Central Bedfordshire Health and Wellbeing Board

Agenda

Meeting Title:	Central Bedfordshire Health and Wellbeing Board
Date:	Thursday, 18 July 2013
Time:	1.00 p.m.
Location:	Council Chamber, Priory House, Chicksands, Shefford

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

3. **Minutes**

To approve as a correct record the Minutes of the last meeting held on 9 May 2013 and note actions taken since that meeting.

Business

Item	Subject	Page Nos.	Lead
4.	**Safeguarding and Patient Safety** To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	13 - 28	AM/EW
5.	**Improving mental health for children and their parents** To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	29 - 38	DG

6.	**Community Beds Review** To receive and comment upon the outcomes of the review.	To Follow	DG
7.	**Working Together** To receive a presentation on the implications of review guidance.		EG
8.	**Improving mental health and wellbeing of adults** To consider a report detailing why Central Bedfordshire is behind benchmark and the actions in place to address this.	39 - 46	JB
9.	**Longer Lives** To receive a briefing on longer lives – Central Bedfordshire.	47 - 54	MS
10.	**Paediatric Services** To receive an update on the current situation regarding paediatric services.	Verbal Update	DG
11.	**Pharmaceutical Needs Assessment position paper** To receive an overview of the Board's responsibilities.	55 - 58	MS
12.	**Public Participation** To receive any questions, statements or deputations from members of the public in accordance with the Procedure as set out in Part A4 of the Constitution.		
13.	**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.	59 - 66	RC

To: Members of the Central Bedfordshire Health and Wellbeing Board

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive, Central Bedfordshire Council
Mrs R Featherstone	Chairman, Central Bedfordshire Healthwatch
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mrs E Grant	Deputy Chief Executive / Director of Children's Services, Central Bedfordshire Council
Dr P Hassan	Chair of Bedfordshire Clinical Commissioning Group
Cllr Mrs C Hegley	Executive Member for Social Care, Health and Housing, Central Bedfordshire Council
Mrs J Ogley	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mr J Rooke	Chief Operating Officer, Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
Cllr Mrs P E Turner MBE	Executive Member for Partnerships, Central Bedfordshire Council
Cllr M A G Versallion	Executive Member for Children's Services, Central Bedfordshire Council

please ask for	Martha Clampitt
direct line	0300 300 4032
date published	4 July 2013

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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, 9 May 2013

PRESENT

Cllr Mrs P E Turner MBE (Chairman)

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive
Ms R Featherstone	Chair - Healthwatch Central Bedfordshire
Mr C Ford	Director of Finance, NHS Commissioning Area Team for Herts & South Midlands
Mrs E Grant	Deputy Chief Executive/Director of Children's Services
Dr P Hassan	Chief Clinical Officer, Bedfordshire Clinical Commissioning Group
C Hegley	Executive Member for Social Care, Health & Housing
Mrs M Scott	Director of Public Health
M A G Versallion	Executive Member for Children's Services

Apologies for Absence: Mrs J Ogley
Mr J Rooke
Mrs S Tyler

Substitutes: Mrs E Saunders (in place of Mrs J Ogley)

Members in Attendance: Cllrs Mrs G Clarke
A L Dodwell
Mrs R J Drinkwater
J G Jamieson
A M Turner,

Officers in Attendance:			
	Mrs M Clampitt	–	Committee Services Officer
	Mr M Coiffait	–	Community Services Director
	Mr S Mitchelmore	–	Head of Older Persons & Physical Disability Service
	Ms E Saunders	–	Assistant Director Commissioning
	Mrs C Shohet	–	Assistant Director for Public Health, NHS Bedfordshire
	Mrs S Whiterod	–	Manager Bedfordshire & Luton Child Death Overview Process, NHS Bedfordshire

HWB/13/1 **Election of Vice-Chairman for the year 2013 - 14**

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

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

RESOLVED

that Dr Paul Hassan be elected Vice-Chairman of the Health and Wellbeing Board for 2013-14.

HWB/13/2 **Chairman's Announcements and Communications**

The Chairman welcomed everyone to the first meeting of the Central Bedfordshire Health and Wellbeing Board since becoming a formal Committee of the Council, and introductions were made.

HWB/13/3 **Minutes**

RESOLVED

That the minutes of the meeting of the Central Bedfordshire Shadow Health and Wellbeing Board held on 21 March 2013 be confirmed and signed by the Chairman as a correct record.

HWB/13/4 **Promoting Independence and Choice**

The Board received a report on progress with Promoting Independence, Choice and Control for Adults and Older People, which was a priority identified in the Health and Wellbeing Strategy.

In relation to improving outcomes for Frail Older People as reported to the Board in March, a workshop was planned for June to identify actions required. A report would be brought to the 5 September meeting setting out clear steps, milestones and delivery mechanisms. In addition, examples of what is happening to individuals would be shown to the Board.

The Head of Service, Old People/Physical Disability provided the Board with an overview of the key actions relating to Promoting Independence and Choice:

The Board noted the following achievements:

- The strengthened reablement service and joint working between the Council and the NHS, had resulted in reduction of residential placements from 525 to 506 in 1 year.
- Reablement had been strengthened through the new Urgent Homecare and Falls Response Service.
- The creation of extra care homes in the Dukeminster area was being commissioned.
- That access to advice and advocacy through a single provider had been in place from 1 April 2013
- That Central Bedfordshire Council had exceeded the 70% national target for personal budgets
- That the direct payment processes were being reviewed to help widen the options available
- The Alzheimer's Society had reconfigured its service and was offering peer support groups, an information advice line for whole of Central Bedfordshire and Singing for the Brain again for the whole of Central Bedfordshire
- Closer working with Carers in Bedfordshire to offer seamless support
- Discharge from hospital the step up process through Greenacres has been successful in the southern half of Central Bedfordshire

The Board was keen to see these foundations built upon.

RESOLVED

1. **that the progress towards promoting independence, choice and control for adults and older people be noted.**

2. **that a report be brought to the 5 September meeting to outline the clear steps, milestones and delivery mechanisms in relation to improving outcomes for Frail Older People.**

HWB/13/5 **Helping people to make healthy lifestyle choices**

The Board received a report which outlined progress against priority 7 of the Health and Wellbeing Strategy.

The Director of Public Health reminded the Board that "Helping people to make healthy lifestyle choices" was a key priority for both the NHS through the "Delivering Your Plan – our plan for Central Bedfordshire 2012 – 2016" and the Bedfordshire Clinical Commissioning Groups' Commissioning Plan.

The following significant areas were highlighted:

- Support to help people to stop smoking through good access to services and tobacco control
- Providing access to free weight loss programmes in the community and ensure that the built environment and leisure services support people to be physically active
- Helping people who want to make changes to their lifestyle by making every contact count

- Early identification and treatments to prevent or delay the consequence of disease through NHS Health Checks to all eligible 40 – 74 year olds
- Supporting people to reduce their drinking to safe levels through community based support
- Supporting people with substance misuse difficulties through access to effective substance misuse services

The Board noted that the performance of one acute trust was giving cause for concern and the BCCG undertook to raise this with the Trust concerned.

The Board agreed that the recommendations in the report should be converted into a specific action plan.

RESOLVED

1. **that the progress to date to deliver priority 7: Helping people make healthy lifestyle choices, be noted.**

2. **that the specific deliverables to promote Making Every Contact Count (MECC) across organisations be outlined.**

3. **that the delivery of a preventative approach by promoting healthy lifestyle choices is embedded within strategies and commissioning across the health, social care, community and voluntary sectors, be supported.**

4. **that the challenging of perceptions around harmful and hazardous drinking, which effects all elements of society and is not confined to vulnerable groups and young people, be supported.**

5. **that the BCCG representatives, on behalf of the Board, support and actively encourage all practices to meet stop smoking and Health Check targets.**

6. **that Central Bedfordshire Council and Health staff are supported to make healthy lifestyle choices, be agreed.**

HWB/13/6 **Role and responsibilities of NHS England Area Team**

The Board received a presentation which provided an overview of the role and responsibilities of NHS England Area Team, Hertfordshire & South Midlands.

The Director of Finance, NHS England Area Team confirmed that the team were conscious of the need and keep to engage on the local level. The Board acknowledged that it was early days with the transition from PCTs to CCGs.

The Board noted that in addition to the areas outlined in the presentation, the Area Team would be working to deliver the following:

- A locally based approach to commissioning

- Integration of care between the councils and clinical commissioning groups to improve outcomes for patients
- Effective safeguarding through membership of Safeguarding Boards and the establishment of Safeguarding Forums

The Director of Finance confirmed that he would provide reports to the Board on work being done and undertook to clarify the arrangements for health-related capital investment in the context of the Council's emerging Development Plan. The Board sought clarification too of the arrangements envisaged for safeguarding the health of children.

A copy of the presentation is attached to the minutes at Appendix A.

HWB/13/7 **Child Death Overview Panel Annual Report**

The Board received a presentation on the Child Death Annual Report 2011 – 2012. The Manager of the Bedfordshire & Luton Child Death Overview Process, NHS Bedfordshire explained how the deaths were recorded and the process for reviewing the deaths to determine any possible modifiable factors.

The Director of Children's Services confirmed that the arrangements were sound and that when necessary she became involved.

The Board were asked to help with providing a consistent message that babies should sleep in their cots for the first six months of their lives, thus reducing the number of cot deaths. Central Bedfordshire did not have any of these cases during 2011 – 2012.

A copy of the presentation is attached to the minutes at Appendix B.

HWB/13/8 **Partnership Board Update**

The Board received the final report of the Healthier Together Project, which was comprised of six Clinical Working Groups, which concluded at the end of March 2013.

The Accountable Officer, Bedfordshire Clinical Commissioning Group drew the Board's attention to the recommendation of the Clinical Senate, which stated:

"having considered all of the work undertaken and the differing views expressed, the Clinical Senate recommends a strategic direction of:

- A minimum of three hospital sites across the South East Midlands where the focus is more on urgent and emergency care
- Up to two remaining sites developing a focus on planned care.

The Board noted that work would continue with the Bedford, Milton Keynes and Luton & Dunstable hospitals relating to maintaining services for residents of Central Bedfordshire.

HWB/13/9 **Healthwatch Report**

The Board received a report from the Chairman of Healthwatch Central Bedfordshire, which provided an overview of how the organisation would work and develop since coming into existence on 1 April 2013.

It was noted that Healthwatch was comprised of two parts. The first was the nationally focused Healthwatch England and the second was the 152 community focused local Healthwatches.

