in facilitated discussion with delegates around further training needs as well as the challenges and quality of partnership working. Where concerns are identified these are immediately responded to by the Training Manager via direct contact with the delegate, their manager and agency Board members as necessary. The response to these concerns by all has been excellent – prompt and thorough. Any newly identified Training needs (for example Working in Core Groups) are incorporated into the Joint Training Strategy and plans on a continuous basis.

5.0.7 There have been no complaints made regarding Central Bedfordshire Safeguarding Children Board inter agency training or other activities in 2011-2012

5.1 Areas of strength for interagency training

5.1.1. The consistency of the training messages that are given and the culture of working together are promoted by the course content and training delivery. As the Training Officer is involved in the planning and delivery of every course then key national and local messages can be delivered consistently at single agency training events in the co-trainers own agency.

5.1.2 The Training Function has commissioned courses from good quality external providers as all evaluation data shows and its work on the impact of interagency training is advanced when compared to other LSCBs in the region or indeed in England and Wales.

5.1.3 The Training Function is the preferred interagency training provider for the East of England Ambulance service and provided 26 days of training to their key safeguarding staff in 2011-12 and has pre-purchased 68 days for 2012-13.

5.1.4 The Impact on Practice evaluation work has been developing strongly and useful data evidence was provided to Agencies and OFSTED Safeguarding and Looked After Children inspections in Central Bedfordshire in February 2012.

5.1.5 Safeguarding in schools – In addition an Anti Bullying On line e learning package is being developed by the current E learning provider and this will be offered in addition to the current menu of courses in due course. An On line package for 11-18 year olds in peer mentoring or similar roles has been provided since October 2011.

5.1.6 Equality and diversity issues in safeguarding work with children young people and families are incorporated in to all inter agency training courses. Attendance data is collected from delegates regarding ethnicity and gender. Disabled staff and volunteer training delegates have been successfully accommodated and all venues have excellent disability access.

5.1.7 Safer workforce – An extended menu of FREE On Line e learning has been provided since October 2011 provided by the LSCB for all staff and volunteers from partner Agencies in both Local Authorities. Recruitment to these courses has been slow – 1177 for 2011- 2012 but completion rates of 93% are excellent and feedback indicates that 1148 of these individuals found accessing the system very easy (789) or easy (359). Income has been generated from GP and Dental practices who have adopted this form of learning for all staff in contact with children and families. It is intended to continue with the current menu into 2012 -2013. While completion rates are good, mail shots and other marketing strategies to promote this safeguarding learning opportunity will be made during the coming year.

5.1.8 Safer workforce strategies are implemented by partner organisations and the Training Manager advises on training needs of the workforce and how these may be met on request from the partner organisation and via workforce training manger meetings and other fora.

5.1.9 CDOP – the training function has assisted with the promotion of CDOP training events.

5.1.10 Sexual exploitation – Planning has been in progress since early 2012 and Briefing events for 340 staff from across Luton, Central Bedfordshire and Bedford Borough are planned for June 20th 2012. Further specifically targeted courses on this and other sexual abuse themes are planned going forward. An e learning package was added to the menu of on line learning in October 2011

5.1.11 Domestic Abuse – Impact on the Child course has run 3 times in 2011-12 and this is planned to continue in the next year. Delegates have assessed impact as follows; Highlighted behaviours in children that could be indicators. In corporate training for whole school Central Bedfordshire Council Schools; enabled me to discuss a recent incident with the child's carers, Voluntary Organisation. An added awareness level course is planned to run in Summer/Autumn 2012 on Teen and Dating Violence for targeted youth, health and schools workers.

5.1.12 Adult Mental Health – a newly developed 1 day Impact of Parental Mental Illness course has run seven times during 2011-12 and has been open to Luton delegates. This course is planned to run quarterly in 2012-13 and now requires mandatory successful completion of the E learning package prior to attendance. Impact Evaluation data shows excellent transfer to practice, for example 'From attending course have written a training package for staff with the Trust & information will be used for CPD for all operational staff', Ambulance Trust delegate; Raised awareness of impact on children & have used this knowledge gained in recent CIN meetings', CBC schools delegate

5.1.13 Learning Difficulties & Disabilities – a newly developed I day Safeguarding Disabled Children course was developed and ran twice in 2011-12, and will run 3 times in 2012-13. Impact data includes now looking at support groups within Children Services for families with children with SEN & Disabilities. Important to look at the effect on siblings - discussions re setting up a sibling support group, Children's Centre Manager; Improving monitoring & making students aware of who they can contact, Schools delegate.

5.1.14 Drugs & Alcohol a newly developed ½ day awareness of the Impact of Parental Substance Misuse on Babies Children and young people ran twice in the past year and is planned to run three times in 2012-13. A SEPT worker – Health Visitor assessed the impact on practice as: Am now more vigilant of possible effects such as

school absence, missed appointments & disengagement. Will bring these types of changes/ indicators to meeting re CIN & CP plans

5.1.15 Private fostering – content on this topic has been presented to every 2 day course audience since autumn 2010 and is set to continue. Indications are that awareness remains low in the general children's workforce but delegates' responses are positive with many indicating that they will raise awareness on return to their own settings.

5.1.16 Engagement of the wider community in safeguarding, e.g. VCS, faith groups – 176 volunteers and staff from VCS and faith groups have attended training events free of charge in 2011-12, this is a 6% increase on the previous year and the policy will continue for 2012-13. Any volunteer may also access E learning free of charge

5.2 Future areas for development include:

5.2.1 Expansion of the co-trainer Training Pool so as to limit the burden placed on health representatives who contribute in the highest numbers to the training pool. Senior Practitioner Social Workers have recently been recruited for co-delivery of the Working in Core groups and this has worked well to date.

5.2.2 Communication with schools - although schools' designated personnel and deputies attend in good numbers these links could be improved. Two FREE Briefing events are being planned around the Somerset Serious Case Review for October 2012 and these personnel together with Lead Safeguarding Governors will be invited.

6. 0 Monitoring and Evaluation activity

6.0.1 A key role of Central Bedfordshire Safeguarding Children Board is to monitor safeguarding activity in Central Bedfordshire and evaluate its impact. This is achieved in a number of ways:

- By considering reports of external agencies such as Ofsted and CQC which carry out inspections of services to safeguard children. Of particular importance to the Board is the monitoring of actions by the partners in response to the comments in those reports.
- By the Board carrying out its own audit and performance monitoring activity including the evaluation of its multi-agency training, and
- By the Board overseeing partners' self-assessment auditing of their compliance with safeguarding standards (known as Section 11 assessment)

6.1. External Inspection and Assurance – Ofsted, CQC

6.1.1 A short Ofsted Inspection of contact, referral and assessment processes in Central Bedfordshire Council's Children's Social Care took place in March 2011 identifying one strength and some areas for improvement, as set out below. These have all been addressed – with the completed plan signed off at the Strategic Board 13th Dec 2011.

Ofsted Inspection of Contact, Referral and Assessment March 2011
Strengths Arrangements for the transfer of cases between teams are undertaken efficiently and without delay. The transfer is underpinned by a two-stage process that ensures that all tasks are completed and that plans and ensuing actions are fully understood and promptly implemented in order to safeguard children.

Areas for development

- The electronic record-keeping system does not provide effective support to staff and managers. Record-keeping, data retrieval and analysis and the efficient use of social worker time are all compromised by the inadequacies of the current system.

- Performance management systems do not provide an overview of the work of the intake and referral team. The council is not easily able to provide information on the amount or nature of duty work being undertaken at any given time.

- Unqualified staff undertake both initial and core assessments as part of supervised staff development. This is contrary to the guidance in 'Working Together'. Whilst there is no evidence that outcomes for children have so far been affected by work being carried out by unqualified staff, risks are increased by this arrangement.

- Work undertaken at the point of contact does not always meet the guidance in 'Working Together'. In some cases seen by inspectors decisions had been made to close contacts before full information had been gathered.

- Referrals from the police are variable in timeliness and the detail of information provided. This can impact on the council's ability to provide appropriate responses to safeguarding concerns.

6.1.2 A full Ofsted Inspection of Safeguarding and Looked After Children Services in Central Bedfordshire was carried out over two weeks at the end of February 2012. This inspection was informed by a simultaneous inspection of safeguarding in health organisations by CQC. The headline findings of the inspection are given below and the full Ofsted report can be read at http://www.ofsted.gov.uk/local-authorities/central-bedfordshire

Summary of Ofsted Comments following Inspection of Safeguarding and Looked After Children Services in Central Bedfordshire, March 2012

Safeguarding services: Overall effectiveness Grade 2 (good)

The overall effectiveness of safeguarding services is good. Children and young people at immediate risk of significant harm are identified and responded to in a timely way and partner agencies collaborate well to safeguard children and young people. Safeguarding outcomes for children are good.

Partnership work is well embedded, with active engagement of most agencies including the private and voluntary sector. The Central Bedfordshire Safeguarding Children Board effectively promotes collaborative work and oversees safeguarding services.

Robust performance management and quality assurance systems are embedded across the partnership. Managers and independent reviewing officers provide effective oversight of safeguarding work and are readily accessible to staff for supervision and advice. However, supervision records do not always evidence that supervision is regularly undertaken.

The contribution of health services to safeguarding is adequate. A number of areas require improvement which include: ensuring that there are sufficient numbers of community practitioners; that training improves practice; that transfer arrangements of children to adult mental health services are effective and that service developments are informed by the experience of service users.

Safeguarding is assessed as good or better in the majority of provision. A range of effective early intervention services has been developed. Referrals are promptly acted on and assessments enable those children in need or in need of protection to be appropriately supported by partner agencies. However, chronologies do not sufficiently assist case planning, and diversity issues are often not sufficiently considered.

Workforce planning across the partnership has been sufficiently effective to secure and retain suitably experienced and qualified staff. Safe recruitment practices are well established.

Services for looked after children: Overall effectiveness Grade 3 (adequate)

The overall effectiveness of services for looked after children was judged to be adequate. Capacity for improvement, and ambition and prioritisation for looked after children were also judged to be adequate.

Inspectors judged that Health outcomes for looked after children are poor and that outcomes to enable looked after children to be healthy are inadequate. Ofsted concluded that health services face significant challenges in ensuring that the health needs of looked after children are addressed.

6.1.3 In response to the inspection findings, Central Bedfordshire Council, as the lead agency, are developing an action plan with partners in health and other agencies to address the findings and further improve services to children. Progress on this action plan will be reported to the Central Bedfordshire Safeguarding Children Board Strategic Board during 2012-13 and reported on in future Central Bedfordshire Safeguarding Children Board annual reports.

6.1.4 The monitoring and evaluation of the safeguarding of Looked After Children is within the remit of the Central Bedfordshire Safeguarding Children Board, as it is for all children in the Local Authority area. Looked After Children all have an allocated social worker. There is a review of arrangements for Looked After Children within four weeks of coming into care, after a further three months, and thereafter every six months. Reviews are undertaken by Independent Reviewing Officers (IROs), who have within their duties the responsibility to see the child alone before the review. They review children's care plans at each Review which covers amongst other areas arrangements to ensure that a child's needs in respect of their health, education, and the need for safety and protection are met and that any actions identified in the previous Review have been followed up. IROs also have a responsibility to bring matters of concern to the attention of operational and senior managers and have in place a dispute resolution policy. The Corporate Parenting Panel made up of council members and officers is chaired by the Lead Member for Children and it receives an Annual Report from IRO's. Performance data in relation to key performance indicators specific to Looked After Children is reported regularly to Children's Services management teams and quarterly to the Children's Trust Board where the Independent Chair of the Safeguarding Board is an active member. In addition, the Lead Member for children is a participant observer on the Safeguarding Board. The Safeguarding Board specifically considers the systems for safeguarding these children when developing initiatives on matters such as sexual exploitation and missing children. It also receives regular reports on the safety of children who are fostered through private arrangements which are monitored by the Council.

