

**This meeting
may be filmed.***

Agenda

Meeting Title:	Central Bedfordshire Health and Wellbeing Board
Date:	Wednesday, 24 January 2018
Time:	2.00 p.m.
Location:	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 29 November 2017 and note actions taken since that meeting.

4. **Members' Interests**

To receive from Members any declarations of interest.

5. **Public Participation**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Council's Constitution.

HEALTH AND WELLBEING STRATEGY

Item	Subject	Page Nos.	Lead
6.	Outline of the pilot arrangements for primary care development in Leighton Buzzard		ST
	To receive a presentation outlining the pilot arrangements for primary care development in Leighton Buzzard.		

- | | | | |
|----|---|---------|----|
| 7. | Integrated Health and Care Hubs | 11 - 22 | JO |
| | To receive an update on the Integrated Health and Care Hubs. | | |
| 8. | Health and Wellbeing Scorecard | 23 - 34 | MS |
| | To receive the latest performance monitoring of the progress in delivering the priorities in the Health and Wellbeing Strategy. | | |
| 9. | Refreshing the Joint Health and Wellbeing Strategy | 35 - 40 | MS |
| | To consider the refresh of the Joint Health and Wellbeing Strategy. | | |

OTHER BUSINESS

- | Item | Subject | Page Nos. | Lead |
|-------------|---|------------------|-------------|
| 10. | Bedfordshire Wellbeing Service (BWS) | 41 - 46 | MB |
| | To update the Board about the Bedfordshire Wellbeing Service (BWS). | | |
| 11. | Children and Young People's Plan | 47 - 60 | SH |
| | To endorse the Children and Young People's Plan 2018 – 2021. | | |
| 12. | Work Programme 2017/2018 | 61 - 64 | RC |
| | To consider and approve the work programme. | | |
| | 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 Health and Wellbeing Board

Ms D Blackmun	Chief Executive, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive, Central Bedfordshire Council
Cllr S Dixon	Executive Member for Education and Skills, Central Bedfordshire Council
Mr C Ford	Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands
Mr M Coiffait	Director of Community Services, Central Bedfordshire Council
Mrs S Harrison	Director of Children's Services, Central Bedfordshire Council
Cllr C Hegley	Executive Member for Social Care and Housing and Lead Member for Children's Services, Central Bedfordshire Council
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogley	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mrs M Scott	Director of Public Health, Central Bedfordshire Council
Cllr B Spurr	Chairman of the Health and Wellbeing Board and Executive Member for Health, Central Bedfordshire Council
Ms S Thompson	Accountable Officer, Bedfordshire Clinical Commissioning Group

please ask for	Sharon Griffin
direct line	0300 300 5066
date published	15 January 2018

***Please note that phones and other equipment may be used to film, record, tweet or blog from this meeting. No part of the meeting room is exempt from public filming.**

The use of the arising images or recordings is not under the Council's control.

This page is intentionally left blank

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Wednesday, 29 November 2017

PRESENT

Cllr B J Spurr (Chairman)
Ms S Thompson (Vice-Chairman)

Mrs D Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire
Mr R Carr	Chief Executive
Mr M Coiffait	Director of Community Services
Cllr S Dixon	Executive Member for Education and Skills
Mrs S Harrison	Director of Children's Services
Dr A Low	Chair, Bedfordshire Clinical Commissioning Group
Mrs J Ogley	Director of Social Care, Health and Housing
Mrs M Scott	Director of Public Health

Members in Attendance: Cllr P Hollick
Mrs T Stock
M A G Versallion

Officers in Attendance:	Mrs K Allen	Head of Children and Maternity Services Redesign, BCCG
	Mrs P Coker	Head of Service, Partnerships - Social Care, Health & Housing
	Ms S Griffin	Committee Services Officer
	Mrs S Hobbs	Senior Committee Services Officer
	Ms M Palmer	Assistant Director Integration, BCCG
	Mrs C Shohet	Assistant Director of Public Health

HWB/17/14. Election of Vice-Chairman

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

Sarah Thompson, Accountable Officer, Bedfordshire Clinical Commissioning Group was nominated and seconded.

