Central Bedfordshire Health and Wellbeing Board

Agenda

Meeting Title:	Central Bedfordshire Health and Wellbeing Board
Date:	Thursday, 5 September 2013
Time:	1.00 p.m.
Location:	Room 15, 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 18 July 2013 and note actions taken since that meeting.

Business

Item	Subject	Page Nos.	Lead
4.	**Reducing Teenage Pregnancy** To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	15 - 28	MS
5.	**Understanding the Impact of the Welfare Reform in Central Bedfordshire** To receive and comment on the Welfare Reforms.	29 - 36	JO

6.	**Improving Outcomes for Frail Older People- Steps, Milestones and Delivery Mechanisms** To receive the progress report on Improving Outcomes for Frail Older People.	37 - 62	JO
7.	**Integrating Health and Social Care - Pioneer Bid and Funding** To consider the call to local areas to become Integrated Health and Social Care Pioneers.	63 - 84	JO
8.	**Winterbourne View Progress Report** To receive an update on the progress and key work streams which are being undertaken by health and social care partners in Central Bedfordshire following the Winterbourne View	85 - 110	JO/ES
9.	**Bedford Hospital** A verbal update on the current position.		DG
10.	**System Leadership Programme** To inform the Board of the successful application for system leadership support.	111 - 116	RC
11.	**Establishing Healthwatch Central Bedfordshire - Translating the Vision into Reality** To receive an update.	117 - 122	RF
12.	**Presentation on links between work undertaken by the Development Planning and Housing Strategy Team on the draft Development Strategy, CIL and Green Infrastructure with Health** To receive a presentation.		RFOX
13.	**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.		
14.	**Board Development and Work Plan 2013 - 2014** 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.	123 - 132	RC

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

Dr J Baxter	Clinical 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 England
Mrs E Grant	Deputy Chief Executive / Director of Children's Services, Central Bedfordshire Council
Dr P Hassan	Chief Accountable Officer, 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	22 August 2013

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Chicksands, Shefford on Thursday, 18 July 2013

PRESENT

Cllr Mrs P E Turner MBE (Chairman)

Dr J Baxter	Clinical 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
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:
Mr M Coiffait
Dr P Hassan (Vice-Chairman)
Cllr J G Jamieson
Mrs J Ogley
Mr J Rooke

Members in Attendance: Cllrs A L Dodwell
A M Turner,

Officers in Attendance:

Mrs M Clampitt	–	Committee Services Officer
Mrs P Coker	–	Head of Service, Partnerships - Social Care, Health & Housing
Dr D Gray	–	Director of Strategy and System Redesign (Bedfordshire Clinical Commissioning Group)
Mr P Groom	–	Head of Commissioning (Adult Social Care)
Mr D Jones	–	Interim Assistant Director, Social Care, Health and Housing
Mr N Murley	–	Assistant Director Business & Performance
Mrs A Murray	–	Director of Nursing and Quality
Mrs C Shohet	–	Assistant Director for Public Health, NHS Bedfordshire

HWB/13/12 **Chairman's Announcements and Communications**

The Chairman welcomed everyone to the meeting.

The Chairman advised that the presentation for Item 7 – Working Together had been withdrawn.

The Chairman noted that due to an emergency meeting of the Bedford Health and Wellbeing Board, Dr Diane Gray might be delayed.

HWB/13/13 **Minutes**

RESOLVED

That the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on 9 May 2013 be confirmed and signed by the Chairman as a correct record, subject to the amendment of two titles as follows:

Dr Paul Hassan is Chief Accountable Officer, Bedfordshire Clinical Commissioning Group

Dr Judy Baxter is Clinical Director, Bedfordshire Clinical Commissioning Group.

HWB/13/14 **Safeguarding and Patient Safety**

The Board considered a report which provided an update on progress with safeguarding and patient safety.

The Director of Nursing and Quality, Bedfordshire Clinical Commissioning Group (BCCG) informed the Board of the approaches and actions in place to ensure patient safety.

She emphasised the importance of listening to patients' feedback on their experiences.

Nationally the Francis report had highlighted five key areas for action and BCCG had reviewed its position in each area.

The Interim Assistant Director, Social Care, Health and Housing, Central Bedfordshire Council (CBC), explained that safeguarding had moved to a broader based approach beyond a focus on process. Governance arrangements had been strengthened.

Clarification was sought on several points contained in the report regarding the quality of care homes following the unacceptable standards found at Meppershall. In response, the respective roles of the Council and the Care Quality Commission were explained, as were the steps taken to safeguard the wellbeing of the residents at the home.

In welcoming the progress outlined in the report, the Executive Member for Social Care, Health and Housing emphasised that the Council had a zero tolerance approach to safeguarding and would therefore maintain the focus on the issue.

The Deputy Chief Executive and Director of Children's Services advised the Board that though she was confident in the safeguarding arrangements for children and young people in Central Bedfordshire, it was important not to lose sight of those placed in other council areas.

RESOLVED

1. **that the current position and progress towards delivering Priority 2 of the Joint Health and Wellbeing Strategy be noted.**

2. **that a report highlighting those issues which would benefit from a particular focus be brought to the 7 November Health and Wellbeing Board meeting.**

HWB/13/15 **Improving mental health for children and their parents**

The Board considered an interim report which provided an update on reviews to improve mental health for children and their parents.

The Director of Strategy and System Redesign advised that the reviews of the pathway of child and adolescent mental health (CAMH) services would be reported in the Autumn to the Board. The Board noted that the review had been split into two sections:

- Tiers 1 & 2 delivered by the Council and other providers
- Tier 3 delivered by the Bedfordshire Clinical Commissioning Group

The Deputy Chief Executive and Director of Children's Services advised the Board that the new system was working well. There were increasing pressures which included:

- Adoption of children being processed faster at 26 weeks
- Impact on children of domestic violence

The Board noted the work being carried out to date as detailed in Appendix 1 to the report. Appendix 2 provided the aims and scope of the reviews. The review would help provide better services whilst streamlining the processes.

RESOLVED

1. **that the progress made to date to improve the mental health of children and their parents, be noted.**

2. **that the steps being taken to integrate care across health and social care be noted.**

3. **that a report detailing the outcome of the two reviews referred to in the report be brought to a future meeting of the Health and Wellbeing Board.**

HWB/13/16 **Community Beds Review**

The Board considered a report which summarised the findings of a joint review between Bedfordshire Clinical Commissioning Group (BCCG) and Central Bedfordshire Council (CBC) into healthcare and social care resources in the community.

The paper had originally been considered by the Social Care, Health and Housing Overview and Scrutiny Committee on 10 June 2013 (Minute no. SCHH/13/25 refers).

The Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) apologised for the delay in providing the report. The work was undertaken by NHS/BCCG staff, Central Bedfordshire Council (CBC) and Bedford Borough Council (BBC) and produced in two review reports specific to each local authority area. The review had been expanded to include other health and social care services providing care within the communities. The report had been renamed the Central Bedfordshire Health and Social Care Review.

The Board noted that traditional methods of service provision were not sustainable and that other options had to be considered. The review report identified 7 service improvements as follows:

- Creation of a Step up, Step Down in the North of Central Bedfordshire following the successful pilot in the South of Central Bedfordshire.
- Establishment of a Framework Agreement for engaging with providers of care homes including a quality system for informing general residential and nursing care home fee levels from 2013/14.
- To improve the quality and level of dementia provision, establish a quality accreditation scheme for care homes and introduce an incentive scheme for all dementia related residential care home placements from 2013.
- A programme to provide a range of supported living / Extra Care housing across Central Bedfordshire will be taken forward to provide more choice for older people with care needs.

- Implementation of an Integrated Urgent Care Pathway to streamline proactive and reactive support arrangements so as to avoid inappropriate admission to hospital and residential care and support timely discharge.
- Provision of a number of 'Assessment Beds' in a care home environment that allow people to consider, with professional support, advice and a full health and care needs assessment, how they can best satisfy their future care needs.
- Single commissioning arrangements for all residential and nursing care home services, based on quality and, where appropriate, assessed customer need.

The Board concurred with the Social Care Health and Housing Overview and Scrutiny Committee, that clear guidance had to be established for the patients, carers and family members on care pathways. The Director of Strategy and System Redesign, BCCG confirmed that this would be done but also a clinical care navigator would be available to assist the relevant people on their journey.

In response to question, it was suggested that the joint commissioning group, provided a structure which should plan and oversee the joint implementation of the 'community beds review' recommendations.

The Board requested that a paper providing in high level terms – the implementation plan for the recommendations of the review, be brought to the 7 November Board meeting.

RESOLVED

1. **that a report be brought to the 7 November Health and Wellbeing Board summarising in high level terms – the implementation plan for the recommendations of the review.**

2. **that the model of care as set out in the paper at Section 4 be endorsed.**

3. **that the three priorities for joint development as set out in the paper at Section 5 be endorsed.**

HWB/13/17 **Working Together**

This item had been withdrawn prior to the meeting.

HWB/13/18 **Improving mental health and wellbeing of adults**

The Board considered a report which detailed the actions in place to improve the position in relation to the three Mental Health indicators, as follows, that were behind benchmark:

- the proportion of people with anxiety and/or depression who receive psychological therapies (IAPT – improving access to psychological therapies)

- proportion of people with mental illness in settled accommodation
- proportion of people with mental illness in paid employment

The report had been requested by the Board at their meeting held on 21 March 2013 (Minute No. SHWB/12/56 refers).

The Clinical Director, Bedfordshire Clinical Commissioning Group (BCCG) explained that the Department of Health (DoH) had set a two year national target to increase access to psychological therapies to 15% of the population with depression and anxiety by March 2015. As at March 2013, Bedfordshire was at 4.1% (13,090 people). BCCG had approved a two year plan which would increase access to 10% by March 2014 and 15% by March 2015. to date:

- Step by Step had achieved 4.1% access rate. The BCCG would be monitoring the service closely and following additional investment in the pathway would deliver 8.8% access rate by March 2014.
- Improving access to psychological therapies (IAPT) historically the counsellors had not been 'IAPT accredited' thus their activity could not be included in the IAPT data return. BCCG had arranged for a course to be held in July which will gain accreditation for the counsellors' work. There would also be Information Technology (IT) course. These measures would deliver a 6.5% access rate.

By the end of the year, the total increases outlined above would be 15.3%.

The Head of Contracts, Social Care, Health and Housing Commissioning explained the two performance indicators were part of the Adult Social Care Outcomes Framework (ASCOF):

- Proportion of adults in contact with secondary mental health services in paid employment (ASCOF – IF measure)
- Proportion of adults with secondary mental health services living independently, with or without support (ASCOF – IH measure)

The information for both indicators is collected through the social worker assessment or review of the individual.

The 2012 – 2013 data were being moderated at the time of the agenda being issued but were provided as follows:

2011/12 ASCOF – IF 5.4%
2012/13 ASCOF – IF 11.8%
2011/12 ASCOF – IH 53.1%
2012/13 ASCOF – IH 78.2%

The increases in the performance indicators was due to better recording of the data. It was noted that South Essex Partnership Trust (SEPT) had been asked to provide data on a number of areas to aid monitoring and enable a focus on improvement.

The Interim Assistant Director, Social Care, Health and Housing explained that both Central Bedfordshire Council and the Bedfordshire Clinical Commissioning Group needed to review the information and determine the way forward.

Mr Granger, a member of the public and user of the services, expressed his concerns about the service.

It was requested that a report be brought to the 7 November Board meeting to review all of the outcomes and the progress against each.

RESOLVED

1. **that the actions being taken to address decrease in performance in three key mental health outcome measures be noted.**

2. **that a report be brought to the November Board meeting to provide progress against all outcomes.**

3. **that the additional areas of work on 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, be supported.**

HWB/13/19 **Longer Lives**

The Board considered a report which provided an overview of the Longer Lives website and information on the premature death rates.

Overall, Central Bedfordshire's premature mortality rate was low compared to most other parts of the country. However, when compared to the 10% of least deprived local authorities, Central Bedfordshire had a higher overall rate and higher rates for cancer, heart disease and stroke and lung disease. Liver disease had a lower rate.

On 11 June 2013, Public Health England published data for the period 2009 – 2011 which detailed premature deaths for people before the age of 75.

The Board noted that work was being carried out with GPs and also would be part of the Joint Strategic Needs Assessment (JSNA) refresh. It was agreed that a report would be brought to the November meeting, providing an action plan in response to the data.

RESOLVED

1. **that the Longer Lives analysis of the rates of premature mortality in Central Bedfordshire be noted.**

2. **that the proposed next steps be agreed**

3. **that a report be brought to the November 2013 meeting setting out an action plan in response to the data including covering the specific wider areas of health.**

HWB/13/20 **Paediatric Services**

The Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group (BCCG) provided the Board with a verbal update on Paediatric Services at Bedford Hospital.

The Board were provided with the context for which the current decisions had been made. It was also noted that the situation was changing by the hour and that the priority was the safety and quality of care for children.

It was noted that from 1 August 2013, there would no longer be an A&E department for children at Bedford Hospital. Children would be taken to the next available Children's A&E. Bedford Hospital would continue to run an outpatient service and a nurse practitioner surgery.

The Neonatal service has been protected to maintain the maternity service.

The Interim measures will start from 1 August 2013 and run for 9 months to a year. In that time, work would be carried out on the options for providing the best possible care for children whilst keeping the service as local as possible, whilst being safe and sustainable.

Lastly it was noted that the Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee would be meeting on 29 July to discuss this item in detail. The Board expected that both the BCCG and Bedford Hospital would be in attendance at the meeting.

HWB/13/21 **Pharmaceutical Needs Assessment position paper**

The Board considered a report which explained the need for an updated Pharmaceutical Needs Assessment (PNA).

The Director of Public Health informed the Board that as of 1 April 2013, it had a statutory requirement to publish and keep updated a PNA. The last PNA had been created in 2011 and had covered both Central Bedfordshire and Bedford Borough.

The process for refreshing the PNA must be completed by 2015. The Board noted the timescales and milestones to be met. It was also noted that there would be three material changes to the existing PNA:

- GP practices in Leighton Buzzard
- Wheatfield Road Pharmacy
- Houghton Regis Road Pharmacy

RESOLVED

1. **that the Health and Wellbeing Board's new responsibilities for the development of the Central Bedfordshire Pharmaceutical Needs Assessment (PNA) be noted.**

2. **that the process and timescales for the development of the Central Bedfordshire Pharmaceutical Needs Assessment (PNA) by April 2015 be agreed.**

HWB/13/22 **Public Participation**

The following statements were received in accordance with the Public Participation Scheme.

Mrs M Brown spoke about the importance of acting on concerns raised. In particular, she was concerned about the variation between GP surgeries for identification of Autism and the number of people recognised on the Autism Register.

The Clinical Director for the Bedfordshire Clinical Commissioning Group thanked Mrs Brown for her comments and confirmed that the information had been identified and would be acted upon.

Mr R James advised the Board that he had made a formal complaint to the Council regarding the establishment of Healthwatch.

Mr Granger made the following three statements and asked two questions:

- he supported the concerns regarding the formation and governance of Healthwatch
- the website for Healthwatch was poor
- Item 8 – Improving Mental Health and wellbeing for adults in paragraph 2.1 to whom had the increased financial support been given?
- Item 8 – paragraph 2.2.2 – is this leadership or indication of a problem? What is the majority doing?
- Promotion of the Books on Prescription Scheme was required.

The Clinical Director, Bedfordshire Clinical Commissioning Group thanked Mr Granger for his comments and questions. It was confirmed that the funding he had referred to had been allocated to the current provider Horizon for the Step by Step programme. When the contract ends options would be looked at.

The training for the counselling service had been carried out.

The Books on Prescription Scheme would be promoted and it was noted that it had been relaunched nationally in June.

HWB/13/23 **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 7 November meeting:

- A report which highlights the issues for greatest focus and greatest impact on safeguarding and patient safety
- A report with the results of the 3-tier CAMH review and the outcomes the Board should be focussing on
- A report on the implementation plan for the Community Beds Review
- A report which details all of the outcomes for improving mental health and wellbeing of adults
- A report which provides the action plan in response to Longer Lives

In addition, an item for Healthwatch would be programmed in for each meeting of the Board.

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 3.30 p.m.)

Chairman……..

Dated……..

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Reducing teenage pregnancy
Meeting Date:	5 September 2013
Responsible Officer(s)	Muriel Scott and Celia Shohet
Presented by:	Muriel Scott

Action Required:

1. **Consider the content of this paper and acknowledge the interdependency of partners' shared responsibilities in continuing to reduce teenage pregnancy.**

2. **Agree actions as outlined in the Detailed Recommendation section.**

Executive Summary	
1.	Teenage pregnancy disproportionately affects the most vulnerable young people in society. The causes are complex and influenced by personal, social, economic and environmental factors. International and national evidence demonstrates that a young woman who experiences multiple risk factors is twice as likely to become a teenage mother compared to young women experiencing none of those risk factors. Evidence also shows that teenage mothers and their children are more likely to experience a range of poor health, wellbeing and educational outcomes, and that improving outcomes for teenage parents and their children will help to break the cycle of deprivation (see Appendix 1).
2.	This paper provides an overview of: • the background on the local picture regarding teenage pregnancy; • progress against the evidence-based interventions that contribute to reducing teenage pregnancy (See Appendix 1); • significant emerging issues and trends related to more vulnerable children and young people; • recommendations for key actions. •

Background

3. Locally, reducing teenage pregnancy and supporting teenage parents is a priority within the following strategies and plans: The Joint Health and Wellbeing Strategy; The Children and Young People's Plan; The Bedfordshire Sexual Health Strategy (a Central Bedfordshire specific strategy will be completed in Q3 2013/14); The Think Family Parenting Strategy and From Poverty to Prosperity: A strategy to reduce child poverty and alleviate its effects in Central Bedfordshire.

4. The level of teenage pregnancy is measured by under 18 conception data which includes pregnancies that end in live or still birth and those that end in abortion. Data refers to girls aged between 15 and 17 years who are considered the population at risk. There is a significant time lag for under 18 conception data, with 2011 being the most recent data available across the country.

5. The local target is to reduce the under 18 conception rate to 30.8 per 1000 females aged 15-18 by 2013. This would equate to a 5.13% reduction from the 2009 rate. Confirmed data for 2013 will be published in early 2015.

6.

Table 1: Under 18 Conceptions- Central Bedfordshire, East of England and England 2011

Office for National Statistics: 2011 U18 conception data	England 2011	East of England 2011	Central Bedfordshire 2011
U18 2011 Rate (per 1000 females aged 15-17)	30.7	36.6	27.2
% Leading to Abortion	49 %	50 %	56 %

Between 2010 and 2011, there was a 23.8% reduction in teenage pregnancy rates across Central Bedfordshire, with 39 less conceptions in the under 18s compared to the previous year. The percentage leading to abortion is slightly higher than the regional and national level, however this has reduced from 58% to 56% between 2010 and 2011. Whilst the overall annual rate for Central Bedfordshire is below the regional and national rate, it masks the significantly higher rates of teenage pregnancy occurring within certain wards. These wards are referred to as teenage pregnancy 'hotspot wards' and are considered such due to the under 18 conception rates in these areas falling within the highest 20% rate wards in England. Based upon ward level data for 2009-2011 published in August 2013, there are 6 hotspot wards in Central Bedfordshire: Manshead, Tithe Farm, Houghton Hall, Parkside, Northfields and Planets. Targeted work within these areas and among vulnerable groups remains a priority.

7.

Table 2: Central Bedfordshire- Statistical Neighbour Analysis

LA	Deprivation score (IMD 2010)	Under 18 conception rate 2009-2011	Upper Limit	Lower Limit	Significantly different from neighbour?
Central Bedfordshire	**10.73**	**31.8**	**34.8**	**29.0**	
Hampshire	**11.34**	**25.8**	**27.0**	**24.6**	**Significantly higher**
West Berkshire	**9.98**	**22.4**	**25.4**	**19.7**	**Significantly higher**
Essex	**15.3**	**29.6**	**30.9**	**28.5**	**No significant difference**
Hertfordshire	**11.5**	**23.0**	**24.2**	**21.9**	**Significantly higher**

In comparison to its 4 statistical neighbours, Central Bedfordshire's under 18 conception rates are significantly higher than 3 of them. Statistical neighbour analysis for disaggregated LA data has only been recently made available, and in light of the position of Central Bedfordshire, a detailed, comparative analysis is currently underway and will further inform forward planning from Q3 onwards.

