

## Agenda

<b>Meeting Title:</b>	Central Bedfordshire Health and Wellbeing Board
<b>Date:</b>	Thursday, 5 June 2014
<b>Time:</b>	<b>2.00 p.m.</b>
<b>Location:</b>	Council Chamber, Priory House, Chicksands, Shefford

**Please note that there will be a development session at 1.00 p.m. for Board Members only on the Joint Health and Wellbeing Strategy Refresh, followed by the Health and Wellbeing Board commencing at 2.00 – 3.30 p.m.**

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Election of Vice-Chairman for the year 2014/15**

To elect the Vice-Chairman of the Central Bedfordshire Health and Wellbeing Board for the municipal year 2014/15.

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

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

4. **Minutes**

To approve as a correct record the Minutes of the last meeting held on 3 April 2014 and note actions taken since that meeting.

5. **Members' Interests**

To receive from Members any declarations of interest.

## HEALTH AND WELLBEING STRATEGY

Item	Subject	Page Nos.	Lead
6.	<b>Refresh of the Joint Health and Wellbeing Strategy</b>  To consider the proposed outline and process for a re-fresh of the Joint Health and wellbeing Strategy.	11 - 18	MS
7.	<b>Review of Health Services in Bedfordshire and Milton Keynes - Update</b>  To update the Health & Wellbeing Board on the project's progress so far and its next steps.	19 - 26	JR
8.	<b>Better Care Fund</b>  To receive an update regarding the delivery of the Plan.	To follow	JO

## OTHER BUSINESS

Item	Subject	Page Nos.	Lead
9.	<b>Bedfordshire Clinical Commissioning Group 5-Year Vision</b>  To receive a report on the BCCG's 5-year vision on their systems.	To follow	JR
10.	<b>Provisions for SEN and Disability in Children and Families Act</b>  To receive a presentation.		
11.	<b>Healthwatch Central Bedfordshire</b>  To receive an update.	27 - 34	RF
12.	<b>Public Participation</b>  To receive any questions, statements, or deputations from members of the public in accordance with the procedures as set out in Part A4 of the Council's Constitution.		

To consider and approve the work plan.

A forward 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.

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

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive, Central Bedfordshire Council
Mrs R Featherstone	Chairman, Central Bedfordshire Healthwatch
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mrs E Grant	Deputy Chief Executive / Director of Children's Services, Central Bedfordshire Council
Dr P Hassan	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

<b>please ask for</b>	Sandra Hobbs
<b>direct line</b>	0300 300 5257
<b>date published</b>	21 May 2014

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**CENTRAL BEDFORDSHIRE COUNCIL**

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Thursday, 3 April 2014

**PRESENT**

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

Dr J Baxter	Clinical Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive
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
Cllr C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Ogley	Director of Social Care, Health and Housing
Mr J Rooke	Chief Operating Officer, Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
Cllr M A G Versallion	Executive Member for Children's Services
Apologies for Absence:	Ms R Featherstone
Members in Attendance:	Cllrs Mrs R J Drinkwater Mrs S A Goodchild J G Jamieson
Officers in Attendance:	Mr M Coiffait – Community Services Director Mrs P Coker – Head of Service, Partnerships - Social Care, Health & Housing Mrs S Hobbs – Committee Services Officer Mr D Jones – Interim Consultant, Adult Social Care Ms A Lathwell – Head of Strategy and Planning, BCCG Mrs E Saunders – Assistant Director Commissioning Mrs C Shohet – Assistant Director for Public Health, Central Bedfordshire Council
Others in Attendance:	Ms C Myers – Deputy Director – Children & Specialist Services – SEPT Community Health Services

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

The Chairman made no announcements or communication.

**HWB/13/13 Minutes****RESOLVED**

**that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on 9 January 2014 be confirmed and signed by the Chairman as a correct record.**

**HWB/13/14 Better Care Fund**

The Board considered a report on the Better Care Fund Plan that set out the vision for health and social care in Central Bedfordshire, rooted in a locality-based delivery model. The initial submission had been made to NHS England and the Local Government Association. The final submission had addressed the comments from the assurance process and would be submitted on 4 April 2014. The following four priorities had been set to recognise the importance of shifting resources from hospital settings to more community-focussed care, to deliver improved health and care experiences as well as more effective use of resources:

- reshaping the model for prevention and early intervention;
- supporting people with long term conditions through multi-disciplinary working;
- expanding the range of services that support older people with frailty and disabilities; and
- restructuring integrated care pathways for those with urgent care needs.

The Plan was designed to help closer working to deliver integrated and locality based services based on a shared vision for improving outcomes and the health and care experience for older people.

**RESOLVED**

- 1. that the Better Care Fund Plan for Central Bedfordshire be approved for submission to NHS England on 4 April 2014;**
- 2. to delegate authority to the Director of Social Care, Health and Housing and the Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group, to make any final amendments required before the final submission.**

**HWB/13/15 Bedfordshire Plan for Patients**

The Board considered a report that set out a summary of the national requirement for the development of a two year operational Clinical Commissioning Plan entitled 'Your Health in Central Bedfordshire'. This document summarised the Bedfordshire Plan for Patients (BPP) 2014-2016. The BPP contained technical details that described the two year operating and financial plans and reflected the Better Care Fund Plan.

The Bedfordshire Clinical Commissioning Group's (BCCG) priorities had been developed in line with Central Bedfordshire's Health and Wellbeing Strategy and over the next two years the BCCG would commission local services that:

- help children and young people receive a healthy start to a healthy life;
- enable adults and older people to remain healthy; and
- support mental health and wellbeing for everyone in Central Bedfordshire.

It was noted that at the previous meeting the Chairman and Vice-Chairman of the Health and Wellbeing Board had been authorised to approve the BPP before its submission to NHS England.