RESOLVED

that Sarah Thompson be elected Vice-Chairman of the Health and Wellbeing Board for 2017/18.

HWB/17/15. Chairman's Announcements and Communications

The Chairman had recently attended an LGA conference and was pleased with the progress being made in Central Bedfordshire on the Health and Wellbeing agenda compared with other local areas. Officers were thanked for the work

that had taken place as part of the Sustainability and Transformation Partnership (STP).

The Chairman had also attended a meeting with Community Led Initiatives during which an overview of the support, advice, mentoring and advocacy services available for adults with complex drug and alcohol needs was given.

The East London NHS Foundation Trust (ELFT) had been announced as the preferred bidder for the Community Health Services contract that would commence on the 1 April 2018.

HWB/17/16. **Minutes**

RESOLVED

That the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on the 12 July 2017 be confirmed as a correct record and signed by the Chairman.

HWB/17/17. **Members' Interests**

None were declared.

HWB/17/18. **Public Participation**

There were no members of the public registered to speak.

HWB/17/19. **Ensuring Good Mental Health and Wellbeing at Every Age - Children and Young People are Emotionally Resilient**

The Board considered a report which provided an update on the Future in Minds Local Transformation Plan (LTP) for Children and Young People's mental health.

The final version of the Bedfordshire Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2017-2020 had been submitted to NHS England and had been published on the Bedfordshire Clinical Commissioning Group website.

The Plan outlined the strategic priorities for promoting and improving the emotional wellbeing and mental health of children and young people (CYP) in Bedfordshire and work was taking place to develop the draft Action and Implementation Plans.

Local areas would need to develop and implement their own plans to deliver the Five Year Forward View for Mental Health by 2020.

Promoting and developing protective factors would help to prevent problems, aid recovery and contribute to achieving more positive outcomes. The range of interventions and support in place included specialist staff, training and improved joint working.

RESOLVED

- 1. that the Local Transformation Partnership (LTP) identifying how Bedfordshire and Luton were aiming to achieve the recommendations identified in Future in Minds and the Five Year Forward View for Mental Health, be noted;**
- 2. to note that the refresh of the joint LTP circulated to the Board in September 2017. The revised version attached to the report had been sent to the East of England Region for comment on the 25 October 2017 in preparation for submission to NHSE on the 31 October;**
- 3. to note that this was year two of a five-year work programme 2015-2020 and the Board were being provided with assurance on progress of the work plan; and**
- 4. that an update on the LTP would be reported to the Health and Wellbeing Board in 6 months and 12 months.**

The decision was unanimous.

HWB/17/20. Integration and Better Care Fund

The Board considered a report on the Integration and Better Care Fund 2018/18 - 2018/19 and received an update on the mobilisation of the Plan in alignment with the Out of Hospital Strategy and the procurement of Community Health Services.

The Integration and Better Care Fund Policy Framework for the 2017-19 Better Care Fund had been published in March 2017.

The 2017-19 Plan had five broad schemes which were built on the last 2 reiterations of the Better Care Fund:

- Prevention and Early Intervention
- Delivering Integrated and Improved Outcomes through Out of Hospital Services
- Integrated Health and Care Hubs
- Enhanced Care in Care Homes
- High Impact Change Model.

The Better Care Fund (BCF), Out of Hospital (OOH) Strategy and Collaborative Investment and Savings Programme (CISP) work was set out in Appendix 3 of the report. Work had been taking place on a diagram to illustrate the links between the individual complex programs and to identify synergies.

The key focus and emphasis of the Better Care Plan (BCP) needed to be clarified in terms of national pressures and emphasis. Further work also needed to take place on delayed transfers of care, unplanned admissions and also with care homes.

The Chairman thanked officers for the work on the Integration and Better Care Fund Plan 2017/18 – 2018/19.