6.2 Audit and Performance Monitoring

6.2.1 Central Bedfordshire Safeguarding Children Board provides the forum through which partners audit or share the results of their audits of activity in cases where good partnership working is crucial. It also provides an opportunity for partners to consider their own and other's performance on safeguarding children. This work takes place in the Joint Steering Group and the Joint Performance Management and Audit Group. Where appropriate audit and performance issues are reported to the Strategic Board for further discussion and decision. In addition partners carry out their own individual monitoring and evaluation.

6.2.2 The Joint Performance and Audit Group (with Bedford Borough) undertook a number of multi agency case file audits. In addition multi agency case audits were completed as part of the recent Ofsted inspection. All the messages from the case audits have been disseminated to agencies and incorporated into Central Bedfordshire Safeguarding Children Board training.

6.2.3 The Joint Performance Management & Audit Group case file audit programme has been set out with themed case file audits such as Core Groups, Strategy meetings and the Section 47 enquiries. These audits included the development of an audit tool; the selection of cases; dissemination to Central Bedfordshire Safeguarding Children Board partners and the analysis and evaluation of information collected.

6.2.4 Over the past year, 4 multi agency audits has been conducted including three audits specifically recommended from the Central Bedfordshire Child J Serious Case Review. The 6 reoccurring messages learned from these audits and others conducted over the last 2 years are;

- Information Sharing
- Record Keeping
- The Childs Voice
- Practitioner Responsibility & Challenge
- Assessments and Risk Assessments
- Parental co-operation/engagement

6.3 Impact

6.3.1 Messages for learning from the audits have been collated and disseminated to all agencies through Single Points of Contact. This is designed to enhance standard practice for information sharing; record keeping; ensuring the child's views are considered Practitioner responsibility and robustness of Practitioner challenge; quality of assessments and risk assessments; parental cooperation and engagement.

6.3.2 Examples of impact from multi-agency audits include:

- Domestic Violence and Information Sharing - The Safeguarding Children Boards Information Sharing Protocol was revised with strengthened guidance for information sharing in cases of domestic violence impacting children. The Bedfordshire Domestic Abuse partnership ensures agencies are aware of and adopt the guidance to ensure improved protection of children affected by/living with domestic abuse.

- Escalation Procedures – Multi-agency audit has tested the effectiveness of the procedures, particularly the use of the procedure to bring Practitioner challenge to a local authority decision to convene or not convene a child protection conference.

- Responding to children who display sexually harmful behaviour – Multi-agency guidance has been revised to make it explicit that where a child/young person is assessed as posing a risk to other children/young people, then within a child in need meeting there is a multi agency plan/ response to managing that risk within and outside of school.

- Effective and appropriate use of written agreements - A direct outcome of this audit led to the development and dissemination of written guidance and an exemplar template, for agencies in the use of written agreements to ensure they are only used in exceptional circumstances as a bridging tool but not to replace or substitute the statutory plans. The effect will be to reduce the routine use of working agreements which have no statutory basis, and strengthen the quality of statutory plans and their accessibility and relevance to service users.

6.3.3 The Joint Performance Management & Audit Group has received single agency audits from the following agencies;

- Bedfordshire Community Health Services (Aug 2011) – Growth monitoring following a Serious Case Review in Hertfordshire
- SEPT Supervision Audit
- SEPT – Missed appointments (known as DNA – 'did not attend')

6.4 Evaluation of Multi-agency training

6.4.1 The Central Bedfordshire Safeguarding Children Board Training Function has a responsibility to monitor arrangements and quality of provision for single agency and inter agency safeguarding training and to advise on effectiveness. Central Bedfordshire Safeguarding Children Board offers a validation service to agencies for the quality assurance of their single agency training courses as well as training advice and consultancy free of charge.

6.4.2 The full time Central Bedfordshire Safeguarding Children Board Training Officer co-delivers most inter- agency courses in conjunction with safeguarding leads/trainers from partner agencies. This assists in ensuring single agencies' training messages are consistent with local audit messages, research evidence and national safeguarding training messages. In addition these Pool Trainers are required to attend Pool Update meetings that are held 3 times per year where local, national and research messages are presented.

6.4.3 End of day course evaluation scores for all face to face inter agency training courses are excellent with 63% of all delegates reporting completely and 35% mostly achieving intended learning outcomes; 96% of delegates state that the courses attended were completely or mostly relevant to his/her job role and 71% stated that the trainer(s) had completely enabled the development of new knowledge and skills and a further 26% felt mostly enabled in this area. Delegate feedback is actively considered when courses are reviewed or new courses developed or commissioned.

6.4.4 All delegates self assess their level of safeguarding knowledge on entry to any inter agency training course and self assess progress at the end of the day. This data is analysed by Agency and also by job role. Should any cause for concern be identified

then this is communicated to the Agency. For example 18% of schools designated personnel in CBC self rated at 3/10 or below and 51% at 5/10 or below on entry to the 2 day interagency working courses held between April and October 2011. The possible causes for this were discussed at Joint Children's Workforce Training Managers meetings with both CBC and BBC and a Free to Schools Briefing Event on the Somerset First School Serious Case Reviews of 2011 is planned for October 2012.

6.4.5 Evaluation data for schools staff demonstrates that the learning is taken back to the workplace and actions instituted that have a positive effect on outcomes, for example an upper school teacher generated a student leaflet outlining the reasons why a School Counsellor may need to share information to stop child abuse, while many teachers reported having reviewed and updated school safeguarding procedures and policies in the 4-6 weeks following the course.

6.4.6 Impact on Practice evaluation of face to face courses has been extended and formalised since September 2011. Current available data is for courses delivered from September 2011until the end of February 2012 and has revealed evidence of workers taking new or refreshed knowledge back to base and sharing it with colleagues and managers. Central Bedfordshire Safeguarding Children Board Training has also impacted positively on safeguarding arrangements in Agencies, for instance several delegates including a GP report placing safeguarding as a standing item on weekly meeting agenda following the course attended; some report placing attendance at CP meetings as a priority as a direct result of Central Bedfordshire Safeguarding Children Board training.

6.5 Auditing of Partners' Compliance with Safeguarding Standards (s11 of the Children's Act 2004)

6.5.1 Section 11 of the Children's Act 2004, requires partners to work together to improve the safeguarding of children. Most Boards oversee a process in which partners self-assess their compliance with 8 safeguarding standards every two or three years. In keeping with the Boards desire to reduce the bureaucracy of this self assessment process, it was agreed that partners would submit a summary of their compliance with six of the standards within their 2011–2012 annual returns for this report. The remaining two standards will be the subject of in-depth self-assessment in 2012-13. These remaining standards are:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- Effective inter-agency working to safeguard and promote the welfare of children

6.5.2 The initial summary of compliance on the six s11 standards from individual partners will be discussed within the Board during its meetings in summer 2012-13 and if necessary, further assurance will be required from individual partners to satisfy the Board that they are either compliant with the standards or taking appropriate action to achieve compliance.

7.0 Safeguarding Priorities for 2012 – 13

7.0.1 Taking into account the changing national requirements on safeguarding children, the discussed in the previous pages of this report and the local needs of children and agencies providing safeguarding services, Central Bedfordshire Safeguarding Children Board has developed its business plan for 2012-13 with the following priorities:

Central Bedfordshire Safeguarding Children Board Business Plan 2012-13

Priority 1 - Early Signs and intervention in respect of physical, emotional and neglect

- Improve the awareness of early signs abuse and neglect amongst practitioners.
- Assess the impact of early intervention approaches by designing and implementing an appropriate project, to include collection of data on CAF.
- Evaluate the potential for implementing the Family Nurse Partnership programme for new mothers and if appropriate implement it in Central Bedfordshire as this is a model of good practice.

Priority 2 - Domestic Abuse

- Monitor the implementation and impact of the Domestic Abuse objectives in the Children & Young Peoples Plan (2011-14). Which are being pursued by Bedfordshire Domestic Abuse Partnership
- Monitor and where appropriate contribute to the development of the Children Workforce Development Council funded domestic abuse project across the 3 LSCBs and review the achievements and outcomes of the work.
- Develop the multi agency training in respect of Domestic Abuse – The Impact on children and young people

Priority 3 - Child Sexual Abuse and Child Sexual Abuse through Exploitation

- Working with the neighbouring Bedford and Luton Boards, implement the LSCB elements of the Government's action plan on Sexual Exploitation.
- Review and if appropriate develop the Sexual Exploitation procedures
- Support the implementation of a local approach to Multi-Systemic Therapy for Sexualised Behaviours in young people
- Review and if appropriate deliver new multi-agency training in child sexual abuse and awareness of child sexual abuse through exploitation

Priority 4 - Develop the Board

- Develop the Central Bedfordshire Safeguarding Children Board Performance Monitoring and Reporting Process
- Recruit lay members to the Strategic Board
- Develop work with new NHS arrangements and improved engagement with Clinical Commissioning Groups (CCGs) and the new CCGs Structures
- Improve Central Bedfordshire Safeguarding Children Board engagement with and support for schools
- Monitor participation in and impact of Multi agency and Single agency Training
- Improve the dissemination of lessons from the Child Death Overview Panel
- Manage and disseminate the learning from partners S11 self evaluation audits

- Develop Central Bedfordshire Safeguarding Children Board relationship with Health and Wellbeing Board and Police and Crime Commissioner, (including the publication of an appropriate annual report)

Priority 5 - Implementing the recommendations from the Munro Review, Ofsted, CQC/IST & HMIP Inspections

- Implement the Munro recommendations for LSCBs.
- Monitor the implementation of Munro's recommendations by individual partners
- Implement any actions identified for Central Bedfordshire Safeguarding Children Board following the Ofsted inspection in March 2012
- Monitor the implementation of partners' action plans relating to safeguarding from the Ofsted/CQC Inspection in March
- Monitor the implementation of partner's safeguarding action plans resulting from other Inspections in 2012 – 2013 in relation to safeguarding children and young people
- Monitor the implementation of partner's safeguarding action plans resulting from the Criminal Justice Joint Inspection of Youth Offending (anticipated in May 2012)

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	**Opportunities for Collaboration in Central Bedfordshire to Deliver Better Outcomes for Residents**
Meeting Date:	6 September 2012
Responsible Officer(s)	Julie Ogley, Director of Social Care, Health and Housing, Central Bedfordshire Council Diane Gray, Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group
Presented by:	Julie Ogley, Director of Social Care, Health and Housing John Rooke, Chief Operating Officer

Action Required: The Board is asked to:

1. consider the report which identifies key opportunities to collaborate to deliver better outcomes for people across the health and social care agenda; and

2. note the establishing of the Joint Strategic Commissioning Group to facilitate the joint working of the Health and Well Being Board and Bedfordshire Clinical Commissioning Group Board".