**RESOLVED**

1. **that the summary document 'Your Health in Central Bedfordshire 2014-16' be approved.**

**HWB/13/16 Mental Health Stepped Care Model for Bedfordshire**

The Board considered a report that presented a new proposed Stepped Care Model for Mental Health Services in Bedfordshire. The proposed model would bring a more local focus to mental health services with provision across all of the steps, from GP based counselling to mental health practitioners, consultant support and Memory Assessment Services. The procurement of Mental Health services had commenced with an advert on 14 March 2014 for four separate streams:

- Steps 1-3 – primary care mental health;
- Steps 4-5 – secondary care mental health;
- rehabilitation and recovery; and
- children and adolescents mental health services.

The Board was advised that there would be a comprehensive hand-over period from the expired contracts to the new proposed model to ensure patients were not affected adversely.

**NOTED**

**the new proposed new Stepped Care Model for Mental Health Services in Bedfordshire.**

**HWB/13/17 Strategic Review**

The Board received a verbal update from the representatives of the Bedfordshire Clinical Commissioning Group (BCCG) about the strategic review of services that was taking place across Bedfordshire and Milton Keynes.

A lot of evidence gathering had taken place and an initial report was due to be published by the BCCG during week commencing 7 April 2014. This report would be used as a basis for consultation with the public and stakeholders on the proposed changes and improvements on how to provide better services locally.

**NOTED**

**that a report would be submitted to the Health and Wellbeing Board on 5 June 2014 that would enable the Board to consider the options developed during the course of the strategic review.**

**HWB/13/18 Health Visitor and School Nurse Sufficiency Review**

The Board considered a report on the Health Visitor and School Nurse Sufficiency Review. The Board noted that Central Bedfordshire had sufficient numbers of key workers in post. Members were made aware of the following amendment to the report:

‘The performance in relation to new birth visits (quarter 2 performance shows 42% took place within 14 days with an **additional 42% taking place between 14 and 21 days, 7% by 25 days and 3% by 30 days** ). This means **94% are therefore taking place in 30 days. The reasons for babies currently not being seen within 30 days relate to babies that are born outside of area, still in neonatal units etc.** The service is working towards a plan to achieve the Healthy Child Programme 14 day target of 95% of babies visited by April 2015.’

The Board concurred with the suggestion that this report revealed the need for protocols to be agreed between the Health and Wellbeing Board and the Local Safeguarding Children’s Board.

**RESOLVED**

- 1. the performance in relation to new birth visits and support progression towards achieving the target in 2014/15 be noted; and**
- 2. that the protocols setting out the relationship between the Local Safeguarding Children’s Board and this Board be developed to clarify respective roles.**



**HWB/13/19 Healthwatch Central Bedfordshire - Strategic Planning**

The Board considered a report that provided an update on the recent activities of Healthwatch Central Bedfordshire. It was noted that Healthwatch were holding the Bedfordshire Clinical Commissioning Group to account by holding regular meetings.

**NOTED**

**the report.**

**HWB/13/20 Public Participation**

The following statement was received in accordance with the Public Participation Scheme.

**1. Mr T Granger**

Mr Granger welcomed the proposed Stepped Care Model for Mental Health Services and commended the public engagement with the development of this and the Bedfordshire Plan for Patients.

He was keen to know more about the number of vacancies for members/volunteers that were available within Healthwatch.

**HWB/13/21 Board Development and Work Plan 2014 - 2015**

The Board considered a report from the Chief Executive, Central Bedfordshire Council that set out a suggested work programme for 2014 -2015. An up to date version was tabled at the meeting and the following items would be added:

- Strategic Health Review – 5 June 2014;
- Protocols governing the relationship with the Local Safeguarding Children’s Board – date to be confirmed;
- Bedfordshire Clinical Commissioning Group 5-year vision for their systems – 5 June 2014.

**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 2.48 p.m..)

Chairman .....

Dated .....

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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Refresh of the Joint Health and Wellbeing Strategy

**Meeting Date:** 5 June 2014

**Responsible Officer(s)** Muriel Scott, Director of Public Health

**Presented by:** Mei-Li Kvello, Public Health Registrar.

**Action Required:** To agree that the Joint Health and Wellbeing Strategy is revised following the eighteen months implementation of the current strategy and as a result of the Joint Strategic Needs Assessment re-refresh.

### Executive Summary

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|-----------|---|
| <b>1.</b> | This paper outlines the case for a proposed refresh of the Joint Health and Wellbeing Strategy (JHWS) as a result of the Joint Strategic Needs Assessment (JSNA) refresh and through experience gained from the current JHWS. |
| <b>2.</b> | The proposal for the revised JHWS streamlines the original focus, responds to the JSNA refresh and aligns priorities to where the HWB can make the biggest impact on health and wellbeing in Central Bedfordshire.            |

### Background

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| <b>3.</b> | Nationally, Joint Strategic Health and Wellbeing Strategies have completed their first year of action. The strategies that have been more successful have been those which have been focussed in their priorities. There are some priorities in the current strategy (Appendix 1) which, whilst important in their own right, do not need the Health and Wellbeing Board to assure progress and therefore reports to the board have sometimes been to show progress rather than challenge the board to take action. Also the current health and wellbeing strategy could be more directed towards the areas where the board can make the greatest difference e.g. through the integration of commissioning and service delivery. |
| <b>4.</b> | The refresh of the JSNA showed that: <ol style="list-style-type: none"> <li>1. Central Bedfordshire is generally a great place to live but there are differences in people's experience which can be explained in part by the wider determinants of health.</li> </ol>   |

	<ol style="list-style-type: none"> <li>2. Every child deserves the best possible start in life and although infant mortality rates have been comparatively low, they increased in 2011/12, driven in part due to poorer antenatal and post natal outcomes in south Central Bedfordshire.</li> <li>3. Educational attainment and employment for young people needs to be an area of continued focus.</li> <li>4. Vulnerable children and young people are at increased risk of poorer outcomes and focused work is required to support children and young people to make healthy lifestyle choices and reduce risky behaviours.</li> <li>5. Good Mental health and wellbeing is critical for all and there is some evidence to show that this need is growing e.g. as a result of domestic violence.</li> <li>6. Premature mortality is falling in Central Bedfordshire but is higher than statistical neighbours for cancer, coronary heart disease and respiratory disease.</li> <li>7. The increasing population of older people with their associated needs has many implications including housing and accommodation, support to maintain independence, the integration of care and the prevention of unnecessary admissions to acute or residential care.</li> </ol> <p><b>5.</b> This has confirmed a number of areas contained within the current strategy and identified some areas which may need to be strengthened within the JHWS such as:</p> <ol style="list-style-type: none"> <li>1. Ensuring that every child has the best start in life (particularly in the antenatal and post natal period).</li> <li>2. Effective management of long term conditions and reducing variation in care.</li> </ol> <p><b>6.</b> The proposed JHWS would address these identified areas whilst maintaining focus on those in the current strategy confirmed by the JSNA refresh.</p>
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**Detailed Recommendation**