Reducing teenage pregnancy in Central Bedfordshire

Access to sexual health services

8.

A broad range of sexual health services are commissioned by Public Health in Central Bedfordshire and are available universally, and with increased access in hotspot areas (see appendix 2):

- Genitourinary Medicine Services are provided by the Luton & Dunstable Hospital and Bedford Hospital
- Community Contraceptive & Sexual Health Services (CASH) are provided by Terrence Higgins Trust and Brook (including targeted outreach and clinical services through educational settings)
- Varied levels of Sexual Health Services, including Long Acting Reversible Contraception (LARC); Emergency Hormonal Contraception services and Chlamydia Screening and treatment are provided through most GP Practices

The CASH contract has recently been retendered and the new contract (2013/2016) places an emphasis on the development and improved access to sexual health services in Central Bedfordshire.

	Targeted work in high rate areas and among vulnerable groups
9.	Brook deliver targeted outreach work to young people aged 13 and above within schools in hot spot areas and among vulnerable groups such as Looked After Children and young people not in education, employment or training (NEETs). 1:1 programmes/interventions are prioritised and when appropriate small group work is also conducted. Interventions include: supporting young people to explore aspects of risky behaviours; understanding protective behaviours and unhealthy relationships; developing self-esteem and supporting evolving aspirations; helping young people to accept responsibility for their behaviour and understand the consequences associated with it; developing insights into peer influence and pressure and improving knowledge and understanding of sexual health and contraception.
10.	In 2012/13, over 3,000 young people from hotspot areas and vulnerable groups in Central Bedfordshire accessed a targeted 1:1 or group intervention delivered by Brook. However, targets have been refreshed for 2013/14 to ensure the measurement of outcomes rather than outputs and include measuring: • the number of programmes completed per young person (both 1:1 and groups); • the percentage of clients indicating a decreased likelihood of TP, evaluated through the risk assessment questionnaire at the end of programme and completed at 6 weeks and 12 weeks post intervention.
11.	Between September 2012 and July 2013, 11 Early Intervention Programmes (Aspire) were commissioned by Children's Services and Public Health to tackle some of the underlying causes of teenage pregnancy across targeted Middle and Upper Schools within each of the hot spot communities. During this time, a total of 166 young people participated in the 'Aspire' programmes (10 programmes delivered in total) - 92 boys and 74 girls aged between 11 and 14 years.
12.	The group outcomes from the Aspire programmes delivered in 2012/13 evidenced a % increase change from the baseline measurements in the following; • up to a 27% increase in school attendance for boys and 28% increase for girls • up to a 41.3% increase in aspirations for boys and 55% for girls • up to a 33% increase in confidence for boys and 60% for girls • up to 47% increase in self esteem for boys and up to 100% for girls Children's Services and Public Health have commissioned 11 new Aspire Programmes for 2013/14.

	Sex and relationships education
13.	A number of SRE Needs Analyses were conducted by Public Health in 2012/13 where school PSHE (Personal, Social and Health Education) leads in Hotspot Upper and Middle schools were asked a number of questions about the provision of Sex and Relationships Education (SRE) in their school. This included information about: how SRE is taught and by whom: training accessed by staff, and links with the School Nurse Service. A total of 7 Upper Schools and 13 Middle Schools were consulted. The main findings indicated that: • there are limited training opportunities available for staff to deliver effective sex and relationships education - with 60% of schools stating that no SRE training had been undertaken by staff; • costs present a barrier to accessing external, specialist training – with just 2 of all the schools surveyed having received external SRE training; • a small number of schools have provided in house training which was highly valued and is a cost effective way that may enable other schools to provide some level of SRE training to their staff; • most schools had reviewed their SRE policy within the last 3 years but identified the need for on-going support on ensuring the quality of policy; • Governor involvement was limited with just 4 of the 20 schools having a named link Governor for SRE.
14.	In response to the findings from the SRE Needs Analyses, in the Academic Year 2013-14 Public Health will be setting up a 'Central Bedfordshire Council PSHE/SRE Support Network' which will provide a platform to communicate regular bulletins for PSHE/SRE leads in schools that include best practice models of PSHE/SRE delivery, up-to-date resources and training opportunities. In addition to this, Public Health will co-ordinate a bi-annual 'Central Bedfordshire Council PSHE/SRE Support Network' event for all PSHE/SRE leads, Governors, Pastoral staff, Head Teachers and other school staff. The Support Network will provide opportunities for: networking with other PSHE/SRE leads; providing advice on developing high quality PSHE/SRE policies; raising concerns around emerging trends; collaborative working to tackle community issues affecting students and updates on relevant local and national polices, guidance and strategies.
15.	Planned enhancement of the School Nurse Service - through the 5-19 Healthy Child Programme - will include a school nurse led drop in once a week in all teenage pregnancy hotspot Upper/Secondary Schools and their feeder Middle Schools from September 2013. Pupils will be able to access confidential advice, information and sign posting on a range of issue effecting their health and wellbeing, including sexual health and mental health support. This will be expanded to all Upper and Middle schools from September 2014.

	Reducing second and subsequent pregnancies
16.	Around 20% of births in the under 18s occur amongst teenage mothers and 11% of abortions in the under 19s are repeat abortions. Therefore supporting and enabling access to contraception and sexual health services post birth and abortion is crucial in reducing the likelihood of subsequent pregnancies. A commissioned pathway ensures that all young women (under 20 years) are referred to a specialist nurse post delivery or termination to receive advice and support with on-going contractive methods. Following a recent Public Health Review of Termination of Pregnancy Pathways - conducted on behalf of Bedfordshire Clinical Commissioning Group (BCCG) - a single service specification to govern all providers has been developed, which also includes a new contractual obligation to improve access to contraceptive and sexual health services. These contractual arrangements will commence at the beginning of October 2013.
	Workforce development
17.	Comprehensive teenage pregnancy and sexual health training programmes were delivered to a range of health and social care staff, funded through the teenage pregnancy area based grant which ended in 2011. There is no specific programme currently planned for 2013/14 and beyond and this is a key area for development. A detailed training needs analysis will be carried out and recommendations made for the development of sustainable, cost effective training solutions.
	Improving outcomes for teenage parents and their children
18.	The Teenage Parents Support Pathway was established in 2011 and ensures that <u>all</u> under 20s in Central Bedfordshire who are continuing with their pregnancy are provided with tailored multi agency support throughout pregnancy and into parenthood. The support pathway begins from the very first booking appointment with the midwife, throughout pregnancy and into parenthood.
19.	Two dedicated workers within the parenting and children's centre teams provide personalised and in some cases intensive support for young people who will become teenage parents. The support is individually needs led ensuring that the most vulnerable receive the most intensive support and involves multi agency working with a range of professionals such as midwives and health visitors to improve health and social outcomes for the teenage parents and their children.
	Emerging issues and trends
20.	A number of concerning issues and trends have been highlighted within the baseline assessments of the Aspire programme among 11-14 year olds: • among the sexually active young people on the programme, most reported that their first sexual experience occurred at 13 and over 90% reported

	some level of sexual contact; • of those who reported to being sexually active, most of the girls reported unprotected sexual activity and almost 25% of girls who had unprotected sex had the morning after pill at least once; • a higher proportion of girls are involved in sexual activity compared to boys; • the facilitators of the Aspire Programme reported that the level of early sexual activity in Central Bedfordshire was higher than in some of the deprived London Boroughs where the programmes are also being delivered; • more young people smoke and drink alcohol than not; • one third of boys have been involved in illegal activities; • girls generally display higher levels of general risk than boys and are more likely to experience feelings of sadness.

Detailed Recommendation	
21.	That the Board recommends the expansion of early intervention programmes (such as Aspire) through joint commissioning in 2014/15 - to continue to tackle a range of factors which can increase the risks of teenage pregnancy and inhibit young people from reaching their potential.
22.	That the Board ensures that board members – as appropriate – disseminate and embed the Central Bedfordshire, Bedford Borough and Luton Safeguarding Children's Boards '*Sexual Abuse through Exploitation Protocol'* within their teams/organisations - to increase awareness amongst all professionals in universal and specialist services of their role in identifying and addressing sexual abuse of children and young people through exploitation.
23.	That the Board ensures that board members – as appropriate – disseminate and embed the key aspects of the Central Bedfordshire Sexual Health Strategy within their teams/organisation – specifically addressing the need for young people to be able to access to high quality information, advice and guidance on sex and relationships, and sufficiently early.

Issues	
Strategy Implications	
24.	Reducing Teenage Pregnancy is a priority within the Joint Health and Wellbeing Strategy.
Governance & Delivery	
25.	Progress against targets are monitored through: • Central Bedfordshire's' Children Trust reporting procedures • Public Health quarterly contract review and reporting by sexual health

	service providers (Brook, THT, Primary care and Pharmacy) • Youth Commissioning quarterly contract review and reporting • BCCG termination of pregnancy quarterly contract review and reporting •
Management Responsibility	
26.	The Director of Public Health is accountable for delivery and the Public Health Coordinator- Sexual Health and Teenage Pregnancy is responsible for day to day delivery.
Public Sector Equality Duty (PSED)	
27.	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.
28.	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 1- risk factors for teenage pregnancy, evidence based approaches and associated outcomes for teenage parents and their children

Risk factors of teenage pregnancy
Teenage pregnancy disproportionately affects the most vulnerable young people in society. The causes are complex and influenced by personal, social, economic and environmental factors. A young women who experiences multiple risk factors is twice as likely to experience teenage pregnancy compared to young women experiencing none of these risk factors.

The risk factors associated with teenage pregnancy are[1]:

- Living in a deprived area
- Looked after children and care leavers
- Limited knowledge of where to access contraception and sexual health advice
- Young people who have experienced sexual abuse or exploitation
- Alcohol and substance misuse is associated with teenage pregnancy independent of deprivation
- Early onset of sexual activity
- Low educational attainment
- Disengagement from school
- Leaving school at 16 with no qualifications

A recent study[2] has confirmed that the characteristics most strongly associated with teenage pregnancy are; girls who are eligible for free school meals and those who are persistently absent from school at year 7. There also continues to be a significant relationship between educational attainment and teenage pregnancy and this is apparent through slower than expected progress between key stages 2 and 3.

Outcomes for teenage mothers
The evidence[3] shows that teenage mothers and their children are more likely to experience a range of poor outcomes

Outcomes for teenage mothers:

- 11 % of all young people not in education , training or employment are teenage mothers or pregnant teenagers

- 20% more likely to have no qualifications at age 30

- 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner

[1] (Department of Children and Family Services, 2006) Teenage Pregnancy Next Steps: Guidance for local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies
[2] Teenage Pregnancy in England: CAYT Impact Study: Report No. 6. Centre for Analysis of Youth Transitions (2013)
[3] DCSF and Department of Health (2007) Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts.

- 3 times the rate of post-natal depression and a higher risk of poor mental health for 3 years after the birth.

Outcomes for children born to teenage mothers:

- Children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems

- The infant mortality rate for babies born to teenage mothers is 60% higher compared to babies born women 24 years and an above

- Teenage mothers are 3 times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, with negative health consequences for the child.

What works to reduce teenage pregnancy?
The factors influencing teenage pregnancy are complex and there is no single intervention which is effective in reducing teenage pregnancy. A strong partnership approach is needed to drive and deliver a range of local interventions and a range of essential factors need to be in place to reduce teenage pregnancy rates as part of work to improve a range of outcomes for young people[4]:

- Strategic leadership, performance management and Governance of the Teenage Pregnancy strategy
- Effective use of data to support commissioning
- Young people friendly contraceptive services
- Workforce development
- Sex and relationships education
- Targeted prevention work with young people at risk

Sex and relationship education (SRE)
While targeted sex and relationships education (SRE) is delivered through the targeted interventions among the more vulnerable young people, universal SRE provision remains in the whole, non statutory. The Sex Education Forum and other key organisations will be continuing to make the case for ensuring the National Curriculum includes the key requirements of SRE.

A growing weight of national and international evidence shows that good quality SRE is proven to contribute to a decline in rates of teenage pregnancy. Large scale reviews of studies in the US[5] as well as lessons from areas in the UK where teenage pregnancy rates have fallen fastest have shown that SRE does have an impact in reducing the number of teenagers who become

[4]Effective Public Health Practice (April 2011) Teenage Pregnancy National Support Team/Department of Health)

[5] Kirby (2007) Emerging Answers: Research findings on programmes to reduce teenage pregnancy and sexually transmitted infections.

pregnant. 'A Framework for Sexual Health in England' (DH, March 2013)[6], states that:

> *'While teenage conception may result from a number of causes or factors, the strongest empirical evidence for ways to prevent teenage conception is:*
>
> - *High quality education about relationships and sex*
> - *Access to and correct use of effective contraception'*

[6] A Framework for Sexual Health in England' (DH, March 2013)

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Appendix 2- Sexual health services aligned to hot spot areas

Ward*	Access to Genitourinary Medicine Services	Community Contraceptive & Sexual Health Services (Brook)	Primary Care Provision
Manshead	✓	✓ Clinical provision in Upper Schools	✓ Primary Care Sexual Health Clinic and LARC provision (Sphere Clinic)
Tithe Farm	✓	✓ Clinical provision in Community Venue and Upper Schools	✓ LARC provision
Houghton Hall	✓	✓ Clinical provision in Upper Schools	✓ LARC provision
Parkside	✓	✓ Clinical provision in Upper Schools	✓ LARC provision
Northfields	✓	✓ Clinical provision in Upper Schools	✓ LARC provision
Planets	✓	✓ Clinical provision in Community Venue and Upper Schools	✓ Primary Care Sexual Health Clinic and LARC provision (Sphere Clinic)
Sandy Ivel	✓	✓ Clinical provision in Community Venue Upper Schools	✓ LARC provision

***NB: Ward names and boundaries correct at time of Under 18's Conception data 2008-2010**

Currently there are 7 pharmacies in Central Bedfordshire providing sexual health services where Emergency Hormonal Contraception (EHC), Chlamydia screening and treatment are available. The eligibility criteria for providing these services include a requirement for a private consultation space, therefore not all pharmacies are able to offer these services. However, public health are in the process working with eligible pharmacies' serving hot spot teenage pregnancy areas to sign up to the enhanced service in an effort to further increase access to sexual health services.

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Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Understanding the Impact of the Welfare Reform in Central Bedfordshire
Meeting Date:	5th September 2013
Responsible Officer(s)	Julie Ogley Director of Social Care, Health and Housing
Presented by:	Julie Ogley Director of Social Care, Health and Housing

Action Required:

1.	To inform the Board of the work being undertaken to understand the impact of the Welfare Reforms.
2.	To identify how partners can support the process and help to minimise the impact on residents.

Executive Summary	
1.	The government believes the current welfare system is too complex and there are insufficient incentives to encourage people on benefits to start paid work or increase their hours. The aim of these Welfare Reforms is to simplify the benefit system and make it fairer and more affordable: to help reduce poverty, worklessness and welfare dependency.
2.	These profound wide reaching reforms will have a considerable impact on local residents with significant implications for the Council and its partners. A Project Board has been established to identify the groups of people and communities most affected and to understand as well as monitor the impact of the changes.
3.	The Council has established a robust mechanism to implement the welfare reform changes and support those who may be affected. Partnering arrangements have been put in place to engage with key stakeholders and support has been given to increase the capacity of the CABs to provide drop-ins and one-to-one advice. Data will be collated on a weekly/monthly basis (as appropriate) to monitor trends and ensure resources are diverted where they are needed most.

Background	
4.	The Welfare Reform Act 2012 puts into law the proposals set out in the White Paper "Universal Credits" Welfare that works. It aims to simplify the benefits system in order to improve incentives to work and to secure the government's ambition to reduce the overall welfare bill by 2015.
5.	The main elements of the Act are as follows: • the introduction of Universal Credit to provide a single streamlined payment that will improve work incentives • a stronger approach to reducing fraud and error with tougher penalties for the most serious offences • a new claimant commitment showing clearly what is expected of claimants while giving protection to those with the greatest needs • reforms to Disability Living Allowance, through the introduction of the Personal Independence Payment to meet the needs of disabled people today creating a fairer approach to Housing Benefit to bring stability to the market and improve incentives to work • driving out abuse of the Social Fund system by giving greater power to local authorities • reforming Employment and Support Allowance to make the benefit fairer and to ensure that help goes to those with the greatest need • changes to support a new system of child support which puts the interest of the child first.
6.	Along with these proposed changes, the Act abolished the Social fund and has been replaced with a non-ring fenced grant paid out to local authorities. Local authorities will make decisions on how to distribute the money which replaces Crisis Loans (interest free loans for people facing an emergency or disaster e.g. loans to young people leaving care to buy items such as clothing and toiletries where they have not yet received welfare benefit) and Community Care Grants (non-repayable cash awards made to help people move back into or remain in the community, or to ease exceptional financial pressure).
7.	It introduces a cap on the total benefits an individual or couple can receive. Social Housing tenants now have a size criteria applied with households deemed to be under occupying their home to have part of their Housing benefit removed. Housing Benefit will also no longer be paid directly to landlords.
8.	Council tax benefits will also now come from non-ring fenced grants paid to local authorities who will be responsible for developing their own schemes for this distribution.

9.	The government has already introduced a number of major changes and more will follow. Appendix 1 provides a brief summary of the key changes.
	Planning for the reform
10.	The Government's Welfare Reforms implemented from April 13, will impact some of our most vulnerable residents, the unemployed, single parents, people with disabilities, large families on low incomes and people in poor health. Some residents will be impacted by one of the reforms others will be impacted by multiple reforms giving rise to changes in their income, accommodation and mobility.
11.	An assessment of those affected by the changes is being made. It is likely that the changes will have significant impact on those who people with lower income distribution, those in receipt of housing and council tax benefits, those claiming incapacity and disability benefits and low income households.
12.	The key challenges for many of these groups will include a reduction in personal and household incomes as well as potential increase in debt levels. Appendix 2 provides a breakdown of people in Central Bedfordshire who have been affected by the changes.
13.	A Project Group has been set up so that the Council, working with key stakeholders is able to: • manage its resources effectively to implement the changes; • monitor and understand the broader impact on Central Bedfordshire's residents and communities; and • help those affected to respond to the changes and make their own choices to help mitigate the impact upon them.
14.	The project has 3 work streams • Analysis and Intelligence of resident impact • Customer pathways & Policy Development • Resource Assessment and Co-ordination
15.	The new system for local Welfare Provision, which replaces the Social Fund, is now up and running. With very little supporting information from the Department of Work and Pensions, activity levels and demand on the new fund is under review. Similarly, with the new Council Tax Support Scheme.
16.	A scorecard that will show the impact of the changes across the Council, in terms of funding streams, income and activity is being developed.

	Impact of Welfare Reforms in Central Bedfordshire
17.	It is estimated that approximately 8,000 people in Central Bedfordshire will be affected by the changes: • The number of those affected by Under Occupation was 1,548 (on 13 May). Of these 1,227were under occupying by one room and 321 by two rooms or more. • The number affected by both under Occupation and Council Tax Support was 976 (on 1April). • 89 claimants are affected by the Benefits Cap.
18.	209 applications have been received to-date for Discretionary Housing Payments, compared to a total of 327 in 20012/13, and the issue of awards is being prioritised, e.g. for those with disabilities who have adapted premises. By their nature, these awards are meant to be short term so awards are initially for six months with an option to extend if resources allow.
19.	There is a shortage in the availability of one and two bedroom properties in Central Bedfordshire for those affected by under occupation.
20.	More work needs to be done to identify the broader impact on, for example, health services, free school meals and the local economy.
21.	Activities will need to be monitored closely, particularly in the early stages. Mechanisms have been put in place to collect data from some partners on a weekly basis. However, there is a need for a greater degree of data sharing amongst all those dealing with clients and making referrals. In addition, detailed and direct feedback from those affected is needed, and this data needs to be analysed to challenge any assumptions about what help and support should be provided.
22.	Engagement with a broader range of partners will be needed to support those affected in being able to return to work, increase their hours or progress into higher paid employment.
	Progress update
23.	A generic information leaflet setting out all of the main changes has been developed and distributed to key stakeholders to ensure a consistent message across Central Bedfordshire.