Executive Summary	
1.	The shadow Health and Well Being Board is keen to establish the Central Bedfordshire approach to integration/joint working, in response to the Health and Social Care Act 2012. It is likely that there will also be a duty in the Care and Support Act to encourage this. The proposal to set up the Joint Strategic Commissioning Group provides a process that supports the Health and Wellbeing Board to promote integration and joint working and to take account of existing partnership arrangements such as the Children's Trust and the Healthier Communities and Older Peoples Partnership.
Background	
2.	Improving quality of care is at the heart of the Health and Social Care Act 2012. One key means to achieve this is to ensure care is integrated around the needs of patients. The Act sets out a number of provisions to encourage and enable the NHS, local government and other sectors, to improve patient outcomes through far more effective co-ordinated working.

	It provides the basis for better collaboration, partnership working and integration across local government and the NHS at all levels. This is further reinforced by the duty on Health and Wellbeing Boards to agree a Joint Health and Wellbeing Strategy for the local area. In improving the coordination and delivery of public services there is a duty on Boards to consider partnerships arrangements, such as pooled budgets, when developing the strategy.
3.	The Future Forum's second phase report on Integration sets out that Health and Wellbeing Boards should drive local integration – through a whole-population, strategic approach that addresses local priorities and is defined around the patient.
4.	The report states that Health and Wellbeing boards must become the crucible of health and social care integration. All local commissioners must fully and properly explore the potential benefits of joint commissioning and pooled budgets in health and social care for key populations requiring integrated approaches; such as frail older people, people with mental health problems, children with complex needs and the socially excluded including the homeless. The Coalition government fully accepted this recommendation and has stated that patient experience of integrated care will be measured as part of the Outcomes Framework.
5.	The NHS Midlands & East has as one of its ambitions to: "Ensure radically strengthened partnerships between the NHS and local government, which accelerate the integration of services to improve the health & wellbeing of local people".
6.	In Bedfordshire, the opportunities for collaboration between the NHS and Local Authorities have not been fully explored for a variety of historical reasons. Opportunities for Central Bedfordshire include co-location and wider integration of care pathways and services.
7.	An officer advisory group has been convened to consider, identify and propose key areas and opportunities for joint working which will help to deliver both improved outcomes for patients and customers as well as better value for money.
Opportunities and areas for exploration	
8.	Preliminary discussions identified the following areas for consideration: • commissioning • delivery • back office.
9.	These are very wide areas and decisions will need to be made in time how integrated approaches will deliver improved outcomes and how such work is prioritised. It will take account of the Joint Strategic Needs Assessment (JSNA), the Health and Well Being Strategy, the Council's Medium Term Plan and the BCCG Strategy.

10.	The approach recommended is that the JSCG takes responsibility for ensuring that commissioners working in these areas consider the opportunities for integrated approaches and these are reported over time through to the HWB Board and would include engagement with the current partnership arrangements, such as, Children's Trust and the Healthier Communities and Older People Partnership Board (HCOP).
	Joint Commissioning opportunities
11.	Key areas for collaboration and joint commissioning identified in the preliminary discussions include: • Children's health and Social Care • Adults and Older People with complex needs including community beds/services, for instance, sub acute, intermediate care, rehab/reablement, rapid intervention/fast response, nursing homes, residential (dementia) care, extra care schemes • Drugs and Alcohol • Sexual Health • Continuing Health Care.
	Delivery/Service provision
12.	Delivery and service provision will be focused on four localities in Central Bedfordshire across health and social care groupings, and should include opportunities for co-location. The JSCG will also promote "Care closer to home" exploring asset opportunities in Biggleswade/Ampthill/Leighton Buzzard. Other key delivery processes will include: • Risk stratification – prevention and early intervention • Therapy services • Integrated care pathways.
	Back office/corporate/support services
13.	As opportunities arise and taking account of the need to deliver better value for money for Central Bedfordshire, considerations could include: • HR/legal/asset and facilities management/ICT • procurement/contract management. The emerging Commissioning Support Unit (GEM), although not currently focused on collaboration with Councils, intends to produce a Local Authority Strategy in coming months. The Council and the Clinical Commissioning Group may wish to form a view on how to deliver best value for money and cost effectiveness.

	Principles
14.	The following set of principles could inform decision making around collaboration, taking account of the national and local economic position shown through the QIPP and Council efficiency challenges: • improved outcomes for people • improving quality of experience • value for money/cost effectiveness • addressing inequalities in health • reducing variations in care • shaping the market – Any Qualified Provider/Voluntary Community & Social Enterprises. Consideration would need to be given to maintaining the viability of commissioning organisations.
Conclusion and next steps	
15.	This report sets out some initial considerations for a way forward to consider integration/joint commissioning and the time scale for doing so at a time of very significant change in roles and responsibility. The Health and Well Being Board, staff, providers are seeking a direction of travel and approach and it is timely to begin to detail this.
16.	Next steps will be for each subset of the joint commissioning opportunities to be discussed by the Health and Wellbeing Board with an agreed way forward on approaches to delivery and service provision.
Recommendations:	
17.	To convene a workshop of senior commissioners and specialists to consider where the opportunities are and how to prioritise these. In time, this could lead to business cases to the BCCG Board and HWB Board to endorse.
18.	Require Heads of Partnerships for the lead commissioners to: a) Produce a report to develop the principles that would guide integration/joint commissioning/ delivery. b) Produce a proposal for a workshop for senior commissioners and experts.
19.	Health and Wellbeing Board to note the newly formed Joint Strategic Commissioning Group.

Issues	
Strategy Implications	
1.	These proposals will underpin the delivery of the Joint Health and Wellbeing Strategy and ensure the Health and Wellbeing Board is supported to discharge its statutory duties to promote joint commissioning and ambition to ensure care is integrated around the needs of patients.
2.	The proposal is aligned with the Commissioning Plan and priorities of the Clinical Commissioning Group.
Governance & Delivery	
3.	The Joint Strategic Commissioning Group is an officer Advisory Group of the Health and Wellbeing Board and will provide reports to the Health and Wellbeing Board and the Board of the Clinical Commissioning Group.
Management Responsibility	
4.	The Director of Public Health is the Chair of the Joint Strategic Commissioning Group. Service Directors will be responsible for respective delivery areas.
Public Sector Equality Duty (PSED)	
5.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
6.	Are there any risks issues relating Public Sector Equality Duty Yes/No
	No Yes *Please describe in risk analysis*

Risk Analysis

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
The Health and Wellbeing Board has a key duty to promote integration and encourage joint commissioning of health and care services. This has important implications for the delivery of priorities set out in the Health and Wellbeing Strategy	High	High	Consideration of opportunities for collaboration is being undertaken by the Joint Strategic Commissioning Group. The JSCG will develop and co-ordinate commissioning across Health and Social Care for all care groups. A development session to explore the appetite for integration and to establish the intent of partner organisations is being set up.

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

Appendix 1 - **Draft Terms of Reference for the Joint Strategic Commissioning Group (JSCG)**

Appendix 1

Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group

Joint Strategic Commissioning Group (JSCG)

Draft Terms of Reference

The proposal is to establish an integrated commissioning arrangement for health, well being and social care in Central Bedfordshire. It will also take account of the vision to provide care close to home with an emphasis on locality based commissioning and integrated care delivery.

The JSCG will provide the overall strategic oversight and direction to joint commissioning arrangements and will be responsible for planning the way the Council, Bedfordshire Clinical Commissioning Group and other health commissioners work together to commission health and social care for agreed care groups. It will manage and monitor pooled, non-pooled budgets and resources for services identified and agreed for joint commissioning.

The JSCG will work in an advisory role to support the Health and Wellbeing Board in delivering improved health and wellbeing outcomes for the population of Central Bedfordshire. It will identify and advance opportunities for joint commissioning and promote the wider integration of health and social care across the age spectrum.

The JSCG will take account of existing partnership structures including the Local Strategic Partnership (LSP) and the relationship with the Children's Trusts and the Healthier Communities and Older People Partnership Board to ensure a more coordinated approach to joint commissioning and the delivery of the vision of the Health and Wellbeing Board.

Purpose of the Group

- To ensure the delivery of the shared vision and priorities of the Health and Wellbeing Board through promotion of joint commissioning arrangements and the delivery of integrated care. The JSCG will develop and co-ordinate commissioning across Health and Social Care for all care groups.

- To identify opportunities and promote the development of plans which represent significant financial and service planning commitments across areas of joint commissioning responsibility for pooled or non-pooled budgetary provision.

- To promote an integrated commissioning approach focused on improving health and well being outcomes, cost effective use of resources and support a shift in investment into preventative approaches.

- To have oversight of and provide coordination and support to the overall agenda for Health and Wellbeing Board meetings.

Proposed Scope

1. The JSCG will provide advisory support and oversee the delivery of a joint commissioning approach across services for children and adults in Central Bedfordshire, in conjunction with other governance partnerships.

2. The JSCG will optimise opportunities to integrate commissioning and service delivery of effective health and social care services.

3. To enable the commissioning of services across health and social care including the use of Section 75 Agreements or Section 256 agreements.

4. To work closely with the Children's Trust and the partnership for Adult Health and Wellbeing.

Proposed Relationship to Other Groups

The Joint Strategic Commissioning Group is an officer Advisory Group of the Health and Wellbeing Board.

The JSCG will provide reports to the Health and Wellbeing Board and the Board of the Clinical Commissioning Group.

Proposed Core Membership

Director of Social Care, Health & Housing
Director of Public Health
Director of Children Services
Chief Operating Officer – Bedfordshire Clinical Commissioning Group
Clinical Director – Bedfordshire Clinical Commissioning Group
Director of Strategy & System Redesign, Bedfordshire Clinical Commissioning Group

Reporting arrangements
Health and Wellbeing Board
Bedfordshire Clinical Commissioning Group
Children's Trust
Adult Health and Wellbeing Partnership (HCOP)

Frequency of meetings
Monthly and preceding the meeting of the Health and Wellbeing Board.

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Bedfordshire Clinical Commissioning Group Progress Report
Meeting Date:	6 September 2012
Responsible Officer(s)	Dr Paul Hassan
Presented by:	Dr Paul Hassan

Action Required: The Board is asked to:

1. note the report.

Executive Summary	
1.	**Authorisation Process:** • Full Wave 1 Application made on 2 July, NHS Commissioning Board site visit confirmed as 18 September 2012.

2.	**Organisational Development:**
	
	• Key leadership roles – Chair, Chief Clinical Officer (Accountable Officer) and CFO interviews and offers made.
	
	• OD Steering Group meets on a regular basis to implement CCG's organisational development plan.
	
	• The BCCG OD Steering Group agreed on 18 July its plan of work for the coming months:
	  • Executive Team succession planning;
	  • commencement of the BCCG Induction Programme;
	  • Distributed Leadership event; re-run of diagnostic;
	  • 2 day development centre for clinical leaders.