The Board noted the six main proactive activities of Healthwatch Central Bedfordshire as follows:

- Gathering views and understanding the experiences of people who use services, carers and the wider community
- Making people's views known
- Promoting and supporting the involvement of local people in the commissioning of local care services and how they are scrutinized
- Recommending the investigation or special review of services through Healthwatch England or directly to the Care Quality Commission
- Providing advice and information about access to services and support for making informed choices
- Making the views and experiences of people known to Healthwatch England and Local Healthwatch organisations

The Board welcomed the approach outlined.

RESOLVED

That the report be noted.

HWB/13/10 **Public Participation**

There were no questions, statements or deputations made by members of the public.

HWB/13/11 **Work Programme**

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

The Board noted that the following items would be added to the programme for the 5 September meeting:

- Steps, milestones and delivery mechanisms to improve outcomes for Frail Older People
- Process for Promoting Independence and Choice

RESOLVED

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

(Note: The meeting commenced at 1.00 p.m. and concluded at 3.00 p.m.)

Chairman……

Dated……

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Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Safeguarding and Patient Safety
Meeting Date:	18 July 2013
Responsible Officer(s)	Julie Ogley (Director of Adult Social Care, Health and Housing, CBC) Anne Murray (Director of Nursing and Quality (Bedfordshire Clinical Commissioning Group)
Presented by:	Julie Ogley Anne Murray

Action Required:

1. To receive and comment upon the current position and progress towards delivering priority 2 of the Joint Health and Wellbeing Strategy.

Executive Summary	
1.	This paper is written for the Board to receive and comment upon the current position and progress towards delivering priority 2, Safeguarding and Quality of Care, of the Joint Health and Wellbeing Strategy. Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group ensure robust governance of safeguarding and patient safety through the Safeguarding Board, which is chaired by the Director for Adult Social Care Health and Housing. This is a joint partnership Board with Bedford Borough Council and has wide representation including the police, acute hospitals, and voluntary and community sector and children's services. In addition to reviewing local and national developments in safeguarding, all partners report to the Board on progress with developing their safeguarding improvement plans. Reporting focuses on: • prevention and raising awareness • workforce development and accountability • partnership working • quality assurance and protection • empowerment and involving people • proportionality and improving people's experiences The operational sub group of the Board is responsible for reviewing partners' reporting and addressing any issues or risks that emerge. The Board and

operational sub group delegate safeguarding development activity to the county wide sub groups which are responsible for policy and procedures, training, quality assurance and responsibilities under the Mental Capacity Act. These sub groups have recently undertaken pieces of work looking at responses to self neglect and hate crime and discrimination.

The Central Bedfordshire Contracts Team is part of the Social Care Health and Housing Directorate and comes under the managerial responsibility of the Assistant Director for Commissioning. The team comprises two Contract Managers and five Contract Officers, whose primary function is to ensure all social care residential, nursing, and domiciliary care providers who are regulated by CQC have in place a contract with the Council and are monitored against the service specification elements of the contract. This is to ensure good quality outcomes and safety for people using the services.

The activity of the Contracts team is reported through the Adult Social Care Performance Board as part of a set of Performance Indicators within a Balanced Scorecard approach and is monitored through the line management responsibilities of the Assistant Director for Commissioning and the Head of Contracts. The quality monitoring tool used is the ADASS East of England Contract Quality Workbook which comprises of a set of standards aligned to the CQC Essential Standards of care. These are structured to look into how the service is involving its customers in all aspects of the planning and delivery of care; focusing on meaningful outcomes for individuals. The annual use of this workbook to monitor domiciliary care agencies will be supplemented by the use of electronic monitoring-CM2000, which all providers are required to use. This provides real time performance information regarding: duration of calls, missed/late calls and consistency of carer.

Based on the vision for systematic improvement of quality of care as set out in High Quality Care for All, the NHS Operating Framework, the NHS Outcomes Framework and more recently the response to the Robert Francis Public Inquiry, Bedfordshire Clinical Commissioning Group has defined and agreed an approach to monitoring quality within commissioned services and as a response to the statutory duty to assist the NHS Commissioning Board (NCB) to develop quality in Primary Care. The CCG and the Area team of the NCB are developing the working relationship and partnership as co-commissioners of services to ensure clear lines of accountability and governance.

The requirement for systematic approaches to identify early warning signs based on clear accountability, sharing of information and appropriate action when required underpins the approach taken. The Robert Francis Inquiry identified a five point plan that aims to put an end to failures within health care and revolutionises the care that people receive. The five points are as follows: *Preventing problems, Detecting problems quickly, Taking action promptly, Ensuring robust accountability, Ensuring staff are well trained and motivated.*

Bedfordshire Clinical Commissioning Group (BCCG) have patient safety and

	risk management processes in place with providers, This is managed through robust contractual methods and assurance processes whilst maintaining collaborative relationships. BCCG ensures that accountability for safeguarding is at the most senior level and the Director of Nursing and Quality takes responsibility for all actions and processes; BCCG supported by senior management ensures all staff carry out mandatory Training and ensure appropriate measures are put in place to safeguard vulnerable adults, children and young people. A comprehensive audit of children's safeguarding is underway within Primary care, led by the Designated Doctor to develop further understanding and ownership of safeguarding. The CCG Quality, Adults and Children's safeguarding team members are integrated, therefore sharing of data, raising concerns and the opportunity to triangulate information is strengthened and enables the ability to identify early warning signs and act promptly. This is further facilitated within the partnership with Central Bedfordshire and the joint working at the Adult Services Improvement Group (ASIG). Intelligence on providers is shared and enables further the ability for action. As part of Bedfordshire Clinical Commissioning Group Governance processes a monthly Patient Safety and Quality Committee receives reports on Safeguarding both children and adults and key areas of Quality including i.e. Mortality rates, performance reports, patient experience, serious incidents reports including action taken in relation to key themes and via exception reporting to the CCG Governing Body. Currently this is a shared function with Luton CCG but agreement has been made to separate the function and the resources currently shared with Luton.

Background	
2.	The Health and Well Being Strategy Priority 2: Safeguarding and Quality of Care outlines the importance of safety as fundamental to the wellbeing and independence of people using health and social care, and provides a number of actions and measures to address the priority.
2.1	The strategy states that as more people are enabled to live more independently with support in the community, it is important to guard against the potential for abuse and neglect and to ensure sustained high quality services. Abuse in any form can impact on a person's physical and mental health, finances and social interactions. People are more likely to become unwell, socially isolated or may find it difficult to make important decisions in their lives due to stress or coercion. Ensuring that people receive high quality care, are treated with dignity and respect and have their care needs met is essential to achieving good outcomes and is one of the highest priorities for the public and professionals alike.

2.2	The strategy sets put the following key actions: • Protect people when they are unable to protect themselves, including advocacy services that are available for people who are unable to challenge or change circumstances that they experience • Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused • Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse • Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults • Increased public awareness of safeguarding and improved systems for reporting of possible abuse • Ensuring the accommodation needs of vulnerable adults and children are met • We will follow the national 'Working Together' guidance on how we, as strategic partner and other agencies should work together to safeguard and protect children
2.3	Nationally there are a number of policy and legislative developments that will impact upon safeguarding arrangements in Central Bedfordshire.
2.4	The draft Care and Support Bill contains a number of clauses affecting the way we respond to safeguarding concerns. • Safeguarding Adults Boards will be placed on a statutory footing, with a minimum membership of the local authority, CCG and police service. There will be a requirement to produce a strategic plan and an annual report. • Safeguarding Boards will be required to arrange for a safeguarding adults review to be conducted when an adult with needs for care and support was experiencing abuse or neglect, and dies. • The draft Bill contains a clause requiring local authorities to make enquiries where they suspect an adult with care and support needs is at risk of abuse or neglect. • Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) will be abolished, but the local authority retains its powers to protect property where the person is away from their home and unable to make arrangements to do so. The Safeguarding Board for Central Bedfordshire and Bedford Borough has had arrangements in place since 2009 that mirror these requirements and is well placed to respond to the new legislation.

2.5	While local authorities retain the lead for safeguarding in their areas, the mandate from the Government to the NHS Commissioning Board says: "We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs." The mandate also sets the Board a specific objective of continuing to improve safeguarding practice in the NHS, reflecting the commitment to prevent and reduce the risk of abuse and neglect of adults. The NHS Commissioning Board has published "Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework". The framework promotes partnership working, clarifies roles and responsibilities, describes the new health system, focuses on professional leadership and expertise, and outlines a series of principles and ways of working to respond to safeguarding of children and adults. As part of the authorisation process, Bedfordshire Clinical Commissioning Group undertook an assessment of the new requirements. Bedfordshire CCG is compliant with all the requirements within the new guidance. This includes ensuring Board accountability and securing the expertise of designated doctors and nurses for safeguarding and looked after children and a designated paediatrician for unexpected deaths in children. The NHS Commissioning Board (NCB) has the same statutory duties as CCGs for its directly commissioned services. Through the Local Area Team, the NCB will need to work in Partnerships with CCGs, GP practices, other providers and local authorities. A local safeguarding forum will be established to support this arrangement.
2.6	Two significant national reports have been recently published following routine neglect of patients at Mid Staffordshire NHS Foundation Trust, and the abuse of patients with a learning disability at the private hospital Winterbourne View. The "Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust", by Robert Francis QC highlights the need to end decades of complacency about poor care, by detecting and exposing unacceptable care quickly and ensuring that the system takes real responsibility for fixing problems urgently and effectively. The Government and system wide response sets out actions to ensure consistently safe, effective and respectful care. "Transforming care: A national response to Winterbourne View Hospital", which is a Department of Health review, sets out timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging.
2.7	Locally, Central Bedfordshire and Bedford Borough Councils have set up a joint action plan with Bedfordshire Clinical Commissioning Group to respond to the detailed actions, which is being monitored by a steering group. BCCG has developed its approach to the implementation of the Francis Report. This it believes requires an organisational development approach,

	not a traditional 'action plan' of all the recommendations that then operates outside the day to day work of the CCG. The success in implementation will be in embedding the recommendations into the CCGs existing work programmes and ensuring the objectives and outcomes of these programmes reflect the Francis report. It mapped the recommendations, as grouped in the Government Response Patients First and Foremost against its main work programmes, including those that cross organisational boundaries. They are; • The Bedfordshire Plan for Patients and Delivering for Patients Programme • Quality Strategy / Work programme. • Communications and Engagement Strategy + Equality & Diversity Strategy • Organisational Development Plan • Locality Delivery Plans These are, being, or will be, refreshed to ensure they meet the requirements. The CCG is producing a formal paper, based on this approach, for its Board meeting to be held in public on 3 July.
3	**Detailed Recommendation**
3.1	**It is recommended that the Health and Well Being Board note the work to date in promoting safeguarding and patient safety.**

Issues	
Strategy Implications	
4.	The Health and Well Being Strategy Priority 2: Safeguarding and Quality of Care outlines the importance of safety as fundamental to the wellbeing and independence of people using health and social care.
5.	This priority is linked to the Community Safety Partnership strategic plan which includes the domestic and sexual abuse strategies.
Governance & Delivery	
6.	Delivery and progress will be reported through the Safeguarding Board on a quarterly basis, as well as HCOP and the Health and Wellbeing Board.
Management Responsibility	
7.	Responsibility for the delivery of the outcomes rests with Director for Adult Social Care, Health and Housing and the Director of Quality, Bedfordshire Clinical Commissioning Group. This responsibility may be delegated for day to day operational delivery.