<p><b>7.</b></p>	<p>There are four main priorities proposed within a revised health and wellbeing strategy:</p> <ul style="list-style-type: none"> <li>• Ensuring good mental health and wellbeing at every age</li> <li>• Giving every child the best start in life</li> <li>• Enabling People to stay healthy longer</li> <li>• Improving outcomes for frail older people.</li> </ul>
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<p><b>8.</b></p> <p><b>9.</b></p> <p><b>10.</b></p> <p><b>11.</b></p> <p><b>12.</b></p> <p><b>13.</b></p> <p><b>14.</b></p>	<p>The process will begin with a list of proposed objectives within each priority area which will fulfil the following criteria:</p> <ul style="list-style-type: none"> <li>• Recommended within the JSNA.</li> <li>• Progress best achieved by action of the HWB.</li> <li>• Able to be monitored through measurable outcomes.</li> </ul> <p>The process to create a refreshed JHWS requires discussions and engagement with stakeholders. The outcomes of this process of integrated working will be:</p> <ul style="list-style-type: none"> <li>• final selection of objectives within priority areas; and</li> <li>• identification of key objective within priority areas.</li> </ul> <p>The proposed strategy will initially be circulated by email for comments. And the following individuals invited to discuss this further:</p> <ol style="list-style-type: none"> <li>1. Leader of the Council</li> <li>2. CBC Corporate Management Team</li> <li>3. Portfolio Holders</li> <li>4. BCCG Executive.</li> </ol> <p>Following compilation of received comments, the proposed strategy will be presented for discussion at the meetings of the groups of the stakeholder list below.</p> <ol style="list-style-type: none"> <li>1. Children's SMT</li> <li>2. Community Services SMT</li> <li>3. Directorate Management Team (DMT)</li> <li>4. BCCG mental health commissioning forum</li> <li>5. Healthy Communities and Older people Partnership Board</li> <li>6. Acting Early Group</li> <li>7. Voluntary Sector</li> <li>8. Community Safety Steering Group.</li> </ol> <p>Once the objectives within the priority areas have been agreed within the group 1-2 key objectives will be selected for focus that will achieve maximum to achieve progress within that priority.</p> <p>The option of retaining the current JHWS was considered but the option to refresh the strategy was preferred as using the JSNA refresh and experience from current strategy can improve its impact.</p> <p>The outcome of this proposal would be to begin a process to refresh the JHWS which would include discussions with stakeholders and present a draft refresh to the HWB on 2 October 2014.</p>
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<b>Issues</b>	
Strategy Implications	
<b>15.</b>	This proposal is aligned to the overarching aim of the Health and Wellbeing Board to improve health and wellbeing and reduce health inequalities in Central Bedfordshire.
Governance & Delivery	
<b>16.</b>	The development of the JHWS will be led by Public Health working in conjunction with stakeholders and members of the HWB and the progress on the draft strategy will be presented to the HWB.
Management Responsibility	
<b>17.</b>	Muriel Scott, Public Health, will be accountable for delivery and Celia Shoheit, Public Health will be responsible for day to day delivery.
Public Sector Equality Duty (PSED)	
<b>18.</b>	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 <span style="float: right;">Yes/No</span>
	The final strategy will be subject to an equality impact assessment

<b>Risk Analysis</b>
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
Nil			

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<b>Source Documents</b>	<b>Location (including url where possible)</b>
Central Bedfordshire Joint Strategic Needs Assessment	<a href="http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/default.aspx">http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/default.aspx</a>
Central Bedfordshire Joint Health and Wellbeing Strategy	<a href="http://www.centralbedfordshire.gov.uk/Images/110213CBCHWBStrategyFinal_tcm6-40628.pdf">http://www.centralbedfordshire.gov.uk/Images/110213CBCHWBStrategyFinal_tcm6-40628.pdf</a>

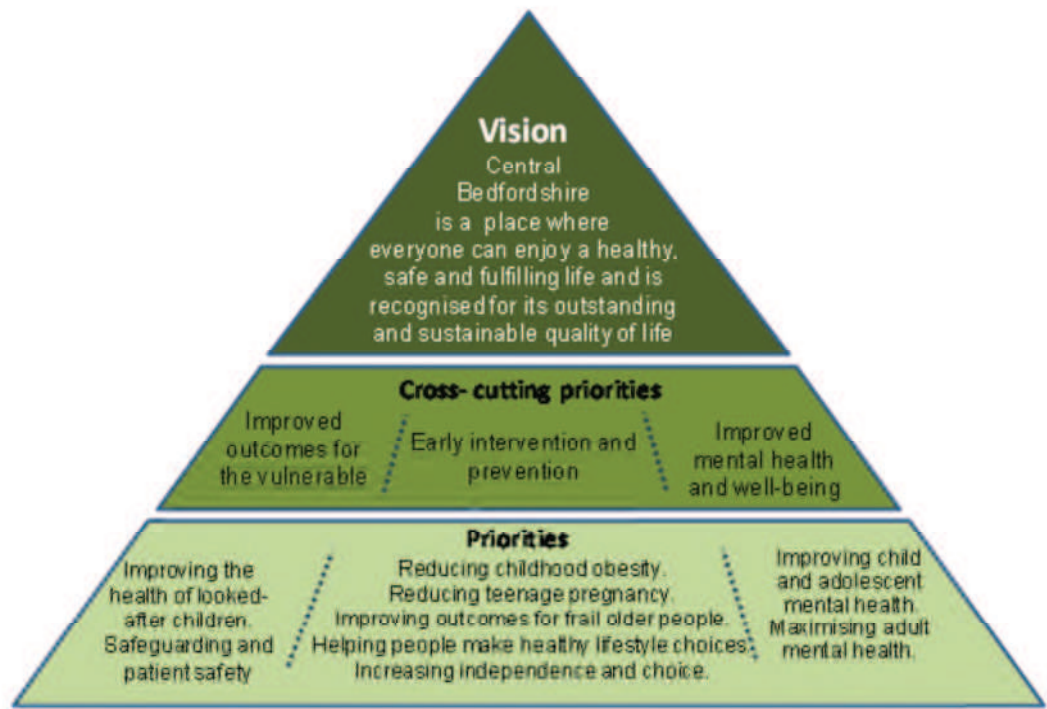
\_\_\_\_\_ Mei-Li Kvello \_\_\_\_\_  
Presented by (type name)

