

**This meeting  
may be filmed.\***

## Agenda

<b>Meeting Title:</b>	Central Bedfordshire Health and Wellbeing Board
<b>Date:</b>	Thursday, 4 December 2014
<b>Time:</b>	1.00 p.m.
<b>Location:</b>	Council Chamber, Priory House, Monks Walk, 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 2 October 2014 and note actions taken since that meeting.

4. **Members' Interests**

To receive from Members any declarations of interest.

**HEALTH AND WELLBEING STRATEGY**

Item	Subject	Page Nos.	Lead
5.	<b>Joint Health and Wellbeing Strategy</b>	13 - 16	MS
	To receive a report setting out the next steps in the refresh of the Joint Health and Wellbeing Strategy.		
6.	<b>Review of Health Services in Bedfordshire and Milton Keynes</b>	To follow	JR
	To receive a report on the review of the health services in Bedfordshire and Milton Keynes and receive an update on care closer to home.		

<b>OTHER BUSINESS</b>
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<b>Item</b>	<b>Subject</b>	<b>Page Nos.</b>	<b>Lead</b>
7.	<b>Protocol for Joint Working between Strategic Boards</b>  To adopt the joint protocol between the Local Safeguarding Children's Board, the Health and Wellbeing Board, the Children's Trust, Community Safety Partnership and the Bedford Borough and Central Bedfordshire Adult Safeguarding Board.	17 - 32	KO
8.	<b>Pharmaceutical Needs Assessment</b>  To receive an update on response to the consultation.	33 - 36	MS
9.	<b>Update on Mental Health Crisis Care Concordat to Health and Wellbeing Board</b>  To receive an update from the BCCG on the work undertaken to put in place the National requirements for a multi-agency Crisis Care Concordat.	To follow	JO
10.	<b>Safeguarding Children - Reporting Concerns</b>  To receive a presentation on how to report concerns for the safety of children and young people.		SH
11.	<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.		
12.	<b>Board Development and Work Plan 2014-2016</b>  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.	37 - 46	RC

To: Members of the Central Bedfordshire Health and Wellbeing Board

Dr J Baxter	Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive, Central Bedfordshire Council
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mr M Coiffait	Community Services Director
Mrs S Harrison	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 Ogle	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
Mr R Smith	Interim Chairman, Healthwatch Central Bedfordshire
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	Sandra Hobbs
direct line	0300 300 5257
date published	20 November 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, 2 October 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
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
Mr R Smith	Interim Chair of the Healthwatch Central Bedfordshire
Cllr M A G Versallion	Executive Member for Children's Services
Apologies for Absence:	Mr C Ford

Members in Attendance: Cllrs A L Dodwell  
J G Jamieson

Officers in Attendance:	Ms D Blackmun	– Chief Executive Officer, Healthwatch
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mr P Groom	– Head of Commissioning (Adult Social Care)
		–
	Mrs S Hobbs	– Committee Services Officer
	Dr M Komashie	– Specialty Registrar in Public Health
	Mr N Murley	– Assistant Director Resources
	Mrs E Saunders	– Assistant Director Commissioning
	Mrs C Shohet	– Assistant Director of Public Health,
Others is Attendance:	Mr A Caton	– Chairman of the Local Safeguarding Children Board

HWB/14/13. **Chairman's Announcements and Communications**

The Chairman announced that item 10 'Annual Director of Public Health Report' would be considered after item 5 'Executive Summary of the Joint Strategic Needs Assessment'.

HWB/14/14. **Minutes**

**RESOLVED**

**that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on 5 June 2014 be confirmed and signed by the Chairman as a correct record.**

HWB/14/15. **Members' Interests**

Dr Baxter declared a personal interest in item 14 'Pharmaceutical Needs Assessment' due to being employed by a dispensing practice.

Mr Rooke declared a personal interest in item 7 'Better Care Fund' and item 8 'Review of Health Services in Bedfordshire and Milton Keynes' as his wife worked in clinical governance at Bedford Hospital.

HWB/14/16. **Executive Summary of the Joint Strategic Needs Assessment**

The Board considered a report that set out the refreshed Executive Summary of the Joint Strategic Needs Assessment (JSNA). The JSNA identified a number of themes which would inform the commissioning intentions and strategic plans of the Board and its constituent organisations. The key areas that had changed since the 2013 assessment that had an impact upon health and wellbeing were:

- whilst people in Central Bedfordshire are living longer, this increase did not necessarily represent additional time spent in good health. Therefore the importance of prevention and early intervention was emphasised to enable people to live longer healthy lives and help the system to cope with increasing demand;
- the importance of children having a good start in life and a firm foundation to enable them to arrive at school ready to learn;
- the proportion of adults in Central Bedfordshire who had excess weight was significantly higher than the national average;
- the number of people quitting smoking had fallen nationally and locally; and
- the need to increase the level of insight into dementia and support those who were affected by it.

The Board welcomed the JSNA which would be taken into account as part of the updating of the Joint Health and Wellbeing Strategy.

**RESOLVED**

1. **to endorse the 2014 Executive Summary of the Joint Strategic Needs Assessment for Central Bedfordshire; and**
2. **to ensure that commissioning intentions for 2015/16 and relevant strategic plans take account of the main themes and implications identified.**

HWB/14/17. **Annual Director of Public Health Report**

The Board considered the annual report from the Director of Public Health that focused on increasing awareness about the consequences of poor mental health and illustrated the widespread negative impact on individuals, families, society and the economy. The report detailed the local need, the services available and made recommendations to improve mental health and wellbeing in Central Bedfordshire.

The Board discussed the need for early years and school-based interventions ensuring excellent maternal mental health and helping children become more resilient. There would need to be close working between GPs, health visitors and public health to enable a difference to be made to those children and adults who were at risk of poor mental health.

The Board noted that Healthwatch had produced a short film, which was available on their website, of young people's experience of hospital services, accident and emergency, GP and mental health services in Central Bedfordshire.