RESOLVED

- 1. that the submission of the Integration and Better Care Fund Plan 2017-19, the outcome of the assurance process and the strategic alignment of the Integration and Better Care Fund Plan to the STP's Priorities and the emerging Out of Hospital Strategy, be noted; and**
- 2. the revised governance framework establishing a Transformation Board for Central Bedfordshire as a sub-group of the Health and Wellbeing Board be approved.**

The decision was unanimous.

HWB/17/21. Moving Forward as an Accelerated Accountable Care System

The Board considered a report that provided an update on the progress of the Sustainability and Transformation Partnership (STP) and the creation of an Accountable Care System across Bedfordshire, Luton and Milton Keynes, and the emerging collaborative approach.

The STP was seeking to address the triple aim as set out in the Five Year Forward View:

- Health and Wellbeing
- Care and Quality; and
- Sustainability (finance and efficiency).

To achieve this, the focus was on prevention, on strengthening out of hospital services to reduce the current dependency on acute services which were under a great deal of pressure and moving to an approach where the system operated as one to deliver better outcomes.

Given the importance of prevention, the Chairman suggested that the Executive Member for Community Services should be invited to join the Health and Wellbeing Board with other members of the Executive being requested to attend as required.

RESOLVED

- 1. that the progress of the Sustainability and Transformation Partnership be noted;**
- 2. that the emerging collaborative approach as an Accountable Care System be endorsed; and**

3. that the opportunities and implications of the Accountable Care System for Central Bedfordshire’s current and future Health and Care system be noted;

The decision was unanimous.

HWB/17/22. Work Programme 2017/2018

The Board considered their work plan for 2017/18.

RESOLVED

that the following items be scheduled for the next meeting:

- **Refresh of the Joint Health and Wellbeing Strategy**
- **Integrated Health and Care Hubs**

The decision was unanimous.

(Note: The meeting commenced at 1.00 p.m. and concluded at 2.00 p.m..)

Chairman

Dated

This page is intentionally left blank

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date

24 January 2018

Integrated Health and Care Hubs

Responsible Officers:

Julie Ogley, Director of Social Care, Health & Housing, Central Bedfordshire Council

Caroline Kurzeja, Interim Director of Strategy and Transformation, Bedfordshire Clinical Commissioning Group

Marcel Coiffait, Director of Community Services, Central Bedfordshire Council

Email: julie.ogley@centralbedfordshire.gov.uk
caroline.kurzeja@bedfordshireccg.nhs.uk
marcel.coiffait@centralbedfordshire.gov.uk

Advising Officers:

Julie Ogley, Director of Social Care, Health & Housing
Caroline Kurzeja, Interim Director of Strategy and Transformation
Marcel Coiffait, Director of Community Services

Email: julie.ogley@centralbedfordshire.gov.uk
caroline.kurzeja@bedfordshireccg.nhs.uk
marcel.coiffait@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To receive an update on the Integrated Health and Care Hubs

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. Receive an update on the vision for Integrated Health and Care Hubs in Central Bedfordshire.**
- 2. Note the progress and the delivery plan for the Hubs.**