Public Sector Equality Duty (PSED)	
8.	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 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**
None			

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

_____
Presented by (type name)

Appendix 1

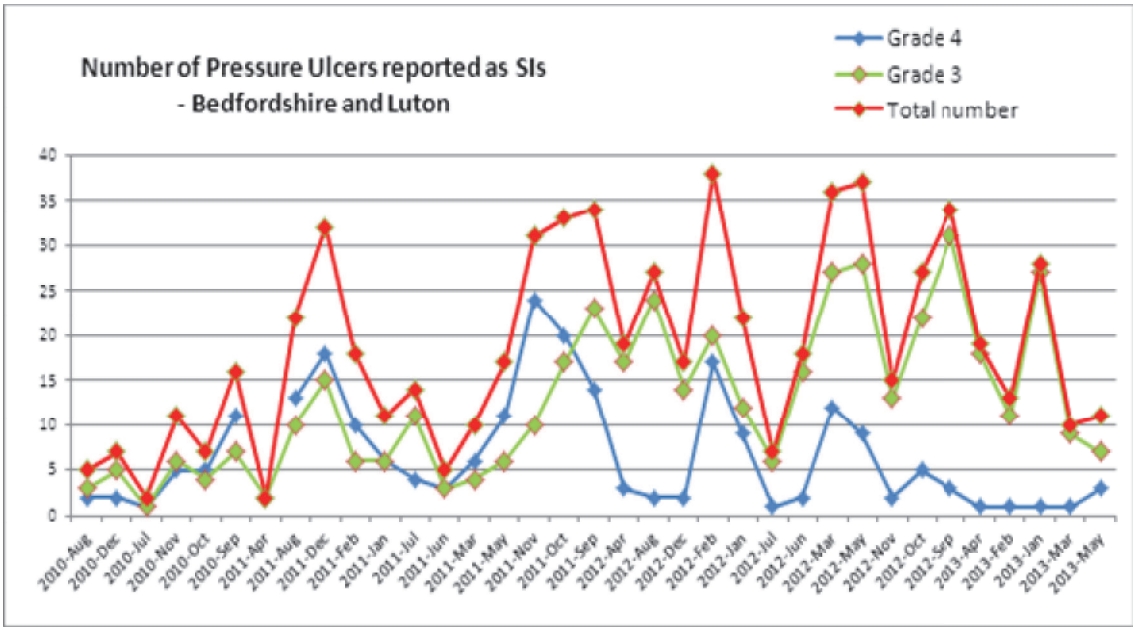
Progress to Date	
	Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults.
	The Council has a dedicated team with a direct telephone number for reporting safeguarding concerns. Specialist support workers and social workers provide advice and guidance to anyone contacting the Council about safeguarding concerns. As well as responding to all safeguarding alerts made to the Council, the team has responsibility for awareness raising and quality assurance in terms of the responses, systems and policies that are in place in respect of safeguarding. The Safeguarding Board receives quarterly information from all partner agencies that are signed up to the multi agency safeguarding policies and procedures. These include information on prevention and raising awareness, workforce development including training, partnership working, quality assurance, involving people and improving experiences. Key partner agencies are the CCG, police, acute hospital trusts, and community health services.
	Next Steps
	The Council has a detailed action plan which is updated annually, focusing on prevention and raising awareness, workforce development including training, partnership working, quality assurance, involving people and improving experiences. The six areas of focus are aligned to the Government's priorities of prevention, accountability, partnership, protection, empowerment, and proportionality. The 2013-14 action plan has 30 milestones addressing these areas.
	Protect people when they are unable to protect themselves, including advocacy services that are available for people who are unable to challenge or change circumstances that they experience
	A series of consultations were held with people at risk (a group of carers; older people attending a day centre; and people with learning disabilities who participate in the 'Customer Council') at the end of 2011. These highlighted a number of priority areas for safeguarding, which included the need to focus on personalising the safeguarding approach, making sure people and their families are fully involved, particularly in protection planning and in safeguarding meetings. A number of developments were undertaken in 2012-13 to build on these consultations. Engagement work with advocacy service POHWER has begun, which has involved safeguarding becoming a standard agenda item at the "voice groups" which different people attend, including those with a learning disability and mental health needs. The positive impacts have been awareness of safeguarding, but through regular meetings with POHWER it is intended that these groups will eventually be able to contribute to the safeguarding board agenda. The advocacy service has continued to roll out its "Keeping Safe" programme which is for people at risk in the community. Every person at risk

	through safeguarding concerns has access to an advocate if they are not able to and do not have anyone else to advocate on their behalf.
	Next Steps
	• Review local partnership forums to evaluate how outreach / awareness might be more effectively undertaken • Continue to engage with PoHWER in raising awareness of safeguarding with support groups, promoting the keep safe training and increasing referrals to these services as well as advocacy services broadly • Ensure advocacy and voluntary and community sector groups are involved in development of safeguarding services
	Increased public awareness of safeguarding and improved systems for reporting of possible abuse ***and*** **Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused**
	Central Bedfordshire Council has run a wide ranging publicity campaign for safeguarding awareness. This has included: • Safeguarding literature contributed to the work run by the Community Safety Partnership for domestic abuse awareness week • A mail out to voluntary and private care providers promoting Dignity in action day and links to safeguarding • Updated information on the Council's website relating to financial abuse and online safety • An internal Council-wide publicity campaign involving a feature in the staff newsletter, a visit by the Chief Executive to the safeguarding team, and a promotional stall at the Chief Executive's roadshow An increased number of hits on the Council website safeguarding pages have been recorded, and an electronic alerting form via the website has been used, in particular by people wishing to raise alerts anonymously. Despite considerable efforts to raise awareness, alerts from the public and people at risk remain low, so the Council has developed an accessible information leaflet in conjunction with our learning disability delivery partnership, Sight Concern and advocacy provider POHWER. This has resulted in a leaflet that should be accessible to a number of people with cognitive or sight impairment and will be distributed as part of the Council's twice yearly mail-out of safeguarding literature. The Council's website is up to date with safeguarding information and there is an online alert form which supports anonymous reporting.
	Next Steps
	• Public awareness campaign - safeguarding and dignity in care • Targeted awareness raising for colleges, voluntary and community sector, GPs, practice managers and GP aligned social workers • Engage with the development of Healthwatch on awareness of safeguarding adults

	Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse
	Contracts with care providers are monitored using a contract management tool which has a domain focusing on “safeguarding people from abuse”. This is aligned to the Care Quality Commission’s related standard. Evidence is collected through observations of staff, interviews, and reviews of documentation. Evidence collection focuses on prevention of harm, responses to concerns, awareness of the Council’s safeguarding policy, guidance and training, provision of information about how to report concerns, and promotion of human rights and dignity. The workbook uses a scoring system based on the evidence collection and safeguarding is heavily weighted within the overall assessment. Significant levels of awareness raising is done with providers of care services through the Council’s providers forum, training and by the safeguarding team who operate an outreach awareness service to care homes. As part of the Medium Term Plan the Council has a commitment that 60%of the Council's commissioned dementia care should be "Good" or " Excellent" quality by 2014. The development of a Dementia Quality Mark builds upon good practice across the country to promote improvement in care homes. The DQM provides people choosing a service with reassurance that the care being given meets the needs of people with dementia. With the cessation of CQC quality ratings and the changes to registration conditions, the DQM will provide an additional indication of standards of care, capturing qualitative information from providers. It also sets standards, which those providing services can aspire to and can use to promote their services. People with dementia are particularly at risk due to cognition, communication and behavioural needs and initiatives such as Quality Marks promote their safety. The Council has introduced a new framework agreement for Home Care Service Providers. From May 2013,all domiciliary care providers who wish to provide services on behalf of the council will have to bid to join a new supplier framework, with a commitment to delivering high standards of care at a fixed price. The framework will help the council to shape the market so that it can provide a higher quality of care with more flexible and personalised services.
	Next Steps
	• Develop the role of the safeguarding support workers in link roles with care providers, reinforcing expectations on dignity and safeguarding • Continue to work closely with contracts monitoring and complaints to ensure information is shared where there are services giving rise to concern • Continue to raise awareness with commissioners and policy development leads to ensure that safeguarding is adequately considered in new developments
	We will follow the national ‘Working Together’ guidance on how we, as strategic partner and other agencies should work together to safeguard and protect children
	The Council and its partners adheres to Working Together through effective sharing of information, ensuring that the whole family is considered and concerns about adults and children are shared. Practitioners adhere to the “Think Family” practice protocol which emphasises the following principles:

	• No wrong door – contact with any one service offers an open door into a system of joined up support • Looking at the whole family – all services should be 'family aware'. For instance drug and alcohol treatment services should identify which clients are parents and develop clear liaison with children's services for parenting and family support and safeguarding • Build on family strengths – rather than focusing on what is lacking, a strength based approach builds upon families' resources and their potential for resilience. • Provide support tailored to need – for example, Family Intervention Projects work with families for whom anti-social behaviour is creating a threat of homelessness to agree a package of support to best meet their needs In addition, the Working Together to Safeguard Children 2013 published by HM Govt in March 2013 replaces Working Together to Safeguard Children (2010).This is a guide to interagency working to safeguard and promote the welfare of children and covers the legislative requirements and expectations on individual services. Bedfordshire Clinical Commissioning Group has a statutory responsibility for ensuring that the organisations from which it commissions services provides a safe system that safeguards children at risk from abuse. This includes specific responsibilities for safeguarding and for supporting the Child Death Overview process, to include sudden unexpected death in childhood. Processes are in place to learn lessons from cases where children die or are seriously harmed and abuse or neglect are suspected. This includes contributing to Serious Case Reviews and conducting Individual Management Reviews as appropriate. Bedfordshire Clinical Commissioning Group is fully engaged with the Local Safeguarding Children Board and works in partnership to fulfil its statutory responsibilities. It works closely together, with the National Commissioning Board to ensure that there are effective NHS safeguarding arrangements across the local health community.
	Next Steps
	• Continue to work closely with Bedfordshire police and the CCG to ensure responses to safeguarding incidents are managed • Develop and improve links with key service areas in relation to safeguarding – focus on children's services, housing services, trading standards and HMP Bedford • Ensure that knowledge and expertise are joined up between Members for children's services, community safety, health and wellbeing
	Ensuring the accommodation needs of vulnerable adults and children are met
	Central Bedfordshire Housing Officers undertaking housing needs assessments consider whether there is an additional requirement for a social care assessment. Referrals are then made to Adult Social Care. The department offers services by Housing Officers and Tenant Liaison Officers supporting people with tenancies who require additional social care support (e.g. domiciliary care or personal care). Adult Social Care Teams undertake social care assessments for people with (non-acute) learning disability needs, (non-acute) mental health needs, and older and physically disabled tenants. SEPT (South Essex Partnership Trust) undertakes social care assessments for tenants accessing specialist mental health services and/or learning

	disability services.
	Next Steps
	• Managing the Accommodation Needs of Older People is the programme overseeing expansion of Extra Care Housing: Dukeminster (Dunstable) plus 4 additional Central Bedfordshire sites • Extension of 7-year contract with BUPA to manage residential care homes while Extra Care is being developed • Develop Strategic Housing Requirements and Housing Market Position Statement • Develop productive (strategic) relationships with Homes & Communities Agency (HCA) and Developers, to deliver retirement housing for sale, linked to the Council's Development Strategy • Managing the Housing Needs of Vulnerable People Strategy is currently in development • Needs analysis is being undertaken of all types of supported-housing provision currently under or over provided across Central Bedfordshire • Comprehensive engagement planned with all stakeholders impacted in order to shape the draft MHNVP Strategy • The draft MHNVP Strategy, outlining Central Bedfordshire's supported-housing plans will undergo formal consultation
	Progress with the Health and Well Being Strategy Indicators
	More people who use services who say that those services have made them feel safe and secure
	During 2012-13 a series of "feedback visits" to people who had been through safeguarding interventions was conducted. While the individual responses were used to feed back to individual social workers on how they had managed their case, the extent of the feedback was limited in terms of developing safeguarding services. The challenges involved in undertaking this work has led to the development of an evaluation process built into safeguarding work. This involves a series of outcome focused questions being asked by the social worker at the beginning and end of safeguarding interventions. This was developed in the past year and qualitative information from the evaluations will be collated throughout 2013-14 for analysis. It is hoped that this will provide the evidence for the impact safeguarding work is having and will also be used to develop services.
	Reduced incidence of newly-acquired category 3 and 4 pressure ulcers
	The graph below shows the number of pressure ulcers reported as Serious Incidents (Grade 3 or 4) which have occurred within providers' care since Aug 2012. The Midlands and East "Pressure Ulcer Ambition" was launched in February 2012, which has increased awareness. There has been a decrease in the reporting of Grade 4 pressure ulcers, but an increase in Grade 3 which suggests that pressure ulcers are being identified and reported earlier. Providers attend the County Wide Pressure Ulcer Group and the Harm Free Care group, one of the resulting actions is to progress with a public awareness campaign.



BCCG has appointed a Patient Safety Project Nurse who are focusing on delivering the Harm Free Care initiative 'no avoidable grade 3 and 4 pressure ulcers'. Pressure Ulcer data has identified that the majority of pressure ulcers develop within the community; a number of these patients have no health input until the pressure ulcers have developed. The Patient Safety Project Nurses are currently delivering 'Stop the Pressure' training to nursing/residential homes and domiciliary care agencies. Feedback from sessions to date have been positive and the staff have identified areas of improvement/new practices to try to prevent pressure ulcers.

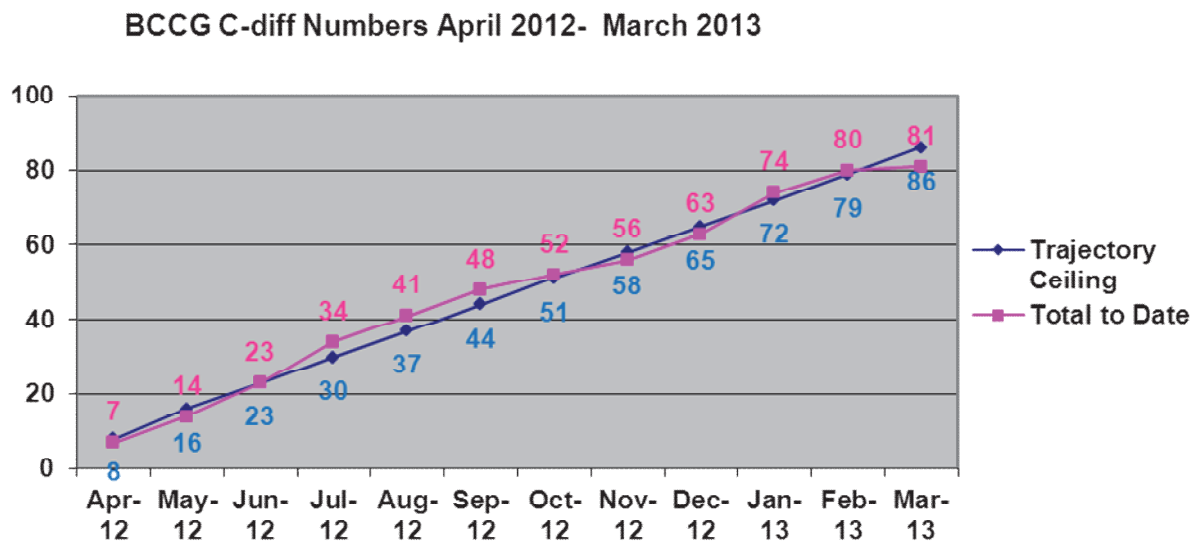
In addition to this training the Patient Safety Project Nurses work closely with the safeguarding team and Patient Safety Coordinator to review incidents of pressure damage and where appropriate complete unannounced visits to nursing/residential homes, each visit is followed up with visit report and recommendations for the home manager and action plans where necessary.

Reduced incidence of healthcare associated infection – MRSA (Meticillin-Resistant Staphylococcus Aureus) and C difficile

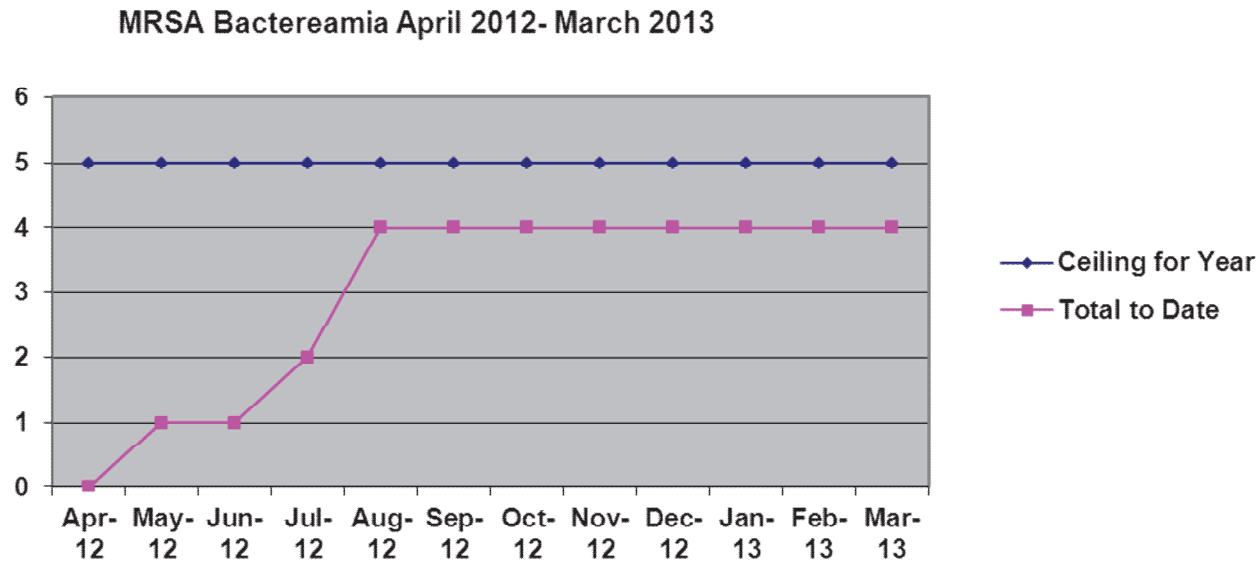
Bedfordshire Clinical Commissioning Group is committed to ensuring that patients have the highest quality health care and best patient experience possible within available resources. Ceilings for both MRSA Bacteraemia and Clostridium difficile are reduced year on year and become more challenging.

Clostridium difficile is a spore producing bacteria which can be found in the gut of 3% of health adults. It is normally controlled by the presence of normal gut bacteria and does not cause disease, however if any disturbance of the gut occurs then it can cause Clostridium difficile infection (CDI). CDI is the predominant cause of antibiotic-associated diarrhoea among patients over 65 years of age and is a leading cause of healthcare associated infection.

The table below shows that BCCG's year end position for Clostridium Difficile



The surveillance of Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia has been mandatory for all NHS acute trusts in England since April, 2004.The table below shows BCCG are currently under target for achieving ceilings set by the Department of Health. The CCG are on target to meet the reduction set by the Department of Health for 2013/14.



BCCG has zero tolerance to incidents of MRSA Bacteraemia, any incidents of MRSA are reported as a serious incident, and this includes a full root cause analysis and face to face meeting to identify cause and lessons learnt.