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## Appendix 1

### Existing priorities in the Joint Health and Wellbeing Strategy



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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential  
or Exempt Information** No

**Title of Report** Review of Health Services in Bedfordshire and Milton  
Keynes - Update

**Meeting Date:** Thursday 5 June

**Responsible Officer(s)**

**Presented by:** Diane Bell, Director of Strategy & System Redesign,  
BCCG

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**Action Required:** To note the current progress being made by the review of  
health services in Bedfordshire and Milton Keynes.

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### Executive Summary

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| <b>1.</b> | <p>Since January 2014, NHS Bedfordshire CCG has been leading a review of healthcare services across Bedfordshire in collaboration with NHS Milton Keynes CCG and the national partners, Monitor, NHS England and NHS Trust Development Authority (TDA). The review aims to generate options for delivering sustainable, high quality (hospital and out of hospital) services for the people of Bedfordshire and Milton Keynes for the CCGs to take to formal public consultation. McKinsey and PA Consulting are providing project support, and a final options report is expected in summer 2014.</p> <p>This paper updates the Health &amp; Wellbeing Board on the project's progress so far and its next steps.</p> |
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### Background

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|-----------|--|
| <b>2.</b> | <p>NHS Bedfordshire CCG, NHS Milton Keynes CCG and NHS England are responsible for planning, designing and buying healthcare services that meet the needs of patients in Bedford Borough, Central Bedfordshire and Milton Keynes. As clinician-led organisations, our aim is to have in place the best quality care possible for patients. To achieve this, we have a combined budget of around £860 million each year. Decisions on how those funds are spent are made through a standard "commissioning" process that starts by understanding the needs of a population and identifying gaps in the healthcare available to address those needs.</p> |
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<p>3.</p>	<p>In the past, such commissioning has been done for specific health conditions or for care in specific settings. This has resulted in local NHS services over time becoming complex organisations with often over-bureaucratic processes. These may not be right for delivering 21<sup>st</sup> Century care, not least because they may not take account of interdependencies between specialties or population groups. We know that not all local services are currently coping well with patient needs. Patients and the public have told the CCGs and NHS England repeatedly that services are difficult to navigate through, are often impersonal, and people fall through the cracks between different providers. Evidence shows that today's local healthcare services are fragmented, inequitable and inefficient and do not deliver the best possible outcomes for patients.</p>
<p>4.</p>	<p>If we do nothing, the situation will worsen: we will have old-fashioned models of care that do not attract staff to work here, services that become increasingly overstretched and unsafe, and growing financial pressures in each institution that cannot be addressed. This will all result in patient care suffering.</p>
<p>5.</p>	<p>Therefore, NHS Bedfordshire CCG, NHS Milton Keynes CCG and NHS England have decided to work together to review more of the local healthcare system as a whole. This collaboration in no way implies that, at the end of the review, the same solutions or recommendations will be applied to healthcare across Bedford Borough, Central Bedfordshire and Milton Keynes. The engagement for any subsequent consultations will be run separately in each CCG area and any commissioning decisions made independently by each CCG on behalf of its own local population.</p>
<p>6.</p>	<p>Further detail on the case for change underpinning the review was published on 9 April 2014 and is available at: <a href="http://www.yourhealthinbedfordshire.co.uk/">http://www.yourhealthinbedfordshire.co.uk/</a></p>

<p><b>Detailed Recommendation</b></p>	
<p>7.</p>	<p>Central Bedfordshire Health and Wellbeing Board is asked to note the current progress being made by the review of health services in Bedfordshire and Milton Keynes.</p>