24.	A Communications Plan is being developed to keep partners informed. Some partners have suggested a joint conference and this will be considered at a later date once the local impact of the changes is better known.
25.	A Service Level Agreement (SLA) has been agreed with the three Citizens Advice Bureaux (CABs) to enable them to extend their opening times by six hours per week in each of four locations from 1 June 2013. The agreement includes a referral process to prioritise client enquiries and ensure they can be tracked and monitored. The SLA will increase the CAB's capacity to handle an additional 3,000 contacts during the year.
26.	An analysis of 959 households claiming at least one of Housing Benefit, Council Tax Benefit or Council Tax Support has been carried out. The initial findings reveal no surprises that the largest towns have the highest number of claimants, as follows: • Dunstable (189) • Houghton Regis (140) • Leighton-Linslade (135) • Biggleswade (78) • Sandy (73)
27.	The Project Group will monitor monthly and quarterly trends to ensure resources are diverted where they are most needed, and inform future policy decisions.
Detailed Recommendation	
28.	That the Health and Wellbeing Board note the work to understand the impact of the Welfare Reform on Central Bedfordshire's population.
29.	That the Board request that partners should consider the impact of the welfare reform on patients and customers and to join the Council in forming a wider view on the potential for early intervention to mitigate the impact.

Issues	
Strategy Implications	
1.	The Welfare Reform Act changes will have consequential impact on the health, social and financial wellbeing of those who are affected by the changes.
2.	It has the potential to impact on local strategies and plans.

Governance & Delivery	
3.	This report informs the Health and Wellbeing Board of the work being undertaken to implement and monitor the impact of the Welfare Reform Act.
Management Responsibility	
4.	The Director of Social Care, Health and Housing has the lead responsibility for the Project Group and for monitoring the impact of the welfare reforms.
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. Equality impact assessments will be an ongoing process to ensure that local policy does not disadvantage some groups whilst enhancing support for others.
6.	Are there any risks issues relating Public Sector Equality Duty Yes

APPENDIX 1

Welfare Reform Key Changes

Under Occupation: This is a reduction in the amount of Housing Benefit for families living in council and housing association homes with more bedrooms than the government has allocated for their need. From April 2013 affected claimants receive 14% less benefit if they have one spare room and 25% less if they have two spare rooms. Whilst rates will vary, the forecast weekly loss for tenants in Central Bedfordshire with one spare bedroom is £14.75 and for two spare bedrooms is £26.88.

Local Council Tax Support: In April 2013 the government's national council tax benefit scheme was replaced by local schemes developed by each council. CBC increased by £10 per week the amount people can earn when they get a new job or increase their hours before it affects their entitlement to Council tax Support. Owners of second homes have to pay full Council Tax.

Non-dependant deductions: From April 2013 a non-dependant person living in a household that is claiming Housing Benefit or Council Tax Support is expected to contribute to Council Tax charges. The amount depends on the circumstances of the non-dependant person. The level of weekly deductions ranges from £3.65 to £15.00 for Council Tax Support and from £13.60 to £87.75 for Housing benefit.

Benefit Cap: From October a limit will be placed on the amount of benefit paid to out of work households to £500 a week for a couple, or single parents, and £350 a week for single adults.

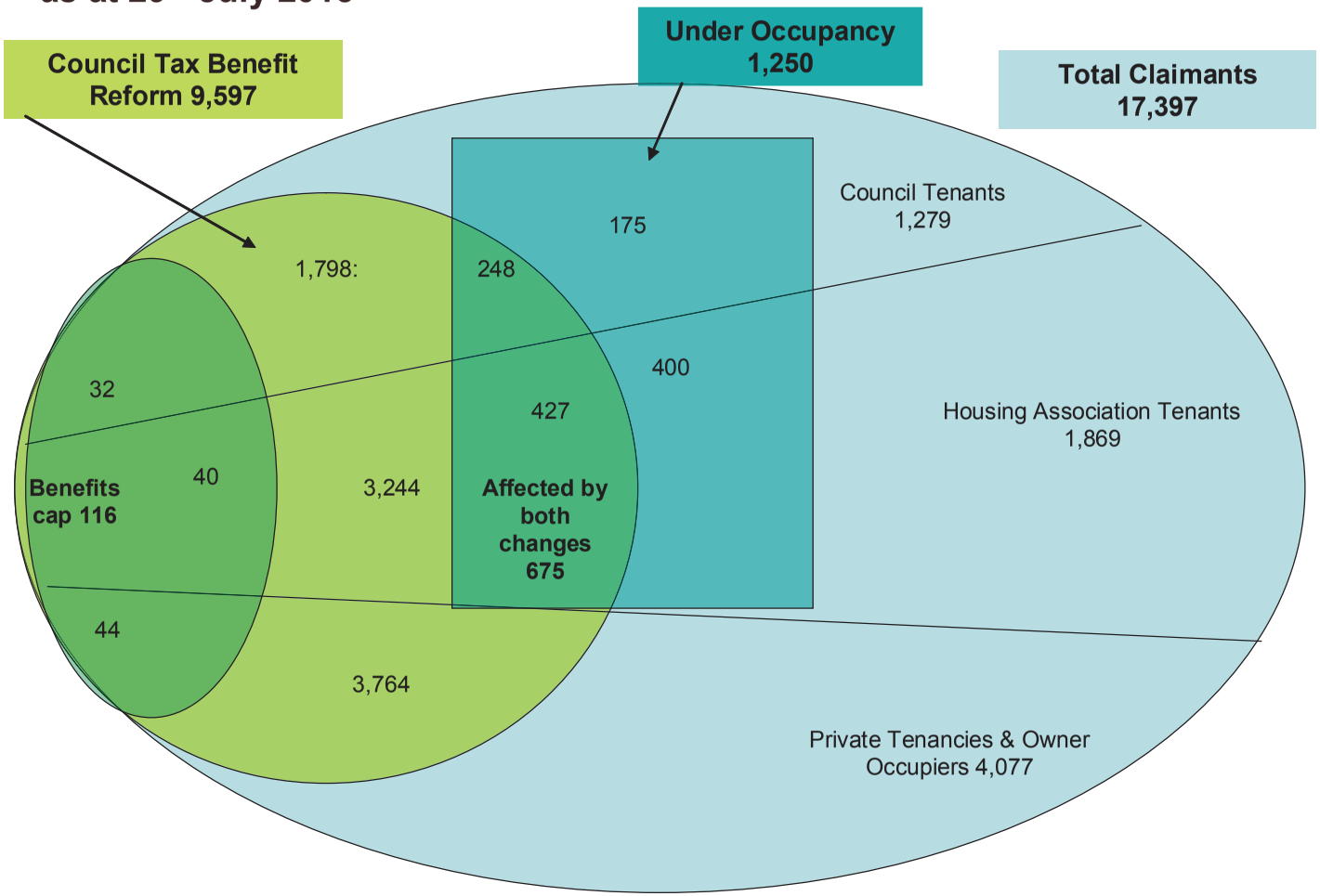
Social Fund: The government's national Social Fund has ended. The crisis loans and community care grants that were part of this fund have been replaced by Local Welfare Provision. In Central Bedfordshire this will fund emergency grants and household goods for those in greatest need.

Personal Independent Payment: From June 2013 a new Personal Independence Payment (PIP) replaces Disability Living Allowance (DLA). The payment helps with some of the extra costs caused by ill-health or disability. An award can be paid for less than two years (DLA was a minimum of two years) and up to ten years (DLA could be awarded indefinitely).

Universal Credit: From October 2013 a single unified, welfare benefit will be paid to people of working age if they claim welfare benefit support. It will begin to replace many of the means tested or income assessed benefits such as: Income Support, Housing Benefit, Job Seekers Allowance, Working Tax Credit, Child Tax Credit and Employment and Support Allowance

APPENDIX 2

Diagram illustrating the impact of the Welfare Reforms on CBC Residents as at 29th July 2013



Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	**Improving Outcomes for Frail Older People- Steps, Milestones and Delivery Mechanisms**
Meeting Date:	5 September 2013
Responsible Officer(s)	Julie Ogley, Director, Social Care, Health and Housing, Central Bedfordshire Council Diane Gray, Director, Bedfordshire Clinical Commissioning Group
Presented by:	Elizabeth Saunders, Assistant Director, Commissioning

Action Required:	
1.	**To note progress made towards priorities identified by the Health and Wellbeing Board to improve outcomes for frail older people,**
2.	**To note challenges and opportunities that exist, next steps, key milestones and delivery mechanisms.**

Executive Summary	
1.	This report outlines what is currently working well and areas for further focus and development that support the Priority Area. Evidence of improved outcomes and successes being achieved for frail older people are presented. The report also describes next steps, key milestones and delivery mechanisms across work areas. The Board is invited to note the progress made.
Background	
2	In March 2013, the Health and Wellbeing Board requested an update on the improved outcomes being achieved for frail older people with a clear summary of the next steps, key milestones and delivery mechanisms.
3.	The intention of the report is to highlight in an open and transparent appraisal what is working well and impacting positively on improving outcomes for frail older people. The report also highlights what is not working and where the priorities need to be focussed with an outline of key steps for how this would be achieved.

4.	Since the last report to the Board in March, Central Bedfordshire Council (CBC) and Bedfordshire Clincial Commissioning Group (BCCG) have taken co-ordinated and important actions to make a difference to frail older people across Central Bedfordshire. In June key partners reviewed work programmes and services aligned under the priority area, highlighting key successes, challenges and future priorities. This identified the vast amount and diversity of work taking place that contributes to improving outcome for frail older people, however it also identified mixed views on progress and priorities. For example there were differing views on success and progress of work programmes around dementia. Although everybody agreed that this was a priority area, individuals' perceptions varied depending on knowledge and ownership of the workstreams which varied across organisations.
5.	Although much time and effort has gone into reviewing progress of projects and efforts to prioritise work areas for the purpose of this report, it is fair to note that many existing issues related to the difficulties in working across the whole system have remained. For example getting the right people together to make decisions about priority areas, information on the various developments is not centralised and there is limited sharing of information on progress and issues. There is also a range of existing governance arrangements covering the priorities for frail older people which makes coherent and coordinated change more challenging. These include the Healthier Communities and Older People Partnership Board, the Older People Delivery Partnership, the Mental Health Delivery Partnership, the Urgent and Integrated Care Board and the Planned Care Board.
6.	A number of joint strategic initiatives have developed over the last 6 months which have brought together key partners to consider priorities. The recommendations from the Joint Health and Social Care Review (Community Beds Review) give clear priority areas for joint development for services that would improve outcomes for frail older people. Following the July Health and Well Being Board meeting, a delivery plan for implementing the review is currently in development and will be brought to the Board in November.
7.	In June a co-ordinated expression of interest was developed and submitted in a bid to the Department of Health to become a Pioneer in Integrated Health and Social Care. Through the development of the bid and planning for integration, key priorities for future integrated working have emerged.
8.	It is clear that there is a commitment from partners to 'Be bold' in the development of future services and projects with a co-ordinated whole systems approach. However more needs to be done to integrate and achieve this whole system reform. The development and commitment to the Pioneer bid offers an opportunity to accelerate the need for a detailed programme that leads to integration of services, This report contains an analysis of what is really needed to "up the pace" in delivering outcomes for frail older people. The section on "Being Bold" recommends next steps towards reforming arrangements and priorities that will significantly improve the whole system to ensure improved outcomes for frail older people.

Update on Key Successes and Delivery areas	
9.	It should be recognised that there are many initiatives where changes have been implemented in particular parts of the system, and across the whole system, that have demonstrably improved outcomes for frail older people. A full outline of project and services that are delivering results, or being set up to meet a need or system redesign, are outlined in Appendix 1. This outlines existing reporting structure, key next steps and milestones for the projects, and also the difference that is being made to frail older people. A number of key areas of success are identified below, with detail of impact and outcomes.
10.	There is a strong commitment across partners to develop services that **intervene early and prevent** crisis situations or carer breakdowns. Colleagues across the Council and BCCG have developed a joint strategic approach to prevention, developing a joint definition and a toolkit to support colleagues to develop services with prevention at the heart. Support from senior managers has been achieved and plans are in place to expand the approach across wider corporate colleagues. Work is also underway to capture matrix of how to measure the impact of the approach over time in terms of quality of life and cost avoidance. The Ageing Well Board monitors a number of work programmes that are working towards increasing the quality of life of people as they grow old and preventative services are key to this approach.
11.	A key preventative programme that is part of the Ageing Well Programme are the **Village Care Schemes.** These are volunteer run and provide local community support to frail older people aiming to reduce isolation and improve health and wellbeing. These are being set up across Central Bedfordshire and 100% coverage of wards will be achieved by 2014. Schemes in Shefford and Eaton Bray have already opened in 2013 and the final two in Sandy and Leighton Buzzard will be in place by March 2014. Between April to June 2013, there were 2168 individual requests for help (a significant increase on previous quarter), with 473 residents contacting the groups for help. There were 77 new callers with an increase in new 'regulars' such as clients with early stages of dementia who are likely to require help over the longer term.
12.	A **targeted prevention project** has been operating successfully in Chiltern Vale locality, with social workers and community matrons working with local GPs and the hospital to identify vulnerable frail older people. A caseload of around 60 people have been identified with a physical disability or frail older people with two or more long term conditions and regular hospital or GP visits. Individuals have received support from a range of professionals and provided with more appropriate care packages where appropriate. An analysis of the outcomes achieved suggests that for over 40 frail older people a hospital admission or a permanent placement in a care home has been avoided. This service will be extended to cover all Central Bedfordshire locality areas by December 2013.

13.	A **comprehensive reablement service** has developed and is delivering positive outcomes for frail older people, preventing admissions into residential care or needing high levels of home care support. Detailed calculations of the reablement teams capacity and performance indicators have been developed with a clear service specification being finalised. Savings achieved in 2013/14 are predicted to be around £500,000. On average people receive reablement support for 4 weeks and over 50% of people require no further support. This service complements and integrates successfully with rehabilitation and intermediate care services.
14.	The **Urgent Homecare and Falls Response Service** has been working in conjunction with local GPs, the Ambulance Service and BCCG to provide rapid response to people experiencing a fall and in need of support at home. Demand for this service has been considerable and over 100 people per month have received help and avoided a hospital visit. After the initial successful pilot the service is now an embedded service and consideration is being given to expanding this to provide more scope for preventative home care support.
15.	The development of **Community Reablement Beds** at the pilot Step Up, Step Down service in Dunstable (Greenacres) has demonstrated the benefits of care-led intensive reablement. Since opening, the service has supported more than 115 people and over 65% have returned home to live independently. Additionally, of those returning home 75% are still at home after 12 months. An analysis of the financial benefits of this service suggests that net savings of almost £1m per year can be achieved across the health and social care system.
16.	A joint team in the **Short Stay Medical Unit (SSMU)** in Houghton Regis has worked with 398 older people since April 2012. They coordinate support from reablement, occupational therapist and home care teams and to date have helped 293 to return home and live independently or with a care package.
17.	As part of improvements to the **Urgent Care Pathway**, a Social Worker from the hospital team is now working with people attending the Luton & Dunstable Accident and Emergency or the Acute Assessment Unit. Their role is to assess people's needs and, where appropriate, divert them to more appropriate services. Since April this initiative has supported 67 people to take up more appropriate services (72% of those assessed).
18.	As part of a ambitious programme of **increasing accomodation and care options for older people**, a number of Extra Care Sheltered Housing facilities are being planned. The first new Council owned facility in Dunstable, Dukeminster, has been granted planning permission for an 80 extra care sheltered housing unit, with a care home also being developed on the site. The tender for the building development is due to be advertised in August 2013, and the facilities will be open in 2015. Other opportunities for extra care developments across Central Bedfordshire are being appraised and proposals for two further developments are likely to be ready for discussion in the

	Autumn. A grant of £1.7m has been secured from the Homes and Communities Agency (HCA) to support the delivery of the Dukeminster scheme. This will increase the choice and quality of offer for housing with care for older people across Central Bedfordshire.
19.	Agreement has been reached on **joint commissioning arrangements for care home** and nursing care home beds across health and social care. A new contracting arrangement (framework agreement) for care home service has been developed and applications to join the framework were invited in July 2013. Provision has been made for future inclusion of Continuing Health Care beds (CHC) and Reablement beds to be commissioned through these contracts. This will provide efficiencies in commissioning and allow for more customer choice.
What we have learned	
20.	Through the process of reviewing the work areas and priorities a number of lessons were learned which need to be acknowledged and overcome in the future. A key challenge was getting the right people together at the right time, during a changing landscape of staffing and programmes, alongside urgent priority situations, such as the closure of a 77 bed care home. Different parts of the system work to different timescales, leaders and agendas, with a limited joint structure. For example, there is a multiplicity of partnership groups lead by different partners without being based on a shared agenda. It is proposed to review the current governance structure as a result of the changes to the NHS commissioning arrangements, and the development of the Health and Well being Board.
21.	There continue to be challenges around organisational boundaries for both commissioners and providers. These include limited joint commissioning,, information sharing across organisations and focus on service oriented and organisation projects rather than people centred approaches. Work is underway to overcome these barriers, for example current ambitious service redesign programmes across the BCCG are breaking down service boundaries and looking to deliver more co-ordinated people centred services. Opportunities for joint commissioning posts are being considered.
22	Capturing people's experiences and listening to their stories and journeys in a more co-ordinated way needs to happen. Although there are pockets of case studies and capturing outcomes for people, there is not a consistent approach or manner that make these easy to find. To tell whether or not service redesign and developments are successful, it is important to capture how people's experience of care has improved. Currently, proxy measurements are relied on heavily, such as levels of unplanned hospitalisation, emergency readmission to or delayed transfers of care from hospital. There is a need to develop a more robust approach to measuring people's experience. Recent national guidance through the 'Making it Real' publication offer guidance and a foundation for new ways to measure people experience and successes in integrated care and support.

23.	There needs to be further analysis of where the Council and BCCG are investing their budgets and the impact that this is having. There are currently quite 'rough' indicators in place and an improved set of measures that are quantitative and qualitative require development. These will help guide commissioners in terms of programmes and impact across the whole system.
Being Bold – What needs to happen next	
24.	It is clear that, whilst parts of the system are delivering significantly better outcomes for frail older people, more focus on the whole system is needed to deliver integrated, people centred services. In making progress towards greater integration it will be important that new ideas are embraced and that risks are taken in a controlled way. To make a step change towards people centred, integrated services it is inevitable that learning will occur and the experience of others will be important in building lessons learned into practice. This should not restrict the ambition of partners to achieve the vision of integrated care and delivery.
25.	The delivery of an **Integrated Health and Social Care Programme of work** will be essential to improving outcomes for frail older people. A comprehensive picture is developing of what needs to happen to improve outcomes. It is clear that ownership of achieving these aims needs to be wider than just the health and social care system, and other partners have a crucial role to play.
26.	**A number of key areas are emerging** that could significantly contribute towards making a difference to frail older people over the next 5 years. These need further development across partners to co-ordinate programmes of work and detailed delivery plans. Key programmes of work are broadly outlined as: **Early intervention and prevention** **Community and social capital** **Urgent care/Care right now** **Planned care/Care in the future** **Integrated commissioning, governance and performance arrangements**
27.	**1. Early Intervention and Prevention** Preventive services offer a continuum of support ranging from the most intensive tertiary services, such as intermediate care or reablement, through to secondary or 'early intervention' such as risk stratification, through to 'primary prevention' which promote wellbeing and independence. Preventing or delaying the deterioration of wellbeing resulting from ageing, illness or disability is crucial and ultimately delays the need for more costly and intensive services.