3.	**Finance/QIPP:** • All relevant Commissioning budgets were formally delegated to BCCG by the PCT Cluster from 1 April 2012. This represents an annual budget of £478m. • The CCG is reporting a surplus of £116k as at the end of period 3 against a Year to Date budget of £118.5m and includes the deployment of £800k of the £3.2m contingency reserve to support overspends on CHC and Acute contracts. • The most significant area of pressure within the acute contracts is higher than planned levels of activity on non-elective, direct access and PbR excluded drugs.
4.	**Key Quality Achievements:** • The CQC has revisited the L&D and have deemed the Trust compliant for all reassessed standards. • Reducing MSA breaches at Luton and Dunstable Hospital (L&D). • The L&D has achieved their 10% footfall on the Friends and Family test and achieved a net promoter score of 64.24 in June, which is a significant positive increase. • BHT achieved a net promoter score of 60.5 in June which is an improvement on last month.
5.	**Key Quality Concerns:** • 2012/13 CQUIN for the L&D is not yet signed as the Patient Experience personalisation indicator is not agreed. Commissioners require a higher level of achievement which the L&D is not agreeing to. The achievement required is calculated by a DH tool. • The L&D scored in the lowest scoring trusts for the national outpatient survey for 2011. The L&D has established a working group; a transformation lead has been appointed who will have dedicated time to develop the 12 identified work streams that require focus. Zone C of the hospital began refurbishment works in June, the hospital is taking a phased approach to resolving environmental issues including upgrading flooring and lighting.

	• The L&D has three safeguarding investigations open at the moment, two are around inadequate discharge of patients and the other investigation involves a patient with learning disabilities sustaining injuries whilst admitted to the L&D. • One SOVA investigation at BHT has recently been substantiated the failings were due to not following the process for Mental Capacity Assessment (MCA), Best Interest Assessment (BIA) and consent . The Trust has taken this very seriously and has implemented legal facilitators to ensure all consultants are aware of their legal requirements in relation to MCA, BIA and consent. The independent clinical review of this case demonstrated that appropriate care was given. **Progress on authorisation and beyond:**
6.	**Update on key milestones:** • Full application submitted 2 July. • Site visit by NHSCB confirmed for 18 September 2012. • Schedule of preparation topics for Board/management team taking place. • To procure external support for mock panel assessment to take place first week September.
7.	**Workforce – recruitment to key posts:** • Dr Paul Hassan appointed Chief Clinical Officer (Accountable Officer). • Dr. Diane Gray appointed as Director of Strategy and System Redesign. • Dr Fran Ross appointed SRO for the Urgent Care work stream.
8.	**Practice Engagement:** • Recent engagement has been focussed on the development of the CCG Constitution and Healthier Together through the 5 localities. • A final version of the constitution was issued to all practices for agreement w/c 22 August.

9.	**Developing CCG profile and reputation:** • CCG corporate branding has been developed by the Communication Team (within NHS guidelines) that reflects its vision and its locality focus. Templates issued for letters, policies, presentations etc. • A CCG membership scheme has begun recruitment amongst patients and public. • The CCG has been working closely with those campaigning to keep Biggleswade Hospital open. Following in depth discussions between local GPs and SEPT and after a period of approximately 2 weeks with no inpatients admissions recommenced on 23 July 2012. **Finance and Commissioning Delivery**
10.	**QIPP implementation:** • Data at the end of quarter one suggests that there is still strong confidence in delivery of our prescribing projects, with an anticipation of full delivery of this year's plans; a review of confidence and assurance is currently underway across the other areas of the plan, initial findings are that there is still good confidence within the planned care work stream, with initiatives underway to assure the bulk of the financial savings through referral behaviours. Some slippage is beginning to be reported in the major re-procurement projects, attributable to the lack of specialist procurement knowledge within the trust, however, contingency plans are now in place and savings accrued into 2013/14 are thought to be manageable. • Urgent care continues to be the work stream with the most challenges to assurance, the non-continuance of the sub-acute programme at Bedford hospital has opened up a gap in savings for this year, which is currently being worked on; and the initial reports from the Poplars development have raised the prospect that more concrete action with our major acute providers is required to assure any financial benefits from the programme. • The Poplars Short Stay Medical Unit (SSMU) started accepting "step up" patients w/c 28 August.
11.	**Strategy Development & Commissioning Intention Progress** • Beds CCG has a clear and credible integrated plan, which includes an operating plan for 2012-13, draft commissioning intentions for 2013-14 and a high-level strategic plan until 2014-15. BCCG is a partner to and delivery arm of the Cluster wide Integrated Plan.

	• These documents were presented to both Health and Wellbeing Boards and then submitted to SHA in April '12. • The CCG vision and priorities set out in Strategic Commissioning Plan follows engagement with patients, public and partners. The CCG Strategic Commissioning Plan leads on from the Cluster Integrated Plan and is consistent with it. • BCCG has undertaken a review of the delivery cycle and has made a number of adjustments which will be reflected over the coming months in internal progress reporting. o Public and Patient Engagement (PPE) has been strengthened with the addition of assessment criteria for OSC involvement, mitigating the danger of progressing with projects outside of statutory regulation. o Business Case development and approval has been simultaneously strengthened and streamlined – clinical involvement has been enhanced through the creation of a clinical reference group to assess ethical and medical aspects of business cases, alongside a reduction in the time taken to prioritise activities. o An ongoing process of control measure audits has commenced to ensure that the process is working properly and that the outcomes required are being achieved.
12.	**Quality Focus** • The Food First Project, commissioned by Beds CCG, won an award at the HSJ Patient Safety and Care Integration awards. The judges recognised the work the team have done in getting staff to understand the value of nutritional screening and care planning and the impact this has on patients and their families. This is timely given the 'Stop the pressure' campaign in full flow. • The Health & Wellbeing Team, commissioned by Beds CCG, was nominated for the Cardiac Care award at the HSJ Care Integration Awards 2012. It was nominated for NHS Health Checks in the community, engaging with ethnic minorities and hard-to-reach groups. Hundreds of services applied for the award but only 4 were shortlisted. Unfortunately the service initiative came runner up in the final, but being shortlisted for the award out of hundreds of applicants was a massive achievement for the service.

	• The Quality, Innovation Productivity and Prevention scheme aims to raise the bar for GP services in Bedfordshire Clinical Commissioning Group. It is a structured improvement scheme that, will improve quality, safety and patient centred services. It will enable General Practices to implement safe and effective alternatives to hospital care. • We have recruited to the Primary Care Development Manager role so we can improve existing strategies and create new ones. • We are appointing a dedicated Acute Quality Manager who will be able to focus and work proactively on quality and safety within our Acute Trusts.
13.	**Key Risks** The CCG has an Integrated Risk Management Framework that was developed with support from RSM Tenon. It has had an Assurance Framework and Corporate Risk Register in place since December '11 and in addition both Board and Executive Team have undertaken strategic risk management training sessions. The current significant strategic risks are; • Process of appointment of staff into structures leading to insufficient assurance of capacity and capability at site visit by the NHS Commissioning Board (September 2012) • The risk of non-delivery of QIPP targets for 2012/13 may lead to a reduction in quality and safety standards, financial instability for the system reduced staff morale and an increasing and an achievable challenge in coming years • The Healthier Together programme does not deliver the quality and sustainability benefits that it was developed to achieve • Reputational risk regarding the public's perception of the temporary lack of inpatients within Biggleswade Hospital The Governance & Risk Group (sub-group of the CCG Board) is now in place and it reviews corporate and strategic risks on a monthly basis.

Detailed Recommendation

Issues	
Strategy Implications	
17.	BCCG progress report is in line with NHS Bedfordshire & Luton Cluster's Integrated Plan (as presented at a previous Shadow Health & Wellbeing Board meeting), BCCG Commissioning Intentions and the priorities of the Health and Wellbeing Strategy.

Governance & Delivery	
19.	BCCG is continuing to develop its organisational structure and governance arrangements during the 2012-13 transition year. There are already established performance monitoring arrangements and risk management processes, starting at locality and programme board level and escalating to BCCG Board level
20.	The Shadow Health & Wellbeing Board will receive an updated version in spring 2013, in time for the CCG's full establishment in April 2013.
Management Responsibility	
21.	As Chair of the CCG, Dr Paul Hassan will be accountable to the Board for reporting on CCG progress.
Public Sector Equality Duty (PSED)	
22.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The CCG is committed to meeting the objectives of the PSED and has developed plans for the Equality Delivery System.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	No Yes *Please describe in risk analysis*

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**

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

Presented by Dr Paul Hassan

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Bedfordshire Clinical Commissioning Group Communications and Engagement Strategy
Meeting Date:	6 September 2012
Responsible Officer(s)	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group
Presented by:	John Rooke

Action Required: The Shadow Health and Wellbeing Board is asked to note the attached Communications and Engagement Strategy.

Executive Summary	
1.	The Communications and Engagement Strategy considers the CCG's communication and engagement needs over the lifetime of its three year integrated commissioning plan. The strategy sets out how structures, processes and mechanisms will be established to embed communications and engagement within the culture, strategic planning and day to day work of BCCG at all levels. The aims of the strategy are: 1. To establish BCCG as the leader for NHS commissioning in Bedfordshire and promote system-wide partnership working. 2. To support the successful delivery of BCCG's vision and strategic operating plan for 2012/13, through embedding PPE in the CCG's business and culture. 3. To support, through effective and meaningful communications and engagement, the CCG to achieve full authorisation as a statutory NHS body.

	The key strands are: • Stakeholder mapping and analysis • Developing a core narrative • Launching the CCG • Partnership and stakeholder working • Practice engagement • Embedding PPE in commissioning • Membership scheme • Communications and engagement capacity and capability • Engaging with the seldom heard residents • Promoting PPE • Providing information and promoting choice • Aligning patient experience and public engagement • Social marketing and behaviour change.

Background	
2.	The strategy was approved by the BCCG Board in May and submitted as one of the core documents for authorisation. It is presented to Central Bedfordshire Shadow Health and Wellbeing Board for information.
3.	Implementation of the strategy is ongoing.

Detailed Recommendation	
4.	The SHWB may wish to receive a progress report at a later time.

Issues	
Strategy Implications	
5.	The aim of the strategy is to ensure that BCCG has the capacity, capability and supporting structures and processes to deliver high quality, effective communication and engagement with its defined stakeholders, including patients and public, to operate as a high performing NHS commissioning organisation and meet its statutory obligations. It is aligned to the BCCG strategic plan and as such, should be seen as supporting the priorities and objectives of the Health and Wellbeing Board.

6.	The strategy is also aligned to other key corporate strategies, including the Equality and Diversity Strategy. The strategy will be reviewed annually.
Governance & Delivery	
7.	The strategy has an accompanying implementation plan. Implementation is led by the cluster communications and engagement team, which provides services as part of a local Commissioning Support Service. Progress is currently reported via a monthly SLA to the CCG. A patient and public reference group, chaired by the CCG board lay PPI member, is to be established to oversee implementation.
Management Responsibility	
8.	John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group David Levitt, Deputy Director of Communication and Engagement, 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**

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

John Rooke

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Presented by

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Bedfordshire Clinical Commissioning Group

Communications and Engagement Strategy 2012-15

1. Introduction

The Government's ambition to create the NHS as the best healthcare system in the world is rooted in the three principles of giving patients more power, focusing on healthcare outcomes and quality standards, and giving frontline professionals much greater freedoms and a strong leadership role. At the heart of these proposals are clinical commissioning groups (CCGs).

Each of these principles will require excellence in communication and engagement at all levels of CCGs and with a broad range of stakeholders. CCGs will need to build a positive profile and reputation and ensure sustained and meaningful dialogue with a broad range of stakeholders: their constituent GP practices; partners across the health and social care system (locally and nationally); patients, carers and communities; elected representatives; their own staff; and the media.