**NOTED**

1. **the issues surrounding mental health and wellbeing in Central Bedfordshire; and**
2. **the recommendations and suggested actions, as set out in the report, to improve mental health and wellbeing.**

HWB/14/18. **Joint Health and Wellbeing Strategy Refresh**

The Board considered a report that set out the priorities and desired outcomes for the Joint Health and Wellbeing Strategy (JHWS) refresh following an extensive process of engagement with stakeholder groups. The report also set out the next steps to further develop the strategy.

The Board welcomed the priorities and outcomes and requested that these be further developed so that a sense of the delivery plans would be considered by the Board at their next meeting on 4 December 2014.

**RESOLVED**

1. **that the priorities and outcomes for the Joint Health and Wellbeing Strategy be approved; and**
2. **that a report be submitted to the next Health and Wellbeing Board on 4 December taking forward the next steps to deliver the priorities and outcomes set out in the Strategy.**

HWB/14/19. **Better Care Fund Plan Submission**

The Board considered a report that provided an update on the submission of the Better Care Fund Plan (BCFP). The report highlighted where the BCFP had been revised following the first submission on 14 February 2014. An informal briefing was held with Board Members on 15 September 2014 to discuss the revised draft submission before the final submission was made on 19 September 2014.

The revised BCFP had retained the four priority programmes for transforming health and social care in Central Bedfordshire. The following four programmes would support the local ambition to deliver locality based health and social care and were focused on shifting resources from hospital settings to more community-based care:

- 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 Board acknowledged that this was a great opportunity to bring care for people closer to home.

**NOTED**

**the recent submission of the Better Care Fund Plan.**

HWB/14/20. **Section 256 Transfer Funding from Health to Social Care**

The Board considered a report on the transfer of funding from Health to Adult Social Care to support the delivery of the priorities of the Health and Wellbeing Board. The transfer for 2014/15 was £3,969,039.

Central Bedfordshire Council and the Bedfordshire Clinical Commissioning Group had identified the priority areas to be funded from the Section 256 money:

- community equipment and adaptations;
- telecare;
- hospital discharge;
- bed-based intermediate care services;
- better care fund investment; and
- other preventative services.

**RESOLVED**

**that the allocation of the health funding be agreed to support the delivery of the priorities of the Health and Wellbeing Board.**

HWB/14/21. **Review of Health Services in Bedfordshire and Milton Keynes - Update**

The Board considered a report that set out the current progress of the review of health services in Bedfordshire and Milton Keynes. The review report was due to be submitted to the Bedfordshire Clinical Commissioning Group's (BCCG) governing body. The review was likely to provide the BCCG with a direction to accelerate and prioritise bringing care closer to home and developing more integrated models of proactive, preventative care. The review would also recommend further analysis of options for redeveloping hospital services in Bedford and Milton Keynes.

The Board agreed to receive a further progress report at their next meeting on 4 December 2014.

**NOTED**

**the current progress being made by the review of health services in Bedfordshire and Milton Keynes.**

HWB/14/22. **Central Bedfordshire Winterbourne View Programme - Work Area Update**

The Board considered a report that provided an update on the progress against the key work streams being taken forward by health and social care partners in Central Bedfordshire. This was in response to the severe concern highlighted by the Panorama undercover programme on the Winterbourne View private hospital for people with a learning disability in May 2011 and the subsequent Department of Health enquiry.

A Joint Improvement Plan was being developed and implemented between the Bedfordshire Clinical Commissioning Group, Central Bedfordshire Council and Bedford Borough Council.

A Winterbourne View Register had been set up and broken down into 4 Phases, where individuals who meet the Winterbourne View criteria had reviews of their needs and any hospital detained status completed against set target dates. Central Bedfordshire was in a good position and was responding to the review.

**NOTED**

**the update on the progress and key work streams which were being undertaken by health and social care partners in Central Bedfordshire.**

HWB/14/23. **Central Bedfordshire Safeguarding Children Board: Annual Report 'The effectiveness of partner's work to safeguard and promote the welfare of children in Central Bedfordshire' from 31 March 2013 to 31 March 2014**

The Board considered the annual report from the Central Bedfordshire Local Safeguarding Children Board (LSCB) for 2013/14 'The effectiveness of partner's work to safeguard and promote the welfare of children in Central Bedfordshire'. The annual report provided rigorous and transparent assessment of performance and effectiveness of local services. Safeguarding of children in Central Bedfordshire continued to be good and regular rigorous performance evaluation had provided assurance to the LSCB throughout 2013-2014.

A request was made for further promotion of to whom concerns about the safety of children and young people should be reported.

**NOTED**

1. **the Central Bedfordshire Local Safeguarding Board's Annual Report 2013-2014 as required by the Working Together 2013 statutory guidance on interagency working to safeguard and promote the welfare of children; and**
2. **the achievements and areas for development described within the Annual Report 2013-14.**

HWB/14/24. **Protocols for Managing the Relationship between the Health and Wellbeing Board and the Local Safeguarding Children Board**

The Board considered a report proposing protocols between the Local Safeguarding Children Board and:

- Central Bedfordshire Health and Wellbeing Board;
- Central Bedfordshire Children's Trust;
- Bedford Borough and Central Bedfordshire Adult Safeguarding Board; and
- Central Bedfordshire Community Safety Partnership.

The report set out the expectations of the relationship and working arrangements between the above list of Boards as there were shared priorities relating to protecting vulnerable adults and children from harm.

The Board agreed that it was important to have arrangements in place to support the complex governance requirements and be clear on the areas each Board would take prime responsibility for. The Board supported the interim arrangements and it was agreed that a final protocol be submitted to the Health and Wellbeing Board on 4 December 2014 to enable the new Director of Children's Services and the new Chairman of the Local Safeguarding Children Board to have an opportunity to feed into the arrangements.