28.	The next steps in this area are: • The continued roll our of a **joint strategic approach to prevention**, encouraging senior level sign up across partners and a programme of communication and culture change within organisations. • Continued **investment in preventive programmes** that tackle issues such as social isolation and loneliness.
29.	**2. Community and Social Capital** With the increase in demand for services and reduction in funding across all Health and Social Care and partners, particularly those for frail older people, harnessing the support and enthusiasm of the community will be vital. The key to developing social capital is developing informal and formal networks of support with communities or groups of individuals working together for common purposes.
30.	In Central Bedfordshire this will include areas of work such as: The expansion of high quality small scale local businesses offering non-traditional models of care and support (**microenterprises).** Personalised support will be offered to interested individuals to develop business ideas. The expansion of **timebanks** across Central Bedfordshire with the aim of 8 new schemes by the end of 2016.
31.	**3. 'Urgent Care' or 'Care Right Now'** This is a key work programme that could significantly contribute towards improving outcomes for frail older people. This includes a range of responses that health and care services provide to people who require or who perceive the need for urgent advice, care, treatment or diagnosis. The existing system of urgent care can be confusing and duplicative, resulting in a less than optimal patient experience and inefficient use of resources. Central Bedfordshire faces the additional challenge of having no hospitals within the area and having to co-ordinate various pathways and discharge plans across the six District General Hospitals around Central Bedfordshire.
32.	The next steps will include the following areas of work: • **Joint redesign of an integrated urgent care pathway** to streamline proactive and reactive support arrangement**.** This is crucial to avoid inappropriate admissions to hospital and residential care and support timely discharge, identify and remove gaps and duplications in existing service provision and improve effectiveness, safety, and the experience of patients and people who use services. • Joint approach to **identifying and managing people with both health and social care needs.** This will be essential to support the identification of older people that most need help to prevent a crisis. • Developing **multi disciplinary teams** of health and social care staff to support at appropriate points in the pathways, including navigator roles and health and social care co-ordinators acting as single points of contact.

	• **Increasing availability of rehabilitation beds in the community (Step up step down services).** This is important in reducing the average length of stay in hospital beds, placing greater emphasis on meeting peoples' needs in an appropriate recovery or rehabilitation setting.
33.	**4. Planned Care/ 'Care in the future'** This is a key work programme that could significantly contribute towards improving outcomes for frail older people. This includes support for people with long term conditions, empowering individuals and providing information to make informed decisions.
34.	The next steps in this area will include areas of work such as: A programme of **service redesign** across BCCG commissioned services is being implemented which will radically transform a range of services, including musculoskeletal services, cardiology, ophthalmology, dermatology and stroke services. These aim to provide a more seamless journey with co-ordinated local access to a range of orchestrated care. **Increasing accommodation options for frail older people** through the expansion of Extra Care Housing and stimulating the care home market in the north. This is crucial to ensure choices and appropriate support is available. A **joint approach to commissioning care home services** for health and social care beds will provide greater co-ordination and efficiencies across the system.
35.	**5. Integrated Commissioning, Governance and Performance Arrangements** This will be essential and underpin the delivery of a joint programme of work. Partners need to be ambitious in striving for success in the future and to make the required impact that is needed, working in different ways with a more co-ordinated approach. Priority needs to be given to making this happen with dedicated resources assigned.
36.	A model of future integration needs to be designed together across the whole system, with a suitable governance structure put in place refreshing existing partnership structure for adults and older people. This will ensure that deliverables are jointly managed and co-ordinated, metrics are developed to measure progress across all areas, and the impact and positive outcomes that are being delivered for joint investment is clear.
37.	The approach to developing an effective framework to manage the next steps for key projects can not happen in isolation and a programme approach needs to be adopted. Early discussions are taking place in line with plans to deliver Integrated Health and Social Care as outlined in the Pioneer Expression of Interest. A detailed scoping of commissioning, governance and performance arrangements is needed.

38.	A joint delivery plan should be developed which bring together the BCCGs Plan for Patients, all partners Commissioning Intentions and information from the Social Care, Health and Housing Market Position Statement. With all partners working towards a joint agenda and co-ordinated milestones this means that patients, customers, and providers can be clear about the plans for the future and how outcomes for frail older people will be improved.

Presented by Elizabeth Saunders

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Appendix 1 – Table of Key projects, progress and next steps.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
1. Promote health by increasing the uptake of established screening and prevention programmes					
Stop Smoking Services	Public Health Management Team	Reduce levels of people **smoking** Increase numbers of people who access stop smoking services and stop successfully at 4 weeks.	Home Visits being offered for those physically unable to attend appointments. Expanding clinics throughout Central Bedfordshire at accessible places and times.	Ongoing	1854 people successfully stopped smoking in Central Bedfordshire between April 2012 and March 2013 10% of these were over 65 years old
Alcohol reduction Services	Public Health / Bedfordshire Drug & Alcohol Team (BDAT)	Reduce **harmful drinking** levels	Expansion of service – Additional Community Alcohol Liaison Service workers employed and an Intensive Outreach Practitioner	September 2013	Community Alcohol Liaison Service is set up and has supported 76 people to reduce intake to safer levels.
Flu Vaccination for 65 years and above and for at risk population under 65 years of age.	Reported to Public Health England .NHS England is a commissioning agency and LA Public Health is responsible organisation for scrutiny of the process and escalation of the issues	Vaccinate 75% or more of the eligible population that includes persons aged 65 years and above; and persons between 2 years and 65 of age with long term conditions and health and social care professionals. Plan social marketing strategy to promote flu vaccination campaign	Co-ordinator meeting with NHS England to find out the plans and ways of supporting GPs in its delivery Communication group set up Using Community pharmacist in promoting	September 2013 October 2013 Begins in second week	Joint working: • Social marketing plan using multiagency partners promoting consistent and coherent messages. • Supporting GPs and NHS England in delivering the campaigns that would subsequent benefit the health economy and reduce health impact of

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
		Provide Refresher Immunisation update to practice nurses, midwives and occupational health nurses Improve Flu immunisation of the carers and frontline social workers	and sign posting eligible groups for GP appointments Using GP prescriptions (FP10) and letters of invitation to all eligible population Social marketing plan of Public Health in collaboration with multiagency partners to educate population an promote campaign across Bedfordshire	of September 2013 till Jan 2014 Begins from second week of September 13 till Mid-January 2014 Social media use will begin in Mid September till mid December	complications of Flu • Would help to improve uptake of vaccination by the end of the campaign
Making Every Contact Count (MECC)	Healthier Community & Older People Partnership Board (HCOP)	MECC targets have been included in the 2013/14 contracts for the Acute Trusts, SEPT Mental Health services and SEPT Community Services. Reference to MECC placed in recently tendered domiciliary care and care homes specifications Recruitment to post within	Roll out training of MECC Development of MECC Training Recruitment to MECC Officer Post Autumn 2013.	Ongoing September 2013 Recruitment deadline 30th August 2013.	Over 200 front line staff have been trained to deliver MECC Evaluation not yet taken place due to capacity shortage/vacancy.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
		public health team to coordinate and develop MECC and Health Checks in Central Bedfordshire			
Joint Approach to Prevention	CBC and BCCG Management Groups	Workshop at CBC Divisional Management Team with BCCG colleague attendance. CBC Divisional Management Team and BCCG Executive Management Group presentations and sign up	CBC Extended Corporate Management Team presentation and workshop Recruitment to Joint Prevention Post to facilitate and roll out joint approach	25th September September/ October 2013	High level sign up to joint approach. Embedding of approach will require cultural change and impact won't be measurable until 2015/16

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
2. Reduce reliance on hospital admission through the development of integrated systems, processes and services, including an expansion of the multi-disciplinary complex care team to deliver a case management service					
CBC Case Management (Identification and management of frail older people at risk)	CBC Divisional Management Team	Pilot of 'Targeted prevention' social workers in Chiltern Vale locality, to work closely with GPs to identify frail older people with two or more long term conditions and frequently use GP and hospital services and target alternative support services.	Expand services into each locality and recruit social workers	September 2013	In pilot each case worker has a caseload of about 30 people. Early performance information suggests that a hospital visitor care home placement has been avoided in 74% of possible cases.
	None	Procurement of system to analyse social care data. This could be used to map pathways and people at risk Attach NHS numbers to social care records (Currently only 20% of records have NHS number)	Fully implementing Care Trak software and live data extracts available Explore uses of data and software for commissioning purposes Investigate tools available to obtain NHS numbers Attach NHS number to social care data in Council system	December 2013 December 2013 December 2013	

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
BCCG Case management (Identification and management of frail older people at risk)	Urgent and Integrated Care Board Clinical Investment and Appraisal Board	Community matron models has been trialled in different localities to manage support for frail older people in primary care	Recommendations being developed for models across the whole locality Developed detailed project plan on development of model across area	October 2013 January 2014	Positive outcomes achieved through joint working pilot in Chiltern Vale.
	Clinical Investment and Appraisal Board	Procurement of system to identify people at high risk (Risk stratification) Researched systems to combine health and social care data	Overcome information governance issues Explore the joint opportunities for combining health and social care data Complete procurement process for system Encourage GPs to sign up for Direct Enhanced Service (DES) to develop case management lists	December 2013	Not in place yet. Delays with national information governance issues
Community Reablement Service (Step Up Step Down)	Project specific Board included representatives from Health. CBC Performance Board	Pilot service in Dunstable reconfigured to deliver care led service	Continue to monitor outcomes and develop model.	Ongoing	Over 100 people have been admitted to the service. 66% people using the service return home, either with a package or self caring.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
		Develop a community reablement service covering the North of Central Bedfordshire.	Options Appraisal Tender for new service New Service in place	Sept 13 Nov 13 Mar 14	Not in place
Short Stay Medical Unit (SSMU)	Governance provided by a multi-disciplinary Performance Board led by Health	SSMU service developed	Review model of care and consider expansion of the service into the north	December 2013	70% people supported by the service return home.
Integrated Urgent Care pathway (Support alternative solutions for frail elderly customers presenting at an acute hospital)	BCCG Urgent and Integrated Care Board	Social worker into the L&D Hospital to undertake assessments and direct towards more appropriate services. GPs in A&E to assess, treat or direct to alternative options	Review Services Review of walk-in services, primary care and A&E and GP out of hours service. Roll out of 111 service	April 2014 January 2013	Since April 93 people have been supported by through social work assessments and 67 (72%) have been provided with more appropriate services away from hospital. These include SSMU and home Care.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
Joint Commissioning framework for beds	CBC SCHH Directorate Management Team	To put in place a single commissioning arrangement for all care home and nursing home services that can be used for both local authority and Health customers	Develop a framework agreement for nursing and care home beds. Expand framework to cater for Continuing Health Care (CHC) and reablement services.	November 2013. February 2014	The aim will be to streamline the commissioning process, provide more choice to customers and reduce costs of services.
Develop 'Primary care health teams' based around general practice with multi-agency input	BCCG Planned Care Board	Employed a community geriatrician to support comprehensive older people's assessment and advice for complex patients	Develop a model of co-ordinated access to a range of orchestrated care Review SEPT Community Health Contract	April 2014 January 2014	Enhancing quality of care, enabling older people to receive care where they reside and preventing unnecessary hospital admission
Whole System Resilience Planning	BCCG Urgent and Integrated Care Board	Successful integrated working across partners to plan for increased pressure periods. Review of 2013 plans and development of plans for 2014.	Develop a web based system that all providers input real time capacity availability in term of slots/ contacts/ sessions and beds including homecare, residential, nursing, transport, community, third sector and hospitals.	March 2014	Increased capacity for people to receive the appropriate and timely care Enabled capacity whole system reporting Facilitated commissioning /provider challenge and escalation Enabled easier escalation processes
Managed stepped care model for Long Term Conditions	BCCG Planned Care Board	Priority identified in commissioning intentions	Developed detail project plan to design and implement	January 2014	

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
3. Increase the provision of community based services and support, including commissioning alternative models of day services, increase the number of intensive home care packages and use of personal budgets, and improve access to telecare and telehealth.					
Reablement and rehabilitation	CBC SCHH Directorate Management Team	Reduce care packages and people being admitted to Residential Care Homes.	Increased staffing levels for reablement. Maintain capacity of service	October 2012 & ongoing	Enabling people to remain in their own homes self-caring or with reduced packages. 5
Urgent Homecare and Falls Response Service	BCCG Urgent and Integrated Care Board	Review of pilot 24 hours falls response service across Central Bedfordshire.	After the initial successful pilot the service is now a mainstream embedded services and consideration is being given to expanding this service to provide more scope for preventative home care support.	Ongoing	New service deals with over 100 people per month. All referrals from the Ambulance Service for falls are taken on by the service.
Reasons for Admissions to Residential and nursing care homes	CBC SCHH Directorate Management Team	Detailed analysis of 2012/13 placings to identify key referral routes and opportunities for reducing placements		July - Completed	Clarity on reasons for and sources of admission. 34% admitted from hospital 32% admitted from Respite 36% admitted due to falls 26% admitted due to risky behaviours 20% admitted due to Carer breakdown

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
Increase the number of people using Self directed support/personal budgets	CBC SCHH Directorate Management Team	Assessment and care management business as usual new and review assessments.	Expect to complete 100% reviews of existing case by March 2014.	March 2014	63% of people receiving a community based service have a personal budget. Target is 100% of people eligible for a personal budget by March 2014. On Track to meet targets set.
Expanding and increasing quality in Domiciliary Care market	CBC SCHH Directorate Management Team	New Domiciliary care framework contract has been in place for over 3 months	Meeting with providers on 16th of September to review the implementation of the framework and review processes Annual contract monitoring reviews	16th September 2013 Ongoing	Customers have benefited from a wider choice of providers Also closer working with reablement has enable more efficient transfer of care New pricing structure and reduction in block contracts have led to efficiences
Review and integration of telehealth and telecare	CBC Adult Social Care Directorate Management Team BCCG Urgent and Integrated Care Board	Baseline review of current services Review of current telehealth provision	Comprehensive review of telehealth and telecare services and opportunities for integration of parts of the pathway	March 2014	Will identify any duplication and confusion for customers in pathway, and potential efficiencies

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
4. Commission comprehensive information, support and advocacy and brokerage services					
CBC Information, advice and support service reviews	CBC SCHH Directorate Management Team	Review of 15 contracts with voluntary sector to provide information, advice and support	Review of all information, advice and support services Recommissioning of relevant services Scoping voluntary sector contracts with health to explore more efficient commissioning and contract managements	December 2013 March 2014 2014	Ensure there is equitable provision across CBC
Generic Advocacy Services	Mental Health Delivery Partnership	Joint monitoring and review of advocacy service	Review joint advocacy service	March 2014	102 issues supported between April and July 2013. "You saved my life. She is the only person who has listened to me. I now have hope. I have complete trust in you and feel in safe hands."
BCCG Information, advice and support service	BCCG Contract Management BCCG Planned Care Board	Review of contracts with voluntary sector to provide information, advice and support	Reconfigurement of services or incorporation into relevant service redesigns	Ongoing	New service reconfigured for Age UK to support vulnerable people discharged from hospital

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
Stimulate the development of Timebanks	CBC Ageing Well Board	Options appraisal of next steps to support the development of community timebanks led to recommendation that an external provider be commissioned to support groups to set up and become self sustaining	Specification developed to be advertised Evaluation of provider applications Approved provider list communicated widely	September 2013 October 2013 November 2013	Two groups of volunteers in Upper Caldecote and Ampthill have been supported through training and developing governance structures to establish the first community schemes in Central Bedfordshire.
Direct Payment Project	CBC Direct Payments Programme Board	Expand the number and variety of support services for users of direct payments Develop information packs for customers	Specification developed to be advertised Evaluation of provider applications Approved provider list communicated widely Focus groups with customers	September 2013 October 2013 November 2013 January 2014	Not in place yet. Aims to increase choice and support for individuals
Microenterprises	CBC Ageing Well Board	Encourage the development of microenterprises with a focus on day services and frail older people	12 month project to be agreed Report on options to Board	August December 2013	Interest from organisations already to provide services

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
5. Commission improved and integrated dementia services and improve access to psychological services for older people					
Dementia Quality Mark	CBC SCHH Directorate Management Team	First round of accreditation of care homes complete	Quarterly accreditations of providers	Ongoing	Home developed a 1950s themed lounge with themed memorabilia and displays to aid reminiscence activities for those with dementia.
Increasing dementia rates for assessment	Bedfordshire Dementia Steering Group	Work the GPs to promote referrals and encourage sign up to Direct Enhanced Service which provides an incentive to refer for assessment.	Awareness raising with GPs of the benefits of referrals	September 2013	Offers individuals early diagnosis , understanding of the condition and further support
Dementia Post Diagnosis Support	Bedfordshire Dementia Steering Group reports to Mental Health Delivery Partnership	Review, commission and deliver services required in the community for people with dementia and their carers. Improve support following diagnosis	Living Well With Dementia Sub Group to be set up. Services to be reviewed and procurement activity Project brief finalised Approval of business case for post diagnosis support Service specification Service in place	September 2013 September 2014 September 2013 January 2013 January 2015 (	Currently activities in the community well attended, such as 'Singing for the Brain' and Carers support services.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
7. Support the development of community networks and reduce the risk of social isolation, including whole area coverage of Village Care Schemes.					
Village Agents	CBC Ageing Well Board	Pilot scheme in Arlesey evaluated	Scoping and benchmarking review to be completed of similar schemes across country	October 2013	42 individuals supported so far in pilot programme
Village Care Schemes	CBC SCHH Directorate Management Team	Develop village care schemes in each major locality in Central Bedfordshire to provide improved health and wellbeing.	Schemes in place in Shefford and Eaton Bray Schemes in place in Sandy and Leighton Buzzard Schemes in place in 2 other locations	2012 Early 2013. By March 2014	More people have access to community support which improves health and wellbeing. **From April to June 2013- 2168** individual requests for help (significant increase on previous quarter) **473 residents** have contacted the groups for help **77 new callers** with an increase **i**n new 'regulars' such as clients with early stages of **dementia** who are likely to require help over the longer term.

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
Support home from hospital	BCCG Contract Management	Age UK delivering a revised contract working closely with Bedford and Luton and Dunstable Hospital to support frail older people with no support network who are being discharged from hospital	Review meeting for new service to support implementation and increase referrals.	September 2013	Early discharge of frail older people to ensure Low numbers of referrals to the team at present
8. Ensure suitable accommodation options are available by improving housing and accommodation support and existing extra care housing options					
Expansion of extra care housing programme	CBC MANOP (Managing the Accommodation Needs of Older People) Programme	Develop a range of extra care housing opportunities for older people. Planning permission gained for site in Dunstable (Dukeminster) Project Initiation Documents complete for all areas	Tender for provider to build first extra care scheme Develop clear definition for future requirements of extra care Identify sites in the North for development Develop a new Council owned facility Review allocations/nominations process Building of Council owned Extra care Housing facility in Dunstable (Dukeminster)	Sept 2013 Oct 2013 December 2013 2013 2015	Provide wider choice for frail older people, reducing demand for care home placements by up to 40%

Project/ Activity	Delivery Governance	Key Steps	Next Steps / Milestones	DUE DATE	WHAT DIFFERENCE HAS BEEN MADE?
Meeting the Housing Needs of vulnerable People Strategy	CBC Meeting the housing needs of vulnerable people Project group	Re-align floating support provision for older people to meet needs across tenure. Mapping of baseline of housing needs for various vulnerable groups	Complete qualitative and quantitative research into the floating support needs of older people Launch public consultation of draft strategy for Meeting the Housing Needs of Vulnerable People	September 2013 December 2013	Aim to improve access to low level preventative housing support services for older people.
9. Ensure effective floating support services; provide affordable warmth and the provision of signposting and information					
Comprehensive review of all CBC Housing Related Support Services.	CBC Adult Social Care Directorate Management Team	Review of all housing related support services and contracts Recommissioning of relevant services	December 2013 March 2014	Ensure there is equitable provision across CBC	Capture good practice potential efficiencies

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Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	Yes/no.
Title of Report	Integrating Health and Social Care – Pioneer Bid and Funding
Meeting Date:	5 September 2013
Responsible Officer(s)	Julie Ogley Director of Social Care, Health & Housing John Rooke Chief Operating Officer Bedfordshire Clinical Commissioning Group
Presented by:	Julie Ogley and John Rooke

Action Required:

1. To present to the Health and Wellbeing Board the outcome of the Expression of Interest to be a 'Pioneer in Integrated Care and Support', submitted to the Department of Health on 28 June 2013.

