

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD** held in Room 15, Priory House, Monks Walk, Shefford on Thursday, 21 March 2013

PRESENT

Cllr Mrs P E Turner MBE (Chairman)

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive
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:	Mr G Alderson
	Mrs C Bonser
	Mr C Ford
	Mrs E Grant
	Dr D Gray
	Dr P Hassan
	Mr J Rooke

Substitutes:	Mrs S Childerhouse (in place of Mr G Alderson)
	Mrs S Tyler (in place of Mrs E Grant)

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

Officers in Attendance:	Mrs S Childerhouse	–	Head of Public Protection (North)
	Mrs M Clampitt	–	Committee Services Officer
	Mrs J Hainstock	–	Head of Partnership Commissioning, BCCG
	Ms E Saunders	–	Assistant Director Commissioning
	Mrs C Shohet	–	Assistant Director for Public Health, NHS Bedfordshire
	Mrs S Tyler	–	Acting Assistant Director, Operational Services, Children's Services

SHWB/12/53 Chairman's Announcements and Communications

The Board were informed that the final meeting of the Primary Care Trust (PCT) was being held today which meant that a number of health colleagues, including the NHS Commissioning Board Area Team representative were unavailable today.

SHWB/12/54 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 a correct record.

SHWB/12/55 Improving outcomes for Frail Older People

The Board considered a report which described progress with one of the priorities of the Joint Health and Wellbeing Strategy (JHWS). In November 2012, the Shadow Health and Wellbeing Board had identified improving outcomes for Frail Older People as one of its priorities. (see minute no. SHWB/12/35 refers).

The Board noted that the JHWS identified the following 8 actions:-

- promote health by increasing the uptake of established screening and prevention programmes;
- commission an expansion of the multi-dependency complex care team to deliver a case management service to reduce reliance on hospital admission;
- commission alternative models of day services, increase the number of intensive home care packages and use of personal budgets, and improve access to telecare and telehealth;
- commission comprehensive information, support and advocacy and brokerage services;
- commission improved and integrated dementia services and improve access to psychological services for older people;
- ensure that additional Village Care schemes were commissioned;
- ensure suitable accommodation options were available by improving housing and accommodation support and existing extra care housing options;
- ensure effective floating support services; providing affordable warmth, signposting and information.

The Director for Adult Social Care, Health and Housing informed the Board that whilst important progress had been made, more work was required to have the level of impact required. It was also apparent that the contribution of various organisations needed to be brought together under an effective governance arrangement. This needed to be supported by a scorecard approach to performance management to help identify areas of focus and an identification of obstacles and risks to delivery, with appropriate mitigation.

RESOLVED

- 1. that the work to date in delivering improved outcomes for frail older people be noted.**
- 2. that the commitment to increasing the understanding of current investment and performance in services for older people and delivering an integrated response for frail older people be supported.**
- 3. that a mechanism for measuring performance and achieving targets be established.**
- 4. that a report be brought to a future meeting of the Health and Wellbeing Board with proposals for taking forward the delivery of this priority, including the appropriate governance arrangements.**

SHWB/12/56 Improving the mental health and wellbeing of adults

The Board considered a report which outlined the work underway to deliver improved outcomes in line with the Joint Health and Wellbeing Strategy.

The Head of Partnership Commissioning, Bedfordshire Clinical Commissioning Group (BCCG) provided an overview of mental health illness and highlighted the following information:

- at least 25% of the population will experience a mental health problem during their life, 1-6 adults has a problem at any one time, and almost half of adults will experience at least one episode of depression during their lives;
- poor mental health is associated with a variety of health behaviours including smoking, drug and alcohol misuse, poor diet and unwanted pregnancy;

The BCCG had added dementia to the indicators for which data was compiled. In addition, work was underway on suicide prevention.

The Central Bedfordshire Joint Commissioning Strategy for Mental Health Services for Adults and Older People 2011-14 identified 6 actions which were reflected too in the Joint Health and Wellbeing Strategy. The actions were detailed in paragraph 3 of the report and were overseen by the Healthy Communities & Older People Group.

The Board were concerned that the report suggested that Central Bedfordshire was behind benchmark for the following indicators:-

- proportion of people with mental illness in settled accommodation
- proportion of people with mental illness in paid employment
- the proportion of people with anxiety and/or depression who receive psychological therapies (DSR per 100,000)

The Board asked for further insight for its July 2013 meeting into why Central Bedfordshire was behind benchmark and what specifically was proposed to address this.

RESOLVED

- 1. that the progress made during 2012/13 in planning services that seek to improve outcomes for people with mental health conditions, be noted.**
- 2. that the current position and the work underway through the Healthy Community Older People Partnership and the Mental Health and Learning Disability Change Programme Board (formerly QIPP Board) to modernise the current mental health system, be noted.**
- 3. that the baselines of the indicators agreed by the Board last year be noted with the addition of dementia indicators, which would enable the Board to monitor improvement in access to memory services and to good/quality dementia care.**
- 4. that an additional report be brought to the July 2013 Health and Wellbeing Board, detailing why Central Bedfordshire is behind benchmark and the actions proposed to address this.**

SHWB/12/57 Health and Wellbeing Board becoming a formal Committee of the Council - Assumption of Statutory Powers

The Board considered a report which outlined the arrangements being made to establish the Health and Wellbeing Board as a formal Committee of Central Bedfordshire Council, including the Terms of Reference of the Board and its proposed membership.

The Monitoring Officer provided the Board with an overview of the legislative requirements for Health and Wellbeing Boards. It was noted that Central Government had introduced regulations to allow a Committee formed under section 102 of the Local Government Act 1972 to meet the requirements of the legislation relating to local authority committees and the statutory arrangements for membership of a Health and Wellbeing Board.