Issues

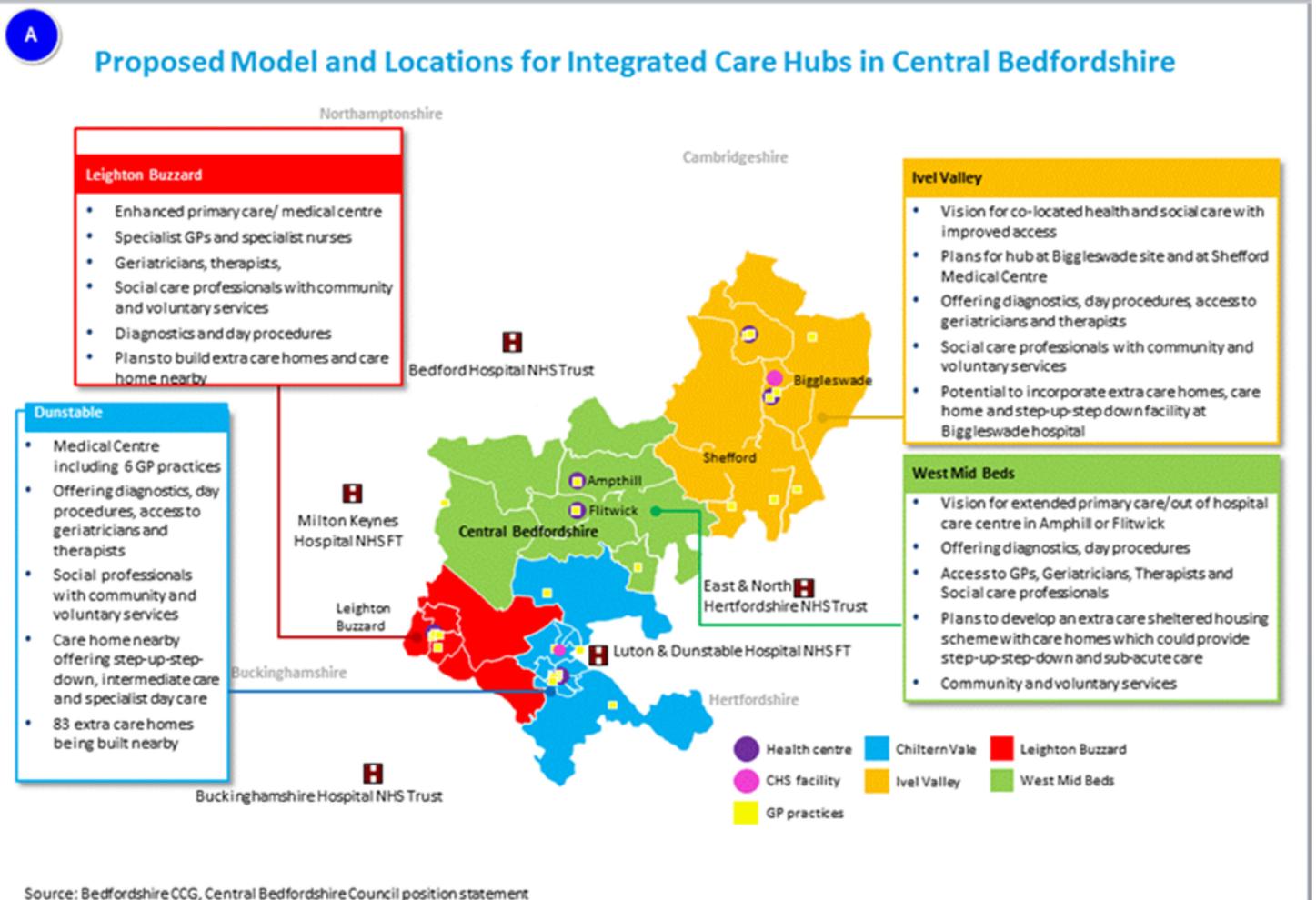
2. Central Bedfordshire has a population of around 278,900, of whom over half live in rural areas. The main population centres are: Leighton and Linslade, Dunstable, Houghton Regis, Biggleswade, Sandy, Flitwick and Ampthill. The population will increase to 282,000 by 2021, with a projected increase of almost 53% in the over 65s and a higher than average number of people aged over 75.
3. New Housing developments will further increase demand on existing health and care services. For example, in the Leighton Buzzard area, there will be significant housing expansion with 6000 new homes planned for between 2011 and 2026, together with a further outline planning permission for an additional 2500 homes and 55 retirement flats
4. New development north of Houghton Regis, including housing growth of 7000 homes will result in a 34% increase in the local population by 2021.
5. Failure to reconfigure health and care services in anticipation of demand will put significant pressure on already vulnerable hospital services and fundamentally undermine the quality of care provision.
6. One of the ways in which this can be achieved is by enabling the development of more local and appropriate health and social care services that are less dependent on acute hospital provision. This would inevitably reduce demand for hospital services.
7. Currently, provision of health and social care across Central Bedfordshire is fragmented, of variable quality, uneven access to good care and the supporting range of health and social care options available to people. Central Bedfordshire's population is served by a number of hospitals, none of which are coterminous. These include Luton and Dunstable, Bedford, Lister, Milton Keynes, Buckinghamshire Hospital Trust (formerly Stoke Mandeville), Addenbrookes and Hinchingsbrooke. This often presents challenges in understanding, managing and ensuring smooth patient flows into and out of hospitals. Importantly, this also leads to variations in quality and ease of access to the supporting range of health and social care options
8. It is also important to note that a proportion of the patient flows to some of the acute hospitals listed above are outside the BLMK STP footprint.
9. It is important therefore that, where appropriate, health and care services are based in local communities with integrated multi-disciplinary teams working together. This enables services to be more locally accessible to people, especially in predominantly rural areas, and to meet the requirements for delivering health and care services to an expanding and ageing population.