## **RESOLVED**

**to adopt the Interim Joint Protocol with the final Joint Protocol being submitted to the Health and Wellbeing Board at their next meeting on 4 December 2014.**

### HWB/14/25. **Healthwatch Central Bedfordshire**

The Board considered a report that provided an update on the recent activities of Healthwatch Central Bedfordshire (HWCB). There were a number of concerns that HWCB had highlighted:

- Mental Health Services – research and procurement;
- Sub-acute South Services Pilot – withdrawal of services; and
- Telehealth – withdrawal of services.

There had been changes to the HWCB Board of Directors as Ruth Featherstone had stepped down as Chair in August 2014. Robin Smith had subsequently been appointed as Interim Chair and Dave Simpson was Vice-Chair. The Chairman requested that the Health and Wellbeing Board's thanks be passed to Ruth for her commitment to Healthwatch and the Health and Wellbeing Board.

It was explained that the Sub-acute South Services Pilot and Telehealth services had been discontinued due to the lack of funding needed to run these services.

## **NOTED**

**the update on recent activities of Healthwatch Central Bedfordshire.**

### HWB/14/26. **Pharmaceutical Needs Assessment**

The Board considered a report that provided an update on the Pharmaceutical Needs Assessment (PNA). The first draft of the PNA had been completed in anticipation of the statutory public consultation running from 15 October 2014 to 15 December 2014.

The PNA considered the current provision of pharmaceutical services across Central Bedfordshire and whether they met the needs of the population.

An update on the PNA would be submitted to the Health and Wellbeing Board on 4 December 2014.

**NOTED**

**that the first draft of the Pharmaceutical Needs Assessment had been completed in anticipation of the statutory public consultation starting in October 2014.**

HWB/14/27. **Public Participation**

No members of the public had registered to speak.

HWB/14/28. **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. The following items would be added:

- Review of Health Services in Bedfordshire and Milton Keynes; and
- Joint Protocols between the Local Safeguarding Children Board and the Health and Wellbeing 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 4.00 p.m.)

Chairman .....

Dated .....

## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

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

**Meeting Date:** 4 December 2015

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

**Presented by:** Muriel Scott

**Action Required:**

1. To consider the update on the development of the Health and Wellbeing Strategy.
2. To agree the next steps to finalise the Strategy.

**Executive Summary**

<b>1.</b>	<p>The Board approved the priorities and outcomes for the Joint Health and Wellbeing Strategy (JHWS) at the meeting in October. The board asked that the strategy be developed further so that the priorities could be considered at the next meeting.</p> <p>This paper outlines the work that has been undertaken since the last meeting and proposes the steps required to finalise the strategy.</p>
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**Background**

<b>2.</b>	<p>The Board agreed the four priorities for the JHWS as being:</p> <ul style="list-style-type: none"> <li>• Giving every child the best start in life.</li> <li>• Ensuring good mental health and wellbeing at every age.</li> <li>• Enabling people to stay healthy for longer.</li> <li>• Improving outcomes for frail older people.</li> </ul>
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3.	<p>Following the discussion at the Board, lead Directors and senior staff have been aligned to each priority. Work has commenced to provide:</p> <ul style="list-style-type: none"> <li>• An analysis of the data &amp; intelligence – giving the narrative as to why this is an important issue locally.</li> <li>• Local views – what do people think / say of current services.</li> <li>• Effectiveness of current programmes (where known).</li> <li>• Levers for change.</li> <li>• The key actions required of the HWB.</li> </ul>
4.	<p>The emerging priority actions identified to date are:</p> <p><b>Giving every child the best start in life:</b> To focus particularly on delivering improved outcomes in the south of Central Bedfordshire and also delivery of better integrated care to all families with complex needs.</p> <p><b>Ensuring good mental health and wellbeing at every age:</b> <i>For children and Young People:</i> To ensure excellent maternal mental health; help children to become more resilient and increase the early identification of children who are at risk of poor mental health earlier; and ensure that they have access to appropriate services. <i>For adults and older people:</i> To improve the physical health of those with mental health illness by ensuring good access to healthy lifestyle support; support employers to participate in Workplace Health initiatives and to signpost to relevant resources; and increase understanding of mental health and wellbeing and reduce stigma of mental ill health.</p> <p><b>Enabling people to stay healthy for longer:</b> To champion and make the case for the significant benefits of physical activity; increase uptake of NHS Healthchecks consistently across Central Bedfordshire with referral and support to change lifestyles; and to reduce the variation in the management of Long Term Conditions to improve outcomes.</p> <p><b>Improving outcomes for frail older people:</b> To deliver the Better Care Fund plan and drive the transformation required to deliver more integrated preventative care.</p>

**Detailed Recommendation**

5.	<p>The work is complex in nature, for example, developing a detailed understanding of local views and current outcomes across systems and organisations. It also requires considerable discussion with partners to understand where the Health and Wellbeing Board can have the greatest impact. Whilst this work is progressing well, further analysis is required prior to the strategy being finalised.</p>
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	A detailed discussion following the further analysis will take place at the development session in February 2015.
6.	The Joint Health and Wellbeing Strategy will then be finalised and agreed at the Board meeting in April 2015.

<b>Issues</b>	
Governance & Delivery	
7.	This will be agreed as part of the development of the JHWS.
Financial	
8.	The JHWS will need to be delivered within current agreed resources.
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
	If yes – outline the risks and how these would be mitigated

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Presented by Muriel Scott

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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Joint Protocol between the Local Safeguarding Children Board and:

- Central Bedfordshire Health and Wellbeing Board
- Central Bedfordshire Children's Trust
- Bedford Borough and Central Bedfordshire Adult Safeguarding Board
- Central Bedfordshire Community Safety Partnership.