CCGs will also be required to meet the raft of legislation and other requirements around patient and public engagement introduced over the last decade, including the NHS Duty to Involve (2006) and more recently enshrined in the NHS Constitution (2009) and the Health and Social Care Bill (2011), which completed its passage through Parliament in March.

Bedfordshire Clinical Commissioning Group (BCCG) intends to be in the vanguard of the new clinically led commissioning organisations, working initially as a sub-committee of the PCT and taking up increasing responsibility for commissioning health care in Bedfordshire. The intention is to apply for authorisation at the earliest opportunity in July in order to be authorised by October 2012 and to have full statutory responsibility for those elements of commissioning assigned to CCGs by April 2013.

It will be essential for BCCG to build a compelling commissioning track record over the coming months in order to apply for and achieve authorisation. The authorisation process is being built around six proposed domains, which will effectively become critical success indicators for the CCG. One of these domains is 'meaningful engagement with patients, carers and their communities'; communications and engagement also feature in other domains.

As part of this, BCCG will need to have in place the governance arrangements, structures, roles and responsibilities, processes, mechanisms and relationships that will enable excellent communications and patient and public engagement (PPE)[1] to be woven into the

[1] PPE is defined in this strategy as the approach, processes and activities that will develop and sustain constructive relationships, dialogue and partnerships that empower people, individually and collectively, to tell us what they need and want from their Health Service and give them the power to influence change that will improve services, health outcomes and their experience of care in the NHS. It encompasses a patient's involvement in decisions about their own care and the public's involvement in decisions about priorities and how services are planned, designed and delivered. No distinction is made between PPE and Patient and Public Involvement (PPI).

fabric of the organisation so it can develop and mature as BCCG develops and matures. This draft strategy sets out the how BCCG will achieve this, through building on the good communications and engagement developed by NHS Bedfordshire and innovating to take this to a higher level.

2. Scope

This draft strategy considers the communications and engagement needs of BCCG over the lifetime of its three year strategic plan currently in development. As such, it will be an evolving strategy. This initial strategy focuses on the requirements to develop and embed effective communications and PPE within the organisation to support a successful application for authorisation. In doing so, the intention is to establish processes and promote a culture that enables sustained communication and engagement beyond authorisation. The strategy should be aligned to BCCG's strategic plan and other key corporate plans. It will be reviewed and refreshed annually, including an annual implementation plan.

This strategy is aimed at all BCCG staff, assigned staff, board members, practice staff and PCT staff, including the Commissioning Support Service staff supporting the CCG. It is also a public document that articulates to all external stakeholders – our patients, public, key local influencers, our partner agencies, other bodies and those we contract with – the standards of communication and engagement we set ourselves and expect within the local health economy.

3. Vision

BCCG's vision is:

"To ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the best possible value healthcare delivered to the highest possible customer standards in the most sustainable way."

An early deliverable will be the creation of BCCG's vision for PPE, developed with the involvement of its stakeholders.

This vision will encapsulate the three behavioural characteristics set out in its organisational vision: to be innovative, responsive and effective. It might also reflect the intention to maintain effective PPE through developing meaningful and sustained relationships with patients and the public and include the role of clinical leadership and acknowledge the importance of engaging with seldom heard groups and individuals. For example:

"BCCG will be an exemplar for putting patients and communities at the heart of its commissioning, including those who are seldom heard, by building sustained and meaningful relationships led by clinicians through effective, responsive and innovative PPE."

4. Aims

This strategy has three specific aims to support BCCG to:

1. Establish itself as the leader for NHS commissioning in Bedfordshire, promoting system-wide partnership working with key strategic stakeholders, playing an active role in the commissioner led Review of Acute Services, 'Healthier Together' and working closely with both unitary authorities to develop effective Health and Wellbeing Boards.

2. Successfully deliver its vision, aims and Strategic Operating Plan for 2012/ 13. This strategy aims is to ensure the patient and community voice is embedded into the commissioning cycle and that the CCG develops a culture based on the ethos of "No decision about me without me" for all its key strategic commissioning decisions

3. Achieve full authorisation as a statutory NHS body from April 2013, through the development of effective structures and mechanisms to enable and promote continuous, meaningful and sustainable communication and engagement with key stakeholders and partners, patients, the public and local community groups including those who are seldom heard, GP practices and CCG staff.

5. Objectives

Five objectives have been identified to support the delivery of the communications and engagement strategy's aims for 2012/2013. A detailed 12 month plan is currently being finalised. The objectives are to:

1. Launch BCCG as the new clinical commissioner in Bedfordshire and NHS system leader, establishing its reputation with key partners, stakeholders, patients and the public as a high performing, credible, clinically led organisation working collaboratively with key partners and playing a highly visible role in the successful development of the Health and Wellbeing Board, 'Healthier Together' and the delivery of QIPP.
2. To establish mechanisms that facilitate continuous and meaningful internal communication and engagement that will support, develop and motivate our staff to perform their roles individually and collaboratively to the best of their ability in support of a common vision and goals.
3. Establish effective mechanisms to facilitate clinical leadership and practice engagement across all five localities and 57 practices in the development of the BCCG as clinically led organisation
4. Establish and embed an effective patient, public and community engagement framework and processes, aligned with patient experience, to ensure that the patient and public voice, including those who are seldom heard or harder to reach,

informs BCCG's commissioning decision making processes from the Board to the consulting room

5. Provide BCCG with specialist communications and engagement capacity and capability to deliver an effective corporate communications and engagement service. This includes managing public consultations to underpin service change and pathway redesign.

Ensuring that PPE is embedded within the culture, strategic planning and day to day work of BCCG at all levels will require that:

- Processes are in place to collect, analyse and utilise the views of patients and the public to inform decision making, shape services and improve health outcomes
- GPs and other clinicians are supported to engage effectively with their patients and communities
- There is a recognition that meaningful engagement with seldom heard or harder to reach groups will, at times, require additional efforts and resources
- Patients are empowered and encouraged to become more engaged in decisions about their own health, promoting shared decision making and choice
- There is ongoing improvement and innovation in PPE year on year.

6. Approach

Excellent communications and engagement can only be achieved by effective structures, processes and planning, informed by up-to-date, accurate information and intelligence and underpinned by agreed principles and behaviours.

Structure: the arrangement of practices, localities and the corporate CCG provides the opportunity to structure two-way communications and engagement channels to disseminate information and gather views of patients, communities and stakeholder partners. This arrangement will need to be integrated into the proposed CCG membership scheme.

Process and planning: BCCG will need to have in place the processes to ensure communications and engagement is woven into the fabric of the CCG's business; for example, ensuring that the necessary communications and engagement takes place at the right times and touch points within the commissioning cycle. Effective processes will also ensure that the appropriate and relevant engagement (eg asking the right questions) takes place to deliver not simply data, but intelligence that can inform decision-making.

Information: accurate and up-to-date stakeholder mapping and analysis and the ability to segment and target communications and engagement will ensure the most effective use of resources to promote broad and inclusive dialogue.

Principles: the following principles will guide the CCG as it develops as Bedfordshire's healthcare commissioner:

- Be open, honest, timely and transparent in all conversations and interactions
- Ensure communication and engagement is meaningful, targeted and happens throughout all our commissioning decision making processes
- Embody the ethos of 'No decision about me, without me'
- Ensure views of all sections of our diverse population are represented when and where appropriate
- Communications and engagement is everyone's responsibility within the CCG.

7. Methods of engagement

PPE involves diverse stakeholders with different needs, preferences, motivations, interests and expectations. BCCG will need to tailor PPE to its stakeholders, deploying a rich mix of techniques and tools.

PPE operates along a spectrum of engagement. The table below illustrates this and identifies a range of tools and techniques.

GIVING INFORMATION	OBTAINING FEEDBACK	PARTICIPATION	PARTNERSHIP
• Publications (Leaflets, posters, etc) • Exhibitions • Local media • Website • Social media	• (Qualitative and quantitative) • Questionnaires • Patient diaries • Focus groups • Patient groups • Public meetings • Health panel • Citizens' panels • Open surgeries • Consultations • Mystery shoppers • Polling • Comment cards • Drop-ins • PALS / complaints	• Deliberative events • Service redesign workshops • Patient shadowing • Citizen juries	• Lay representation • Community development • Open space events • Patient led/initiated PPE

8. Tactics and mechanisms

i. Stakeholder mapping and analysis

BCCG will need to navigate a complex landscape of different organisations, groups and individuals in order to engage directly with patients and the public or via partners and other third parties. This strategy groups stakeholders into three broad, but overlapping, categories (ie stakeholders may span more than one category). These are:

- Public and community
- Influencers and representatives
- Partners.

This strategy proposes a stakeholder management approach to communications and engagement, understanding the current relationship between each stakeholder and BCCG and how to develop and sustain an effective relationship with each. This will require a detailed stakeholder mapping and analysis exercise, based on the groupings below:

Stakeholder Group	Includes

Public and community	• Resident population
	  ○ Bedfordshire wide
	  ○ Locality
	  ○ Practice
	• Patients, service users and carers (as individuals)
	• Communities
	  ○ Geographical (ward, neighbourhood, street)
	  ○ Communities of interest (eg travellers, teenagers, faith, individual minority ethnic groups)
	  ○ Grassroots organisations (often single-issue groups)
	  ○ Locally run voluntary groups (small scale to well funded community centres)
	  ○ Non local (eg larger third sector organisations with links into local communities)

Influencers and representatives	• LINks / HealthWatch • Elected politicians (MPs, MEPs, councillors) • Health and Wellbeing boards • Overview and Scrutiny committees • Community and faith leaders • Local professional committees (LMC, etc)

	• Patient Participation or Reference groups (PRGs) • Voluntary and community organisations • Interest / pressure groups • Media
Partners	• BCCG staff (assigned, management and board) • CSS staff • GPs and practice staff • Secondary care clinicians • Other clinicians • Providers trusts • NHS Bedfordshire and Luton cluster • Local authorities (commissioners, providers, strategic partnership / health and wellbeing boards) • Developing National Commissioning Board and local presence • SHA Midlands and East • Regulators (NICE, Monitor, CQC) • Bedfordshire Police • Bedfordshire and Luton Fire and Rescue Service • University of Bedfordshire • Major employers and business partnerships

Stakeholder analysis is a dynamic process that will require ongoing revision and refinement of the stakeholder map as new relationships develop and current relationships mature and alter over time.

ii. Developing a CCG story / key messages

The launch of any new organisation means the development of a new identity; an identity that reflects the organisation's vision, values and aims. The Communications and Engagement team will work with the Board, practice leads and key stakeholders to develop a core script and a narrative or story which explains in a nutshell what the CCG is all about and what it is going to achieve. They will also test the 'CCG story' with key stakeholders to ensure it is clear, appropriate and easily understandable, depending on the audience. As a starting point, we can look at the approach to working set out in the Draft Strategic Plan that will differentiate BCCG from its predecessor organisation:

- Working in partnership – with patients, public, local authorities, neighbouring health systems

- Clinically led – challenging the status quo; new models of care; accountable; patient focused
- Focused on outcomes – commissioning to achieve measurable outcomes; reducing inappropriate variations in care.

iii. CCG launch event

One of the first priorities of the new Board will be to launch the CCG as the NHS commissioner in Bedfordshire. The Bedford River Festival in July presents a timely opportunity for the CCG to raise its profile among the public and promote its membership scheme. It is also suggested that a launch event for key stakeholders is arranged in September with an appropriate high profile speaker.

