

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, 31 January 2013

PRESENT

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

Mr R Carr	Chief Executive
Mrs E Grant	Deputy Chief Executive/Director of Children's Services
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
M A G Versallion	Executive Member for Children's Services

Apologies for Absence: Cllrs Mr G Alderson
Dr J Baxter
Dr F Cox
Mr J Rooke

Substitutes: Dr Diane Gray was in place of Mr J Rooke, BCCG

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

Officers in Attendance:	Mrs C Bonser	– Bedfordshire Local Involvement Network
	Mrs M Clampitt	– Committee Services Officer
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mrs C Dan	– Troubled Families Co-ordinator
	Mrs A Murray	– Director of Nursing and Quality
	Mrs C Shohet	– Assistant Director for Public Health, NHS Bedfordshire

SHWB/12/44 Chairman's Announcements and Communications

The Chairman welcomed Mr Brian Rolphe, Chairman of the Bedfordshire Clinical Commissioning Group to the meeting.

The Chairman informed the meeting that there would be an opportunity for questions or statements from members of the public after item 8 – Report from Link.

SHWB/12/45 Minutes**RESOLVED**

That the minutes of the meeting of the Central Bedfordshire Shadow Health and Wellbeing Board held on 31 January 2013 be confirmed and signed by the Chairman as correct record.

SHWB/12/46 Health and Wellbeing Strategy

The Board received a report which asked for consideration and approval of the Joint Health and Wellbeing Strategy 2012 – 2016.

The Director of Public Health informed the Board that the comments received during the consultation process had been reflected in the Strategy.

It was noted that a separate document which containing baseline data and indicators would be circulated separately to the Board to assist with the monitoring of the Strategy's delivery.

The Joint Strategic Commissioning Group (JSCG) would seek to assess current spend on each priority identified in the Strategy to help the Board focus on areas where greater value and improved outcomes might best be achieved.

The Board discussed the forthcoming welfare reforms and the need to understand their cumulative impact on families in Central Bedfordshire. This insight should then be used to help identify the interventions required to support those families, particularly through a preventative approach.

The Director of Public Health confirmed that the JSCG would ensure that action plans were in place for each priority.

RESOLVED

That the final Joint Health and Wellbeing Strategy 2012 – 2016 be approved.

SHWB/12/47 Bedfordshire Clinical Commissioning Group (BCCG) Commissioning Intentions

The Board considered the Bedfordshire Clinical Commissioning Group (BCCG) Commissioning Intentions document which set out the ambitions and priorities for the BCCG in the next financial year.

The Director of Strategy & System Redesign, BCCG informed the Board of the following:-

- the commissioning intentions – development of which would start in April for 2014/15

- Bedfordshire Plan for patients 2013/14 which would provide more detail around activity and finance
- prospectus – more public based document for patients

The budget for 2013/14 was £429.5m, which included a challenge of £15.7m (approximately 3% of the overall budget).

The Director of Strategy & System Redesign confirmed that the Bedfordshire Plan for Patients would contain the baseline data and would be a more technical document. This should allow the Board to understand the likely impact of the financial challenge on the delivery of the Health and Wellbeing Strategy.

The Board noted that the BCCG was responsible for part of the health services commissioned for Central Bedfordshire residents with others being the responsibility of the National Commissioning Board (NCB) through the Local Area Team. The intention was that the Local Area Team would be represented at the Health and Wellbeing Board so that the complete picture could be understood.

The approach to future Commissioning Intentions would be designed to provide a clearer Central Bedfordshire focus.

RESOLVED

- 1. that the engagement of partners in the development of these commissioning intentions, be noted;**
- 2. that the commissioning intentions and their impact on the Board's strategic priorities, be noted;**
- 3. that the Chairman of the Health and Wellbeing Board write to the Director of Finance, NHS Commissioning Board Area Team for Herts & South Midlands, welcoming him to the Board.**
- 4. that the Board receive more detailed information relating to Central Bedfordshire to allow more detailed discussions on the development of the 2014-15 Commissioning Intentions.**

SHWB/12/48 The Implications of the Troubled Families Programme on the NHS

The Board received a presentation on the Troubled Families Programme.