2. The Board is asked to note the national framework document on integration "Integrated Care: Our shared commitment, which sets out a clear directive to achieve the integration of health and social care by 2018.

3. To note the creation of a Health and Social Care Integration Transformation Fund (ITF) of £3.8billion, as part of the 2013 spending review settlement to join up care around people's lives.

4. To initiate Board discussion on integration of health and social care in Central Bedfordshire, in light of Pioneer bid and to note the key steps proposed to take forward integration of health and social care in Central Bedfordshire.

Executive Summary	
1.	The report informs the Health and Wellbeing Board of the call to local areas to become Integrated Health and Social Care Pioneers. The Minister of State for Health, Norman Lamb, set out an ambition to make joined up and coordinated health and care the norm by 2018 – with projects in every part of the Country by 2015 and inviting expressions of interest from local areas to become integration pioneers to drive forward the change at scale and pace.

2.	Central Bedfordshire submitted an expression of interest to become pioneer with a clear vision for integrated health and social care and has been unsuccessful in this round of Pioneer selection.
3.	The Expression of Interest sets out the key issues and opportunities for improving outcomes and the overall health experience of Central Bedfordshire residents, using streamlined care pathways, timely and appreciate access to care; and effective community based services through greater collaboration and integration of health and social care services. It proposes to use this vision as a template for delivering integration of health and social care services for its population. Appendix 1
4.	The Government, as part of the Spending Review settlement is putting £3.8 billion into an Integration Transformation Fund for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities.

Background	
5.	The Government is encouraging all areas to develop their own reforms to public services. To this end, the Government, working in a collaborative of national partners, has set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England by 2018.
6.	**Integrated Care and Support: our shared commitment** – a framework document on integration, co-produced by all the national partners, signals how the national partnership will work together to enable and encourage local innovation, address barriers, disseminate and promote learning in support of better integration for the benefit of patients, people who use services and local communities. It requires all localities to develop plans for integration and sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.
7.	**An agreed definition**: The shared commitment was defined by National Voices, a national coalition of health and care charities, from the perspective of the individual -as being able to: • "plan my care with people who work together to understand me and my carers(s), • control and bring together services to achieve the outcomes important to me".

	This has been agreed as the definition of what is meant by 'integrated' care and what good integrated care and support looks and feels like for people. Local areas are being asked to sign up to using these definitions.
8.	**Integrated health and social care pioneers:** Local areas were asked to express an interest in becoming 'pioneers' to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care across the whole of their local health, public health and care and support systems, and alongside other local authority departments as necessary, to achieve and demonstrate the scale of change that is required.
9.	**Integration Transformation Fund**: In the June Spending Round, the Government announced the creation of £3.8 billion worth of funding to ensure close integration between health and social care. This funding is described as health and social care Integration Transformation Fund and will come into effect in 2015/16.
Integrating Health and Social Care – Our Bid (Appendix 1)	
10.	There is a strong ambition by the Government to make joined up and coordinated health and care the norm by 2018. Central Bedfordshire Council and the Clinical Commissioning Group have set out clear ambitions for high quality care and support with ambitions to deliver more locally based integrated care and support.
11.	The Central Bedfordshire Bid states this ambition and a recognises that In order to deliver, significantly improved and sustainable outcomes for our people, we need to • embrace timely decisions being made at a local level, by staff who are close to their patients and clients; • consider Council and Health funding streams together to deliver improved local access to good quality care, pooling budgets where it is possible; • address any imbalance in provision of good quality care across Central Bedfordshire. • redesign services to deliver public health priorities particularly as it relates to prevention and maintaining independence • work with providers to break down barriers between Physical Health and Mental Health services • promote personalisation of support across health and social care

12.	The principal challenges set out in the bid are: • our significantly ageing population and above average rate of growth for England, and the demands on services that are unfolding; • the impact of higher levels of dementia in our population • Delivering effective services across a rural area • significant housing and general population growth in a largely rural environment; • ensuring the quality and accessibility of services locally - patients are currently discharged from 6 District General Hospitals outside of Central Bedfordshire and there are issues about the viability of these; • the need to support family carers to keep caring and maintain their cared for independence • our current comparatively low level of integrated community health/mental health responses; • ensuring real focus on the needs of our residents following changes to Health Commissioning and other governance arrangements and increasing our efforts to deliver joined up approaches.
13.	Organisation of local health and social care services happens independently of each other, even though the services have customers in common. There is however a strong vision to bring together the planning, payment and provision of health and social care to those who could benefit the most from joined up care pathways such as frail older people. Evidence from other areas have shown that with joined up care, people are living at home for longer, have improved quality of life for them and their carers and spend less time in hospitals.
14.	Currently, there is minimal integrated delivery of health and social care across Central Bedfordshire and the scale of change required locally is greater than other areas to meet the 2018 deadline. The Expression of Interest sets out an approach for progressing integration in Central Bedfordshire. This would need to be underpinned with a shared ownership between the CCG and the Council to deliver an integrated approach. Furthermore, a strong commitment and leadership across all partner organisations which will include Acute, Hospital and Community Health Services providers, as well as the Independent, Voluntary and Community Sector.
15.	Although the application to be a Pioneer Site was not shortlisted for further consideration, the Panel was impressed with the range of ambitious plans and initiatives already underway and are therefore very keen for Central Bedfordshire to remain involved and to be part of a network of support, sharing the learning taking place in our area. The Panel noted that Central Bedfordshire's application was well supported by key stakeholders, and that it offers good coverage across health sectors and age groups and with the need to restructure and reconfigure at its heart. They however, considered

	that the application is NHS-centric, with insufficient reference to social care, prevention and public health for a more whole system, innovative approach they want pioneers to pursue.
16.	Irrespective of this outcome, local partners remain committed to moving forward with the integration agenda. A framework for delivery is being developed and will underpin the work set out in the expression of interest and will influence the programme for integration.
17.	To deliver the on-going transformational changes required there needs to be a greater degree of very local decision making. This would include bringing together decision making about levels of investment at a strategic level between the Council and CCG and at a local level between medical, health and social care practitioners. It requires a changed relationship between Council and Health Commissioners and Health Provider organisations to enable a focus and ownership of their local population and meeting their needs.
18.	Local Health and Social Care partners are now committed to developing a programme of running over the next 3 – 5 years to deliver an integrated approach to commissioning and service delivery, which takes account of the feedback from the national panel and also explore: • Simpler means of creating pooled budgets between Councils, Health Commissioners and Providers. • Collaborative commissioning with NHS England including earlier transfer of the 0 – 5 years children's budget and devolved responsibilities for elements of GP Primary Health Care contracts. • Development of integrated non-urgent Patient Transport Services with Council and other public sector transport services to create a single service, allowing Ambulance services to concentrate on Urgent Care • Support from Government and Monitor to enable flexibilities in the financial mechanisms of Hospital and Community Foundation Trusts to enable surpluses and reserves to be targeted on supporting local transformation Programmes. • Integrating Hospital Services with GP, Community Health and Social Care services which may include establishing new types of mutual or social enterprise type organisations. • Building social capacity in communities so communities can be self-sustaining and more resilient • Building effective support to family carers to keep caring for longer • Further development of innovative care models i.e. CBC village care agents, Telehealth, parish council level volunteers, good neighbours etc

Integration Transformation Fund	
19.	As a result, in the 2013 Spending Round, the Government announced a £3.8bn Integrated Transformation Fund (ITF). This pooled budget will be shared between the local authorities and the NHS to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
20.	The ITF provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in adult social care. It provides an important opportunity to take the integration agenda forward at scale and pace and is seen as a significant catalyst for change.
21.	This pooled funding includes current NHS transfer funding for social care alongside further funds for carers and people leaving hospital who need support to regain their independence. It also includes social care capital funding which will be available for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data between the NHS and local authorities, and to improve facilities for disabled people.
22.	Whilst the ITF does not come into full effect until 2015/16, a joint statement from NHS England and the Local Government Association advice that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation. In effect, there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by march 2014.
23.	Under the new arrangements, funds will be spent on health and social care services, once they are locally agreed. Conditions for how the money is used will be put in place and local joint plans will have to detail how the money is spent. One of the conditions will be to ensure the funding is optimised to support local integration of health and care services. Plans for the use of the pooled moneys will need to be developed jointly by CCGs and local authorities and signed off by each party and the Health and Wellbeing Board. Local Health and Wellbeing Boards are best placed to decide whether the plans are best for the locality, engaging with local people and bring a sector-led approach to the process.
24.	Plans and assurance would then need to satisfy nationally prescribed conditions, including: • Protection for social care services (rather than spending) with the definition determined locally,

	• Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends, • Better data sharing between health and social care, based on the NHS Number, • Ensure a joint approach to assessments and care planning • Ensure that where funding us used for integrated packages of care, there will be an accountable professional • Plans and targets for reducing A&E attendances and emergency admissions, • Risk sharing principles and contingency plans for if/when targets are not being met, • Agreement on consequential impacts of changes in the acute sector.
25.	Ministers have agreed that they will oversee and sign off the plans. The LGA and NHS England will work together to develop proposals for how this could be done in an efficient and proportionate way.
26.	Currently for 2013/14, the CCG Executive has approved a transfer sum of £937,650 to support Reablement services in Central Bedfordshire. In additional NHS England have agreed in principle a transfer funding of £3,099.459. More detailed proposals and outcome measures for the transfer are being completed and a report will be brought to the Health and Wellbeing Board in November.
27.	The outline timetable for developing pooled budget plans in 2014/14 is broadly as follows: • August to October: Initial local planning discussions and further work nationally to define conditions. • November/December: NHS Planning Framework issues • December to January: Completion of Plans • March: Plans assured.
Next Steps	
28.	The scale and pace of change required delivering integration of health and social locally is greater than other areas to meet the 2018 deadline. The Expression of Interest sets out the explicit commitment of key partners, and the shared vision for health and social care and provides the mandate to begin to design the delivery of integrated of health and social care in Central Bedfordshire.
29.	A Programme framework will be set up to begin the work of designing the approach and key activities to deliver integration and the transformation of health and social care in Central Bedfordshire.

30.	A more detailed review of the Integrated Transformation Fund will be undertaken and a further report on plans for meeting the requirements will be brought to the November meeting of the Health and Wellbeing Board.
Conclusions	
31.	The call for Expressions of Interest came at short notice and with a tight deadline. However, it has created an opportunity for health and social care partners to intensify the focus on developing more integrated and joined up care and support.
32.	The Health and Wellbeing Board, as system leaders for health and social care, will have a key role in promoting health and social care integration as well as in emerging local plans for future health and social care provision in Central Bedfordshire.

Detailed Recommendation	
25.	That the Health and Wellbeing Board notes the expression of interest ant that work is underway to determine the approach to integration in Central Bedfordshire.
26.	That the Board receives further progress reports on the emerging approaches for integration of health and social care and plans for the Integrated Transformation Fund.
Issues	
Strategy Implications	
1.	Developing integration of health and social care will have a direct impact on improving health outcomes and experience of health and care services for people in Central Bedfordshire.
2.	Integration of Health and Social Care is a key ambition and priority for the Health and Wellbeing Board.
3.	The joint Health and Wellbeing Strategy and Bedfordshire Plan for Patients set out shared priorities based on the Joint Strategic Needs Assessment.

Governance & Delivery	
3.	Progress and proposals will be reported to the Health and Wellbeing Board and delivery will be through agreed joint commissioning mechanisms and governing boards for partners.
Management Responsibility	
4.	Management responsibility for the delivery of integrated health and social care services lies with the Director of Social Care, Health and Housing and the Chief Operating Officer for Bedfordshire Clinical Commissioning Group.
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
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. There is a requirement to develop joint local plans for the pooled budget for health and social care. There may be risk issues if the criteria/conditions described in this report are not met. This is risk is mitigated with the development of joint local plans.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Source Documents		**Location (including url where possible)**	

Presented by Julie Ogley

Integrated Care and Support: Our Shared Commitment
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf

National Voices, a national coalition of health and care charities
http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf

Appendix 1

NHS Bedfordshire Clinical Commissioning Group

Central Bedfordshire

EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

1. Central Bedfordshire's Vision for Integrated Health and Social Care

1.1 The Why?

Central Bedfordshire is a place of both great opportunity and challenge. As a relatively new group of Health and Council leaders we are both very ambitious for our residents. We are driven by the belief that to deliver significantly improved and sustainable outcomes for our people we need to

- embrace timely decisions being made at a local level, by staff who are close to their patients and clients;
- consider Council and Health funding streams together to deliver improved local access to good quality care, pooling budgets where it is possible;
- address any imbalance in provision of good quality care across Central Bedfordshire.
- redesign services to deliver public health priorities particularly as it relates to prevention and maintaining independence
- work with providers to break down barriers between Physical Health and Mental Health services
- promote personalisation of support across health and social care

Our principal challenges are

- our significantly ageing population and above average rate of growth for England, and the demands on services that are unfolding;
- the impact of higher levels of dementia in our population
- Delivering effective services across a rural area
- significant housing and general population growth in a largely rural environment;
- ensuring the quality and accessibility of services locally - patients are currently discharged from 6 District General Hospitals outside of Central Bedfordshire and there are issues about the viability of these;
- the need to support family carers to keep caring and maintain their cared for independence
- our current comparatively low level of integrated community health/mental health responses;
- ensuring real focus on the needs of our residents following changes to Health Commissioning and other governance arrangements and increasing our efforts to deliver joined up approaches.

However, we believe that our track record in shifting investment to a prevention/intervention approach demonstrates our commitment to the transformational system type change that is required to improve outcomes for our growing population. We are using the levers available to the Council and its Health partners to shape our future, for instance, our Local Development Strategy clearly identifying our expectations around the accommodation types required for meeting the needs of our ageing population. We are using Health transfer funds to provide real alternatives to hospital care and creating preventative options to future proof the system. This includes our risk stratification and case management approach with GPs and community health services colleagues, and, our sub-acute short stay medical unit and step up/down residential beds which has had a very significant impact on Urgent hospital activity in a relatively short space of time.

1.2 The What?

To deliver the on-going transformational changes required we believe that there needs to be a greater degree of very local decision making. We will bring together the decision making about levels of investment at a strategic level between the Council and CCG and at a local level between medical, health and social care practitioners.

We want to see a changed relationship between Council and Health Commissioners and Health Provider organisations to enable a focus and ownership of their local population and meeting their needs. This will require a programme running over the next 3 – 5 years to deliver an integrated approach to commissioning and service delivery. Over this period we want to explore the following freedoms:

- Simpler means of creating pooled budgets between Councils, Health Commissioners and Providers.
- Collaborative commissioning with NHS England including earlier transfer of the 0 – 5 years children's budget and devolved responsibilities for elements of GP Primary Health Care contracts.
- Development of integrated non-urgent Patient Transport Services with Council and other public sector transport services to create a single service, allowing Ambulance services to concentrate on Urgent Care
- Support from Government and Monitor to enable flexibilities in the financial mechanisms of Hospital and Community Foundation Trusts to enable surpluses and reserves to be targeted on supporting local transformation Programmes.
- Integrating Hospital Services with GP, Community Health and Social Care services which may include establishing new types of mutual or social enterprise type organisations.
- Building social capacity in communities so communities can be self-sustaining and more resilient
- Building effective support to family carers to keep caring for longer
- Further development of innovative care models i.e. CBC village care agents, Telehealth, parish council level volunteers, good neighbours etc

1.3 The How?

Central Bedfordshire and the CCG will achieve this change by

Empowering the Central Bedfordshire Health and Well Being Board to lead and hold to account the partners for driving through this change.

Moving towards local whole system approaches and governance rather than the current focus on individual organisations such as Foundation Trusts where the emphasis of accountability is to Monitor rather than local people.

Utilising our well established 4 Primary Care Localities in Central Bedfordshire to provide the building blocks to deliver transformational change. This will include the creation of Primary and Community Service Hubs for Health and Social Care staff to deliver integrated services to their local population.

Utilising the housing growth and town centre developments to deliver new accommodation for hub services to facilitate local access to a wider range of good quality health and social care interventions.

Establishing a Provider Board for Central Bedfordshire consisting of NHS, Council, independent sector, and voluntary and community sector providers. Utilising the area's housing growth to meet the needs of older people through extra care sheltered housing developments in close proximity to new build care homes and providing a different approach to community bed provision.

2. Plan for Whole System Integration

2.1. A Whole System Approach

The Council and CCG recognise that person centred, co-ordinated care and support is key to improving outcomes for those individuals who use health and social care services. However, the National Voices programme has identified that across the UK it is the experience of Users and Carers that local organisations do not always communicate effectively with each other, do not always work together and do not always treat people as whole individuals. This can result in care being fragmented, delayed or duplicated and can also result in missed opportunities to prevent needs from escalating, and missed opportunities for early interventions. This leads to poorer outcomes and experience.

Achieving truly integrated care is a major challenge. Although most local systems can offer examples of good practice it is generally acknowledged that the overall development of Integrated Care has not reached its full potential.

Agencies within the Council and CCG system recognise this challenge and also the importance of delivering Integrated Care at scale and pace. The local system is taking forward a robust programme to develop a common view of what whole system Integration really means, why it matters and what it can achieve. It is acknowledged that Integrated Care means overcoming barriers between

- Primary and Secondary Care
- Physical and Mental Health
- Health and Social Care and third/independent sector
- Different organisations, their competing priorities and fiscal constraints

There are a number of approaches to integrating care including

- Merging Organisations
- Enabling organisations to work more closely together through 'virtual integration' in the form of networks, partnerships and alliances.
- Covering whole populations or focusing on particular care groups with stratified need.

The current focus in the CBC/BCCG system will be very much upon clinical and service integration through partnerships. Organisational change will be considered as the programme progresses. There is also a strong desire to involve citizens and communities in co-producing the model of integration to meet their needs and make best use of their social capital. For this to be effective this must be embedded in the community but with leadership and organisation through the CBC and BCCG system.

2.2 Aims

The principal aims of the CBC and BCCG integrated care programme are to

- Provide more proactive rather than reactive care
- Develop 'people' rather than 'organisation' focused care pathways
- Apply the local intelligence gathered from listening to the voice of the communities
- To co-produce support for individuals, their families and communities to remain independent
- Work with communities and individuals to use public services effectively and thus manage their own independence and maintain their own health better
- Improve outcomes focused on maximising independence and improved experience of health and care services for the population.
- Reduce the numbers of individuals admitted to hospital with urgent but sub-acute care needs with a consequent reduction in capacity in acute services
- Reduce the number of people in long term residential care.
- Improve the support to family carers

The Central Bedfordshire system will integrate and deliver these aims and achieve the vision by

- Committing to an open book approach to make the most effective use of resources.
- Taking forward a 'cradle to grave' approach to integrated care using General Practice and aligned community health and social care teams as the focus for support to families.

- Developing new Integrated Health and Care Partnerships at a locality level involving GPs, Community Health Services, Mental Health Community Services, Social Care, Housing and Community and Public Health.
- Developing new Integrated Health and Care Partnerships at Hospital Catchment/Council area level to support a major re-structuring of Older People's services.