These events will be the springboard for ongoing stakeholder, patient and public engagement, proactive print, broadcast and digital media relations and system-wide reputation management. Subsequent events promoting best practice and clinical, quality and technology innovation could form part of a regular schedule of activities for the CCG to showcase its achievements and undertake further stakeholder, patient and public engagement.

iv. Partnership and stakeholder working

The Communications and Engagement team will support the CCG in its new role as health commissioner in Bedfordshire, working with its key stakeholders and their communications teams to ensure clear, coherent and consistent communications within organisations and externally.

The team will work with the CCG membership, Health and Wellbeing Boards, with both LINks and subsequent HealthWatchs, with other community and voluntary sector groups and with the Healthier Together programme (Acute Services Review) to ensure an integrated network for patient and public engagement develops and synergies are maximised.

v. **Building practice engagement**

Practice engagement is crucial to the long term success of the CCG. In the shorter term, the CCG needs to demonstrate for authorisation purposes that member practices understand and share the CCG's vision, aims and commissioning priorities. The Communications and Engagement team will work with the Board and practice leads to develop a Practice Engagement Plan by which communications between the CCG and practice staff is timely, two-way and credible.

vi. Embedding PPE in commissioning

Effective PPE occurs at two levels:

- **Individual:** closest to where care is delivered – understanding the patient's experience and how it can be improved
- **Collective:** closest to where decisions are taken – giving citizens a voice in shaping policy making, priority setting, service design and delivery.

Supportive systems and processes need to be in place at a strategic level to enable a high quality and consistent approach to PPE. This is an essential requisite to ensure that PPE is integrated into everyday working. It requires:

- Senior commitment and leadership
- Proper resourcing and support to embed good practice
- Clear roles, responsibilities and accountability
- A commitment to partnership working
- Effective mechanisms for monitoring, evaluation and sharing of learning
- Recognition that additional efforts are required to ensure PPE reflects equality and diversity issues.

To achieve this, PPE needs to be integrated into the commissioning cycle, as illustrated in the diagram below:

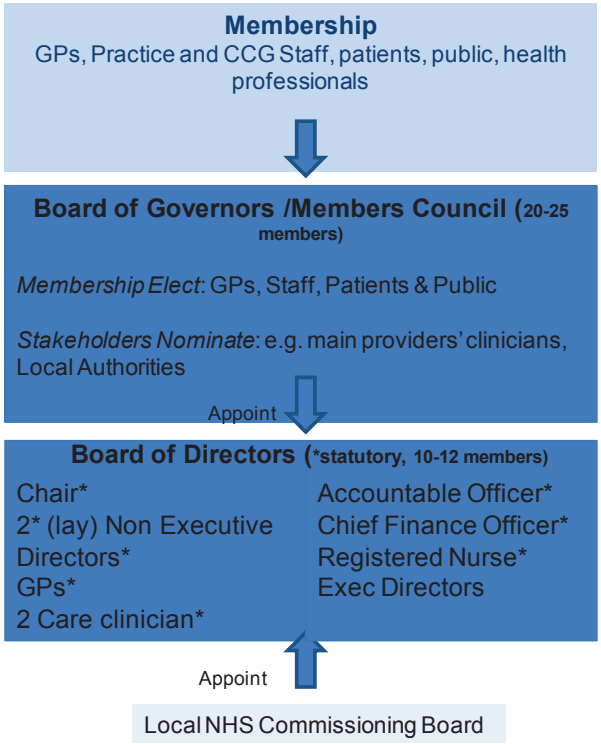
All commissioning initiatives should be accompanied by a communication and engagement plan that identifies the key stakeholders and the means by which they will be engaged throughout the commissioning cycle. Regular reporting to the Board,

including evaluation, will ensure PPE activities are captured, providing evidence of effective engagement and a repository of learning and good practice. It is recommended that a Board level PPE champion is appointed and that the Board of Governors play a key role to play in supporting and overseeing PPE. It is also suggested that a Patient and Public Advisory Group (PPAG) be established with an independent Chair to represent a broad range of patient/public stakeholders.

It is also recommended that the CCG adopts a framework, developed and agreed with the OSCs, for determining what constitutes a substantial variation or service development. This will help to ensure that BCCG meets its statutory duties to involve and consult.

vii. Membership scheme

The previously stated intention of BCCG is to opt for a two tiered model of governance similar to the FT membership scheme model, subject to national guidance on the membership and constitutions of CCGs. This would comprise a wider Council of Governors and a smaller Board of Directors. Part of the Board would join the Council of Governors, comprising elected members (patients, public, practices) plus appointed governors (from stakeholder organisations, such as the unitary authorities and local trusts). The Board of Governors would support and oversee many engagement activities. The Board of Directors would comprise the remaining Board members, who would be responsible for the day to day running of the CCG.



The membership scheme would provide an innovative model of CCG governance and provide a framework to integrate patient, public, staff and stakeholder voices into the CCG's

strategic and operational commissioning role. It would support the gathering of patient views at practice, locality and countywide levels. A Patient and Public Advisory Group (PPAG) with an independent Chair could also be established to cascade information widely and provide a channel for diverse views to inform CCG commissioning intentions.
The aim would be to have this model in place by the time BCCG applies for authorisation in 2012. A fully costed membership recruitment and development plan would need to be developed and implemented. However, an embryonic membership could be rapidly established by offering membership to the current members (approximately 250) of the NHS Bedfordshire Health Panel; to GP practice staff; to members of patient reference groups (52 of the 56 GP practices in Bedfordshire have established or committed to establishing a PRG or PPG). The NHS health tent at this year's Bedford River Festival will also provide an opportunity to promote BCCG and its membership scheme (4,000 people visited the tent in 2010). The Communications and Engagement team is also in discussions with Bedford Hospital and SEPT about the opportunities to utilise their FT memberships to promote the BCCG scheme.

viii. Appropriate communications and engagement capacity and capability

The CCG, like any new organisation, needs the people with the right skills and experience and the infrastructure in place to deliver its requirements as set out in the national authorisation guidance. This will be completed as a matter of urgency and the appropriate level of resource deployed to deliver a full range of communications and engagement services. This will include reputation, stakeholder and relationship management, media and crisis management, corporate, brand and digital communications, staff and practice communications, social marketing and patient and public engagement.

That said, successful communication and engagement cannot reside in one central function. It requires a broad range of people to integrate it into their work. For example, GPs, as trusted local community leaders, are ideally placed to understand and give a voice to the aspirations, needs, issues and concerns of the patients and communities they serve. This strategy proposes the development of a suite of training and information resources for professionals to promote and support their engagement activities.

Engagement capacity and capability is also enhanced through working with individuals and communities to give them the tools and knowledge to become actively engaged in local health services. This can be supported by clear, well produced engagement information, training and support for patient/public representatives to enable them to be effective and consideration of reimbursement and incentive schemes to encourage participation.

ix. Engaging with seldom heard residents

'Hard to reach' is a term often used to describe individuals and communities with whom we struggle to engage. It is less the case that they are hard to reach and more the case that they are seldom heard because we do not do enough to reach them.

The stakeholder analysis exercise described in pages 7-8 above will assist BCCG in identifying those who are seldom heard, but it is important to note that many do not fall into easily categorised groups. Effective and inclusive engagement will be supported by closer working with local authorities and community based third sector organisations; improving access through outreach workers, such as community development workers and health and wellbeing teams; and developing a database of community contacts and calendar of community events. Using segmentation tools, such as Mosaic, will help BCCG to build a detailed picture of the demographic profile of the county.

BCCG also needs to be actively involved in the implementation of the Equality Delivery System, which is the new framework that will support NHS organisations to drive up equality performance and embed equality into their mainstream business. This will assist BCCG in meeting the requirements of the public sector Equality Duty and the equality aspects of the NHS Constitution, the NHS Outcomes Framework, Care Quality Commission's Essential Standards, and the Human Resources Transition Framework.

x. Annual patient and public perception survey

The national authorisation process sets out an expectation that the CCG will regularly monitor the perception of its stakeholders, including the views of patients and the public, in terms of its effectiveness as a commissioner and their perception of how they can influence the decisions made. The Communications and Engagement team will work with the Board to identify how best to deliver an annual survey, ideally working with local partners to undertake a joint survey. This will be outsourced to external specialists to undertake.

xi. Promoting PPE

Promoting awareness and understanding of PPE among staff, partners, patients and the public should be seen as an ongoing activity that underpins the delivery of this strategy. It will be delivered through internal communications channels such as newsletters, intranet and training and through external channels such as the media, website, meetings and publications. It requires BCCG to have a clear narrative, linked to its strategy and vision for PPE, about the place of PPE in the organisation and what this means for all of its stakeholders.

xii. Providing information and supporting patient choice

A key strand of the White Paper 'Equity and Excellence, Liberating the NHS', is to ensure the 'no decision about me without me' principle is adopted for patients in respect of their care and treatment options. Patient choice is a well accepted principle within the NHS and this will continue to develop as central to improving patient experience and driving up quality.

Primary care, as the name would suggest, is generally the first point of contact with the health system for patients. BCCG will need to take a leading role to support practices in giving patients and their carers high quality advice and information in a range of formats to enable them to make informed choices about their care in collaboration with the health professionals treating them. It is proposed that quality standards and a QA process for patient information in all forms are developed in conjunction with patient representatives, such as the LINKs/HealthWatch.

xiii. Aligning patient experience and patient and public engagement

Understanding and listening to patient and community views is a key part of the CCG's commissioning role. The Communications and Engagement team will work closely with the Quality and Performance team to develop a single process by which the views of patients, carers, the community and stakeholders are captured so that the Board is well informed and can take appropriate action. These will include national patient surveys; Regulator reviews and reports, contract deliverables, PALS and complaints information, blogs, media stories, partner information and LINks feedback.

xiv. Social marketing to drive behaviour change / moving to a digital age

The CCG will capitalise on the opportunities social and digital media has to offer, coupled with the benefits of adopting a social marketing approach to better target its communications and engagement activities and deliver behaviour change. For example social marketing techniques can be applied to the Unscheduled Care Programme Board's work to support demand management initiatives and reduce the number of local people who use Accident and Emergency for non emergency problems and issues.

9. Risk management

The table below sets out risks to the delivery of this strategy and mitigating actions.

RISK	MITIGATING ACTION
1. Failure to embed PPE within the organisation and meet statutory duty to involve.	Map and build PPE into all stages of the commissioning cycle with appropriate

RISK	MITIGATING ACTION
	monitoring and support. Support staff to carry out PPE (materials and training). Capture and replay successful engagement and service improvement to internal audiences.
2. Failure to engage with patients and communities, particularly BME, marginalised and seldom heard groups and individuals.	Develop and deliver a membership campaign across all communities. Develop and engage through a network of key stakeholders in communities across Bedfordshire eg faith leaders, community development workers, health champions. Provide essential demographic information through stakeholder analysis. Capture and replay successful engagement and service improvement to external audiences. Explore potential of online media to segment and target key groups. Provide support and training in communities to encourage involvement.
3. Failure to engage with GP practices to promote understanding and support for CGG vision and commissioning intentions/QIPP delivery.	Develop a range of engagement channels designed to meet the engagement preferences of GPs and practice staff.
4. Failure to engage with GP practices to promote commitment to and involvement in PPE to inform commissioning plans and decisions.	Support GP practices to carry out PPE (materials and training). Capture and replay successful engagement and service improvement to GP practices.
5. Resources are insufficient to enable effective patient and public engagement.	Develop a costed communications and engagement plan and ensure a rigorous process for prioritising spend and activities. Explore opportunities for collaboration and pooling of resources with strategic partners.