By engaging the localities and providing peer influences it is anticipated that each area will deliver

- Best practice in antibiotic prescribing
- Engagement and ownership of the ceiling
- Awareness of this infection throughout Primary Care

	• High standards of patient care and safety in recognition of the risk factors for acquisition of this infection • Reduction in cases • Improving patient experience of general practice services, The Quality and Safety team will support and inform localities, and if applicable the Boards, on the number of C-diff cases per month and the root cause analysis GP practice. Where there is an increase in the cases or breach of the ceiling it will be expected that localities will develop a local action plan to address any lessons learnt from the RCAs with support from the CCG Infection prevention and control nurse
	Improved patient experience of hospital care
	BCCG monitors patient experience for acute providers via a number of processes; quarterly patient survey data is reviewed via the quality monitoring meetings, monthly data from the Friends and Family Test scores are reviewed via Commissioning Quality Innovation (CQUIN). CQUIN is an incentive scheme for the achievement of improved patient quality and safety. BCCG also reviews national patient surveys, PALs, patient complaints, serious incidents, safeguarding incidents, compliments and ombudsmen referrals. A new system of collecting intelligence from Primary Care is under development and will add to and provide external information in relation to understanding the patient experience in relation to health providers. The L&D has implemented many patient experience initiatives during the year, including a patient call centre to ring discharged patients and collection patient satisfaction responses in line with the friends and family initiative. They have a regular patient experience group that meets where patient survey results are reviewed and any action plans monitored, BCCG are a member of this group. As a result of patient surveys, complaints and PALs Bedford Hospital identified and implemented the following pieces of work to improve patient experience; Training to improve communication skills to enhance patients' care pathways and relatives' experiences have been identified and staff members have been put forward for this training which will develop their interpersonal skills and enhance the experience of interacting with both patients and their families. For example following feedback received about people smoking directly outside the hospital entrances, BHT is removing benches, putting up new information boards with their no smoking policy, reviewing their violence and aggression towards staff policy (as some people can become abusive when challenged) and where people can get support to stop smoking. BCCG monitors mortality rates of acute providers via SHIMI. SHIMI is a hospital level indicator which reports at trust level across the NHS England using a standard and transparent method. At present both acute providers remain within the control limits for average/below average hospital standardised mortality rates (HSMR).

	Mortality is a standing agenda item at provider quality meetings and where required providers complete in depth analysis on areas within mortality such fractured neck of femur (#NOF) to provide assurance to CCG that specific patient groups are receiving appropriate care.
	Assess the quality of discharge arrangements measured by an increased proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
	BCCG safeguarding team are working with both acute providers to access A&E admission data for patients in nursing and residential home. The data enables the CCG to identify nursing/residential homes with high admission rates, the CCG will then work jointly with local authority to support homes in reducing admission rates. This information is shared with local authorities via the quality assurance steering groups. The Head of Safeguarding Adults for Bedfordshire meets regularly with safeguarding leads for both acute providers and reviews all safeguarding incidents where discharge has been identified as an issue, from these meetings action plans are developed to prevent incidents of poor discharge. For 2013/14 SEPT community health services have a CQUIN indicator aimed at reducing the number of hospital admissions for high intensity patients on the Community Nursing Case load who attend A&E or admitted in an emergency to an acute setting with a particular focus on prevention.

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Improving Mental Health for Children and their Parents
Meeting Date:	18 July 2013
Responsible Officer(s)	Jane Hainstock Head of Partnership Commissioning BCCG & Sue Tyler Acting Assistant Director Children's Services CBC
Presented by:	Diane Gray Director of Strategy and System Redesign

Action Required: **It is recommended that the Health and Wellbeing Board:**

- **Note and comment upon the progress made to date to improve the mental health of children and their parents**
- **Recognise that steps are being taken to integrate care across health and social care.**

Executive Summary	
1.	Progress has been made to –to improve mental health for children and their parents. An update in the specific areas is attached at appendix 1. Central Bedfordshire Council (CBC) and Bedfordshire Clinical Commissioning Group (BCCG) commissioners have been developing opportunities to take forward the integration agenda, through aligning work and establishing mechanisms for the future sharing of budgets and data. The commissioner led reviews of the pathway of child and adolescent mental health (CAMH) services is underway and due to report in October 2013. This will provide a review of the pathway and model of care to improve outcomes..

2 Actions taken during 12/13	
	The update at appendix 1 lists the work which has been progressing on the actions included within Priority 8 Improving mental health for children and their parents.

	As the Board is aware the last year has seen a number of changes in the NHS and Public Health landscape, with new organisations being established and new representatives from organisations responsible for this area. The list of responsible bodies for children and young people's mental health now includes Bedford Clinical Commissioning Group (BCCG,) Central Bedfordshire Council (CBC) including Public Health and NHS England (Hertfordshire and South Midlands Area team & East Anglia Area teams). This provides new opportunities to examine current services with a view to integrating service delivery and commissioning more effectively to deliver with better outcomes for children and their families. The actions and performance measures for the health and wellbeing strategy would need to be reviewed as a result to reflect the more integrated approach. Commissioners have been proactive in developing opportunities to take forward the integration agenda, through aligning work, considering arrangements for future sharing of budgets and data and establishing new networks. This has given a shared understanding of the BCCG and CBC responsibilities and approach and the benefits and efficiencies possible. Currently there are two commissioner led reviews of the pathway of child and adolescent mental health services underway that are due to report in October 13. (Terms of reference are attached as appendix 2). The outcome of these reviews will provide an overview of the whole pathway and a new model and suggested measureable outcomes to deliver the model.
3 . Conclusion and Next Steps	
	The Children's CBC and BCCG commissioners are exploring ways of joint working which delivers improvements for children young people and their families whilst streamlining the current health and social system in an efficient and effective way. They are keen to develop a model of joint commissioning for Children and Young People to further this aspiration, for which some mental health services will be the pilot. The commissioners have had positive initial discussions with their area team colleagues, to share the approach and ideas. Further work is required to test the opportunity and ability to broaden the joint commissioning agenda to include for example the 0-5 programme currently led by the area team, due to be transferred to CBC Public Health in March 2015.

Issues	
Strategy Implications	
4	Improving mental health and wellbeing is one of the priorities within the Health and Wellbeing Strategy There is clear alignment with the BBCG strategic commissioning plan and the areas of focus, care right now, care for my condition into the future & care when its not that simple (Mental Health & Learning disability programme)
Governance & Delivery	
5	The Acting Early, Reducing Poverty and Improving Health Delivery Partnership will provide the Governance and overview of this area.
Management Responsibility	
6	Management responsibility rests with Jane Hainstock (BCCG) and Sue Tyler (CBC)
Public Sector Equality Duty (PSED)	
	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**

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Appendix 1

Update on actions listed at Priority 8 in the Health and Wellbeing Strategy

Action	Up date
Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems	The tier 2 (CHUMS) service (Commissioned by the PCT now the responsibility of BCCG) was introduced in 2012 and offers a single point of access for the tier 2&3 services. This has improved the referral pathway. Further opportunities to improve the pathway and identify opportunities for early intervention are being considered as part of the reviews underway (see appendix 2)
We will review the service model for new mothers experiencing post natal depression	Public Health have completed the review of the post natal maternal health pathway and made proposals for improvement. The next stage is to work with commissioners & providers to agree an implementation plan with timelines and milestones.
We will enhance local specialist services for young people with eating disorders	The service was enhanced in summer 2012 with funding for additional specialist support. The commissioners report that the service is now supporting more young people in the community.
Ensure that a preventative and early intervention approach is taken with a focus on parenting support programmes	A wide range of early intervention programmes are available, accessed through the CAF Support Team. The Early Help Offer recently published on-line by CBC outlines the type of interventions that are available and how they can be accessed. A wide range of parenting programmes are available covering all ages from Mellow Bumps, ante-natally, through to Strengthening Families 10-14. Parenting Puzzle and Parenting One Stop Shop are also offered through Children's Centres.
Ensure that those young people with ongoing mental health problems have a smooth transition to adult mental health services	Commissioners used the quality incentive mechanism of the NHS contracts during 2012/13 to improve this area. The providers were asked to review what was happening and identify where and how to make improvements. A progress report is due in July 2013.
Ensure CAMH services for children with a learning disability are Integrated across health and social care	The Tier 3 CAMHS service identified a lead nurse to work with the CBC disability team. This has enabled closer working and further integration potential is being considered via the reviews.
Redesign CAMH services for looked after children to ensure	CBC has commissioned a redesigned Looked after Children CAMHS team.

early intervention	
Involve stakeholders and service users in the review of the integrated mental health and local authority services for children with a learning disability against the service specification	Stakeholders and service users will be included in the reviews presently being carried out.
Commission programmes in targeted schools to raise self esteem and build resilience among children and young people at increased risk of poor mental health.	During 2012/13 the Early Intervention emotional well-being contract of the council was delivered by Family Matters Institute. This targeted work on schools in areas of highest need, and offered training programmes to staff to enable the early identification of children with poor or potentially poor mental health. Group counselling was also offered to children and young people. The contract was re-drawn and retendered in 2013/14 and is presently being delivered by CHUMS.

Appendix 2 – Aims and scope of the tier 1& 2 and the tier 3 CAMHS reviews

Tier 1 & 2 review

1. Aim of Review

The aim of the review is to evaluate the Tier 1 and Tier 2 CAMHS services and pathway in Central Bedfordshire. The information identified by the review will be used to inform future Tier 1 and 2 CAMHS commissioning and service specifications.

The key questions which are to be answered by this review are:

- What Tier 1 and 2 CAMHS services are available in Central Bedfordshire and how do referrals take place?
- Who is using the Tier 1 and 2 CAMHS services?
- What are the resources used by Tier 1 and 2 CAMHS services (e.g. costs, staff resources etc)
- What are service users', commissioners', service providers' and stakeholders' views on local CAMHS tier 1 and 2 services?
- Are there any ways in which CAMHS tier 1 and 2 services could be improved or where there are un-met needs?
- What are the outcomes of Tier 1 and 2 CAMHS services? (e.g. improvements in strength and difficulties questionnaire scores).

2. Scope of review

This review will look at the current provision of Tier 1 and 2 services – including the LAC CAMHS team commissioned by CBC in Central Bedfordshire. In particular it will examine service provision in line with the current review of Tier 3 mental health provision. A Donabedian evaluation framework will be adopted[1]. This seeks details on the structure (resources required, including staffing and budget), process (the actions; what is actually delivered) and outcomes (what have been the results). The review will focus on the following areas for examination:

Structure

1. How available resources are used
2. The demand and capacity of the services

Process

1. Referral routes
2. The timelines of treatment from point of referral
3. Accessibility of venues and times of appointments, including locations
4. Role of early intervention services as they link to tier 3 and 4 services
5. Pathways of treatment and step up/step down between all tiers (co-ordination of care)

[1] Donabedian, A (1980) The quality of care, how can it be assessed? JAMA, 260, 1743-8.