10. With the significant expected growth in housing and increased population, the Council has an important role as 'Place Shaper' to influence how health and care services are delivered to better meet the health and care needs of its population. Making better use of public assets to deliver new models of care and the co-location of health and care teams in fit for purpose facilities is central to managing demand and ensuring the future sustainability of our health and care systems.
11. Consequently, Integrated Health and Care Hubs are a key enabler for securing high quality, resilient, integrated primary, community, mental health and social care services in each locality in Central Bedfordshire.

Vision for Integrated Health and Care Hubs for Central Bedfordshire

12. The Hub and Spoke approach is central to the locality 'place' based delivery model for integration. This vision is also in line with the STP's plan for care closer to home and the Primary Care Home model.
13. These Integrated Health and Care Hubs are intended to become a focal point for proactive and preventative care, out of hospital services and care packages for people who are vulnerable or have complex care needs.
14. Each Locality Hub will provide local access to a range of general, medical and nursing, therapy, specialist and social care services with supporting information and advice systems. Within each locality there will be an integrated multidisciplinary approach, with 'one team' working across organisational boundaries. The focus of the team's work will be on a local population or 'place'. Place is defined geographically as a GP grouping or clusters with populations of 40 – 50,000.
15. The hubs may also develop a range of additional or enhanced services in line with the needs of the local community. Enhanced services might include:
 - Extended GP services on a 7 day basis
 - Enhanced services delivered by and across practices, e.g. minor injury and minor illness services, clinics to support patients with long-term conditions
 - Face-to-face out of hours consultations
 - Community pharmacy
 - Rehabilitation and reablement facilities
 - Outreach services from local acute hospitals and specialist services, e.g. outpatient appointments and other specialist consultations
 - Less complex diagnostics
 - Public Health and prevention services, e.g. smoking cessation, NHS Health Checks, lifestyle hubs
 - Wellbeing Services and community mental health services
 - Voluntary and Carer support services.

16. These Hubs would prevent the need for people, especially frail older people, to make avoidable journeys to hospitals and would make important difference in care outcomes, quality and experience for frail older people and those with long term conditions. Only those patients requiring the use of highly specialist diagnostic equipment or acute hospital facilities would need to be transported out of their local areas, thus freeing up the ambulance services to focus on those with very acute needs. See Figure A below shows a proposed model for Hub across Central Bedfordshire. The ambition now includes a potential Hub in Houghton Regis.



17. The future configuration of the Luton and Dunstable and Bedford Hospitals will be key in determining the range of hospital services which could be delivered in a community setting. The STP Priority three workstream focusing on the review of secondary care and the way in which acute care is commissioned in future will importantly shape the scope of services which people are able to access in their locality hubs.