Assessment of risks impacting on the delivery of this strategy and mitigating actions will be set out in detail in the BCCG corporate risk register as an ongoing activity throughout its implementation.

10. Monitoring and evaluation

Monitoring and evaluation will be based on a range of explicit and implicit measures, including:

- Membership scheme take-up
- Response rates to surveys
- Feedback from surveys
- Public perception polling (planned and opportunistic)
- Take up and feedback on PPE training and other support
- Patient experience metrics
- Evaluation of impact of social marketing campaigns
- Evaluation of consultations
- PALS and complaints enquiries and trend analysis
- Annual PPE report detailing how engagement has influenced actions.

There will be regular reporting to the CCG Board or other committees, throughout the implementation of the strategy, as agreed in the SLA provided through the Commissioning Support Service.

11. Resources

This strategy and the accompanying implementation plan are provided to stimulate discussion and consideration of BCCG's communications and engagement requirements and ambitions. A fully costed plan will be required to move into implementation.

12. Review

It is suggested that, following any necessary revision and subsequent approval by the BCCG Board, this draft strategy is shared with a range of stakeholders to seek their views, comments and suggestions before a final draft is represented for sign-off by the Board.

The strategy will be reviewed and refreshed annually. There will be an accompanying annual implementation plan.

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Central Bedfordshire LINk Report
Meeting Date:	6 September 2012
Responsible Officer(s)	Bob Smith (LINk Chairman), Charlotte Bonser (Host)
Presented by:	Bob Smith, Chairman, (Central) Bedfordshire LINk

Action Required: The Board is asked to:

1. note the update on LINk work and progress to date for information and consideration by the Board.

Executive Summary	
1.	The LINk report is an update on the work items in progress or issues that have come to light over the course of the year; the findings of which will be passed to the relevant colleagues in health and social care and to Healthwatch as part of the LINk legacy work.
2	This report looks at LINk's progress in organising visits to the six care/nursing homes in Central Bedfordshire, some feedback on the first visit to a care home, initial feedback on its visit to the Coronary Care, Trauma and Orthopaedic Wards at Bedford Hospital. The report also outlines the need for further clarification on local commissioning and patient choice and an update on LINk involvement in the transition to Healthwatch.

Background	
3.	This report is to update on the Health and Wellbeing Board on LINk's activities as it prepares for Healthwatch Central Bedfordshire. Although the LINk is actively focused on becoming Healthwatch, Members are also continuing to look at other areas of work such as inappropriate hospital discharge and standards of nursing care, Other work areas include enter and view visits to six care/nursing residential homes, the effects of the transformation of inpatient mental health beds and initial work on encouraging the participation of children and young people in the LINk/Healthwatch.

Visits to care/nursing homes in Central Bedfordshire	
4.	The LINk is presently in the process of arranging visits to the six care/nursing homes in Central Bedfordshire, which has proved quite challenging in terms of making contact with the homes and clarifying the roles and responsibilities of the LINk in comparison to the role of the Care Quality Commission and the Council's Compliance Team.
5.	The LINk has assured the homes that it is undertaking the visits purely from a layman's perspective and not as inspectors. It has also been made clear that we are looking at all aspects of the residents/carers experience and will comment on positive findings as well as on areas that may need improving. Because the LINk has had a great deal of time to prepare for the visits, members are confident in the task ahead and about their role, code of conduct aspects and reporting back procedures. The procedures followed to book the visits are very clear involving a telephone call to the home followed by written confirmation, further information about the LINk and a poster for the home to notify all at the home of the impending visit.
6.	The first of these visits have now taken place to the Woodside Care Home in Slip End. The report is currently being checked for factual accuracy by the care home, but we can report the following comments received from patients and staff at the home:
7.	The majority of the residents have varying forms of dementia. We talked to some 5 residents during our visit and received the following comments. (I) Lunch was nice, I enjoy meal times (F) I enjoyed dinner.
8.	We spoke to some members of staff who made the following comments. (A) Nurses are fine, we have some problems with the GPs (example when requesting GP visit a resident). (B) I enjoy working here. (C) I enjoy working here, I feel supported, I am so happy**.**

LINk Findings from visits to Bedford Hospital Coronary Care Ward and Trauma Ward/Orthopaedic Ward	
9.	The first of the LINk visits to Bedford Hospital, Coronary Ward (Godber) received a good report from visiting members. This is an extract from the report:
	"a caring, well-run unit, where the needs of the patient are seen as paramount. One can only commend the staff, medical, nursing and ancillary for performing a difficult job during trying times and doing it with such professionalism and diligence."
10.	It was good to note that attention is paid to ensuring patients have water at easy reach at all times and that patients commented on their satisfaction with the food in hospital. The visit to the Acute Adult Trauma Ward (Reginald Hart) and Elective Orthopaedic and Women's Health Bay has also recently been undertaken by members. Below is an extract from the executive summary of the report: "It was a pleasure to visit these busy areas, particularly the Reginald Hart Ward, that were clean and run very effectively. It was evident that there was some pressure on the acute trauma ward, Reginald Hart, over the smooth running of discharges although the Discharge Lounge was proving an advantage. It was understood that patients, who had a fractured femur, were arriving by Ambulance from areas that would have normally have gone to The Lister Hospital at Stevenage. This additional work-load had not been officially notified to staff. All members of staff encountered were very helpful and of excellent disposition." The reports will now be checked for factual accuracy and then will be available to the Committee and for public consumption.
Patient experience of patient choice and local commissioning	
11.	The LINk has been logging issues to do with pain clinics and ear, nose and throat referral where patients in Central Bedfordshire, (West Mid Beds/Leighton Buzzard in particular), have tried to access patient choice in terms of where they receive treatment for a particular condition. In some instances patients have been told by their GPs that they can only access treatment from a particular clinic because of local commissioning arrangements.

12.	LINk would like to understand the guidance underpinning the various practice based commissioning groups who operate within each locality concerning commissioning of services. In particular the LINk would like to understand guidance relating to collaboration with neighbouring commissioners to meet the promise of patient choice as set out in the NHS constitution.
13.	The LINk has therefore written to John Rooke as Chief Executive to the Bedfordshire Clinical Commissioning Group seeking guidance on this issue.
An update on LINk involvement in the transition to Healthwatch	
14.	The progression towards creating a Central Healthwatch has moved on fairly rapidly over the last few months as there is a move to create a Shadow Healthwatch in line with the Local Authority's/LINk status of being a Healthwatch Pathfinder area. The LINk has worked closely with the Council on many aspects of this process.
15.	The LINk has been involved in the Healthwatch Transition Steering Group for some months now, given feedback to capture LINk legacy, and has contributed to discussions at both the Council's Seminar on scrutiny development for health and social care supported by the Centre for Public Scrutiny and the recent stakeholder event looking at the operating models for Healthwatch.
16.	The draft report following the 360 degree review of LINks through questionnaires to the LINk Board, LINk membership and key stakeholders is being finalised. LINk Board members recently met with the Healthwatch Interim Lead, Sharon Ward to ensure that the draft report had captured the key points of what they felt should not be lost from the LINk structures and processes.
17.	The Healthwatch Transition Steering Group meets at the end of August to commence producing the specification for the Central Bedfordshire Healthwatch.
Detailed Recommendation	
18.	The LINk asks the Board to note the findings of the visit reports and to consider and address any actions required. Also to clarify the position on local commissioning and patient choice.

Issues	
Strategy Implications	
1.	LINk's work is aligned to the Health and Well Being Strategy in terms of improving outcomes for the most vulnerable and is an advocate for early intervention and prevention in terms of health and well being.
2.	The objectives in the LINk report are in line with the main themes within the JSNA and the BCCG strategy.
Governance & Delivery	
3.	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.
Management Responsibility	
4.	Central Bedfordshire Council are responsible for contracting support arrangements that enables the work of the independent LINk which it is overseen by the LINk Board.
5.	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.
Public Sector Equality Duty (PSED)	
6.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
7.	The LINk abides by the Nolan Principles (seven principles of Public Life). Members are trained and developed in various aspects for their role as LINk member, e.g training in SOVA, Enter and View, Carers Awareness, Dementia and other personal development skills.
8.	Are there any risks issues relating Public Sector Equality Duty Yes
	Yes *Please describe in risk analysis*

Risk Analysis
In undertaking enter and view to health and social care bases e.g. hospital wards, care homes, GP surgeries, members must act with due regard to the day-to-day operations of these bases, in terms respecting the staff, patients and residents of those premises and having due regard to equality issues.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Enter & View visits	Low	High	Training and development carried out as required. This will include training in equality and diversity issues taking into account Public Sector Equality Duties.

Source Documents	**None applicable**

Presented by: Bob Smith

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	**Board Development and Work plan 2012 -2013**
Meeting Date:	6 September 2012
Responsible Officer(s)	Richard Carr
Presented by:	Richard Carr

Action Required: That the shadow Health and Wellbeing Board:

1. considers and approves the work plan attached, subject to any further amendments it may wish to make.

Executive Summary	
1.	To present an updated work programme of items for the Health and Well Being Board for 2012 -2013.

Background	
2.	Health and Wellbeing Boards are a requirement under the Health and Social Care Act 2012. The Board brings together key local commissioners for health, social care and public health. It provides strategic leadership and will promote integration across health and adult social care, children's services, safeguarding and the wider local authority to secure high quality and equitable health and wellbeing outcomes for the population of Central Bedfordshire.
3.	The Work Plan is designed to ensure the Health and Wellbeing Board is able to deliver its the statutory responsibilities and key projects that have been identified as priorities by the Board.

Work Programme	
4.	Attached at Appendix A is the currently drafted work programme for the Board.
5.	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.