The Troubled Families Champion provided an overview of the establishment of the Troubled Families Programme and the definition provided by the Department of Communities and Local Government (DCLG) as follows:-

“households who are involved in crime and anti social behaviour; have children not in school, at least one adult on ‘out of work’ benefits and cause a high cost to the public purse” (It was open to local partnerships to add an additional criterion but at this stage Central Bedfordshire had not done so).

It was noted that the Programme had identified 300 families as being within the scope of the Troubled Families criteria. The Troubled Families team would focus on 100 families during 2013/14.

The Deputy Chief Executive and Director of Children’s Services (DCE/DCS), Central Bedfordshire Council provided a brief presentation which highlighted what would be achieved with the Programme and how partnership working was a cornerstone of the work. It was stressed that referrals for ordinary support work would continue through the normal processes.

The voluntary sector were included within the partnership working and had already been consulted on local delivery where possible.

The DCE/DCS confirmed that tangible outcomes which could be measured would demonstrate the effectiveness of the programme.

The Board supported the Programme and agreed that the proposed work would have benefits. It was suggested that medical practices would be a good source of information including practice nurses and practice managers.

RESOLVED

That the briefing and presentation be received.

SHWB/12/49 Health Inequalities in Central Bedfordshire

The Board considered a report which highlighted the health inequalities within Central Bedfordshire and requested consideration of the recommendations and suggested actions in response.

The Director of Public Health gave a brief presentation which highlighted the health inequalities which required action. A copy of the presentation is attached at Appendix B to these minutes.

The Board endorsed the implementation of the recommendations to ensure progress towards reducing health inequalities through:-

- contract negotiations and performance review meetings with providers to include targets which would help to address health inequalities, for example, ensuring that community services deliver good outcomes in each area of Central Bedfordshire and for each vulnerable group;
- providing an assessment of outcomes by deprivation at a GP practice level, to ensure that the quality of primary care and outcomes are as good in the most deprived areas as they are in the least deprived areas;

- conducting health equity audits of access to services to ensure that services are delivered according to need;
- ensuring that other associated strategies take account of and address inequalities e.g. the Leisure Strategy provides good access to leisure opportunities in the most deprived areas;
- measuring progress against the current baseline at least annually and identifying any areas where progress has not been made. Aspiring to achieve targets and outcomes on average would not be enough, they should be achieved in all areas irrespective of deprivation e.g. early access to antenatal care or educational attainment;
- considering an integrated approach across agencies – the families at greatest risk of health inequalities were likely to be in contact with several agencies and have the challenge of navigating the different systems.

It was noted that the Joint Strategic Commissioning Group would ensure that the inequalities report links into the Joint Health and Wellbeing Strategy.

The Board requested that all partners receive a copy of the draft report for consideration.

RESOLVED

That the Health Inequalities in Central Bedfordshire Public Health Report, its recommendations and suggested actions to ensure implementation, be agreed.

SHWB/12/50 Report from LINK

The Board considered a report from the Chairman of Central Bedfordshire LINK on current LINK activity and findings from visits to care/nursing homes in Central Bedfordshire.

It was noted that the LINK annual report would be brought to the 21 March 2013 meeting.

The Board noted that Healthwatch should be encouraged to involve, engage and develop the existing active LINK membership as well as recruiting new participants.

RESOLVED

That the update on LINK work and progress to date, be noted.

SHWB/12/51 Questions, Statements or Deputations

The Chair of the Bedfordshire Clinical Commissioning Group was encouraged by the expression of joint working being made by all of the Board.

SHWB/12/52 Work Programme

The Board considered a report from the Chief Executive, Central Bedfordshire Council that set out a suggested work programme for 2012 – 2013 for the Board.

The Board noted the following items to be included in the work programme:

- Community Beds review – March 2013
- Improving outcomes for Frail Older People – March 2013

RESOLVED

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

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

Chairman.....

Dated.....