2.3 Principal Integrated care programmes

2.3.1 Locality Partnerships

Central Bedfordshire Council has a population of 260,000 (2011) within an area of 716 square kilometres. It is the 11th largest Unitary Council by area in England. The council area is described as predominantly rural with four main population centres. Considerable Housing and Economic growth is planned.

Central Bedfordshire will experience a significant growth in population in future years with the population projected to rise to 280,000 by 2021 and 303,000 by 2031. Within that general expansion the population over the age of 65 is projected to increase from 40,000 in 2011 to 56,000 by 2021. In addition to the challenge of an expanding and ageing population, there are also significant pockets of urban and rural deprivation.

Bedfordshire Clinical Commissioning Group was a first wave applicant authorised without conditions. Co-terminus with two unitary authorities, it has thirty GP practice members within the CBC area. It has been jointly developing the CBC Health and Wellbeing Board from shadow form and holds the vice chair.

A combined locality structure is in place centred on four main population centres. These localities and their populations are described

- Leighton Buzzard and Linslade 40,000
- Dunstable and Houghton Regis 80,000
- Biggleswade and Sandy 80,000
- Ampthill and Flitwick 60,000

GP primary care services, CHS and Adult Social Care services tend to be concentrated in these population centres with many practices in close proximity to one another. There are a number of other practices in the larger more rural towns and villages.

There is a robust history of GP Consortium working focused on these localities. Community Health and Social Care Services are aligned with the GP Consortia clusters. Work has been done to develop Locality Health and Care Partnerships around these natural communities which will be formalised to enable budgets and decision making to be devolved. The partnerships will include Patient representatives and the Voluntary Sector.

There has been a progressive programme of prevention and localisation of health and care services developed by localities in recent years and the integrated care plans will take forward the following programmes

- Locality Integrated Care Hubs for Primary Care and Community Services
- Continuing progress on Older people's and Children's programmes to include
    - Multi-agency Prevention programmes which are appropriately co-ordinated and focused
    - Joint Risk Stratification and Case Management of vulnerable Children, Adults with Complex needs and the Frail elderly.
    - Development of a virtual single Health and Social Care Service with Integrated operational management in the provision of intermediate care and treatment.
    - Implementation of the Council and CCG Community Bed Review including new investment in Sub-acute care, Health beds in Residential care homes also ensuring that a range of supported housing in particular Extra care Housing is available to enable individuals to remain at home for as long as possible.
    - Development of locality hubs to support Children with high level, complex needs and their families

2.3.2 Locality Integrated Primary and Community Care Hubs

Central Bedfordshire is unusual in that there is not a District General Hospital within the boundaries of the Council area. This can create difficulties in terms of access particularly for the Elderly Frail. In response to this there is a strong commitment to localise services through the development of Integrated Primary and Community Care Hubs in each of the four localities. These hubs will provide a focus for many of the priority programmes. Primary Care Hubs feature as a high priority within the CCG Estate Strategy.

It is anticipated that the Primary Care hubs will provide

- A wider range of Primary Health care services providing accommodation for groups of practices to co-locate 'under one roof'
- Improved access to GP services through extended hours.
- GP out of hours and walk-in services.
- A focus for LTC management for the whole locality including Dementia Care and the use of new technologies.
- Access to Mental health care services as part of mainstream primary and community care co-location of less complex hospital specialist outreach services.
- Access to all out of hospital care services through the Integrated care hubs
- Alternative management to patients with urgent but sub-acute care needs avoiding hospital admission.

The Primary Care Hubs will be strategically located to support Town Centre Master Plans and Growth areas. In some localities these will be new joint capital developments utilising land and property development opportunities available from both Health and the Council. The development and running costs of these new buildings will be resourced through economies and efficiencies associated with practice co-location and more effective working with the Hospital Sector.

2.3.3. Older People's Programmes

Integrated working on a locality basis provides a platform for a wider re-structuring of care for older people. Older people with frailty and their family carers are those who would benefit the most from person centred and co-ordinated care and support. They are disproportionately vulnerable and regularly cross organisational boundaries. There has previously been an over reliance on the Hospital sector in meeting their urgent care needs.

The scale of change is very significant. A joint clinical audit at the Luton and Dunstable Hospital established that substantial numbers of sub-acute patients are occupying acute hospital beds linked to restricted capacity within alternative community based services. The CBC and CCG Urgent Care programme has begun the process of re-structuring the care pathways so that only patients who are acutely ill are treated in acute settings. By re-structuring the care pathways in this way

- Resources will be shifted to community to provide increased capacity for prevention, earlier intervention and care.
- Experience of users and carers will be improved.
- Hospitals are able to focus on a wider range of complex care including localising very specialist services currently only available at distant tertiary providers.

2.3.4 Children's Services

There is also a very important agenda for Children with Disabilities. Integrated Care Hub arrangements will be developed in the Dunstable and Biggleswade Localities to underpin the new 'Support and Aspiration' agenda. These hubs will provide support to children with Complex Health needs, Special Educational needs and children with Mental Health problems. There will also be a focus on transition from Children's to Adult Services.

Work to identify the health needs of families included in the Troubled Families cohort is developing, along with work to identify and jointly commission projects going forward. These will particularly support the further establishment of the Early Help offer, providing preventative and early intervention services.

2.4 National Strategic Review and New Integrated Care Organisations

The NHS CEO has announced a major review of Health and Care Strategy. In this context the DH is seeking to liberate services to enable flexible solutions to the challenges ahead. This progressive programme is likely to enable new types of provider organisations to emerge which may also have responsibility for service re-design and other elements of commissioning. The Integrated care ambitions of CBC and BCCG are very much in line with this national programme of change.

With reference to services for Older People in particular there is much to do to ensure that the health and care system is delivering the right care, at the right time in the right place. If this is to be achieved it is important for the Health and Care system to achieve a higher level of collaboration through new formal partnerships. New partnerships between Primary Care, Social Care, Hospital Services and Community Health Services are now being put into place to manage the change in care pathways.

It is anticipated that programme budgets will be identified for Older People's Services and that the system will move towards Integrated Outcome based contracts. Such contracts will set clear targets for the re-structuring of these services.

In the context of the National review, these partnerships will also need to consider whether new types of health and care organisations are needed to provide the new care arrangements.

2.5 Financial Constraints and Reinvestment

The CBC /BCCG system recognise the seriousness of this care challenge at a time of increasing financial constraint. It is accepted that by working together the health and care system is better placed to meet the challenges and able to provide sustainable services which offer the right care at the right time in the right place.

We are developing an approach which will overcome fragmentation through integrated models of care and deliver best value. This can be demonstrated by a recent project focused on Sub-Acute care of older people which has indicated that it is possible to both re-structure and provide better quality care within current levels of funding.

Investment in Primary Integrated Care Hubs will be met from a combination of re-cycled GP rent and rates payments, streamlined GP administrative functions and efficiencies within the use of the Hospital sector.

2.6 Integrated Outcome Frameworks

We recognise that new types of integrated outcome frameworks will be needed. Between CCGs, Community Health Services and Social Services there are relatively few shared indicators. The programme in Central Beds will develop jointly integrated outcome indicators initially focusing on prevention and urgent care needs of the frail older people. We expect to work closely with Public Health England and NHS England in this development.

2.7 External Support – Pioneer Programme

Being part of the National Pioneer programme will enable organisations in the Central Bedfordshire system to benefit from being linked to other progressive care systems who are finding new ways to deal with some of the challenges of integrated services.

BCCG is already developing a pioneering specification to procure musculoskeletal services on an integrated MSK system with a capitated (programme budget) contract based on incentivising outcomes and innovation, one of the first in the country to do this at scale. By being part of a small club of CCGs commissioning in this way, we have access to learning from other areas - such as Oxfordshire and Northumberland - that are already developing outcomes-based contracts for frail older people.

The Council and CCG would wish to make best use of the programme of support available through the Pioneer Programme in particular,

- Organisational development so that providers are appropriately configured to support new pathways.
- Local financial mechanisms to ensure funding follows the patient as care pathways change, including pooled budgets, greater use of Section 75 and section 256 arrangements, also imaginative use of Foundation Trust surpluses to support change.
- Ensuring that the programme of change is taken forward appropriately regarding choice, competition and procurement.
- Development of a flexible workforce in conjunction with the Bedfordshire and Hertfordshire Workforce Partnership Group with close links to local colleges of Higher Education and Universities.
- Ensuring that there is patient engagement and professional support for the programme of change
- New arrangements are based upon emerging best practice from other ‘Pioneer’ sites.
- Opportunities to look at international models of care delivery in rural communities

3. Whole System Involvement and Strategy.

CBC and CCG have made a good deal of progress in developing joint working since the creation of the Council. The CBC Health and Well-being Board has been firmly established with a key responsibility for taking forward Integrated Care.

We have developed a range of joint commissioning strategies and implementation programmes for the principal care groups including Children's Services, Older People, Learning Disability and Mental Health. A 'Joint Non-Acute Health and Social Care Services Review' has been completed which included a needs assessment for Community Beds i.e. supported housing, nursing home care and intermediate step up/step down care. When considered with other existing strategic commissioning plans the review document provides the basis of an initial Integrated Care Strategy for the CBC and CCG system.

New Partnerships will be established at Locality and across Hospital catchment areas. By introducing these new partnerships alongside existing Care Group based Joint Commissioning and Delivery groups the whole system will be fully co-ordinated and engaged.

4. Track Record of Developing Transformation at Scale and Pace

4.1 Recent progress in Transformational Change – Sub Acute Care of Elderly Frail Patients

In the Dunstable and Houghton Regis Locality, CBC and CCG system has made very significant progress in the development of Sub-Acute care pathways for the Frail Elderly in full collaboration between Hospital, Community, Social Care and GP services.

A joint integrated care project was commenced in March 2012 in the Dunstable and Houghton Regis Locality within the catchment area of the Luton and Dunstable Hospital to restructure sub-acute pathways for Elderly Frail patients. This has become a principal transformation programme for the CBC/BCCG system.

The project was taken forward in partnership between BCCG, CBC Adult Social Care, The Luton and Dunstable Hospital FT and South Essex Partnership Trust. The project has required the development of a flexible range of out of hospital care services offering alternative health and care management. Services have been developed in line with Royal College of Physicians guidelines. This programme commenced in April? We said March in the previous para ?2012 and very good progress has been achieved at both at scale and pace.

The project was resourced both through Health Transformation funds and the focused deployment of the DH Special Allocation to Local Authorities for Rehabilitation services. Overall pump-priming investment in out of hospital infrastructure was approximately £2.6m.

The infrastructure put in place to provide alternative management includes.

- Community Consultant Geriatrician Led Out of Hospital Care services
- Nursing and Social Care navigation within A&E, Assessment Units and Base Wards
- Step up and Step down Short Stay Medical Unit Beds in the Community (ALOS 7 days)

- Health Funded slower stream rehabilitation beds within Council owned Residential Care units
- Multidisciplinary desk co-ordinating out of hospital care for a locality
- Additional Capacity in Rapid Intervention Nursing, Rehabilitation and Enablement, and Social care re-ablement.
- Personalisation and support to carers

In support of this programme the CBC/BCCG system has also established

- Practice Matrons and Primary Care Social Workers with responsibilities for case management of Patients at higher risk of admission.
- All Nursing and Residential care homes are aligned to a responsible practice with urgent care needs co-ordinated through a Practice Matron.
- Fallers fast response Programme reducing the numbers of patients attending A&E
- Restructured Residential care unit to become Rehabilitation unit (Greenacres)
- Re-structured Rehabilitation Services.
- Extra care housing programme with consequent reduction in Residential care home placements.
- Restructured Dementia care programme.
- Mental Health primary care link workers and dementia outreach nurse

4.2 Programme Outcomes

Patient
Vignette……..

Mrs Roberts, 88yrs old, lives alone. Her daughter, who visits weekly, finds that mum has gone "off her feet" and calls the GP. The doctor diagnosed an infection that may need intravenous antibiotics. Mrs Roberts refuses admission to the hospital however accepts admission to the local Short Stay Medical Unit (SSMU)

Here she is assessed by the community geriatric team and treatment started. Over the next few days Mrs Roberts receives intensive rehabilitation and after six days is discharged home with a short term support package while longer term needs are assessed.

Other patients in the unit have spent 48 hours being stabilised in the acute hospital and then transferred for intensive rehabilitation

The experience of this admission was described by her daughter as "very much better than Mum's previous admission to an acute hospital where the focus was, naturally, on patients who were very unwell and there was not the emphasis on getting mum back to her usual functioning and home as quickly as possible."

…….

Within 9 months of commencement of the programme hospital admissions of patients over 75 have experienced

- An increase in <48 hour stays moving from 19% in 2011/12 to 32% in Q3 20112/13
- Reduction in Average length of stay of 30%.
- Reduction in hospital tariffs of 12%
- Reduction in Excess bed days of 50%
- Reduced re-admissions to hospital within 30 days for those cared for at the SSMU.
- Reduced placements in Long term residential care
- Increased quality and increased satisfaction with new services
- Reported improved service accessibility and responsiveness
- Reduced reported social isolation

The system is very proud of the scale and pace of change which was achieved in just 9 months. The overall savings resulting from reduced tariffs and shorter hospital stays is broadly sufficient to fund the out of hospital sub-acute investment. This successful project will now be consolidated into ongoing care pathways and the learning from the project will be rolled out across the wider system.

5. Commitment to sharing learning

The CBC system will be keen to commit to sharing learning and has already commenced dissemination of the Sub-Acute Care project by making submissions to Nursing Times and HSJ awards. The project was endorsed by Professor Keith Willett last summer.

The system is also working closely with Professor David Oliver formerly National Clinical Director for Older People and now President of the British Geriatric Society. Professor Oliver is linked to the Emergency Care Intensive Support Team and King's Fund Integrated Care Team.

Through the involvement of National experts such as Professor Oliver it is expected that the learning from the local programme will be shared across ECIST and King's Fund networks

6. Using Best Evidence

The CBC /BCCG system will wish to demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence, to include

- Plans that take into account the latest available evidence
- Understanding of the impact on the relevant local providers and intended outcomes.
- A commitment to work with national partners in co-producing, testing and refining new measurements of people's experience of integrated care and support across sectors
- A commitment to participate actively in a systematic evaluation of progress and impact over time.

We commit to applying best practice evidence base in all future developments.

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Winterbourne View Progress Report
Meeting Date:	5 September 2013
Responsible Officer(s)	Dr Diane Gray-Director of Strategy and Service Redesign Julie Ogley- Director of Social Care, Health and Housing
Presented by:	Michelle Bradley-Head of Mental Health and Wellbeing Elizabeth Saunders-Assistant Director of Commissioning

Action Required:

1. **Healthier Communities and Older Peoples Board (HCOP) to receive regular progress reports on the alternative care and accommodation support packages being arranged for the 8 individuals moving from inpatient hospital settings**
2. **HCOP Board to receive regular reports on the joint strategic plan from Bedfordshire Clinical Commissioning Group which cover the development of pooled budget arrangements**
3. **HCOP Board to receive regular reports on the development of the service specification and implementation of the Bedfordshire wide specialist community support service for people who's behaviours may challenge**
4. **HCOP Board to receive a progress report on work with Children's Services around the transition process**

Executive Summary	
1.	This report provides an update on the progress and key work streams which are being undertaken by health and social care partners in Central Bedfordshire in response to the severe concern highlighted by the Panorama undercover programme at the Winterbourne View Private Hospital in May 2011 for people with a learning disability and the subsequent Department of Health enquiry.
Background	
2.	On the 31 May 20111, a BBC Panorama television programme showed people with challenging behaviour being abused by staff at a private hospital called Winterbourne View. Following this programme the hospital was subsequently closed.

2.1	The abuse which took place at Winterbourne view was deeply disturbing and shocking and was assessed as criminal. The kinds of abuse which was uncovered covered a range of physical and emotional forms.	
2.2	The Minister of State Paul Burstow commissioned the Department of Health, (DOH) to carry out a full review into what had happened at Winterbourne View. The overall aim was to identity what went wrong but also look at what lesions could be learned so that care and support for people with challenging behaviour, who also may have associated learning disability and/or autism was being delivered in the most appropriate setting and was of a good quality.	
2.3	The final report from the DOH was published in December 2012 and from this a mandatory requirement was set on every Clinical Commissioning Group (CCG) and Local authority in England and Wales to develop a localised plan which would address the following areas to demonstrate that better outcomes and safe practice was being delivered for people with learning disabilities or autism who have behaviours which challenge.	
2.4	To address the issues set out in the DOH Report a Bedfordshire wide Winterbourne View response coordination group was set up on the 4th February 2013.This comprises of representatives from the BCCG and Central Bedfordshire and Bedford Borough Councils. The BCCG as the lead agency coordinated the development of a cross Bedfordshire Action Plan and the Bedfordshire Steering Group will continue to operate and provide the monitoring of the delivery of the various actions.	
2.5	A Central Bedfordshire focused Steering Group has now been established to ensure that these wider actions and targets as set out for Central Bedfordshire are achieved.	
2.6	The following areas are the main focus for activity for June 2013 to June 2014:	
	•	**In Patient Hospital Review Process** Everyone with a learning disability who is in a hospital setting now will have had a comprehensive review of their needs carried out before the end of June 2013, with the aim for those who do not need hospital care to be moved to a community setting by 1st June 2014.
	•	**Development of Joint Strategic Plan and Service Developments** Every CCG area will have a locally agreed joint plan for improving services for people who's behaviours challenge

	•	**Monitoring Quality of Service Delivery and Care** Providers of Services will be held accountable for poor care and contractual arrangements need to be robust with monitoring mechanisms which ensure areas of concern are addressed. This includes safe prescribing practice for medication.
	•	**Additional Work streams:** **Safeguarding** **Winterbourne View Stock Take** **Children's and Adult Services Commissioning** **Appendix 1. Table of the Winterbourne View Actions** **Appendix 2. Winterbourne View Stock Take Submission**

Detailed Recommendation		
4.	This section sets out the main areas of activity which are being undertaken in Central Bedfordshire.	
4.1	**In Patient Hospital Review Process** The BCCG have established a list of all NHS funded people with challenging behaviour placed in independent hospital settings. This register has been shared with the local authority and is reviewed as part of the Winterbourne Central Bedfordshire steering group meetings. All of these individuals have had a care needs review carried out which was completed by the 1st June 2013, following which a number of people have been identified as needing to move from low secure hospital placements. The completion of the reviews met the stringent targets set out in the recommendations of the DOH Report.	
4.2	Of the reviews carried out:	
	•	3 have been carried out by the National Specialist Commissioning Group and a formal feedback meeting has been arranged with colleagues from the National Specialist Commissioning Group on the 30th August 2013 to discuss the outcomes of the reviews which they have carried out, so that individual discharge support plans can begin to be put together for each individual. From the information received from the Specialist Commissioning Group by the BCCG in preparation for this meeting in August, all 3 individuals have now been deemed ready for discharge, which is a change from the initial feedback given in June which indicated possible continuation of need for treatment.

	•	5 further reviews have been carried out jointly between CBC and BCCG which have resulted in discharge support plans being put in place to commence the process of moving the individuals to alternative, non hospital based accommodation. This process will be driven forward in a timely way, and will be completed by June 2014.
4.4	**Development of Joint Strategic Plan and Service Developments** A local assessment and diagnosis support for Autism has been commissioned locally and began on 1 July 2013.This has replaced the previous commissioned service which was based at the South London Maudsley Hospital, meaning people no longer have to physically travel a considerable distance to receive assessments for a formal diagnosis of autism. As part of the agreed local model to support post diagnosis, Autism Development Workers have been appointed to Central Bedfordshire and they will provide long term support and signposting.	
4.5	. There is now in place a comprehensive programme for training in relation to Autism; it is delivered by a person with autism and a psychologist There are currently two levels of autism training which is provided: the first targeted at front line practice staff, receptionists, leisure staff etc, the second at social workers, mental health nurses, GPs and care home staff. The training has been well attended and the feedback has been excellent.	
4.6	The progress being made within Bedfordshire against the National Autism Strategy – Fulfilling and Rewarding Lives has been highlighted as good practice by the National Autistic Society.	
4.7	The current Central Bedfordshire Learning Disability Commissioning Strategy is being refreshed. Information from this and the JSNA will be used by the BCCG and CBC to put in place a Joint Strategic Plan to develop the proposals for a revised treatment and support service, which is currently provided by SEPT Specialist NHS Trust based in Bedfordshire which will better support people with challenging behaviour to:	
	•	Avoid inpatient admission
	•	Support through a care and treatment plan individuals in the community
	•	Avoid having to make out of county placements-particularly to private hospitals.
4.8	The timescales for the procurement of this service are currently being agreed between BCCG and CBC and BBC.	