<p><b>8.</b></p> <p><b>9.</b></p> <p><b>10.</b></p>	<p>The review has seven key components:</p> <ol style="list-style-type: none"><li>1. Understand patient and public needs:<ol style="list-style-type: none"><li>a. Use market research to understand patient and public expectations from local healthcare services.</li><li>b. Use available data such as in the Bedford Borough and Central Bedfordshire joint strategic needs assessments (JSNAs) to project future health and care needs.</li></ol></li><li>2. Define services to meet these needs.</li><li>3. Identify preferred service configuration options.</li><li>4. Compare to existing provision.</li><li>5. Explore potential patterns of future service provision<ol style="list-style-type: none"><li>a. Identify possible future providers.</li><li>b. Identify organisational solutions for local services.</li></ol></li><li>6. Develop recommendations and report.</li><li>7. Throughout the above six steps, engage and involve stakeholders.</li></ol> <p>The review's project plan timeline has slipped by a few weeks, with the final report now expected during July 2014 rather than by end-June as originally expected. This slippage is due to both the delayed publication of the 'Case for Change' and the need to ensure enough time for clinical buy-into the process of options development, in keeping with the aim of the review to be clinically led. Tracking by the review's programme management team suggests that progress in all workstreams is currently in line with this revised end-point.</p> <p>The review's clinical working groups and the overarching clinical advisory group have been considering the available evidence of best practice against existing clinical services within the four domains of urgent and emergency care, planned care, maternity and paediatrics, and long term conditions and frail and older people. The groups are looking at the spectrum of healthcare and the interdependencies between different specialities. At one end of the spectrum sit often highly specialised healthcare services that are needed relatively rarely. These services tend to be centralised and cover a wider geographical area and may, in the case of trauma centres for example, be decided upon by NHS England and therefore out of scope of this review. At the other end of the spectrum are commonly used and more generalist services, which could be expected to be provided within local communities. In the middle sits the services over which discussions on the optimal balance between local, affordable and specialist are most active.</p>
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<p>11.</p> <p>12.</p> <p>13.</p> <p>14.</p> <p>15.</p>	<p>In parallel with these clinical discussions, several other review subgroups are also preparing the ground for reviewing potential options. The Operating and Finance Group has agreed the fiscal assumptions against which options can be assessed for affordability. The Commissioning Intentions Group has considered proposed standards of care that could be expected from any service in the future. It is also drafting an out of hospital strategy largely based on the agreed plans from the Better Care Funds from each local authority and the developing CCG locality development plans. Within this strategy, it is considering the suitability of hub and spoke models of care across Bedfordshire.</p> <p>Influenced by the products of these groups, a draft set of evaluation criteria has been produced by the review team and is being reviewed by stakeholders. Such criteria will be used to narrow down the potential options to a smaller number that can be assessed in detail. The proposed criteria sit in four categories:</p> <ul style="list-style-type: none"> <li>• Quality and sustainability: e.g. does the option improve patient experience? How far does the option improve clinical sustainability?</li> <li>• Access to care: e.g. what is the impact on travel times for the population? What is the impact on patient choice?</li> <li>• Affordability and value for money: e.g. does the option represent good value for money to the NHS? Is this option affordable?</li> <li>• Deliverability: e.g. how much change does the option require? How aligned are stakeholders behind the option?</li> </ul> <p>It is proposed that each evaluation criterion will be compared with the current state and scored accordingly: considerably worse than today; somewhat worse than today; somewhat better than today; and considerably better than today. No differential weighting of criteria will be applied.</p> <p>To complement the clinical and patient engagement happening through the formal review governance structures, the CCG has been undertaking a broader programme of engagement with clinicians, the public and others.</p> <p>A series of stakeholder forum meetings has been running since late February. The forum attracts over 70 people, including representatives from HealthWatch, of local patient advocacy groups (e.g. Parent Carers' Forum), and local community leaders. At the forum meetings, participants have heard local clinical leaders describe and then have debated the case for change and the spectrum of healthcare. Presentations and discussion summaries from each forum meeting are available through the local review website (<a href="http://www.yourhealthinbedfordshire.co.uk/stakeholder-forum/">http://www.yourhealthinbedfordshire.co.uk/stakeholder-forum/</a>). Its outputs feed into the review groups' discussions on models and evaluation criteria.</p>
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<p><b>16.</b></p>	<p>A similar series of clinical forums chaired by a local GP, Dr Peter Wilkinson, has also been meeting and discussing proposed standards of care, clinical models and evaluation criteria. Each forum meeting has attracted at least 30 clinicians, from neighbouring trusts (such as Buckinghamshire Healthcare Trust), SEPT community and mental health services, Bedford Hospital, and general practice.</p>
<p><b>17.</b></p>	<p>There have been a series of public meetings across all five CCG localities (<a href="http://www.yourhealthinbedfordshire.co.uk/public-meetings/">http://www.yourhealthinbedfordshire.co.uk/public-meetings/</a>). More targeted activity has also taken place with identified hard to reach groups, and a broader awareness raising schedule of activity has seen BCCG staff present at supermarkets, libraries and other public places.</p>
<p><b>18.</b></p>	<p>BCCG has been supporting engagement work with communications activity to raise awareness of the review and support the launch of the case for change document. This has included e-mails to BCCG Public Members, key stakeholder list and all councillors, social media activity and the issue of press releases. BCCG has also launched a fortnightly newsletter that is widely circulated.</p>
<p><b>19.</b></p>	<p>A number of opportunities have been provided for clinicians to find out more about and feedback on the review's progress. For example, senior CCG figures present with Bedford Hospital's chief executive and answer staff questions at regular drop-in sessions at the Hospital. Meetings with staff union representatives and the Hospital patient council have taken place. The review has also featured prominently at the CCG members' forum and at locality board meetings.</p>
<p><b>20.</b></p>	<p>Bedford Borough and Central Bedfordshire Councils' Joint Health Overview and Scrutiny Committee is monitoring the review's progress and the extent of engagement activities. It has provided useful feedback on the case for change document, scrutinised the planned engagement opportunities, and advised on further engagement opportunities including with elected representatives.</p>
<p><b>21.</b></p>	<p>The CCG's Public Engagement Forum (PEF) has been updated about the review at each of its regular meetings and had an extra session dedicated solely to the review during April. Feedback from the PEF members expressed satisfaction with the engagement progress so far, but they wished to continue to be kept informed as the review progresses.</p>
<p><b>22.</b></p>	<p>Cognisant of both European elections in May 2014 and the general election in May 2015, Members of Parliament are being kept up to date on the review's progress by the CCG team. Colleagues from Monitor are also advising the Secretary of State for Health on the review's progress.</p>

23.	As the review enters its second half, the next stage is the emergence of a long list of clinical models, which will be assessed against the agreed evaluation criteria. Further stakeholder and clinical forums are planned during June at which times – consistent with the open and transparent approach taken up till now – the emerging models and their assessment against the criteria will be shared.
24.	The Health & Wellbeing Board will be kept informed of latest developments at its next and subsequent meetings.