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

Issues	
Strategy Implications	
1.	The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work plan contributes to the delivery of priorities of the strategy,
2.	The Work plan includes key strategies of the Clinical Commissioning Group.
Governance & Delivery	
3.	The work plan takes account the duties set out the Health and Social Care Act 2012 and will be carried forward when the Board assumes statutory powers from April 2013.
Management Responsibility	
4.	The Chief Executive of Central Bedfordshire Council is responsible for work plan and development of the Health and Wellbeing Board.
Public Sector Equality Duty (PSED)	
5.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	No Yes *Please describe in risk analysis*

Risk Analysis
A forward work plan ensures that the Health and Wellbeing Board remains focused on key priorities areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

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

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

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

Presented by Richard Carr

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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.	8 November 2012	Stakeholder Engagement PC	To consider proposals for engaging with wider stakeholders for health and wellbeing.	Health and Wellbeing Boards have a duty to involve patients, service users and the public in decision making. Stakeholders for the Shadow Health and Wellbeing Board also include providers of health and care services as well as community and voluntary organisations.
2.	8 November 2012	Work Programme	To consider and approve the work plan	A forward work plan ensures that the Health and Wellbeing Board remains focused on key priorities areas and activities to deliver improved outcomes for the people of Central Bedfordshire.
3.	8 November 2012	Report from LINk / HealthWatch	To receive a report on LINK/Healthwatch activity	
4.	8 November 2012	Progress report on (a) Looked After Children's Health; and (b) Frail Older People's Health	To receive progress reports.	Improving outcomes for those who are vulnerable is one of the key priorities of the Health and Wellbeing Strategy
5.	8 November 2012	Authorisation of Clinical Commissioning Group (CCG)	To receive an update on progress towards authorisation	Health and Wellbeing Boards are key partners in the authorisation process for CCGs
6.	8 November 2012	Report of Adult Safeguarding Board	To receive the annual Adult Safeguarding Report	

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
7.	8 November 2012	Joint Health Wellbeing Strategy (JHWBS) agreed and published CS	To receive feedback on outcomes of the consultation and to sign off the Strategy	Health and Wellbeing Boards are required to produce and publish Health and Wellbeing Strategies for their areas.
8.	8 November 2012	Commissioning HealthWatch Central Bedfordshire JO	To receive a report and endorse arrangements for Healthwatch Central Bedfordshire	
9.	8 November 2012	Equality Delivery System Mike Thompson	To receive a report from the CCG informing the Shadow Health and Wellbeing Board about the Equality Delivery System (EDS) for the NHS and set out the plan for its implementation within Central Bedfordshire	The Department of Health's Equality & Delivery System is aimed at improving the equality performance of the NHS and embedding equality into mainstream business. The Department of Health EDS guidance recommends that, once finalised, equality objectives and associated actions are formally reported to the local Health & Well-Being Board(s).
10.	31 January 2013	Bedfordshire Clinical Commissioning Group (BCCG) Commissioning Plans/Strategy Annual Commissioning Plan 2013/14 JR	To receive the Annual Commissioning Plan of the CCG	
11.	31 January 2013	Work Programme	To consider and approve the work plan	A forward work plan ensures that the Health and Wellbeing Board remains focused on key priorities areas and activities to deliver improved outcomes for the people of Central Bedfordshire.
12.	31 January 2013	Report from LINk / HealthWatch	To receive a report on LINK/Healthwatch activity	

Ref	Indicative Meeting Date	Report Title & Author	Sentence stating what Board is asked to do	Comment
13.	21 March 2013	Annual Report of Director of Public Health MS	To receive the Annual Report of the Director of Public Health	The Director of Public Health has a statutory duty to produce an independent Annual Public Health Report on the health of the local population.
14.	21 March 2013	Health and Wellbeing Board becoming a formal Committee of the Council Assumption of Statutory Powers JA	To receive a paper setting out the statutory powers and constitutional implications of the Health and Wellbeing Board as a formal committee of Central Bedfordshire Council	Health and Wellbeing Boards will assume statutory powers from April 2013.
15.	21 March 2013	Work Programme	To consider and approve the work plan	A forward work plan ensures that the Health and Wellbeing Board remains focused on key priorities areas and activities to deliver improved outcomes for the people of Central Bedfordshire.
16.	21 March 2013	Report from LINk / HealthWatch	To receive a report on LINK/Healthwatch activity	
17.	21 March 2013	Annual Assessment of CCGs	To receive a report on the annual assessment process for the CCG	

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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 Thursday, 5 July 2012

PRESENT

Cllr Mrs P E Turner MBE (Chairman)
Dr P Hassan (Vice-Chairman)

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mrs C Bonser	Bedfordshire Local Involvement Network
Mr R Carr	Chief Executive, Central Bedfordshire Council
Cllr Mrs C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Ogley	Director of Social Care, Health and Housing
Mrs M Scott	Director of Public Health
Mr B Smith	Chairman, Bedfordshire LINk
Cllr M A G Versallion	Executive Member for Children's Services

Apologies for Absence:	Cllrs	Mr G Alderson Dr F Cox Mrs E Grant Mrs J Moakes Mr J Rooke
Substitutes:		Mrs S Gibson for Mrs E Grant Ms D Gray for Mr J Rooke
Members in Attendance:	Cllrs	A L Dodwell J G Jamieson

Officers in Attendance:	Ms N Bell	–	Programme Director, Healthier Together Programme
	Mrs P Coker	–	Head of Service, Partnerships - Social Care, Health & Housing
	Ms Y Corden	–	Interim Assistant Director, Children's Services Operations
	Mrs S Gibson	–	Health & Special Projects Co-ordinator
	Mrs S Hobbs	–	Committee Services Officer

SHWB/12/12 **Health and Wellbeing Strategy (HWBS)**

The Board considered a report from the Director of Public Health that presented the draft Health and Wellbeing Strategy (HWBS) 2012-2016 for Central Bedfordshire. The purpose of the HWBS was to help improve the health and wellbeing of all. The Joint Strategic Needs Assessment (JSNA) had been used to identify three cross cutting priorities that the Strategy would focus on:

- improved outcomes for those who are vulnerable;
- early intervention and prevention; and
- improved mental health and wellbeing.

The Board provided feedback on the HWBS, in particular that the Strategy should include performance measures before it was issued for public consultation. It was also agreed that the introduction section should reflect that the HWBS was based on priorities suggested by the JSNA. Following the consultation, the Strategy would be submitted to the Shadow Health and Wellbeing Board for approval.

The Board considered the implementation of the Strategy. It was agreed that the relevant Board members would meet to consider how the priorities would be delivered, and how they would link to existing Strategies and Commissioning Plans.

RESOLVED

1. **that the consultation draft of the Health and Wellbeing Strategy be approved, subject to the inclusion of the proposed performance measures and targets;**

2. **that the public consultation period of 12 weeks be approved; and**

3. **that the relevant Board members consider the delivery arrangements for the Strategy, including the need for joint commissioning and how the priorities would be reflected within commissioning plans, as well as the performance monitoring arrangements, all of which should form part of the report to the Board to be agreed in outline at the Shadow Health and Wellbeing Board in November 2012.**

SHWB/12/13 **Bedfordshire Clinical Commissioning Group Commissioning Plan**

The Board considered a report from the Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) that detailed the first strategic commissioning plan for the BCCG. The Plan set out the BCCG's vision, key areas of focus and intended ways of working for the new organisation which, it was anticipated would assume responsibility for commissioning services estimated to cost £478M from April 2013. The Board noted that the plan was due to be submitted as part of a portfolio of evidence for the BCCG's authorisation application on 3 July.

The Board acknowledged that the BCCG's mission of ensuring, through innovative, responsive and effective clinical commissioning, that the population had access to the highest quality health care providing the best patient experience possible would have to be within available resources.

Members highlighted the need for the plan to distinguish between the needs of each local authority area covered by the CCG and to emphasise the importance of shifting the balance of care from acute to community based services. The indicators within the plan would be localised in the future to help differentiate between Central Bedfordshire and Bedford Borough.

Given the need for change in the way services were delivered the importance of effective engagement with stakeholders and residents before changes were made was emphasised.

The Director of Social Care, Health and Housing informed the Board that a paper on approaches to joint working will be tabled at the meeting on 6 September 2012.

RESOLVED

1. **to note that the BCCG had taken into account the findings from Central Bedfordshire Council's Joint Strategic Needs Assessment in the development of its commissioning strategy; and**

2. **that the BCCG's financial context and planned ways of working between now and 2015 be noted.**

SHWB/12/14 **The Responsibilities of all Agencies for Safeguarding Children and Young People**

The Board considered a report from the Interim Assistant Director Operations, Central Bedfordshire Council concerning the statutory responsibilities of all agencies for the protection of children. The report emphasised the need for members of the Board to be conversant with their safeguarding responsibilities and that agencies should provide assurances that appropriate procedures were in place and were being adhered to.

The Board noted that the responsible body for holding agencies to account with regard to safeguarding children was the Local Safeguarding Board (LSB) and agreed that existing systems would be used to address key issues, with exception reporting and a requirement for the Chairman of the LSB to present the annual report to the Health and Wellbeing Board.

RESOLVED

1. **to note that it was a requirement on all agencies to ensure the protection of children;**

2. **that agencies provide assurances that their responsibilities were being discharged; and**

3. **that the Board will receive reports by exception and that the Chairman of the LSB be requested to present the annual report to the Health and Wellbeing Board.**

SHWB/12/15 **Healthier Together Programme (South East Midlands Acute Services Review) – Progress Report**

The Board considered a report from the Programme Director that provided an update on the progress during the pre-consultation phase of the Healthier Together Programme (South East Midlands Acute Services Review).

New clinical models were being developed and a stakeholder event was scheduled for 27 July 2012 to enable discussion on the new models before a full consultation process was carried out in the autumn.

RESOLVED

1. **that the update on the progress during the pre-consultation phase of the Healthier Together Programme be noted; and**

2. **that the Board consider the new clinical models at the next meeting on 6 September 2012.**

SHWB/12/16 **Report from LINk**

The Board considered a report from the Chairman of Central Bedfordshire LINk on current LINk activity and emerging issues around patient and public involvement through Healthwatch and the Clinical Commissioning Group.

The Board congratulated Mr B Smith for his election to the role of Chairman of Central Bedfordshire LINk and acknowledged the work of his predecessor Mr M Coleman.

The Board welcomed the engagement of the public through the Patient Participation Groups and Healthwatch.

RESOLVED

1. **that the current LINk work programme be noted;**

2. **that the importance of the LINk legacy be carried into Healthwatch as part of the ongoing patient and public involvement agenda be noted;**

3. **to note that the Bedfordshire Clinical Commissioning Group intended to develop effective arrangements for hearing the patient voice, including through appropriate relationships with Patient Participation Groups and Healthwatch.**

SHWB/12/17 **HealthWatch Update**

The Board considered a report from the Director of Social Care, Health and Housing, Central Bedfordshire Council on progress with the development of a Healthwatch for the area. The report outlined the particular risks and challenges around regulations, finance and local boundaries. It also presented the approach being taken in response to these risks and challenges in order to establish Healthwatch Central Bedfordshire by 1 April 2013.

The Board acknowledged the public interest in the suggested closure of Biggleswade Hospital. The Chairman of Bedfordshire Clinical Commissioning Group confirmed that it had made no decision to close the facility. A review of the bed provision was due to take place which would look at all community beds.

RESOLVED

1. **that the risks and challenges in developing the programme as outlined in the report be noted; and**

2. **to 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 was attached at Appendix 1 to the report).**

SHWB/12/18 **Board Development and Work Plan**

The Board considered a report from the Chief Executive, Central Bedfordshire Council that set out a drafted work programme for 2012-2013 for the Board. The Board acknowledged that a number of items would be added to the work programme, including a review of the opportunities for the future identified by the Council and the Bedfordshire Clinical Commissioning Group.

RESOLVED

that the work programme for the Shadow Health and Wellbeing Board be approved.

SHWB/12/19 **Chairman's Announcements**

The Chairman advised the Board that Ginny Edwards from the Department of Health would be attending the next meeting on 6 September 2012.

SHWB/12/20 **Public Participation**

No members of the public had requested to speak.

SHWB/12/21 **Minutes of the last meeting**

RESOLVED

that the Minutes of the last meeting held on 29 May 2012 be confirmed as a correct record and signed by the Chairman.

(Note: The meeting commenced at 1.00 p.m. and concluded at 2.45 p.m.)

Chairman ……..

Dated …….