4.9	There are currently no pooled budget arrangements in place between CBC and BCCG, for learning disability spend. A business case, which will include a full financial options appraisal for developing this will also from part of the Joint Strategic Plan and is being scheduled to be completed by November 2013. Financial spend for BCCG and CBC for CHC and s117 aftercare packages can currently be delivered on a shared basis, along with joint monitoring of the care packages. In relation to these individual packages, BCCG and CBC leads have been developing a local protocol for the provision of s117 aftercare and a register of the individuals entitled to this, is now in place.
4.10	**Monitoring Quality of Service Delivery and Care** The quality of care funded by BCCG through CHC is monitored by the lead nurses and contract manager. There are clear guidelines in place for escalating concerns in the delivery of care to the Quality Team which has identified leads for mental health and learning disabilities, safeguarding, infection control and tissue viability. There is a named lead for those people subject to s117 aftercare, regular reviews are undertaken and links with the quality team are the same. In addition, there are regular commissioner, quality and contract lead meetings to discuss quality and performance. The CCG are engaged in Central Bedfordshire's framework for monitoring care homes within their locality, including attendance at information sharing meetings with the CQC. Issues regarding providers are discussed at the Patient Safety and Quality Committee and reports are escalated to the Executive Team when required.
4.11	The quality of care for those providers funded by Central Bedfordshire Council, is designed 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 then monitored against the service specification to ensure good quality outcomes for the people and their families using the services.
4.12	The monitoring tool used is the ADASS East of England Contract Quality Workbook and comprises of a set of standards aligned to the CQC Essential Standards of care, but these are structured to better look into how the service is involving its service users in all aspects of the planning and delivery of care; focusing on meaningful outcomes for individuals. For learning disability providers, this also includes how risk and behaviour management support is provided on a person centred and proactive basis. In addition, for Domiciliary Care Agencies on the CBC Framework, electronic monitoring via CM2000 is in place which performance monitors, duration, missed/late calls and consistency of carer. However this process is also informed by input provided by individual care management reviews, information from CHC or tissue viability nursing reviews, safeguarding alerts and from complaints and compliments supplied by the Customer Service Team.

4.13	As part of the Joint Strategic Plan, a proposal will be considered which looks at the options for aligning or integrating the health and social care contract monitoring function of the BCCG and CBC, to promote consistency of approach.
4.14	The use of antipsychotic and antidepressant medication is monitored by pharmacists. Progress on this specific project has started and there is a project at present reviewing prescribing in care homes for people with mental health needs and this is managed through the Mental Health Change Board. The scope of this work is still being developed locally to include people with a learning disability and/or autism and will report into the Winterbourne Steering Group.
4.15	**Additional Work streams:** **Safeguarding** Safeguarding is at the core of the findings of the Winterbourne DOH report and the recommendations which have been set out in the Care and Support Bill, will be implemented fully by the Bedfordshire Safeguarding Board. Specially in relation to Deprivation of Liberty a programme of direct face to face information sharing sessions by the CBC Safeguarding Team with providers, will ensure that managing authorities responsible for the care of people with a learning disability understand their responsibilities in identifying potential deprivation of liberty safeguards, and apply for authorisations accordingly.
4.16	**Winterbourne View Stock Take** The Winterbourne View Joint Improvement Programme also asked local areas to complete a stock take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.
4.17	The Stock take was completed and submitted on the 5th July 2013.
4.18	The purpose of the stock take was to enable local areas to assess their progress and for that to be shared nationally. The stock take also is intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. At the meeting with the BCCG and the Specialist Commissioning Group on the 30th August 2103, it will be discussed if locally support form the Joint Improvement Programme could be requested to assist with the development of the Business Case looking at the financial options appraisal around establishing a pooled budget. Appendix 2. Provides a copy of the Stock Take submission .

4.19	**Children's and Adult Services Commissioning** Work has also begun through the Support and Aspirations Board looking at the transitions process for children with disabilities moving into adult services to ensure that there is joined up planning to meet the projected demand and needs of children in transition. Initial 5 year profile of transitions demand has been produced, which shows social care need, however this needs to also capture children's needs when they are health funded.

5.	Recommendations:	
	1.	HCOP Board to receive regular progress reports on the alternative care and accommodation support packages being arranged for the 8 individuals moving from inpatient hospital settings
	2.	HCOP Board to receive regular reports on the joint strategic plan from Bedfordshire Clinical Commissioning Group which cover the development of pooled budget arrangements
	3.	HCOP Board to receive regular reports on the development of the service specification and implementation of the Bedfordshire wide specialist community support service for people who's behaviours may challenge; including the procurement timescale
	4.	HCOP Board to receive a progress report on work with Children's Services around the transition process

Issues	
Strategy Implications	
6.	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	
7.	There are three key groups involved in the delivery of this priority, the Learning Disability Delivery Board as part of HCOP which is jointly chaired by CBC and the BCCG for Central Bedfordshire. The Fulfilling Lives-Autism Partnership, also as part of HCOP, jointly chaired between CBC and two Co-Chairs, who are adults who have a form of autism. The Mental Health and Learning Change Programme Board (formerly QIPP Board) chaired by the BCCG lead GP, which also has CBC membership.

Management Responsibility	
8.	Responsibility for the delivery of the outcomes rests with the Director Of Adults Social Care, Health and Housing and Dr Diane Gray, Director of Strategy and Redesign. 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 Yes/**No**
	No Yes *Please describe in risk analysis*

Presented by Elizabeth Saunders & Michelle Bradley

Appendix 1. Table of Winterbourne View Actions Completed/Outstanding.
Appendix 2. Provides a copy of the Stock Take submission

Appendix 1: Table of the Winterbourne View Actions

Action Plan Area	Completed	Outstanding	Comment
Setting up of Bedfordshire Register of People in Inpatient Hospitals	01/04/13		For Central Bedfordshire-8 individuals meet the definition of inpatient status. Register to be maintained by designated Project Officer in the BCCG
Full Reviews to be Carried out by 01.06.13 to determine if individuals still Require inpatient hospital treatment services.	01/06/13		For Central Bedfordshire of the 8 individuals: 3-reviewed by SCG 5-reviewed by BCCG and CBC All the individuals have been identified as read for discharge
All individuals defied for discharge form in patient hospital to have been moved to alternative Community based care/accommodation support by 01.06.13		Timescale by 01.06.14	Meeting with SCG on 30.08.13 for BCCG and CBC to go through the 3 reviews they have carried out. Discharge support plans developed by SCG will be transferred to BCCG/CBC to check and then lead on making happen. For the 5 CBC/BCCG reviews-discharge support plans in place and moves beginning to be actioned. Draft Service Specification drawn up to develop a local intensive community based support service designed to prevent hospital admissions and meet peoples needs in their existing community. procurement timescale to be agreed between BCCG and CBC

Action Plan Area	Completed	Outstanding	Comment
Joint Strategic Plan to be developed.		Timescale by 30.11.13	Joint Plan to be finalised which will included: Business Case with financial options appraisal for putting in place pooled budget arrangements
For local autism services to follow NICE clinical standards	01.07.13		Local diagnostic service in place and service specification underpinned by NICE guidelines
Local health and social care commissioners to plan strategically to meet the needs of Children with LD/autism moving into adult services		Timescale determined through the Support and Aspirations Board	Initial transitions data collection of next 5 years information for children who will be coming into Adult Services shared with LD Adult Services 14.08.13. Further more detailed progress report required.
Strengthen local quality assurance and monitoring arrangements of provider services.	01.04.13		Though both BCCG and CBC have in place service/contract monitoring systems, exploration of opportunities for further alignment/integration of these functions could be considered.
Provider Operate Safer Recruitment Practices	21.06.13		Both BCCG and CBC monitoring processes checked and do require providers to evidence safer recruitment processes which they have.
Safeguarding and role of Safeguarding Boards	01.04.13		There is currently a joint Bedford & Central Bedfordshire Adult Safeguarding Board in place with all core members identified and in place ready for implementation of the Care and Support Bill

Action Plan Area	Completed	Outstanding	Comment
Provider understanding of the DOL's process		Timescale to commence-16.08.13	Series of provider sessions to be run by CBC Safeguarding Team to inform providers of the requirements around DOL's
Whistleblower Procedures	21.06.13		Both BCCG and BC monitoring processes checked and do require providers to evidence whistleblower procedures inn place and also where investigations have taken place based on disclosures.
Appropriate Use of Antidepressant Medication		Timescale being determined by BCCG	BCCG review of use of anti-depressant medication has commenced in Mental Health services-to be widened to include LD/autism services as well

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Local Government Association

NHS England

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Yes -these have been put in place. Multi-agency joint action plan has been agreed between: Bedfordshire Clinical Commissioning Group (BCCG), Central Bedfordshire Council, (CBC) and Bedford Borough Council.	√ Ref doc WV1 Pan Bedfordshire Winterbourne View Plan	No
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes – (CBC) are working with East of England Specialist Commissioning Group, , Central Bedfordshire Children's Services Central Bedfordshire Community Safety Partnership, South Essex Partnership NHS Trust(SEPT the local specialist NHS provider of LD services) input from service users and cares through the LD Delivery Partnership Board and Voluntary and Community Sector organisations-Autism Bedfordshire. To ensure that from a Central Bedfordshire perspective specific actions are monitored and followed through a Central Bedfordshire Steering Group has also been established. This will report through the LD Delivery Partnership as part of the Health and Wellbeing Board governance structure and also the Pan=Bedfordshire BCCG Lead Steering Group.	√ Ref doc WV2 Central Bedfordshire Action Plan	No
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Yes- BCCG as the lead agency has established a Pan-Bedfordshire steering group with CBC and BBC, to establish a planning function in response to the Winterbourne View Final Report and actions required. The steering group has undertaken a scope of local services and have completed a draft Service specification for the kinds of resources required to meet the needs of individuals who have been reviewed and for other people with complex needs in out of county	√ Ref doc WV3 Draft Service Specification	No

	placements.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes- The LD Delivery Partnership Board has received a presentation about Winterbourne View and this will be a regular agenda item. Progress reports are also made by the BCCG to the Patient Safety and Quality Committee.	Ref doc WV4 Winterbourne View Presentation	No
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes. - A progress report has been provided to the CBC Healthier Communities and Older People Board on 12.06.13, which is part of the Health and Wellbeing Board governance structure in preparation for a more comprehensive update which will be presented to the Health and Well being Board in September 2013.	Ref doc WV5 HCOP Report	No
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes- This is in place through the Pan Bedfordshire Winterbourne Steering Group involving Health and Social Care Commissioners and operational leads.	No attachment	No
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships &Safeguarding Boards.	Yes- Accountabilities are understood across the partnership through boards such as the LD Delivery Partnership Board, The Health and Wellbeing Board, BCCG Patient Safety and Quality Group, BCCG QIPP Programme Board, Fulfilling Lives (Autism) Delivery Board, Safeguarding Board, and through Regional Forums, such as the East of England ADASS Contracting Operational Group keeping track of accountabilities in line with the Winterbourne Recommendations.	No attachment	No
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Yes- CBC and the BCCG are looking with partners in BBC at potential financial risk of increased costs associated with ordinary residence due to a private hospitals on its boarder, which services are often commissioned on behalf of individuals from London Borough's who may fall under CBC's responsibility due to the changes in legislation under the	No attachment	No

	Mental Health Act and the rules of ordinary resident.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Yes- for example through further local intelligence needed to inform future plans about children's services and assisting younger people through transitions to enable a better local offer to be planned to prevent out of county admissions to residential care services. (Please see Section 10 of the stock take)	No attachment	No
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes- Service user/ patient lists have been agreed with BCCG and are being maintained to reflect current costs of services and to identify lead commissioners.	No attachment	No
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Yes- CBC and BCCG have agreed the sources of all packages of care and support and have identified the funding sources determining lists of those who are CHC, Section 117, or Joint Health And Social Care Funded.	No attachment	No
2.3 Do you currently use S75 arrangements that are sufficient &robust.	Yes-Section 75 agreements are in place in respect of Community Mental Health Services provided by South Essex Partnership University NHS Foundation Trust (SEPT) and between SEPT and Adult Learning Disability Services in respect of integrated working by Community Nurses within the Adult Learning Disability Team in Central Bedfordshire There is no additional pooled budget at this moment in time in respect of Winterbourne View Action plans.	No attachment	No
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	Yes-Clear arrangements are in place for CHC applications and Section 117 funding agreements in respect of aftercare services. BCCG and CBC have completed a draft protocol to support a process for agreeing Sec 117 funding. Through reviews and discussions about changing needs financial risks are shared.	No attachment	No
2.5 Have you agreed individual contributions to any pool.	Not at present. As part of the work around responding to Winterbourne View consideration will be given to identifying future pooled budget arrangements.	No attachment	No
2.6 Does it include potential costs of young people in transition and of children's services.	CBC have identified the potential costs of future transition cases from children's services over the next 5 years, particularly in relation to young people with challenging		

	behaviour and complex needs to assist with commissioning arrangements and local planning. (Please see Section 10 of the stock take)	No attachment	No
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Yes- through the identified costs of the individuals in low secure hospital settings, high costs out of county residential care placements, and 5 year forecast. Plans are emerging about services which may result in possible anticipated efficiencies through sharing procurement and contracting information between health and social care commissioners.	No attachment	No
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	Yes- through a section 75 agreement the Adult Learning Disability Services employ Community Nurses who work alongside the Local Authority Care Management Service. Specialist Learning Disability Services for people with a learning Disability operated by SEPT are not integrated into the agreement.	No attachment	No
3.2 Is there clarity about the role and function of the local community team.	Yes- an operational policy for the Adult Learning Disability Team sets out the clear roles and responsibilities of the Community Nurses and the Social Workers who make up the core team. Additional support coordinated by the Team is through the Health Facilitators, two of which are co-located with the Team and provide more specialist clinical support and interventions.	No attachment	No
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes- through joint working with commissioners form health and social care services. Specific team members have been identified to take lead coordinating roles in relation to organisation and carrying out of the reviews.	No attachment	No
3.4 Is there clarity about overall professional leadership of the review programme.	Yes-clear structure has been put in place with identified leads in health (under the BCCG) or front line case managers in the community team, (Adult Learning Disability Services).The BCCG lead links directly with the SCG for those individuals funded by the SCG, while the Adult Learning Disability Team links directly with BCCG for those people funded by the BCCG.	No attachment	No

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes- all reviews undertaken have involved the individual, the carer/ family member or independent advocate, supported by named workers. The reviews have been carried out through the principles of placing the person at the centre of their decision making.	No attachment	No
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes- In CBC there are 3 individuals in low secure hospital settings in the current review programme, which we consider to be part 1 of the programme and have been reviewed by the SCG. Another 5 individuals have been reviewed directly by CBC as their funding is provided through the BCCG. We have identified another 6 other individuals who will fall under phase 2 of the review programme and these represent people who are in out of county placements (non hospital settings) who have complex needs (autism / mental health needs, or behaviour that challenges) and are either fully funded or jointly funded under sec 117 funding or Continuing Health Care. Reviews are also arranged for each individual, with family involvement and advocacy as required.	No attachment	No
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Yes- arrangements are clear and emphasis is being placed on the need for clear communication and joint partnership working. A meeting was set up between Bedford Clinical Commissioning Group, the Borough Council and the specialist commission group but the representative did not arrive at the correct venue. This is to be rearranged as a priority.	No attachment	No
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Clarification will be gained form the SCG to check what forms the reviews they have carried out took, as currently appears that these were desk top paper reviews. This clarification will look at how involved the Individuals, their families and other key stakeholders were with the review process.	No attachment	No
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes- Registers are in place and individuals on the registers have been agreed between the BCCG and CBC. B CCG holds the register.	No attachment	No

4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Yes- B CCG holds and owns the register and all known individuals and a key first point of contact has been identified for each case.	No attachment	No
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes- CBC, BBC and BCCG jointly commission POhWER advocacy services to support the assessment, care planning and review process. Independent Mental Capacity Advocates and Independent Mental Health Advocates are also involved in the process as required.	No attachment	No
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	CBC have developed a template to include in all Winterbourne Reviews to make sure that the reviews followed best practice. This has been shared with the BCCG and used as a way of assessing an individual's current and future needs.	Agreed JO-attach review process	No
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes- Details about support in current placement have been established, with specific focus on the best ways to communicate with individuals and proactive behavioural management techniques and there is a good understanding about levels of support required in the future.	No attachment	No
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes-All reviews were completed by 1st June 2013. There are no outstanding reviews for individuals in hospital- low secure settings.	No attachment	No
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes-CBC adheres to the ADASS protocol and has adopted the ADASS *Safeguarding Adults Policy Network Guidance (December 2012)* for Out-of-Area Safeguarding Adults Arrangements. CBC and Luton Borough Council have recently (January 2013) renegotiated our arrangements in respect of our shared acute hospital trust which sits within Luton Boundaries, so that the arrangements adhere to the ADASS protocol but that information sharing is ensured.	No attachment	No
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Yes-Safeguarding lead standing attendance at Council providers forums; safeguarding support workers relationship building and awareness raising with local care homes on a "patch" basis; contracts compliance officers monitoring of	No attachment	No

	use of safeguarding standards and safeguarding competency framework; safeguarding officers visits to providers of concern; safeguarding officers awareness raising sessions across all providers including housing,		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	Yes-Regular information sharing meetings held with CQC attended by safeguarding, contracts and social care operational managers.	No attachment	No
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes-Children's services managers and adult safeguarding manager are members of the CBC Winterbourne View steering group. Developments reported to the Safeguarding Adults Board through the safeguarding manager.	No attachment	No
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Yes- Reviews of all current placements held by CBC have been undertaken and safeguarding and DoLS considered. One person is known to be under DoLS.	No attachment	No
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	Yes-Both acute hospitals feeding into CBC area have learning disability lead nurses and clear protocols to flag when people with a learning disability are admitted. These have been presented to the safeguarding adults' board sub groups. CBC does not have any independent learning disability hospitals in its locality.	No attachment	No
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments?	Yes-The community safety partnership and the safeguarding adults' board are currently working together on hate crime and discrimination. Two reports have been commissioned and shared respectively and an action plan is being drawn up. Safeguarding officers sit on MARAC, SARAC and ASBRAC to address domestic and sexual abuse and anti social behaviour concerns where they affect vulnerable people	No attachment	No

	The Joint Social Needs Assessment is being further updated at present to include the actions required under the Winterbourne View recommendations.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes. See 5.2 and 5.3 above.	No attachment	No
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes- We are reviewing commissioning arrangements for learning disability services, specifically to include supporting people's moves from hospital settings to settings better suited to meet their needs (either specialist residential carer or supported living services. We are completing the campus closure programme and also will also be service reviewing historic supported living contracts with a view to fitness for purpose and will be recommending decommissioning, reconfiguring and recommissioning as necessary. The current LD Commissioning Strategy providers a broader steer in terms of future plans for the wider group of individuals who are placed out of county and our commitment to support people to come back to their local area if this is appropriate. This is currently being refreshed to ensure that it fully captures all the recommendations set out in the Winterbourne View Report	Ref doc WV6 Autism Strategy	No
6.2 Are these being jointly reviewed, developed and delivered.	Yes- plans are emerging and are at an early stage following outcomes of the reviews held. Due to structural and staffing changes within CBC Commissioning, we are reviewing existing arrangements and firming up our commissioning resource. We have managed to secure an additional post, which has been recruited to, and the post holder will be able to support much of this programme.	No attachment	No
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes. Lists are held by the BCCG and agreed by the local authority. All funding streams in place are confirmed in terms of CHC, Section 117 and Joint funding arrangements.	No attachment	No