<b>Issues</b>	
Strategy Implications	
25.	The review aims to improve the quality and sustainability of healthcare for all age groups and residents of Central Bedfordshire. Therefore, it will have either a direct or indirect impact on almost all of the Health & Wellbeing Board's strategic objectives.
26.	This review has included within its workings the Better Care Fund plans for Central Bedfordshire, as submitted in April 2014.
Governance & Delivery	
27.	The review's progress is overseen by a Programme Advisory Group (PAG), which includes the CCG's Chief Clinical Officer/Accountable Officer, Dr Paul Hassan. The PAG is supported by an Operational Group, and then in turn informed by a number of subgroups: the Clinical Advisory Group (which has four Clinical Working Groups); the Operations and Finance Group; the Commissioning Intentions Group; and the Communications and Engagement Group.
28.	The CCG has senior representation in each group. The CCG's director of communications and engagement is chair of the Comms and Engagement Group. GPs from all CCG localities are actively engaged and providing useful and significant input into the clinical advisory and working groups.
29.	Project management is undertaken on behalf of the programme board by a team from PA Consulting. Progress against the project plan and any red-rated risks are reviewed weekly at the Operational Group meeting.
Management Responsibility	
30.	As the CCG accountable officer, deputy chair of the Health & Wellbeing Board, and member of the review's Programme Advisory Group, Dr Paul Hassan is the accountable Board member for this subject.



Public Sector Equality Duty (PSED)	
31.	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.
32.	Are there any risks issues relating Public Sector Equality Duty: None yet identified
33.	A full equality impact assessment is being commissioned as part of the review's final report.

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
Clinical engagement: clinicians reject case for change, any proposed solutions. Insufficient changes to out of hospital care to support changes in hospitals	Red		More frequent meetings with system leaders to discuss and debate Greater lead given from system leaders (CCG, NHSE, Trust CEOs) Broad engagement through clinical advisory and working groups and clinical forum Targeted engagement with key clinicians by programme team
Process falls behind timescales	Red		Strict process management Clarity re. accountability and roles
Source Documents	Location (including url where possible)		
A case for change, and other information and updates on the review	<a href="http://www.yourhealthinbedfordshire.co.uk/">http://www.yourhealthinbedfordshire.co.uk/</a>		

Presented by \_\_\_\_\_ (type name)

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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Healthwatch Central Bedfordshire – Future Planning

**Meeting Date:** 5<sup>th</sup> June 2014

**Responsible Officer(s)** Ruth Featherstone (Chair)

**Presented by:** Ruth Featherstone (Chair)

**Action Required:** To receive an update on recent activities of Healthwatch Central Bedfordshire and to address the recommendations listed below.

### Executive Summary

1.	This report is submitted to the Board for information and consideration.
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### Background

- |    |  |
|----|--|
| 2. | <p>At present there are a number of issues and concerns for the provision of health and social care in Central Bedfordshire, including:</p> <ul style="list-style-type: none"> <li>▪ Children and Adolescent Mental Health Services – recent research</li> <li>▪ End of Life Care – Phasing out of Liverpool Care Pathway</li> <li>▪ Complaints Policies – Following on from Francis, Clwyd Hart, Berwick &amp; Keogh reports</li> <li>▪ Year Round Planning – Frail elderly and susceptibility to seasonal extremes</li> <li>▪ Hospital Outpatient Transport – clarification of eligibility criteria</li> <li>▪ Awareness of HWCB Whistleblowing function – independence and the powers of Commissioners</li> <li>▪ Mental Health Crisis Line - Concerns</li> </ul> |
| 3. | Healthwatch Central Bedfordshire understands the priorities of the Health & Wellbeing Board and would like to highlight current areas of Healthwatch Central Bedfordshire’s work with recommendations to the Board.  |

### Detailed Recommendation

- |    |   |
|----|---|
| 4. | <ol style="list-style-type: none"> <li>I. That the Health and Wellbeing Board support the activities of Healthwatch Central Bedfordshire and.,</li> <li>II. That the Health and Wellbeing Board support the issues raised by Healthwatch Central Bedfordshire in this report and work with us to address the recommendations.,</li> </ol> |
|----|---|

	<p><b>III.</b> That the Health and Wellbeing Board support Healthwatch Central Bedfordshire in carrying out our statutory functions, in particular our role as the local consumer champion.</p>
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<b>Report – HWCB Update</b>	
<b>5.</b>	<p><b>HWCB Volunteers</b></p> <ul style="list-style-type: none"> <li>▪ Our volunteer resource is growing and HWCB now have over 30 volunteers who have the specific skills necessary to undertake individual volunteer roles. Volunteers are currently undertaking safeguarding training and will be offered further training in accordance with Healthwatch England guidelines. To celebrate National Volunteer week, all our volunteers have been invited to attend HWCB ‘Volunteer Day’ event on 3<sup>rd</sup> June to specifically identify and confirm their roles. This event will consolidate our volunteer resource and give all volunteers the opportunity to meet the Board, staff and fellow volunteers.</li> <li>▪ Over 80 individuals have now registered with HWCB; those who have expressed an ongoing interest in receiving information about HWCB. This is a result of our continuing engagement with the public and key stakeholders.</li> </ul>
<b>6.</b>	<p><b>HWCB Board Meetings</b></p> <p>HWCB first Board meeting held in public took place on 18<sup>th</sup> March at The Rufus Centre in Flitwick. In addition to members of the public we were joined by representatives from Healthwatch England. Presentations included the Bedfordshire Clinical Commissioning Groups Strategic Review and Engagement Plan and the Bedfordshire Plan for Patients and Five Year Strategy. Minutes from the Board meeting are available on our website at <a href="http://www.healthwatch-centralbedfordshire.org.uk">www.healthwatch-centralbedfordshire.org.uk</a></p> <p>Future HWCB Board meetings to be held in public are as follows:</p> <ul style="list-style-type: none"> <li>▪ Thursday 12th June 2014</li> <li>▪ Tuesday 9th September 2014</li> <li>▪ Tuesday 9th December 2014</li> </ul> <p>All meetings start at 18.00 in the Warrenfield Room at the Rufus Centre. The agenda for the meeting in June will be posted on our website at <a href="http://www.healthwatch-centralbedfordshire.org.uk">www.healthwatch-centralbedfordshire.org.uk</a> . Speakers invited to present at the Board meeting in June are Dominic Carter from Sue Ryder Care who will be talking about their services and patient choice at end of life. Glenda Tizzard of POWhER (Advocacy Services) will be talking about how patients can be supported particularly during a complaints process. There is an opportunity for local residents to put forward questions to the Board at the meetings.</p>
<b>7.</b>	<p><b>HWCB – Activities</b></p> <ul style="list-style-type: none"> <li>▪ <b>HWCB Newsletter</b> – HWCB recently issued our first quarterly</li> </ul>

Newsletter (May – July 2014). This issue featured information about our latest activities, surveys and research. The Newsletter was widely distributed to colleagues in statutory organisations, volunteer and community groups in addition to HWCB volunteers and members. The Newsletter is available on our website at [www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk) .