Troubled Families Programme

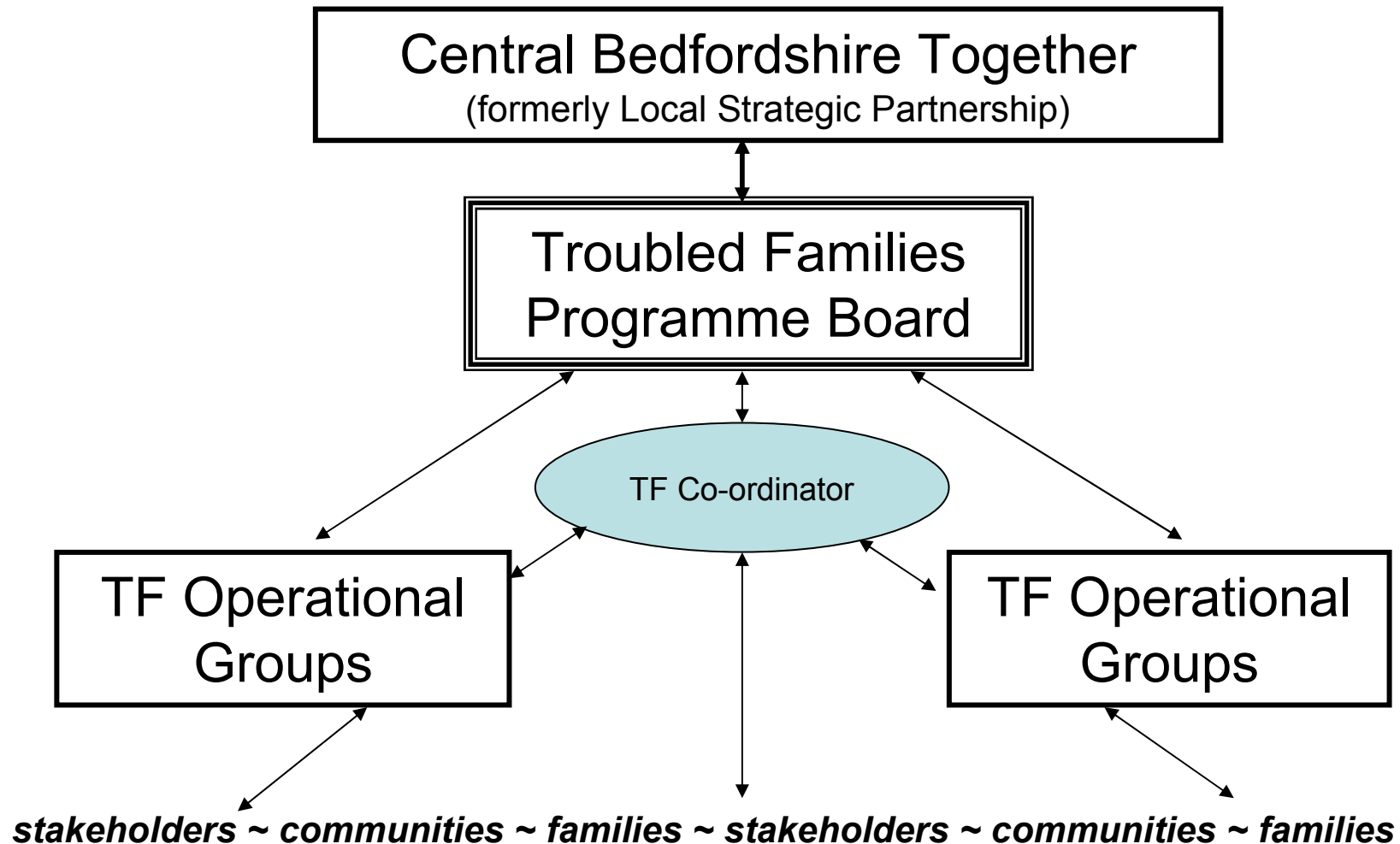
Troubled Families ...