**Meeting Date:** 4 December 2014

**Responsible Officer** Karen Oellermann, Assistant Director, Commissioning and Partnerships, Children's Services, Central Bedfordshire

**Presented by:** Karen Oellermann, Assistant Director, Commissioning and Partnerships, Children's Services, Central Bedfordshire

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### Recommendations:

1. For the Health and Well Being Board to agree and adopt the Joint Protocol.
  2. For the Chair of the Health and Wellbeing Board to sign the Joint Protocol on behalf of the Board.
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Purpose of the report	
1.	To present the revised protocol for joint working between the above listed Boards. This document sets out the expectations of the relationship and working arrangements and covers the Boards respective roles and functions, membership, arrangements for challenge, oversight scrutiny and performance management. It will be reviewed yearly from the date of signing or with any changes in legislation.

<b>Background</b>	
<b>2.</b>	Ofsted inspection reports have been critical of Local Safeguarding Children Boards (LSBCs) that have not been clear about their working arrangements with strategic partnerships operating in their area. In Central Bedfordshire the LSCB has good working relationships with both the Health and Wellbeing Board and the Children's Trust and challenge and reports have in the past been shared where there are common priorities.
<b>3.</b>	The above listed Boards cover a wide range of issues. However there are a number of shared priorities where Boards will need to ensure that leadership and accountability for issues is clear and that information is effectively shared. These shared priorities relate to protecting vulnerable adults and children from harm and include: <ul style="list-style-type: none"> <li>• domestic abuse</li> <li>• mental health</li> <li>• substance misuse</li> <li>• other safeguarding issues such as antisocial behaviour, child sexual exploitation, hate crime and human trafficking; and</li> <li>• workforce sufficiency.</li> </ul>
<b>4.</b>	At the Health and Wellbeing Board meeting on 2 October 2014 the Health and Wellbeing Board Members adopted the interim protocol and agreed that a revised protocol be submitted to this meeting to enable further consideration of the detailed arrangements. This is attached at Appendix A and tracked changes highlight the main changes made since Board Members considered the first draft.

<b>Reasons for the proposed actions</b>	
<b>5.</b>	To ensure that there are effective arrangements in place to support the complex governance requirements for the named partnerships and to provide clarity on how the Boards should work together to deliver shared priorities.

<b>Issues</b>	
Governance & Delivery	
<b>6.</b>	The Boards through their chairs or at their direction will provide constructive challenge to each other across issues identified above. This is to ensure that core priorities and business aims are met, and the commissioning of services is in line with safeguarding practices. The relevant Board will need to be alerted to any issues identified either through the chairs or via a report that is referred if the issue is complex and detailed.

Financial	
7.	There are no financial implications attached to the recommendations in this report, however if these arrangements are not operating effectively, financial and other risks will not be mitigated.
Public Sector Equality Duty (PSED)	
8.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">No</span>

Source Documents	Location (including url where possible)
LSCB Business Unit	Will be published online at <a href="http://www.centralbedfordshirelscb.org/lscb-website/home-page">http://www.centralbedfordshirelscb.org/lscb-website/home-page</a> when approved by all Boards.

Presented by  
Karen Oellermann

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Appendix A

**JOINT PROTOCOL BETWEEN:**

**Central Bedfordshire Local Safeguarding Children Board and;**

**Central Bedfordshire Health and Wellbeing Board**

**Central Bedfordshire Children’s Trust**

**Bedford Borough and Central Bedfordshire Adult Safeguarding Board**

**Central Bedfordshire Community Safety Partnership**

<b>Author(s):</b>	<a href="#">Business Managers of the Boards</a>
<b>Date reviewed:</b>	
<b>Date Agreed:</b>	
<b>Date to be reviewed:</b>	

## 1. Introduction

This document sets out the expectations of the relationship and working arrangements between the above listed partnerships. It covers their respective roles and functions, membership of the partnerships, arrangements for challenge, oversight scrutiny and performance management. The chairs of the various partnerships have endorsed this document. It will be reviewed yearly from the date of signing or with any changes in legislation.

## 2. Local Safeguarding Children's Board

The role of the LSCB is set out in legislation 'The Children Act 2004' and this is explained in government guidance "Working Together to Safeguard Children" (2013).  
<http://www.workingtogetheronline.co.uk/>

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals that should be represented on LSCBs. [In accordance with national guidance and in order to provide scrutiny the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.](#)

The LSCB has a range of roles and statutory functions including developing local safeguarding policies and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described below:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area.
- To ensure the effectiveness of what is done by each such person or body for those purposes.

**The main functions through development and application of protocols are around:**

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.
- Action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- Training of persons who work with children or in services affecting the safety and welfare of children;
- Co-operation with neighbouring children's services authorities and their Board partners.
- Communication to persons and bodies in the authorities area as to the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
- Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
- Supporting around Individual Management Reviews and Serious Case Reviews.

### Core Priorities

- Ensure children and families have faster, easier access to **early help** and safeguarding support through the delivery of a **multi-agency support hub** (MASH);
- Ensure the effectiveness of safeguarding support for children living with **domestic abuse, adult mental health problems and/or substance misuse**; and
- Ensure the effectiveness of the strategy to deal with **child sexual exploitation**.

### Statutory partners

The LSCB is chaired by an independent individual and LSCB regulations stipulate that the following are represented on the LSCB..

- District councils in local government areas which have them. Central Bedfordshire is a Unitary Council.
- The Chief Officer of Police.
- BeNCH Community Rehabilitation Company/National Probation Service
- The Youth Offending Team;
- The NHS Commissioning Board and Clinical Commissioning Groups.
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area.
- CAFCASS
- The governor or director of any secure training centre in the area of the authority.
- The governor or director of any prison in the area of the authority which ordinarily detains children.
- Two lay members
- The governing body of a maintained school.
- The proprietor of a non-maintained special school.
- The governing body of a further education institution the main site of which is situated in the authority's area.