Outcomes

1. Measureable health outcomes
2. Communication and patient experience

Where information is not available or collected for CAMHS on any of the above areas, it will be identified as a gap in information, and highlighted as an area for future development outside of the scope of this review.

Tier 3 CAMHS review

1.0 Background

Child and Adolescent Mental Health Services (CAMHS) are a comprehensive range of services that provide help and treatment to children and young people experiencing emotional or behavioral difficulties, or mental health problems, disorders and illnesses. Referral is through professionals such as GPs and educational psychologists.

In Bedfordshire, the responsibility for providing tier 3 services is with Bedfordshire Clinical Commissioning Group (BCCG), who has commissioned South Essex Partnership Trust (SEPT) to deliver these services; working in partnership with local authorities and other providers (who deliver tier 1 & 2).

From 1st April 2013, the responsibility for commissioning tier 4 services is with the NHS England.

This review will focus on the services provided at tier 3 and is part of a broader pathway review at tiers 1 and 2 review being led by Local Authority Public Health commissioners.

As a result of conducting this review, the following outcomes are expected:

- A revised evidence based model for the delivery of tier 3 CAMHS in Bedfordshire
- New specification for the service
- Identified mechanism(s) for engaging with service users and their families / carers
- Clearer pathways between the revised tier 3 service and those services at tiers 1 and 2

Scope

The review is looking specifically at the current delivery model for tier 3 CAMHS in Bedfordshire and assessing the same under the following areas:

1. The timeliness of treatment from point of referral

2. Referral route
3. The demand and capacity of the service
4. Accessibility of venues and times of appointments, including locations
5. Contribution to the early intervention services
6. Pathways of treatment and step up / step down to and from tiers 2 and 4
7. Communication and service user and family experience

The findings of this review seeks to highlight any issues and make recommendations in relation to the same; whilst ensuring the fidelity to National Institute of Clinical Evidence (NICE) guidance, best practice and the national context outlined above.

The review would also identify any specific need or service requirements for groups of the more vulnerable children and young people.

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Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	no.
Title of Report	**Improving mental health outcomes – adults**
Meeting Date:	18 July 2013
Responsible Officer(s)	Julie Ogley (Director of Social Care, Health and Housing, CBC) Dr Diane Gray (Bedfordshire Clinical Commissioning Group)
Presented by:	Dr J Baxter, Bedfordshire Clinical Commissioning Group

Action Required:

1. **To note actions being taken to address decrease in performance in three key mental health outcome measures.**
2. **To discuss additional Areas of Mental Health Performance Management which could be looked at in more detail to get a better feel for customer and carer experience of mental health services.**

Executive Summary	
1.	At its meeting in March 2013 the Health and Wellbeing Board (HWB) requested a report detailing the actions in place to improve the position in relation to the three Mental Health indicators below that were behind benchmark: 1. the proportion of people with anxiety and/or depression who receive psychological therapies (IAPT) 2. Proportion of people with mental illness in settled accommodation 3. Proportion of people with mental illness in paid employment This paper outlines the actions underway and action in place

Background	
2.	**Increasing access to psychological therapies**
	The Department of Health set a national target two year target to increase access to psychological therapies so that 15% of the population with

	depression and anxiety access services by March 2015. The Bedfordshire position at March 2013 was that 4.1% (13,090) of the population had accessed a service.
2.1	**Completed actions** Since the last Health and Wellbeing Board meeting BCCG has approved a two year plan; which includes increased financial support to enable the service to expand and deliver access to 10% of the population by March 14 and 15% in March 2015.
2.2	**Actions underway**
2.2.1	**Contract monitoring and management** The local service Step by Step has achieved 4.1% access rates for the last three years. With additional investment and recent improvements in the pathway, which are being monitored closely, the service is working with commissioners to increase access and deliver 8.8% access rates by March 2014.
2.2.2	**Increase capacity through counsellor accreditation** Historically IAPT services have been very centrally prescribed with national requirements for staff and data collection routes. This has meant that Counsellor activity cannot be included within the IAPT data return as they are not regarded as 'IAPT accredited' although they offer services that largely meet IAPT requirements. BCCG are one of the only CCG's in the country who have arranged for a course to be run locally in July which will enable counsellors to gain accreditation so their work with people can be 'counted' . They will then attend an IT course to enable them to upload their data. It is expected that these changes will deliver access to a further 6.5% of the population.
2.2.3	**Expected year end position** The CCG expects to see the impact of these increases in service delivery reported by providers to the CCG in their quarter 2 data returns which are received in mid-October. These will be closely monitored and reviewed through routine contract routes. The table below shows the trajectory for the year. The total increase possible from the increases outlined above is 8.8% from Step by Step and 6.5% from the accredited counsellors giving a total of 15.3%.

	The table below sets out the trajectory for this next financial year. **Jul – Sept 13 – Q2 report October 13** | **Oct- Dec 13 reports Jan 14** | **Jan – march 14 Q4 reports April 14** 5% | 7.5% | 10.0% Recommendation That the Board note the actions in place to deliver the IAPT target.
3.	**Improving the Performance Measurement of:** • Proportion of adults in contact with secondary mental health services in paid employment (ASCOF - IF measure) Proportion of adults in contact with secondary mental health services living independently, with or without support (ASCOF - IH measure)
3.1	**Background** Both ASCOF IF and ASCOF IH are measures which are required to be submitted as part of the Adult Social Care Outcomes Framework, (ASCOF). The data source for these measures is the Mental Health Minimum Data Set, and the performance information for both these measures is submitted by South Essex Partnership Trust, (SEPT) the local specialist Mental Health NHS Foundation Trust.
3.2	**Definition of the Measures** ASCOF – IF is designed to measure improved employment outcomes for adults with mental health problems, with the aim of reducing their risk of social exclusion and discrimination. Key outcomes for this measure are: • employment should be seen as one of the important factors in helping people with a mental health issue manage or recover from their mental health condition • employment outcomes demonstrate that the overall quality of life for people with mental health issues improve so that they have more money, better family lives and play a bigger part in their local community • employment opportunities demonstrate how things such as physical health and wellbeing are improved for people with mental health issues. Information for this measure is collected and recorded at the time of the most recent social worker assessment or review for each individual.
	ASCOF – IH is designed to measure improved outcomes for adults with mental health problems by demonstrating the proportion who are in stable

and appropriate accommodation. Key outcomes for this measure are:

- improving safety for people with mental health issues, so they do not experience discrimination and stigma within their local communities
- reducing the risk of social exclusion and loneliness which in themselves could make the persons mental health worse.

Information for this measure is also collected and recorded at the time of the most recent social worker assessment or review for each individual.

3.3 **Performance Information for 2010–11 and 2011–12**

Adults in contact with secondary mental health services in employment (ASCOF- IF)

Year	Central Bedfordshire	All England Average	CIPFA Family Group Average	CIPFA Family Group	
				Lowest	Highest
2010-11	17.5%	12.9%	9.2%	3.5%	28.7%
2011-12	5.4%	8.9%	10.1%	2.8%	18.0%

Adults in contact with secondary mental health services living independently, with or without support (ASCOF IH)

Year	Central Bedfordshire	All England Average	CIPFA Family Group Average	CIPFA Family Group	
				Lowest	Highest
2010-11	92.8%	74.9%	66.7%	45.5%	92.8%
2011-12	53.1%	54.6%	55.5%	19.5%	71.4%

For both measures there has been a significant drop in performance between 2010–11 and 2011–12.

Through support provided by the Central Bedfordshire Council Social Care Performance Team, it has been checked that though both these measures moved from being National Indicators, to the ASCOF; there has been no

	change in the way the information is collected. However looking at the All England average percentage this also showed a decrease, for these two reporting years. Working with colleagues in the SEPT Performance Unit, actions were agreed to address this dip in performance.
3.4	**Actions Taken to Address Performance Issues** The following actions have been put in place to take forward a coordinated approach with SEPT to addressing this decrease in performance.
	• As part of the annual performance target setting process with SEPT, the 2012/13 internal SEPT data collection process has been scrutinised by both SEPT and Central Bedfordshire Council Performance Team. This showed that there were significant data recording issues within SEPT Teams especially in 2011/12, where outcomes from individual reviews of care and treatment packages were not being recorded correctly. An action from this was that throughout 2012/13 each Community Mental Health Team(CMHT), has needed to recheck all case loads and a more robust procedure has been put in place to ensure electronic service user records are updated after reviews to show the accommodation and employment status of each individual service user.
	This checking process also identified where there were a few examples of duplicate entry of information and this misleading data has been removed from both the local CMHT records and the master data-set of performance information held by SEPT's Performance Unit.
	The 2012/13 ASCOF outturn for both these measures has just been released, however the actual wider reporting of the data is embargoed until final moderation is completed by the National office of the Information centre for Social Care. The direction of travel though indicates that for 2012/13 the percentage for both measures has increased and is closer to the 2010-11 outturns.
	• The Performance Management Group for the mental health Section 75 contract between Central Bedfordshire Council and SEPT, which meets every two months, has included both these measures as reports which will be required of SEPT. This will allow for any changes in performance to be identified and mitigating actions agreed with SEPT.
	To get a better feel for how support from SEPT and other services are making a real difference to people's lives, when they are supported with their employment and housing needs, at each Performance Management Group meeting a random sample of case studies are going to be presented. This show individual's personal journeys as they manage their

	mental health conditions as well as highlighting any barriers they have encountered as they have become well, so as a whole social care and health system we can better target any change to how services are delivered.