6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Yes-the current commissioning intentions reflect this, and following the in depth service review, a commissioning and procurement strategy will be put in place to deliver this over a three year period.	No attachment	No
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	This needs to be confirmed. A meeting was arranged for the specialist commissioner of the strategic clinical commissioning group (SCG) to meet with BCCG, CBC and BBC Leads from the Pan-Bedfordshire Winterbourne Steering Group. This meeting is a high priority to be rescheduled as the SCG did not arrive.	No attachment	No
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	This is currently being scoped. A 5 year forecast is estimated in terms of needs and costs of those individuals coming thorough health and social care services. Information is to be further ratified to ensure all known needs are captured to inform future commissioning arrangements.	No attachment	No
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes-CBC, BBC and BCCG Team jointly commission POhWER advocacy services to support the assessment, care planning and review process. Independent Mental Capacity Advocates and Independent Mental Health Advocates are also involved in the process as required. We are able to purchase as necessary using a personal budget advocacy support for individuals in out of area placements if local advocacy services are not available for any reason. POWhER are jointly commissioned and subject to joint contract review arrangements. The POWhER advocacy service holds locality groups in key services areas across Central Bedfordshire to gain the view of people who use services in the local community.	For more information on the range of advocacy services provided please go to www.pohwer.net	No
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes- plans are emerging as described in the Joint Improvement Plan in 1.1 and 1.2 of this stocktake.	No attachment	No
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Yes-CBC and the BCCG have an absolute commitment to work to this target and are fully determined to achieving desired outcomes for the individuals concerned. We are working with the individuals on a person centred basis to ensure that any potential plans concerning moves are made with full consideration of personal choice, availability of	No attachment	No

	resources nearer to home (for some this may not be Central Bedfordshire as they did not have any local links to this area prior to hospital admission). We also want to ensure legal timescales for the procurement of service provision, assessments of risk, and mental health status to be fully considered. Though these figures need to be finally confirmed by the SCG initial indications are there are 4 Individuals who will be ready by June 2014 to have moved to community settings, and 3 are likely to require further detention on section under the MHA. However plans following all reviews are for move on appropriate to each individual.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	The considerations described in 6.9 are possible obstacles to achieving the target –especially in relation to ensuring the procurement of any new service is managed appropriately	No attachment	No
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes- Plans discussed in detail at individual Multi- Disciplinary Review. This initial information is being shared with BCCG so that identification of any common needs can be checked and possible commissioning of specialist accommodation based service in the Bedfordshire area can be considered.	No attachment	No
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes- Due to our full involvement at each review held. Which allows social workers carrying out reviews to form an assessment of the effectiveness of individual advocates. Also see Section 6.7	No attachment	No
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes- there is adequate access to Best Interest Assessors within CBC Adult Operational Services.	No attachment	No
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Yes- A review of Specialist Learning Disability Services provided by South Essex Partnership NHS Foundation Trust (SEPT) is currently being undertaken. There is capacity to deliver Intensive Support services locally and to work with local providers to assist with the support and management of behavioural plans to prevent placement breakdown and	No attachment	No

	hospital admission. Also see Section 1.3		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	The contract between the BCCG and SEPT outlines in a CUQIN a clear accountability for a reduction to admissions to hospital and this includes admissions under section of the MHA. The preferred model of care is outreach services into the community, so that individuals can be best supported in a familiar environment.	No attachment	
8.3 Do commissioning intentions include a workforce and skills assessment development.	Yes- A Training Needs Analysis matrix for all existing providers is monitored annually by the Contracts Team.In CBC If specific skills deficits identified, CBC Learning and Development Team can commission further specialised training looking at communication and challenging behaviour The CBC Learning and Development Manager carried out an annual training needs analysis and findings from this are incorporated provider workforce skills	No attachment	No
9. Understanding the population who need/receive services			
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	Yes- The plans in place as part of the Winterbourne Steering Group demonstrate the emerging plans for identifying the support required to meet individual needs for people whose behaviour challenges. A health Needs Assessment was undertaken in 2011/ 2012 by Public Health prior to the Specialist Services for People with a learning Disability. A Public Health Needs assessment on autism was also undertaken in 11/12- Both of these have been used to assist with informing the CBC JSNA which is actually currently being refreshed for	No attachment	No

	publication September 2013, with this intelligence underpinning the proposal for the development of Bedfordshire accommodation based service for people with more complex communication and behavioural needs.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes-these are fundamental aspects which are taken into account.	No attachment	No
10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services?	Work in progress. Information sharing has commenced between CBC Adult and Children Services as part of Support & Aspiration developments This will be extended to include BCCG representatives through the transitions project board The heads of Children's Commissioning and Disability Services are both members of the CBC Winterbourne View Steering Group 5-year draft needs analysis completed for children known to Social Care Services. Further work planned to identify and capture all known health funded children.	No attachment	
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis?	 Yes-existing Market Position Statement has some local market capacity information; however this is being fully revised to show in more detail current and future capacity. Refreshed Yes – The specification developed in line with 1.3 shows that there are not currently enough providers in the CBC locality with the specialist skills to support the needs of all those currently out of county, especially those with complex autism and challenging behaviour.	No attachment No attachment No attachment	No

11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	Yes- Please see attachments on various areas of innovation in CBC based on good practice.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.ukby 5th July 2013

This document has been completed by

Name.....

Organisation.....

Contact.....

Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	System Leadership Programme
Meeting Date:	5 September 2013
Responsible Officer(s)	Celia Shohet
Presented by:	Richard Carr

Action Required:

To participate fully in the design and delivery of the programme in order to improve outcomes for local residents.

Executive Summary	
1.	Central Bedfordshire Health and Wellbeing Board have been successful in their application to participate in the system leadership programme. This provides a package of support for the board to work on a 'breakthrough issue' whilst advancing leadership to the benefit of residents. This paper outlines the next steps and implications for the board.

Background	
2.	The System Leadership programme is a collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, Local Government Association and the Leadership Centre, that enables areas to create system wide change through leadership collaboration and development.
3.	Applicants were asked to identify a break through issue which they wished to undertake in order to develop system leadership generally for the benefit of other areas in the future. Our letter of application is in Appendix 1. We were informed of our successful bid on the 2 August.
4.	As part of the programme, an 'enabler' will work with us in Central Bedfordshire. Enablers will be funded for an average contact time of one day per week until the end of this financial year. We will also have access to further varied support including:

	• learning networks hosted by the King's Fund • participation in Future Vision – a national leadership development programme • access to the knowledge-hub where information from the across the places involved in the programme will be shared • a number of free consultancy days from a limited range of private sector partners • participation in the Commissioning Academy

Detailed Recommendation I don't thin k we need this section	
5.	That the Board endorse the successful application for system leadership support and participate fully in the design and delivery of the programme in order to improve outcomes for local residents.

Issues	
Strategy Implications	
6.	Improving outcomes for frail older people is one of the priorities within the Health and Wellbeing Strategy and an area where the Board acknowledges that it would wish to make rapid progress. The system leadership programme should enable this and importantly ensure that learning is applied to other priorities for the Board where an integrated approach is required.
7.	The successful bid for system leadership support will not impact in any way on the outcome of the pioneer bid, expected in late September.
Governance & Delivery	
9.	The governance and methodology for managing day to day progress of the programme has yet to be agreed. The Leadership Centre has indicated that there will be a 'light touch' approach to performance managing the programme.
Public Sector Equality Duty (PSED)	
11.	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

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)

Presented by Richard Carr

Appendix 1

Mr John Jarvis
Leadership Centre
Local Government House
Smith Square
London SW1P 3HZ

Your ref:
Our ref:
Date: 31 May 2013

Dear Mr Jarvis

System Leadership – Local Vision

I write on behalf of Central Bedfordshire's Health and Wellbeing Board to express our strong desire to participate in the System Leadership Programme. As a relatively new Council, working closely with a new Clinical Commissioning Group, we want to increase the pace of change in delivering improved outcomes for our local residents and believe that the system leadership programme can help us do this.

The local context

The Board agreed its Joint Health and Wellbeing Strategy in January and has set itself some challenging outcomes. At the outset the Board considered that improving outcomes for frail older people, including dementia, was an area of particular focus.

There are an estimated 6,500 frail older people in Central Bedfordshire currently and this is expected to double within the next 20 years. Whilst there is some excellent local service provision, at times it can be disjointed, responding to rather than preventing crisis, with too many people losing their independence.

Our local system is not straightforward; Central Bedfordshire does not have an acute provider within the Council area, therefore we have to build an integrated response to meet the needs of people being discharged from a number of hospitals. In addition given that the Board also 'shares' the CCG, is a relatively small player with respect to the NHS England Area Team and has providers that serve over a number of HWB Boards, we need to achieve consistently improved outcomes for residents against a complex backdrop. This requires leadership from the Board to influence and steer the local system proactively rather than reactively.

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Our breakthrough issue

We have made some good progress in improving outcomes for frail older people e.g. developing alternatives to acute admission and an urgent falls response service, which have resulted in higher proportions of older people returning or staying at home. However to achieve significant change, our local system will need to work radically differently through:

- integrating and re-designing urgent care pathways across a number of acute providers
- adopting a more preventative approach – we have recently agreed a preventative approach across the system and can use this opportunity to embed this further and faster
- developing a better understanding of the relationship between spend and outcomes across health and social care, ensuring that we use this to improve outcomes across the system with a particular focus on dementia care.

The system leadership programme can help facilitate the Board to breakthrough some of the issues and barriers which have slowed progress previously, such as, developing high levels of trust within a new system which has significant pressures and in moving resources and data across organisational boundaries.

What difference we will make

We want to ensure that as well as reducing the numbers of urgent admissions to acute or residential care, that the experience of customers is improved, that prevention is at the heart of the offer we give and that care is integrated across the health and social care system for those who need it. The specific metrics have been identified to assess progress.

How we will share good practice

The outcomes from this programme will enable the leaders within the system to apply the learning regarding frail older people to tackle other areas where a more integrated approach is required, for example, Mental Health services.

Importantly learning will be shared with other similar systems, for example, those working in a predominantly rural location with pockets of significant deprivation or where care needs to be integrated with multiple providers. The Council and its partners have a good track record of sharing learning at both a national and regional level, for example, presenting at conferences, organising workshops, hosting webinars and contributing to the LGA knowledge hub.

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I hope that this letter illustrates the strong commitment and enthusiasm we have to use and share the opportunities this programme presents and can confirm our willingness to contributing the £10,000 funding required.

Yours sincerely

P.E. Turner.

Cllr Tricia Turner MBE
Chair of Central Bedfordshire Health and Wellbeing Board
Executive Member for Economic Partnerships

Email tricia.turner@centralbedfordshire.gov.uk

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No.
Title of Report	Establishing Healthwatch Central Bedfordshire – Translating the Vision into Reality
Meeting Date:	5 September 2013
Responsible Officer(s)	Ruth Featherstone, Chair
Presented by:	Ruth Featherstone, Chair

Action Required:

1. To receive the update on the establishment of Healthwatch Central Bedfordshire.

Executive Summary	
1.	This Report is submitted to the Board for information only

Background	
2.	The establishment of Healthwatch Central Bedfordshire to implement the provisions of the Health and Social Care Act 2012 to build a strong and influential consumer voice across health and social care at a local level.
3.	Healthwatch Central Bedfordshire is the local health and social care consumer champion promoting choice locally, influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Report	
4.	Healthwatch Central Bedfordshire as an independent organisation has since its inception on 1 April 2013 worked hard to create a robust local Healthwatch and to put in place the structure and relationships that will be the strength behind its ability to influence the quality of health and social care in Central Bedfordshire.

5.	Healthwatch Central Bedfordshire has been operational since 1 April 2013, building public awareness of our role and functions. Our official launch will be held on 20th September at Priory House designed to increase public and stakeholder awareness.	
	The Board of Directors has been appointed with particular emphasis on attracting committed individuals with a wide breadth of skills and local knowledge to work together closely to take forward the Healthwatch Central Bedfordshire agenda.	
	Healthwatch Central Bedfordshire is keen to involve younger people in a meaningful dialogue and for there to be a voice of younger people on the Board.	
	A Chief Executive Officer has been recruited and came into post on 1 July 2013 and a Communications Officer will be appointed shortly. An Insight and Research Officer will complete the team.	
	Volunteers are an essential element of a local Healthwatch and a training scheme is being developed by a sub-group of the Board. This is particularly important in relation to our enter and view function.	
	Healthwatch Central Bedfordshire recently contributed to Healthwatch England's recommended guidance manual on training volunteers to carry out enter and view visits, report on their findings and make recommendations. As there is no automatic passport for volunteers from Bedfordshire LINk and as the identification and training of volunteers is a process with many stages to be completed the commencement of this training is one of our priorities.	
	The developmental progress of Healthwatch Central Bedfordshire is illustrated currently in the following ways:	
	1.	The appointment of the Chair and Board of Directors, recruitment of key staff and setting up of an office base including updating our website and developing our publicity materials.
	2.	Successfully attracting active and enthusiastic volunteers to perform specific roles and to support volunteers by giving training and supervision. Some volunteers are already contributing and more have expressed a wish to become involved.

	3.	The date has been set for the Launch Event to raise the profile of the organisation and encourage stakeholder participation.
	4.	Building the “network of networks” and utilising the newly created network to provide added value, for example Carers in Bedfordshire sharing information and enabling a better understanding of responses to changes in children services at Bedford Hospital.
	5.	Maintaining contact with other local Healthwatch to identify national trends and local issues.
	6.	Raising the profile of the organisation on national television and local radio in both news and discussion programmes. Recent experience includes appearing on ‘Look East’ and BBC 3 Counties Radio, specifically ‘Shrink Wrapped’.
	7.	Contact with youth groups; Raising the profile of Healthwatch Central Bedfordshire by being invited to attend and speak to the Youth Parliament at their next session.
	8.	Developing specific engagement plans for engaging with children and those people who are seldom heard or hard to reach.
	9.	Building a good relationship with Bedfordshire Clinical Commissioning Group with regular meetings scheduled.
	10.	Reviewing policies and governance documents so they are written in clear, simple language and are relevant. Subgroups have been established to ensure regular reviews.
	Further work to develop relationships, understanding and new ways of working is continuing, for instance around safeguarding.	
	We are working in collaboration with other local Healthwatch with emphasis on ‘Enter and View’, joint training opportunities and sharing local information.	
	We are engaging with the Bedfordshire Clinical Commissioning Group Stakeholder Mapping for NHS Bedfordshire with regard to the recent changes at Bedford Hospital and ‘what happens next’.	

	We are also contributing documents, reports and a guide to the 'Knowledge Hub' to inform, assist and support other local Healthwatch with information sharing.

Issues	
Strategy Implications	
7.	Developing a Central Bedfordshire Healthwatch impacts upon the Health and Wellbeing Strategy for Central Bedfordshire, Community Engagement Strategy and the Social Care Health and Housing Advice and Information Strategy. It will also have implications for the Clinical Commissioning Group Engagement Strategy.
Governance & Delivery	
9.	The multi-agency Healthwatch Central Bedfordshire Steering Group chaired by Assistant Director for Commissioning, Central Bedfordshire Council provides governance and delivery of the Healthwatch project and ensuring appropriate strategic links are made with the programmes of work.
Management Responsibility	
10.	Commissioning Healthwatch Central Bedfordshire is a duty for the Local Authority under the Health and Social Care Act 2012. Management of this process is via a multi-agency Steering Group which also is responsible for leading the development of Healthwatch Central Bedfordshire. Updates on progress towards commissioning Healthwatch to the Health and Wellbeing Board will be through the Director of Social Care, Health and Housing.
Public Sector Equality Duty (PSED)	
11.	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 Ruth Featherstone

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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:	5 September 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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Work Programme for 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.	Transfer of Funding from Health to Social Care (Section 256)	To receive a report that details the agreement that has been reached between the Council, BCCG and NHS England over the investment of funds transferred from Health to the Council for Adult Social Care.	7 November 2013		Julie Ogley (Director of Adult Social Care, Health & Housing, CBC)
2.	Joint Strategic Needs Assessment (JSNA) Executive Summary	To receive and approve the JSNA Executive Summary.	7 November 2013		Muriel Scott (Director of Public Health) Contact Officer: Celia Shohet, AD Public Health
3.	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: Edwina Grant
4.	Follow up report – the implications for high dependency children and young people of the special educational needs reform	The implications for Central Bedfordshire of the special educational needs Bill (implementation 2014) and lessons learned from the Councils who are pathfinders	7 November 2013		Edwina Grant (Director of Children's Services and Deputy Chief Executive, CBC) Contact Officer: Edwina Grant
5.	Annual Report on Looked After Children Safeguarding Board	To receive and comment on the annual report of the Central Bedfordshire Local Children's Safeguarding Board (CBSCB)	7 November 2013		Phil Picton Chair of the Safeguarding Board. Contact Officer: Edwina Grant

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
6.	Healthwatch	To receive an update.	7 November 2013		Ruth Featherstone, Chair of Healthwatch Central Bedfordshire
7.	Improving Mental health and wellbeing of adults	To consider the outcomes for improving mental health and wellbeing of adults	7 November 2013		Dr Judy Baxter (Clinical Director, BCCG)
8.	Longer Lives	To receive the action plan for Longer Lives	7 November		Muriel Scott (Director of Public Health)
9.	Safeguarding and patient safety	To receive a report which highlights the issues for greatest focus and greatest impact on safeguarding and patient safety	9th January 2014		Anne Murray (Director of Quality and Safety, BCCG) Julie Ogley (Director of Social Care, Health and Housing, CBC)
10.	Reducing Childhood Obesity	To receive and comment upon the current position and progress towards delivering this priority within the Joint Health and Wellbeing Strategy.	9th January 2014		Muriel Scott (Director of Public Health) Contact Officer: Celia Shohet, AD Public Health
11.	Healthwatch	To receive an update.	9 January 2014		Ruth Featherstone, Chair of Healthwatch Central Bedfordshire
12.	Update on Progress to reducing health inequalities	To receive an update on the progress achieved in reducing health inequalities.	13 Feb 2014		Muriel Scott (Director of Public Health) Contact officer: Celia Shohet, AD Public Health

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
13.	Healthwatch	To receive an update.	13 Feb 2014		Ruth Featherstone, Chair of Healthwatch Central Bedfordshire
14.	Presentation on the planned provisions in the Children and Family Act	This presentation will set out the legislative changes for planning and provision for children and young people with special needs and disabilities and their transition into adult life arising out of the proposed Children and Family Act. A work programme led by the Council and involving partners from the NHS and other partners and parents has been ongoing in preparing for changes as the Bill is being developed through Parliament. The aim of the Children and Family Act (currently a Bill) is that improved provision should be planned for young people 0 - 25 years.	13 Feb 2014		Julie Ogley (Director of Adult Social Care, Health & Housing, CBC) and Edwina Grant (Director of Children's Services and Deputy Chief Executive, CBC)
15.	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
16.	Annual Assessment of CCGs	To receive a report on the annual assessment process for the CCG	TBC		John Rooke (Chief Operating Officer, BCCG)

DATES TO BE DETERMINED

1.	3-tier CAMH review	To receive a report with the results of the 3-tier CAMH review and the outcomes the Board should be focusing on	TBC		Dr Diane Gray (Director of Strategy and System Redesign, BCCG)
2.	Community Beds Review	To receive the implementation plan for the Community Beds Review	TBC		Dr Diane Gray (Director of Strategy and System Redesign, BCCG)
3.					

Shadow Health and Wellbeing Board

Work Programme of Decisions

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

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