In Central Bedfordshire it is recognised that non-statutory partners have a valuable contribution to make to safeguarding children and the following are also represented:

- the Voluntary Sector through the Voluntary organisation for children young people and families (Vocypf) and Home-Start Central Bedfordshire
- a key local provider of services to children, South Essex Partnership Trust.

### Arrangements in Central Bedfordshire

The Strategic Board of the LSCB meets quarterly. It provides a strategic overview of performance and provides leadership and direction on partnership issues and safeguarding children in Central Bedfordshire.

The Practice and Performance Group; meets 8 times per year, has clear Terms of Reference and provides detailed scrutiny of performance and carries out multi-agency case audits to deliver on the LSCB learning and improvement framework.

The Multi-Agency Case Review Group; Meets in response to emerging needs to carry out case reviews, including formal case reviews carried out using Working Together guidance and other reviews.

The Child Death Overview Panel meets regularly to review all child deaths of children normally resident in Central Bedfordshire. This panel covers Bedfordshire and provides annual reports to each of the LSCB's.

The LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

### **3. Local Safeguarding Adults Board**

The Care Act 2014 will set out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect.

These provisions require the local authority to:

- Carry out enquiries into suspected cases of abuse or neglect (clause 34)
- Establish Safeguarding Adults Boards in their area (clauses 35-36). The role of these Boards, described in Schedule 1, will be to develop shared strategies for safeguarding and report to their local communities on their progress.

#### **Government policy**

The coalition government policy on adult safeguarding states "The Government's policy objective continues to be to prevent and reduce the risk of significant harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. The Government believes that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves." (Department of Health Statement of Government Policy on Adult Safeguarding May 2013)

The six principles which set the strategic aim of the Bedford Borough and Central Bedfordshire Safeguarding Adults Board are:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

The purpose of the joint Safeguarding Adults Board is to work in partnership to protect adults from abuse, maltreatment, neglect and prevent avoidable harm. To achieve this, the Board will:

- Challenge bad practice.

- Hold all local providers and partners to account
- Provide timely and proportionate interventions based on accurate assessment of risk and need.
- Prevent and reduce the risk of significant harm to adults at risk of abuse or other types of exploitation.
- Support individuals in maintaining choice over their lives and in making informed choices without coercion.

Through the Multi Agency Adult Safeguarding Policy, Practice and Procedures, members of the Safeguarding Adults Board and the organisations they represent, aim to achieve their commitment to:

- Safeguarding and promoting the independence, wellbeing and safety of adults at risk.
- Raising public awareness of safeguarding.
- Promoting work on the prevention of abuse.
- Tackling abuse in all settings.
- Ensuring that all staff and volunteers understand their roles and responsibilities in respect of safeguarding.
- Involving people who access services and carers in continual service improvements and the management and development of Safeguarding arrangements across Bedford Borough and Central Bedfordshire.
- Contributing and applying learning from serious case reviews.
- Ensuring that staff and volunteers are provided with appropriate training in safeguarding.

The Bedford Borough and Central Bedfordshire Safeguarding Adults Board is chaired by the Director for Adult Social Care, Central Bedfordshire. The Board will publish an annual report describing the activity undertaken in respect of the Board's strategic aims.

The Adult Safeguarding Board consists of representatives from the following agencies:

- Bedford Borough Council
- Central Bedfordshire Council
- Bedfordshire Clinical Commissioning Group
- SEPT NHS Trust
- Bedford Hospital Acute Trust
- Luton & Dunstable Acute Trust
- Bedfordshire Police
- BeNCH Community Rehabilitation Company/National Probation Service
- East of England Ambulance Trust
- H M Prison Bedford
- CAN Partnership
- Bedfordshire & Luton Fire and Rescue Service
- Bedfordshire Advocacy for Older People and POHWER
- Bedford Council of Community & Voluntary Services
- Voluntary & Community Action
- Health watch Bedford Borough
- Health watch Central Bedfordshire

- Bedfordshire Care Group
- NHS England

The Bedford Borough and Central Bedfordshire Safeguarding Adults Board is a joint partnership board between the two local authorities. It operates the same principles for shared priorities, responsibilities and information sharing with the Bedford LSCB, CSP and Health and Well Being Board and shares a number of common statutory partners. The Bedford Borough partnership boards operate a separate protocol which addresses local shared priorities, responsibilities and information sharing. The two protocols are complementary and have received inter-authority approval.

#### **4. Health and Wellbeing Board.**

The Health and Social Care Act 2012 created a common flexible framework, by requiring the establishment of a Health and Wellbeing Board. There is also a statutory duty on Bedfordshire Clinical Commissioning Group in the legislation to work in partnership with local authorities.

Central Bedfordshire Health and Wellbeing Strategy 2012-2016, (January 2013), outlines the vision for improving health and wellbeing and reducing health inequalities in Central Bedfordshire. This has been informed by the Joint Needs Assessment 2013.

##### **Core Priorities**

- Giving every child the best start in life
  - Babies have the best start in life
  - Parents or carers are equipped to nurture their child and the impacts of toxic trio are minimised
  - All children arrive at school in a great position to learn
- Ensuring good mental health and wellbeing at every age
  - Children, young people and adults are emotionally resilient
  - Children young people and adults with mental health illness recover quickly
  - People with poor mental health live as healthily and for as long as those with good mental health
- Improving outcomes for frail older people
  - Older people stay well at home longer
  - Older people with dementia and their carers feel supported to manage their dementia
- Enabling people to stay health longer
  - Fewer people develop long term conditions as a result of unhealthy lifestyles
  - Fewer people have complications as a result of along term condition

### **Partners**

- Bedfordshire Clinical Commissioning Group
- Central Bedfordshire Council
- Healthwatch
- NHS Commissioning Board Area for Hertfordshire & South Midlands

## **5. The Children's Trust**

The Children Act (2004) provided the legislative underpinning for Children's Trusts. This requires each local authority to appoint a Director of Children's Services and designate a Lead Member for Children's Services to have responsibility for education and children's social services. It also requires local authorities and their "relevant partners" to cooperate to improve children's wellbeing.