Detailed Recommendation	
4.	**Recommendation: Though actions have been put in place to address the performance decrease in these two Mental Health indicators, would the Board like both BCCCG and the Social Care, Health and Housing Directorate to explore in more detail other areas of performance to gain much greater insight into peoples real life experiences, for example: experience of carers receiving needs assessments, customer direct feedback on whether through the course of their treatment they felt treated with dignity and respect.**

Issues	
Strategy Implications	
5.	This area aligns with Priory 9 of the H&WBB Strategy: Improving Mental Health and Wellbeing of Adults.
6.	There is an alignment with the BCCG Strategic Commissioning Plan and the areas of focus: care right now (urgent or unscheduled care0 and care when its not that simple (addressing complex care needs)
Governance & Delivery	
7.	Delivery and Progress will also be reported to the: Mental Health programme Board, the joint commissioning group, the Mental Health Delivery Partnership Board and HCOP Progress for the two ASCF measures will also be monitored through the CBC Section 75 Performance Management Group
Management Responsibility	
8.	Responsibility for the delivery of the outcomes rests with the Director for Social Care, Health and Housing and the Chief Operating Officer for the Clinical Commissioning Group. This responsibility may be delegated for day to day operational delivery.
Public Sector Equality Duty (PSED)	
9.	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 /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 (type name)

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Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Longer Lives
Meeting Date:	18 July 2013
Responsible Officer(s)	Muriel Scott and John Rooke
Presented by:	Muriel Scott, Director of Public Health

Action Required:

1. **Consider the Longer Lives analysis of the rates of premature mortality in Central Bedfordshire**
2. **Agree the proposed next steps**
3. **Consider the implications for the Health and Wellbeing Strategy and the Bedfordshire Plan for Patients**

Executive Summary	
1.	Longer Lives is a new website showing significant variation in early death rates to drive public awareness and local action to tackle public health problems. The data show that Central Bedfordshire has a lower premature mortality rate compared to most other parts of the country and is third best in the country for low death rates from liver disease . However, when compared with the top 10% least deprived local authorities, Central Bedfordshire has a higher overall rate and higher rates of premature mortality from cancer, heart disease and stroke, and lung disease. Only liver disease shows Central Bedfordshire has a lower rate of premature mortality. This paper provides the board with an overview of the findings, the proposed next steps and the implications for health partners and the council.

Background	
2.	Public Health England, on the 11 June 2013, published a set of data to highlight the numbers of people in England dying prematurely (defined as before the age of 75). The data is for the period 2009- 2011.

	The rates are published for overall mortality and four disease groups that have the greatest contribution to premature mortality: cancer, heart disease and stroke, lung disease, and liver disease. Each local authority in England is compared to the national average and for the first time these data are also compared to other local authorities of similar socio-economic status – termed Similar Areas - based on the Index of Multiple Deprivation (IMD) 2010.
3.	The data show that people in Central Bedfordshire have a lower premature mortality rate compared to most other parts of the country. The rate of premature mortality has fallen year-on- year. In the period 2005-07, 274 people in every 100,000 of the population were dying prematurely, this dropped to 237 people in the period 2009-11. However, when compared with the new grouping of local authorities, Central Bedfordshire has a higher overall rate than all but one local authority within the same group. Within the new grouping Central Bedfordshire also has higher rates of premature mortality from cancer, heart disease and stroke, and lung disease. Only liver disease shows Central Bedfordshire has a lower rate of premature mortality than all but one area in its comparator group.

Mortality	Central Bedfordshire national rank out of 150 areas	Central Bedfordshire rank out of 15 similar areas by IMD 2010	Central Bedfordshire rank out of 16 similar areas (CIPFA)
Overall	**33rd**	**14th**	**6**
Cancer	**50th**	**14th**	**6**
Heart Disease & stroke	**30th**	**12th**	**6**
Lung Disease	**48th**	**14th**	**7**
Liver Disease	**3rd**	**2nd**	**3**
	Rank of 1 is best		

The graphical representation of this data is shown in Appendix A

4.	The following approaches are known to work in addressing premature mortality are; • Reducing inequalities in health by giving every child the best start in life and by tackling the wider determinants of health such as housing, employment, air quality, educational attainment and child poverty which contribute to improved healthy life expectancy • Minimising the risk of developing a long term condition by helping people to make healthy lifestyle choices, such as not smoking, being physically active, maintaining a healthy weight and drinking within safe limits.

	• Identifying long term conditions early through programs such as NHS Health Checks and then delivering high quality primary care. Good blood pressure control and cholesterol control are important in patients diagnosed with Coronary Heart disease and Stroke patients. Good blood sugar control is important in patients diagnosed with diabetes. • Commissioning high quality care in an acute setting if people with a long term condition require this. • Improving cancer awareness and screening uptake to increase early detection and treatment. The Longer Lives report also identifies the main modifiable risk factors which can reduce rates of premature mortality. These are: *Heart Disease and Stroke* –smoking, hypertension, poor diet and physical activity *Cancer* – smoking, poor diet and alcohol *Lung Disease* – smoking and air quality

Detailed Recommendation	
5.	That the Board agrees that the Longer Lives analysis provides an excellent challenge to its constituent members to work together to ensure that the outcomes for the residents of Central Bedfordshire are amongst the very best in England.
6.	That to meet this challenge a number of actions can be taken in the short term: • Benchmarking existing services, which address the modifiable risk factors, against those in similar areas to see where service delivery and outcomes could be improved. These include stop smoking services, Healthchecks, alcohol services, screening and obesity. • That the BCCG localities within Central Bedfordshire use the recently produced locality profiles to improve outcomes at a practice and locality level. These should include the identification and treatment of hypertension and diabetes, achievement of Healthcheck targets, as well as reducing variation in care at a practice level. • That the JSNA re-fresh of chapters covering cardiovascular disease, cancer, Chronic Obstructive Pulmonary Disease (COPD) asthma and diabetes, due in August 2013, identify the specific actions required by each organisation to reduce premature mortality.
7.	That in the longer term the Board assures itself that actions are being taken to address the wider determinants of health which impact upon premature mortality and inequalities in health. It is proposed that the HWB receives a more comprehensive action plan at the meeting in November where actions to reduce premature mortality will be detailed and include those to address the wider determinants of health.

8.	That the HWB reviews the Joint Health and Wellbeing Strategy, in the light of Longer Lives and the JSNA Executive Summary which is due to be considered by the HWB in September 2013.

Issues	
Strategy Implications	
9.	The Joint Health and Wellbeing Strategy already includes a priority to help people make healthier lifestyle choices and the earlier identification of cardiovascular risk through Healthchecks. However the actions within the priority should be reviewed in light of Longer Lives, including its focus on the wider determinants of health.
10.	The process for reviewing the Bedfordshire Plan for Patients and Locality Plans has already commenced and should include specific actions to address premature mortality and reduce variation in care within Primary Care.
Governance & Delivery	
11.	There are a number of elements to the current governance: • Delivery of services to help people make healthy lifestyle choices is through performance and contract management of commissioned services by the Public Health Teams. • NHS England is responsible for assuring effective screening programmes and holds contracts for Primary Care. • Bedfordshire Clinical Commissioning Group Governing Body is responsible for commissioning high quality care for people with long term conditions and for reducing variation in primary care. The governance mechanisms may need to be reviewed in light of the comprehensive action plan.
12.	Interventions and changes to services implemented now may take several decades before the impact is seen on premature mortality. However premature mortality rates will be measured annually to ensure that the downward trajectory is maintained and performance relative to peers starts to improve.
Management Responsibility	
13.	Responsibility for delivery will be included in the comprehensive action plan.

Public Sector Equality Duty (PSED)	
14.	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*

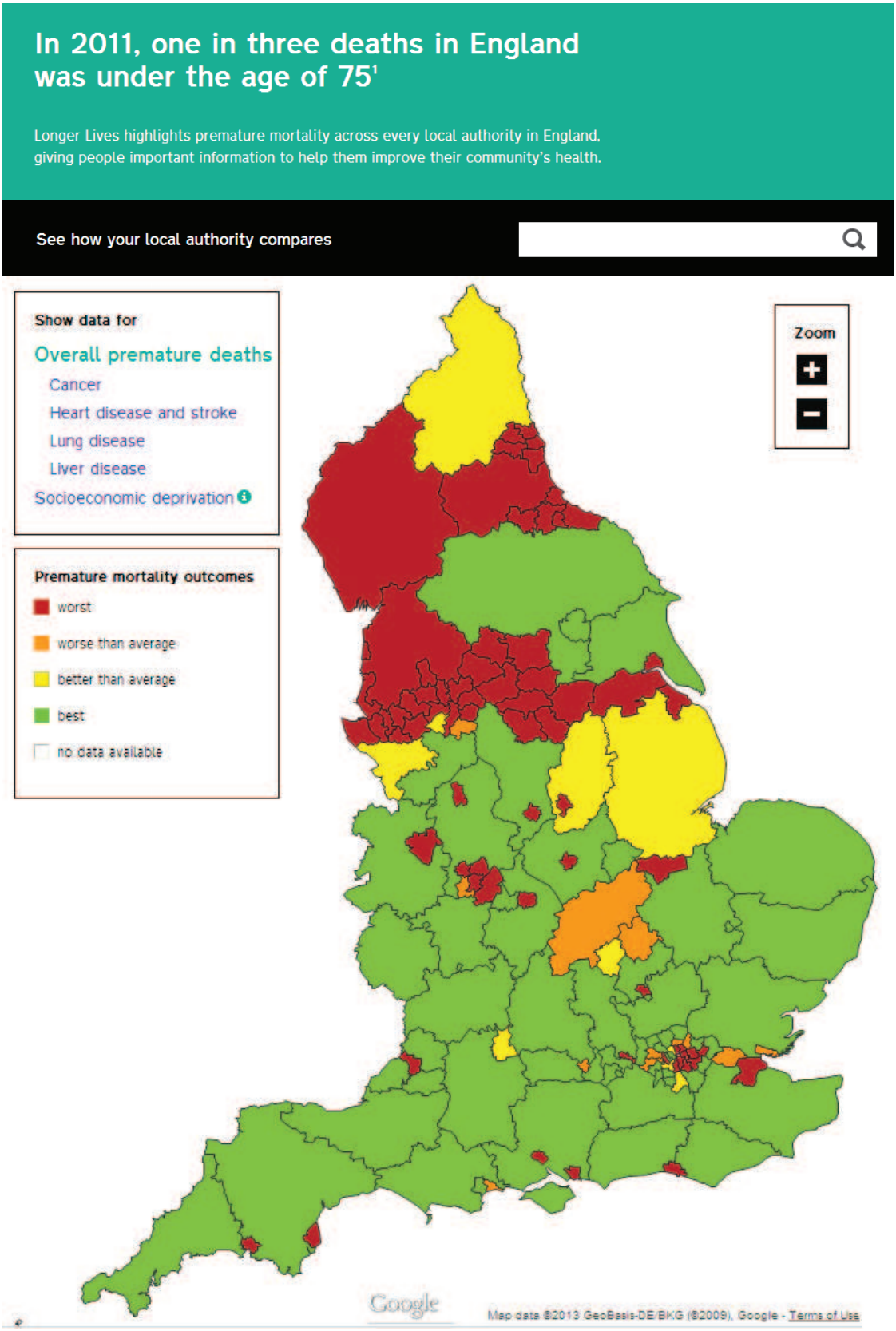
Risk Analysis
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

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

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

Presented by Muriel Scott

Appendix A


In 2011, one in three deaths in England was under the age of 75[1]
Longer Lives highlights premature mortality across every local authority in England, giving people important information to help them improve their community's health.
See how your local authority compares
Show data for
Overall premature deaths
Cancer
Heart disease and stroke
Lung disease
Liver disease
Socioeconomic deprivation
Premature mortality outcomes
worst
worse than average
better than average
best
no data available
Zoom
Google
Map data ©2013 GeoBasis-DE/BKG (©2009), Google - Terms of Use

All local authorities

National view: Central Bedfordshire's rank within the 150 local authorities in England.