- **Local Account** – HWCB were invited by CBC to co-create the content of the Local Account of Adult Social Care Services in Central Bedfordshire 2014/2015. HWCB will work closely with CBC to contribute to the priorities identified in the Local Account, by feeding back information on service delivery and to ensure that the views and experiences of local people continue to be heard and listened to.
- **Joined Up Care & Support** – HWCB were invited by CBC to help design a patient leaflet to promote a new co-ordinated care service for Chiltern Vale and Leighton Buzzard (Demonstrator project). This leaflet explains what co-ordinated care means for the patient and how they can access the care and support needed.
- **Care Home Choices** – HWCB, working in partnership with CBC, will be holding a series of focus groups across the four locality areas in Central Bedfordshire, to listen to the views of local residents on their choice of care home and the qualities they look for when choosing a residential or nursing care home either for themselves or on behalf of a family member. Informed research into the priority decisions taken when choosing a care home will greatly assist CBC when commissioning care homes for the future.
- **Sight Concern Conference** – HWCB were invited to design and manage a workshop at their annual conference on 30th April 2014 held at Parkside Hall in Ampthill. The majority of delegates joined us in our workshop session. We designed materials specifically for our target audience and had a very productive session with the delegates. We gathered valuable feedback from service users on the current issues facing people with sight problems and accessing services and we also signed up a number of new HWCB volunteers.
- **POhWER Conference** - HWCB were invited to take a stand at their conference on 11<sup>th</sup> March at Dunstable Leisure Centre. Approximately 450 young people and adults attended the event and were able to access a wealth of information. We engaged with many people to promote the work of HWCB and recruit volunteers.
- **Young People Workshops** – HWCB have completed a series of workshops for young people and over 500 questionnaires have been completed. The questionnaires were designed to explore the type of emotional and behavioural difficulties / problems or worries' currently facing young people and what is known about availability and access to support. Data analysis is ongoing and a report being prepared which will be shared with Providers and Commissioners of children's services in Central Bedfordshire.
- **Young People DVD** – HWCB have completed filming for a short DVD featuring young people talking about their experiences of Health and Social Care. Once editing is complete this film will be featured on our

	<p>website with the aim of encouraging more young people to speak up about their experience to help shape health and social care services for children, for the future.</p> <ul style="list-style-type: none"> <li>▪ <b>Strategic Review</b> - HWCB continue to represent the patient voice at the BCCG Stakeholder forums as part of the wider health review and attend the Public Engagement Forum (PEF) and the Programme Advisory Group (PAG) in our scrutiny role.</li> <li>▪ <b>Media Training</b> – HWCB CEO was invited to attend a media training event developed by Healthwatch England to develop practical skills and hints and tips in managing local and national media. Training included avoiding pitfalls, ensuring that comments / press releases are newsworthy and managing transparency in a meaningful way.</li> <li>▪ <b>Public Engagement, ‘Just Ask’</b> – HWCB began the outreach programme called ‘Just Ask’ in Biggleswade in March followed by Houghton Regis in April and Shefford in May. Full dates and venues can be found on our website at <a href="http://www.healthwatch-centralbedfordshire.org.uk">www.healthwatch-centralbedfordshire.org.uk</a> . The next location for ‘Just Ask’ is at Flitwick Carnival in June.</li> <li>▪ <b>Snapshot Surveys</b> – HWCB are currently running various surveys, through Survey Monkey and our outreach project, relating to access to GP, hospital services and social care. We are also running a quick survey on local residents’ perception of Care.data. We have received an excellent response to our snapshot surveys and the results will be available on our website.</li> <li>▪ <b>EELGA Event</b> – HWCB attended the Patient and Public Engagement event in May which aimed to develop understanding and best practice on how Health and Wellbeing Boards can embed engagement with the public as an integral part of their work, for the benefit of communities.</li> <li>▪ <b>Website</b> - HWCB continually update our website – recent records indicate over 3000 hits since recording began in October, with 48% returning and 52% as new visitors.</li> </ul>
<p><b>Main report – Issues and recommendations</b></p>	
<p>8.</p>	<p><b>Children and Adolescent Mental Health Services</b></p> <p>In response to CAMHS as a main priority, identified at our launch event, we set out to find out more about service delivery and to listen to the voice of children and young people, particularly those with mental health issues, and their experience of service provision. Through our workshops and questionnaires we were particularly interested in young people’s experience of bullying, cyber bullying and self-harm. Initial findings are suggesting that there may be a correlation between cyber bullying and self-harm. Children face mental illnesses and social problems such as loneliness, depression, anxiety, low self-esteem and heightened aggression that are thought to be connected with internet use. Public Health England says <i>‘there is a clear relationship between the amount of time spent on social media sites such as Facebook and lower levels of wellbeing’</i>. In addition, Dr Maggie Atkinson, Children’s Commissioner for England has highlighted a surge in the number of under 18’s being admitted to adult psychiatric wards. In Central Bedfordshire, research has shown that there is an increase in the number of</p>