### **The main priorities of the Children's Trust are:**

- Improve educational attainment
- Protecting vulnerable children
- Early help and improving life chances
- Being healthy and positive.

The Central Bedfordshire Children's Trust is a local partnership that brings together those organisations that work together to improve children's lives and deliver the best possible services for families.

The Children's Trust consists of representatives from the following agencies:

- Schools
- Bedfordshire Police
- NHS Bedfordshire Clinical Commissioning Group
- Central Bedfordshire Council
- The Youth Parliament
- The voluntary sector
- Central Bedfordshire College
- Bedfordshire Fire and Rescue
- The Diocese of St Albans
- The Catholic Diocese of Northampton
- BeNCH Community Rehabilitation Company/National Probation Service
- The Youth Offending Service
- Central Bedfordshire Safeguarding Children Board

## **6. Community Safety Partnership**

Community Safety partnerships (CSPs) aim to reduce crime and disorder, anti-social behaviour and other behaviour affecting the local environment, as well as reducing the misuse of drugs, alcohol and other substances, reduce the fear of crime and increase public confidence in our service.

This coordinated approach was encapsulated in the Crime and Disorder Act 1998, which made it a statutory duty for each local authority area to have a Community Safety Partnership. In Central Bedfordshire the Community Safety Partnership is made up of representatives from five statutory partners. Community safety is an area of concern for all communities. It is consistently a high public priority, and one that can affect the quality of life for individuals and entire communities. In recent years it has been acknowledged that tackling community safety issues cannot be done by the police alone, but is dependent on a number of organisations, and services, working together to find solutions to community problems. From 1st April 2013, under the Health and Social Care Act 2012 Clinical Commissioning Groups will become a 'responsible authority' on the CSP, replacing Primary Care Trusts.

The CSP is statutorily responsible for reducing crime and disorder, substance misuse and re-offending in each local authority area. CSPs often take responsibility for the commissioning of services such as domestic violence, offender management and drug and alcohol services. Each CSP across the country is required to produce a Partnership Plan. This plan builds on the Partnership Strategic Assessment, which sets out the analysis of crime and disorder and identifies the priorities which we will focus our efforts into addressing.

### **CSP priorities for 2014-2015**

The priorities identified for 2014 – 2015 are:

- Reduce the number of victims of ASB and support those who are most vulnerable;
- Reduce the number of victims of Domestic Abuse and support those who are most vulnerable; and
- Reduce domestic burglary.

### **Responsible Authorities of the CSP**

- Central Bedfordshire Council
- Bedfordshire Police
- NHS Bedfordshire Clinical Commissioning Group
- BeNCH Community Rehabilitation Company/National Probation Service
- Bedfordshire Fire and Rescue Service

### **Membership**

- Central Bedfordshire Council (including Executive Councillors, Public Health and Children's Services)
- NHS Bedfordshire Clinical Commissioning Group
- Bedfordshire Fire and Rescue Service
- Bedfordshire Police
- BeNCH/Community Rehabilitation Company
- Central Bedfordshire Safeguarding Adults Board
- Youth Offending Service

## 7. Ensuring the Board's are working well together

### Shared priorities and responsibilities

As set out above, the Boards cover a wide range of issues. However there are a number of shared priorities where [the named](#) Boards will need to ensure that leadership and accountability for issues is clear and that information is effectively shared. These shared priorities relate to protecting vulnerable adults and children from harm and include:

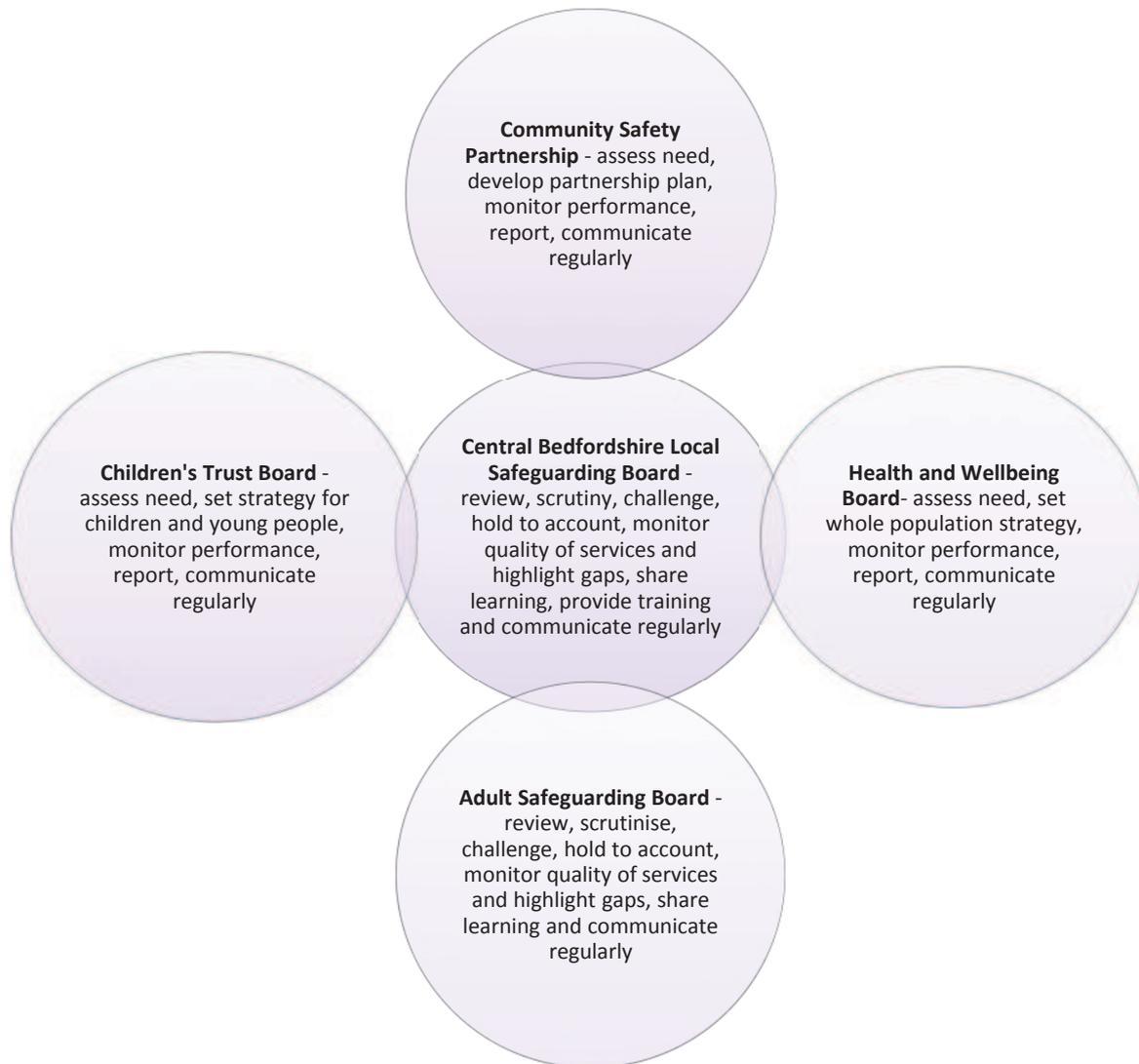
- domestic abuse
- mental health
- substance misuse
- other safeguarding issues such as [child sexual exploitation](#), antisocial behaviour, hate crime and human trafficking, and
- workforce sufficiency