The Board would comprise Councillors, Council Officers and external representatives. All members of the Board would be entitled to vote.

The normal requirement for political balance would not apply to this Committee.

The Monitoring Officer confirmed that the membership would be appointed by the Council at its Annual General Meeting on 18 April 2013. The Board noted that the statutory membership for Health and Wellbeing Boards did not reflect the current Shadow Health and Wellbeing Board composition. The Board offered its advice as follows:-

- The Chairman of the Board would be a Councillor;
- The Vice-chairman of the Board would be a representative from Health;
- There should be three (3) representatives from the Bedfordshire Clinical Commissioning Group;
- There should be one (1) representative from the NHS Commissioning Board Area for Hertfordshire & South Midlands.
- In addition to the Directors provided for statutorily, the Board should include the Chief Executive and Community Services Director.

RESOLVED

- 1. that the governance arrangements that will apply to the Health and Wellbeing Board from 1 April 2013, be noted.**
- 2. that the Monitoring Officer be asked to reflect the advice of the Board in the Terms of Reference.**

SHWB/12/58 Bedfordshire Plan for Patients 2013/14

The Board considered a report which requested feedback on the Draft Bedfordshire Plan for Patients 2013/14, which the Clinical Commissioning Groups was required to prepare at the start of each financial year. The Area Team had broadly approved the Plan prior to the Shadow Health and Wellbeing Board considering it.

The Plan highlighted three strategic aims: Care right now, Care for my condition into the future and Care when it's not that simple.

The Board provided the following feedback on the proposed Plan:-

- it would be helpful to identify how the Council could assist with the Plan's implementation;
- the distinct needs of Central Bedfordshire (CB) and Bedford Borough (BB) should be more clearly identified;
- the figure shown on page 58 of the Plan need to be validated;
- the Plan should give notice to acute trusts of the BCCG's intention to focus on prevention and the concomitant implications for resource allocation. The BCCG would work with the patients to prevent hospital stays and change attitudes towards use of hospitals, including A&E.

Work on the 2014/15 Plan would begin earlier and provide a greater opportunity for consultation.

RESOLVED

1. **that the stage of the Plan development be noted.**
2. **that the feedback detailed in the preamble above, be provided to the BCCG as requested.**

SHWB/12/59 The Implications for High Dependency Children and Young People of the Special Educational Needs Reforms

The Board considered a report which explained the implications for Health Services of the Special Educational Needs Reforms in Central Bedfordshire.

By 2014, an Education, Health and Care Plan (EHCP), will set out for each child identified with SEN from birth to the age of 25. The EHCP would replace the existing arrangements and was intended to streamline the exchange of information between service providers.

The Acting Assistant Director for Children's Services Operations informed the Board that currently 20 Pathfinders were testing the reforms. Central Bedfordshire Council has moved forward with the support of the Aspiration Board which was chaired by the Assistant Director Learning, Commissioning and Partnerships.

The Aspiration Board was designed to:-

- enable a multiagency approach to assessment and planning with clear lines of accountability;
- facilitate joint planning and decision making arrangements;
- ensure Links between support planning and strategic commissioning, particularly through the Health and Wellbeing Board;
- work towards pooled and aligned budgets.

The Aspiration Board would also need to consider the establishment of a Common Delivery Framework (CDF).

The key requirements of Children's Services and the Bedfordshire Clinical Commissioning Group (BCCG) were detailed in paragraph 7 of the report.

The Pathfinders had identified seven (7) key elements to the future of a single assessment process and an EHCP:-

- establishing governance/project board arrangements
- mapping onto existing procedures/ building new systems
- determining service accountability / responsibility
- developing effective partnerships between education, health, social care and commissioning
- considering and developing the Key Worker role (including training)
- training/staff development to support successful multiagency working
- defining the role of the voluntary and community sector.

The Board noted the significant shift in the approach.

There would be another paper brought to the Board which would detail the work to be done for the Post-16 transition from Children's Services to Adult Social Care. The report would focus on the changes to benefits, healthcare and the impact of the transition.

RESOLVED

- 1. that the implications for Health of the Special Educational Needs and Disability (SEND) reforms be noted.**
- 2. that a paper detailing the transition arrangements for high dependency children be brought to a future meeting.**

SHWB/12/60 Partner Board Update February 2013

The Board agreed to defer discussion until the next meeting on 9 May 2013 as key Board Members were not present for the discussion today.

SHWB/12/61 Report from LINK

The Chairman thanked the Chairman of the Central Bedfordshire LINK for his dedication and work over the years and his commitment to residents and patients across Central Bedfordshire.

The Chairman of the Central Bedfordshire LINK informed the Board that the annual report of the LINK would be circulated after the meeting.

The Board congratulated LINK on the inclusion of the Bedfordshire LINK website on the British Library's NHS Reform area.

SHWB/12/62 Public Participation

A member of the public requested an update on Healthwatch and when the Directors would be appointed. The Director of Social Care, Health and Housing informed the Board that a Chairman had been appointed in the short term and would be involved in the interviews for the Directors.

SHWB/12/63 Work Programme

The Board considered a report from the Chief Executive, Central Bedfordshire Council that set out a suggested work programme for 2013 - 2014 for the Board.

The Board noted that the following items would be added to the programme:

- Improving Outcomes for Frail Older People: Delivery and Governance arrangements - date to be confirmed

- Mental Health - July 2013
- Transition arrangements for High Dependency Children - date to be confirmed

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 3.10 p.m.)

Chairman.....

Dated.....