- Are involved in youth crime or anti-social behaviour
- Have children who are regularly truanting or not in school (including excluded pupils)
- Have an adult on out of work benefits
- Cause high costs to the taxpayer

Our Approach

- Collaboration across Council and partners
- Maximising outcomes for families
- Maximising quality of life for communities
- Maximising efficiencies for all agencies
- Providing predictive data sets for sharper targeting
- Sustainable into the future

Governance Arrangements



Partnership with NHS

- Troubled Families Programme tackles the issues that impact on health
- Recognises that health issues are at the heart of the life of the families in the community
- Recognises the mutual value of all partner participating in the identification of Troubled Families and contributing to the development and delivery of whole family plans

Your Thoughts ...

How can we help partners share with us the data we need to make this programme effective ?

How can we best ensure issues for partners represented at operational meetings?

How can we support partners to participate in the formulation and development of individual family plans?

Health Inequalities in Central Bedfordshire

Muriel Scott

Director of Public Health



Health is an asset which is not equally distributed

- Caused by health factors
 - Unhealthy behaviours
 - Lack of access to and uptake of health care
- Caused by social factors
 - Education
 - Housing
 - Income
 - Environment

Health inequalities are:
Not inevitable
Preventable

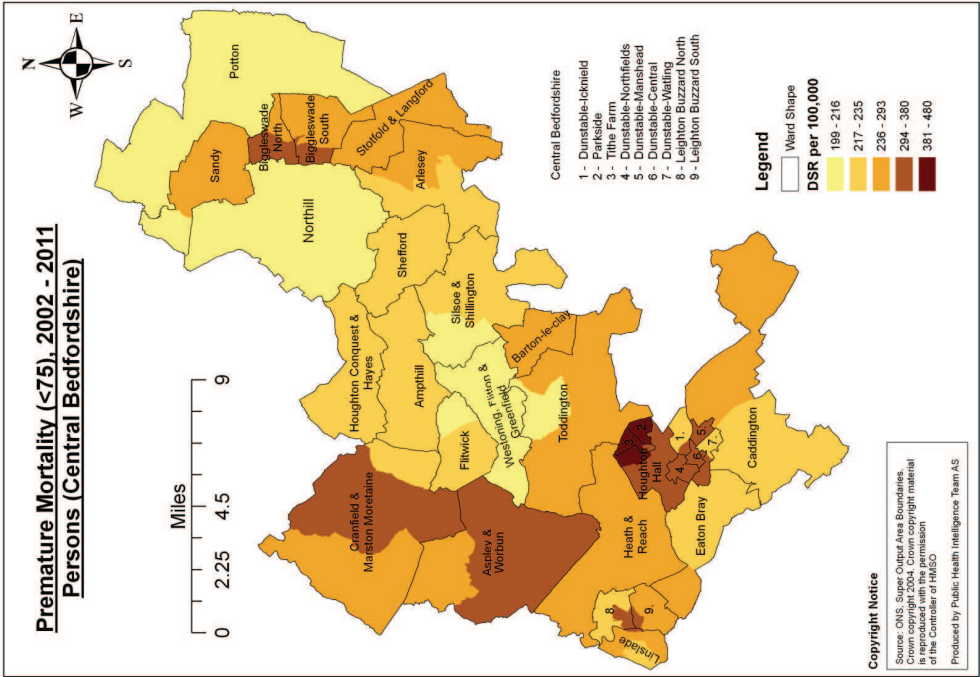
The situation in Central Bedfordshire

- Central Bedfordshire has:
 - Better than average overall health
 - Lower than average deprivation
 - Life expectancy is improving overall

And yet:

A life expectancy gap still exists between the
most and the least deprived:
7.4 years for men, 5.5 for women

There is inequality in premature mortality across Central Bedfordshire



The major causes of death and illness

Premature death (before age 75) Cardiovascular diseases Cancer Accidents Suicide Liver disease	Illness Hypertension Obesity Depression Asthma Diabetes
Four key underlying behaviours Smoking – Unhealthy eating – Excess alcohol – Physical inactivity 14 year reduction in life expectancy with 4 vs. 0 behaviours	

Reducing Health Inequalities requires action by all partners to

- Give every child the best start in life
- Improve the wider determinants of health
- Reduce smoking, obesity and harmful drinking
- Identify those at risk of disease early
- Take account of health inequalities in commissioned services
- Maximise opportunities for secondary prevention e.g. through MECC