### Leadership and accountability

- [The Local Safeguarding Children Board is the statutory lead partnership for ensuring the effectiveness of services that ensure the welfare and safety of children, including early help.](#)
- [The Adult Safeguarding Board is the lead partnership for ensuring the welfare and safety of vulnerable adults.](#)
- [The Community Safety Partnership has the strategic lead for understanding need, and performance in relation to domestic abuse, sexual abuse and re-offending issues.](#)
- [The Health and Wellbeing Board has the strategic lead for understanding need, and performance in relation to mental health and has identified domestic abuse and substance misuse as priorities issues.](#)
- [The Children's Trust Board takes a holistic view of the child and is responsible for understanding need, developing a broad strategy with partners and monitoring performance in relation to the agreed strategic partnership priorities.](#)

[Where children are approaching the transition to adulthood the Safeguarding Children Board and the Adult Safeguarding Board will need to work together to ensure arrangements in place are effective to support them through this transition and keep them safe.](#)

Workforce sufficiency, across the professions that deliver services in relation to the above priorities, remains a national and local issue. Sufficiency remains the responsibility of the agency with statutory responsibility for commissioning or delivering the services. Workforce sufficiency can be scrutinised by any of the Boards in relation to delivery of support services for families or individuals dealing with the issues above. Reports may be referred to another Board where there are sufficiency or quality concerns and where it is felt that Board should be aware of the impact in relation to its priorities around protecting vulnerable adults and children from harm.



## Mutual Challenge

The Boards through their chairs or at their direction will provide constructive challenge to each other across these issues identified above. This is to ensure that core priorities and business aims are met, and the commissioning of services is in line with safeguarding practices. The relevant Board will need to be alerted to any issues identified either through the chairs or via a report that is referred if the issue is complex and detailed.

The following routes may be instigated when required:

- A chair can make a formal written request of another chair for information or consideration of an area of concern.
- A chair can make a request of another chair for an item to be placed on a Board meeting agenda to address a particular area of concern.
- A chair can request a meeting between Board Chairs (and other representatives) to consider and agree a way forward regarding issues that have not been resolved by the above.

- Where an area of concern cannot be resolved within the above framework, a resolution meeting will be held between Board Chairs, the Director of Children's Services and Central Bedfordshire Council's Chief Executive as a minimum.

### **Information sharing**

Information will continue to be shared across the Boards through consultation on strategies, annual reports, inspection reports and through shared membership. The following arrangements will promote information sharing:

- The Chairs and business managers will receive a copy of each other's agendas and minutes and note relevant recommendations and issues.
- The Chairs will meet annually following the publication of Annual Reports to inform planning and priorities for the following year and to review the Risk Log held by the Local Safeguarding Children Board.
- The Chairs will formally report their Annual Reports to each Board.
- Business managers will share agendas and minutes from operational meetings and will meet quarterly to ensure effective information sharing and alignment of agenda setting.

Members who sit on more than one Board are expected to attend meetings regularly. They have a key role in ensuring they represent their organisations and share information on the issues and concerns being discussed at both Boards. They are a key mechanism for linking and sharing information at this strategic level.

There is the following common membership across the Boards:

- the Chief Executive (CBC) sits on the Children's Trust Board and the Health and Wellbeing Board;
- the Director of Adult Social Care (CBC) sits on the Adult Safeguarding Board and the Health and Wellbeing Board;
- the Assistant Director, Operations (CBC) and the Assistant Director, Adult Social Care (CBC) both sit on the Central Bedfordshire LSCB and the Adult Safeguarding Boards
- the Assistant Director, Operations (CBC) sits on the Central Bedfordshire LSCB, the Adult Safeguarding Board and the Community Safety Partnership
- the chair of the LSCB is also a member of the Children's Trust Board
- the Chief Operating Officer is a member of the Children's Trust and the Health and Wellbeing Board
- the Director of Children's Services and the Executive Member for Children's Services sit on the LSCB, the Children's Trust and the Health and Wellbeing Board

	Executive Member for Children's Services	Executive Member for Social Care Health and Housing	Director of Children's Services	Independent Chair of Local Safeguarding Board	Chief Executive CBC	Assistant Director, Operations, CBC	Director of Adult Social Care, CBC	Chief Operating Officer, BCCG
Local Safeguarding Children Board	Attends		Attends	Chairs		Attends		
Health and Wellbeing Board	Attends	Attends	Attends		Attends		Attends	Attends
Adult Safeguarding Children Board		Attends				Attends	Chairs	
Children's Trust	Chairs		Attends	Attends	Attends			Attends
Community Safety Partnership						Attends		

Through this protocol Chairs and partners will:

- have an ongoing and direct relationship, communicating regularly;
- work together to ensure that action taken by one partnership does not duplicate action taken by another; and
- ensure that they are committed to working together to ensure that there are no strategic or operational gaps in policies, protocols, services or practice.