Premature mortality outcomes worst worse than average better than average best

Overall premature deaths per 100,000 for 2009–2011

33rd OUT OF 150 LOCAL AUTHORITIES

200 LOWEST: WOKINGHAM

237 CENTRAL BEDFORDSHIRE

455 HIGHEST: MANCHESTER

Rank	Deaths per 100,000 for 2009–2011	Common causes
50th OUT OF 150 LOCAL AUTHORITIES	**Cancer** 83 LOWEST: HARROW 101 CENTRAL BEDFORDSHIRE 152 HIGHEST: MANCHESTER	Smoking Alcohol Poor diet How to reduce cancer rates Reduce your risk of cancer
30th OUT OF 150 LOCAL AUTHORITIES	**Heart disease and stroke** 40 LOWEST: WOKINGHAM 53 CENTRAL BEDFORDSHIRE 116 HIGHEST: MANCHESTER	High blood pressure Smoking Poor diet How to reduce heart disease rates Reduce your risk of heart disease
48th OUT OF 149 LOCAL AUTHORITIES	**Lung disease** 14 LOWEST: BROMLEY 20 CENTRAL BEDFORDSHIRE 62 HIGHEST: BLACKPOOL	Smoking Air pollution How to reduce lung disease rates Reduce your risk of lung disease
3rd OUT OF 149 LOCAL AUTHORITIES	**Liver disease** 9 LOWEST: WILTSHIRE 9 CENTRAL BEDFORDSHIRE 39 HIGHEST: BLACKPOOL	Alcohol Hepatitis Obesity How to reduce liver disease rates Reduce your risk of liver disease

Mortality rankings

Premature mortality outcomes — worst | worse than average | better than average | best

Similar Areas Ranking

Ranking similar areas to Central Bedfordshire

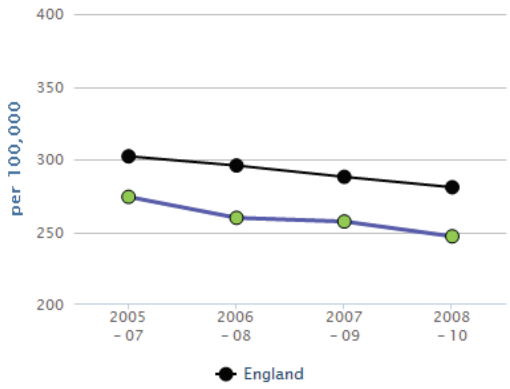
< return to national rankings

Rank	Local authority	Population	Premature deaths per 100,000
1	Wokingham	154,943	200.3
2	Richmond upon Thames	187,527	202.3
3	Surrey CC	1,135,367	208.5
4	South Gloucestershire	263,417	208.5
5	Rutland	37,581	209.3
6	Hampshire CC	1,322,118	214.8
7	Kingston upon Thames	160,436	215.5
8	West Berkshire	154,148	215.7
9	Buckinghamshire CC	506,550	218
10	Windsor and Maidenhead	145,098	220
11	Bath and North East Somerset	175,538	227.7
12	Hertfordshire CC	1,119,824	228.5
13	Leicestershire CC	651,179	235.6
14	Central Bedfordshire	255,644	236.8
15	Bracknell Forest	113,696	240.6

Premature Mortality Trend 2005-07 to 2008-10

Mortality from all causes, aged <75
Central Bedfordshire

Directly standardised rate - per 100,000



Period	Sig	Value	Lower CI	Upper CI	East of England	England
2005 - 07	●	274.3	262.6	286.4	265.7	302.2
2006 - 08	●	259.9	248.7	271.5	260.5	295.9
2007 - 09	●	257.3	246.3	268.7	254.3	288.1
2008 - 10	●	247.2	236.5	258.2	248.8	280.9

Source: ONS mortality file and ONS LSOA single year of age population estimates

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Pharmaceutical Needs Assessment (PNA) – Position Statement
Meeting Date:	18 July 2013
Responsible Officer(s)	Muriel Scott, Director of Public Health
Presented by:	Muriel Scott, Director of Public Health

Action Required:

1. **Note the Health & Wellbeing Board's new responsibilities for the development of the Central Bedfordshire PNA;**
2. **Agree the process and timescales for the development of the Central Bedfordshire PNA by April 2015**

Executive Summary	
1.	From 1st April 2013, the Health and Wellbeing Board has a statutory responsibility1 to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA) The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 sets out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations

Background	
2.	PNAs are used to make decisions on which NHS and Public Health funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS and CBC budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

3.	Community pharmacies are a valuable and trusted public health resource. The number of contacts with the public each day makes community pharmacy teams important partners in improving health and wellbeing and reducing health inequalities.
4.	The Board has not previously considered this proposal; the last PNA was produced by NHS Bedfordshire, covering both local authorities, Central Bedfordshire and Bedford Borough, in January 2011

Detailed Recommendation	
5.	The Board has a legal duty to check the suitability of existing PNAs, compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes. The Board will need to publish its own revised PNA by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand.
6.	The Health and Wellbeing Board is asked to note its new responsibilities for the development of the Central Bedfordshire PNA and agree the process and timescales for the development of the PNA as set out below: Proposed timescales are as follows:

Milestones	**By when**
Development of revised PNA	October 2013 to June 2014
Draft PNA to come to Health and Wellbeing Board	Autumn 2014
Statutory 60 day consultation	November to December 2014
Draft PNA revised in light of consultation feedback	January 2015
PNA to come to Health and Wellbeing Board for sign off	February/March 2015
Central Bedfordshire PNA published	April 2015

Issues	
Strategy Implications	
7.	**<u>Legal Issues</u>** Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings
8.	**<u>Resource Implications</u>** Capacity of existing Public Health team members

Governance & Delivery	
9.	It is recommended that the JSNA Steering Group co-ordinate the development of the PNA by establishing a specific Task and Finish Group. Members of the Group would include a representative from BCCG Medicines Management team and a representative from the Local Area Team Local Professional Network for Pharmacists.
Management Responsibility	
10.	Muriel Scott, DPH Central Bedfordshire, will be accountable for delivery of the PNA Martin Westerby, Head of PH, Adults & Older People will be responsible for day to day oversight and delivery.
Public Sector Equality Duty (PSED)	
11.	It is highly likely that some areas of inequality will be identified as part of the PNA process and addressed on completion/implementation of the PNA. An Equalities Impact Assessment will be conducted when the final document is produced.
	Are there any risks issues relating Public Sector Equality Duty No

Risk Analysis
If the PNA is not developed, there is a risk of not meeting the pharmaceutical needs of the local population through potential cessation of pharmaceutical services.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
The PNA is open to legal challenge by pharmacies in relation to provision of services and gaps identified.	low	high	Follow regulatory guidelines/national template and due diligence to produce a robust, evidence-based PNA
Source Documents		**Location (including url where possible)**	

Presented by Muriel Scott

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Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	**Board Development and Work plan 2013 -2014**
Meeting Date:	18 July 2013
Responsible Officer(s)	Richard Carr
Presented by:	Richard Carr

Action Required: That the 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 2013 -2014.

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 assumed 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 – Health and Wellbeing Board Work Programme
B – Item request form for 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	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
1.	Reducing Teenage Pregnancy	To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	5th September 2013		Muriel Scott (Director of Public Health) Contact Officer: Celia Shohet, AD Public Health
2.	Annual Report Local Safeguarding Childrens Board	To receive and comment on the annual report.	5th September 2013		Edwina Grant (Director of Children's Services and Deputy Chief Executive) Contact Officer: Phil Picton, Independent Chair of the Central Bedfordshire Safeguarding Children Board
3.	Impact of Welfare Reforms	To receive and comment on the Welfare Reforms	5th September 2013		Julie Ogley (Director of Adult Social Care, Health and Housing, CBC)
4.	Steps, milestones and delivery mechanisms to improve outcomes for Frail Older People		5th September 2013		Julie Ogley (Director of Adult Social Care, Health and Housing, CBC)

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
5.	Process for Promoting Independence and Choice		5th September 2013		Julie Ogley (Director of Adult Social Care, Health and Housing, CBC)
6.	Transfer of Funding from Health to Social Care (Section 256)		5th September 2013		Julie Ogley (Director of Adult Social Care, Health and Housing, CBC) Contact Officer (Patricia Coker, Head of Partnerships and Performance, Social Care, Health and Housing)
7.	Joint Strategic Needs Assessment (JSNA) Executive Summary		5th September 2013		Muriel Scott (Director of Public Health)
8.	Improving the health of Looked After Children	To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	7 November 2013		Anne Murray (Director of Quality and Safety, BCCG) Contact Officer: Clare Sanders (Deputy Director, BCCG)
9.	Follow up report – the implications for high dependency children and young people of the special educational needs reform		7 November 2013		Edwina Grant (Director of Children's Services and Deputy Chief Executive, CBC) Contact Officer: Edwina Grant
10.	Reducing Childhood Obesity	To receive and comment upon the current position and progress towards delivering this	9th January 2014		Muriel Scott (Director of Public Health)

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
		priority within the Joint Health and Wellbeing Strategy.			Contact Officer: Celia Shohet, AD Public Health
11.	Update on Progress to reducing inequalities		13 Feb 2014		Muriel Scott (Director of Public Health) Contact officer: Celia Shohet, AD Public Health
12.	Governance and delivery of the Improving outcomes for Frail Older People	To consider a report detailing the governance arrangements and the delivery of this element of the Joint Health and Wellbeing Strategy	TBC		Julie Ogley (Director of Adult Social Care, Health & Housing, CBC) John Rooke, Chief Operating Officer, BCCG
13.	Transition arrangements for High Dependency Children to Adult Social Care		TBC		Julie Ogley (Director of Adult Social Care, Health & Housing, CBC) and Edwina Grant (Director of Children's Services and Deputy Chief Executive, CBC)
14.	Annual Assessment of CCGs	To receive a report on the annual assessment process for the CCG	TBC		John Rooke (Chief Operating Officer, BCCG)

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