	<p>young people being admitted to mental health units. Due to a lack of mental health units for children in Central Bedfordshire, young people are required to travel out of County which adds to the anxiety and stress levels for both children and family members.</p> <p>HWCB questionnaire results will be shared with the Providers and Commissioners of mental health services. The DVD showing lived experiences of health and social care, by children and young people, will be available on our website. As a result of our findings, HWCB would welcome the opportunity to work with commissioners and providers of mental health services to support more preventative projects relating to children’s mental health and wellbeing including help to improve the mental health experience for children and young people.</p>
<p><b>9.</b></p>	<p><b>End of Life Care</b></p> <p>HWCB are aware that the use of the Liverpool Care Pathway (LCP) is being phased out in Central Bedfordshire. In reference to the BCCG’s Healthcare targets, specifically ‘enabling more people to die at home’ the BCCG have indicated that by 2018/19 they want 48% of people who wish to die at home – or their normal residence – to be able to do so. In light of this HWCB have asked the BCCG what plans are in place, following the phasing out of the LCP to ensure that quality of care is provided and people can access the support they need. HWCB have also invited Sue Ryder Care to our next Board meeting in June to triangulate information for the public.</p> <p>HWCB recommends that the BCCG ensure a robust plan for ‘End of Life Care’ is implemented, taking into account the views of patients and the fact that more people will be choosing to die at home during this transition phase.</p>
<p><b>10.</b></p>	<p><b>Complaints Policies</b></p> <p>Recent reports, such as Francis, Clwyd Hart, Berwick and Keogh all alluded to the need for a revolution in complaints handling. HWCB were pleased to be able to work with the BCCG on their Complaints Policy and hope to be able to work with CBC in a similar way.</p> <p>HWCB, as an independent organisation, would like to work with statutory organisations to ensure that the complaints process is user friendly and that people are supported through the process. All organisations need to view a complaint as a positive rather than a negative and we would recommend a Central Bedfordshire overview of all complaints; i.e., number and nature of complaints analysed. HWCB recognise that it would be difficult to analyse current differing reporting structures which may impede seeing the overall picture.</p>
<p><b>11.</b></p>	<p><b>Year Round Planning</b></p> <p>HWCB are currently looking forward to working with Public Health and other statutory and voluntary organisations around planning to minimise the impact of cold and hot weather, particularly for the frail elderly.</p> <p>HWCB would recommend that Public Health and the BCCG recognise the</p>

	<p>contribution that HWCB can bring to the development and implementation of their joint Action Plans to ensure that the voice of local residents is heard.</p>
<b>12.</b>	<p><b>Awareness of HWCB Whistleblowing function</b>  HWCB, as an independent organisation, have asked to be specifically mentioned in the BCCG’s Whistleblowing Policy to ensure that potential service providers are aware their staff / customers know who to contact if they wish to comment and/or complain about a service or service provision. The BCCG have given their assurance that HWCB will be included in the BCCG Whistleblowing Policy and, through the monitoring of their contracts, will ensure that their Providers make similar appropriate arrangements. HWCB would like to replicate this practice across other statutory organisations. As an independent organisation this is another medium for staff to use and gives whistleblowers a choice.</p> <p>HWCB would encourage all commissioners and providers of health and social care services to include HWCB in their Whistleblowing Policies to encourage choice.</p>
<b>13.</b>	<p><b>Hospital Outpatient Transport</b>  HWCB have received intelligence from local residents / patients that there is increased uncertainty over eligibility for outpatient transport. Patients are unclear whether they qualify for transport to hospital appointments / outpatient departments as there appears to have been a change to the eligibility criteria which patients are unaware of.</p> <p>HWCB would recommend that the criteria for eligibility for outpatient transport be more widely known, in an easy to understand version for patients, which also details any planned changes for the future. HWCB would welcome the opportunity to be involved in designing a user friendly version for information.</p>
<b>14.</b>	<p><b>The Mental Health Crisis Line</b>  HWCB have received various reports from the public concerning access to the SEPT Crisis line. Complaints are that the crisis line was constantly engaged for over three hours and that the line is not being answered. These concerns have been escalated to SEPT colleagues.</p> <p>HWCB would recommend that the BCCG, as commissioners, investigate public concerns and seek clarification for the lack of response with a view to improving the patient experience and ensuring that people are not left unsupported.</p>
<b>Strategy Implications</b>	
<b>15.</b>	<p>Healthwatch Central Bedfordshire will impact upon the Health and Wellbeing Strategy for Central Bedfordshire, the Community Engagement Strategy, the Social Care Health and Housing Advice and Information Strategy and have influence and input into the Joint Strategic Needs Assessment.</p>



<b>Governance &amp; Delivery</b>	
16.	Through our contract with Central Bedfordshire Council managed by the Assistant Director of Commissioning which provides the governance and delivery of Healthwatch Central Bedfordshire including monitoring.
<b>Management Responsibility</b>	
17.	Update on progress of Healthwatch Central Bedfordshire to the Health & Wellbeing Board will be through the Director of Social Care, Health & Housing.
<b>Public Sector Equality Duty (PSED)</b>	
18.	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 <span style="float: right;">No</span>
	No <span style="margin-left: 100px;">Yes</span> <span style="float: right;"><i>Please describe in risk analysis</i></span>

<b>Risk Analysis</b>
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)

*Ruth Featherstone*

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 2014 -2015

**Meeting Date:** 5 June 2014

**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

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|----|---|
| 1. | To present an updated work programme of items for the Health and Well Being Board for 2014 -2015. |
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### Background

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|----|---|
| 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

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| 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.
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<b>Issues</b>	
Strategy Implications	
7.	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.
8.	The Work plan includes key strategies of the Clinical Commissioning Group.
Governance & Delivery	
9.	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	
10.	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)	
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 <span style="float: right;">Yes/No</span>
No	Yes <span style="float: right;"><i>Please describe in risk analysis</i></span>

<b>Risk Analysis</b>
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)
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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.	Director of Public Health's Annual Report	To receive the Director of Public Health's report and the implications for Central Bedfordshire.	7 August 2014		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
2.	Protocols for managing the relationship between the H&WB Board and the Local Safeguarding Children Board	To receive a report on the proposed protocols governing the relationship between the Local Safeguarding Children's Board and the HWB.	7 August 2014		Edwina Grant, Deputy Chief Executive/Director of Children's Services, CBC
3.	Refresh of the Joint Health and Wellbeing Strategy	To receive the refresh of the Joint Health and Wellbeing Strategy.	2 October 2014		Muriel Scott, Director of Public Health

**DATES TO BE DETERMINED**

3.	Reducing Childhood Obesity	To receive an update on the actions identified to maximise the opportunities for children and families to lead healthy active lives.	TBC		Muriel Scott, Director of Public Health
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## Health and Wellbeing Board

### Work Programme of Decisions

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

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