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Alan Caton OBE

Chair  
Central Bedfordshire  
Safeguarding Children Board

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Councillor Mrs PE Turner MBE

Chair  
Central Bedfordshire Health and Wellbeing  
Board

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Councillor Mark Versallion

Chair  
Central Bedfordshire Children's  
Trust Board

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Julie Ogley

Chair  
Bedford Borough and Central  
Bedfordshire Adults Safeguarding  
Board

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Marcel Coiffait

Chair  
Central Bedfordshire Community  
Safety Partnership

## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Pharmaceutical Needs Assessment (PNA)

**Meeting Date:** 4 December 2014

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

**Presented by:** Muriel Scott

**Action Required:**

1. That the Health and Wellbeing Board notes the consultation responses to date for the PNA and agrees any further arrangements to meet the deadline for signing off the final PNA.
2. That the Board delegates to the Chairman and Vice-Chairman the authority to approve the PNA for submission by 1 April 2015.

**Executive Summary**

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|----|--|
| 1. | <p>The Health and Social Care Act 2012 transferred responsibility for the developing and updating of Pharmaceutical Needs Assessments from Primary Care Trusts to Health and Wellbeing Boards in April 2013.</p> <p>An updated PNA for Central Bedfordshire is required by April 2015, following a period of public consultation.</p> <p>There are no significant issues emerging from the consultation to date.</p> |
|----|--|

**Background**

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|----|--|
| 2. | <p>From 1 April 2013 the Central Bedfordshire Health and Wellbeing Board (HWB) became responsible for the PNA and is required to refresh the existing PNA (published by NHS Bedfordshire in 2011) by 1 April 2015.</p> <p>The purpose and contents of the PNA were outlined in the October Board papers.</p> |
|----|--|

3.	The recommendations within the published PNA will be used by NHS England's Local Area Team to inform commissioning decisions, in order to fill gaps in service provision and address local health needs. The PNA may also be used by Central Bedfordshire Council to influence the development and delivery of the Health & Wellbeing Strategy by considering the added value Community Pharmacies can bring to delivering Health & Wellbeing.
<b>Detailed Recommendation</b>	
4.	<p>That the Health and Wellbeing Board notes the consultation responses to date for the PNA and agrees any further arrangements to meet the deadline for signing off the final PNA.</p> <p>The emerging issues from the consultation are:</p> <ul style="list-style-type: none"> <li>• A need to look at pharmacy services and their accessibility to residents with learning disabilities.</li> <li>• The accessibility of pharmacies for residents in rural areas.</li> </ul>
5.	As there are no public meetings of the HWB planned between the end of the consultation period and statutory sign off date, it is recommended that the Board delegates to the Chairman and Vice-Chairman the authority to approve the PNA for submission. The final PNA will be brought to the April Board meeting.

<b>Issues</b>	
Governance & Delivery	
6.	Following the formal signoff and publication of the PNA the full HWB will be notified.
Financial	
7.	There are no additional resource implications for the HWB at this time.
Public Sector Equality Duty (PSED)	
8.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

	Are there any risks issues relating Public Sector Equality Duty	Yes
9.	The PNA includes recommendations on which NHS England will make commissioning decisions. The PNA steering group, alongside the Central Bedfordshire Equality Impact Officer, has produced an Equality Impact Assessment (EIA) to ensure that no groups are disadvantaged in the process of producing the PNA or as a result of the recommendation. The EIA accompanies this paper.	

Source Documents	Location (including url where possible)
Health and Social Care Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/7/section/206/enacted">http://www.legislation.gov.uk/ukpga/2012/7/section/206/enacted</a>
The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations) 2013	<a href="http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/">http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/</a>
NHS Bedfordshire Pharmaceutical Needs Assessment, January 2011:	<a href="http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/pharmacy_needs_assessment.aspx">http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/pharmacy_needs_assessment.aspx</a>

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Presented by Muriel Scott

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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Board Development and Work Plan 2014 -2016

**Meeting Date:** 4 December 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 Wellbeing Board for 2014 -2016. |
|----|--|

### 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 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 into account the duties set out in 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 the 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.	Development Session	Development of the Joint Health and Wellbeing Strategy Refresh of the Bedfordshire Plan for Patients	5 February 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
2.	Joint Health and Wellbeing Strategy	Consideration and sign off of the Joint Health and Wellbeing Strategy	2 April 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
3.	Pharmaceutical Needs Assessment	Receiving the refreshed Pharmaceutical Needs Assessment	2 April 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
4.	Bedfordshire Plan for Patients	To agree the refreshed Bedfordshire Plan for Patients	2 April 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
5.	Enabling people to stay healthy for longer	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	1 July 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health

6.	Improving outcomes for Frail Older People	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	1 July 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
7.	Development Session	Consideration of Commissioning Intentions and the market position statement	2 September 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
8.	Giving every child the best start in life	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	7 October 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
9.	Ensuring good mental health and wellbeing at every age	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	7 October 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
10.	Joint Strategic Needs Assessment	To receive the updated executive summary	7 October 2015		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
11.			6 January 2016		
12.	Development Session		3 February 2016		

## 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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