18. In addition to ongoing business case development, work is also ongoing to develop multidisciplinary approaches (MDA) across the localities, forming a virtual Hub. Ivel Valley has been the test bed for MDA. A roll out of multidisciplinary approaches, building on the success of Team Ivel Valley is now taking place across the remaining localities.
19. Community, Mental Health and Social colleagues have expressed a wish to co-locate to enhance collaborative working and as a result of which an interim solution for co-location of the Ivel Valley Multidisciplinary team on the Biggleswade Hospital site is being pursued. Similar opportunities are being explored for the other locality teams. A virtual hub and/or interim co-location are a precursor to the Integrated Health and Care Hubs.
20. The Central Bedfordshire Hub Development Programme is supported by a number of activities which are taking place across the Bedfordshire, Luton and Milton Keynes STP. A piece of work is being commissioned across the STP to help develop the optimal service model for hubs within BLMK. This work is expected to be complete by April 2018.

Plans for Integrated Health and Care Hub in each Locality

21. The early focus has been on delivery of the Hubs in Ivel Valley (Biggleswade) and Chiltern Vale (Dunstable). This has been aided by Funding through One Public Estate and the Estate and Technology Transformation Fund to develop Business Cases. Since producing the initial business cases for Dunstable and Biggleswade, further work has been carried to revise these documents to reflect the STP's programme as well as ensuring that these also meet the requirements of NHS Property Services (NHSPS) and the CCG's Governance.
22. Additional funding was secured from One Public Estate to develop scoping and strategic case for the remaining three Hubs; West Mid Beds, Leighton Buzzard and Houghton Regis.
23. The Hub Development programme for Central Bedfordshire is also part of the STP's wider Hub Programme and has been included as part of the Capital Bids Phase 2 for Transformation Funds.

Chiltern Vale Locality

Dunstable

24. A partnership to develop an Integrated Health and Care Hub in Dunstable has been established. This provides the opportunity to deliver an enhanced model of primary care and out of hospital care with a range of diagnostics/day procedures/ Geriatricians and therapists with both adult and children's social care services included. Completion of an Outline Business Case for the Hub in Dunstable, with the co-location of five GP Practices, regenerating a surplus Council asset, led to a successful application for further national funding.

25. This large modern centre could deliver improved local access for people whilst also delivering the ambition for primary care at scale and integrated health and care services. All key local partners, including the Luton and Dunstable Hospital are committed to developing this approach.

Houghton Regis

26. Scoping work to determine the requirements for Houghton Regis is to be carried out. The population of Houghton Regis is expected to grow by 34% by 2021. It is likely that current healthcare facilities will be unable to accommodate the needs of this new community. It is therefore essential that health and care provision is planned to accommodate the needs of this growing population. Consideration needs to be given to the how this population will access primary and community based health and care services. This scoping work will commence in February 2018, following completion of a procurement exercise currently underway.

Ivel Valley Locality

27. A local vision for an integrated health and care hub situated on the Biggleswade Hospital site has been established. This would deliver improved access to health and social care support in a predominantly rural area. The Hub will provide a focal point for an enhanced model of primary and out of hospital care with a range of diagnostics/day procedures/Geriatricians and therapists with both adults and children's social services.
28. The Hub will consolidate several existing premises and will offer significant flexibility to support new, more integrated models of care as well as enabling new approaches to workforce development and service delivery.
29. Alignment of the Integrated Health and Care Hub with the Council's development of Independent Living and new care homes could provide a 'better offer' for the care of frail older people with access to: Step Up/Down intermediate care resource/sub acute/specialist day care. Thus meeting the national agenda as laid out in the Better Care Fund and diverting people from: Bedford, Addenbrookes, Hinchingsbrooke and Lister Hospitals.
30. A Strategic Business Case for an integrated health and care hub on the, strategically located and underutilised Biggleswade Hospital site, to meet the needs of an expanding population has been developed. Work is commencing to develop an Outline Business Case, detailing the design requirements of the facility. This is expected to take about 6-9 months.
31. Local Partners are working closely with NHS Property Services, who currently holds the asset, to develop delivery options.

West Mid Beds

32. Current health and care estates are in need of redevelopment to ensure they remain fit for purpose to deliver the new models of care and to meet the requirements of the new housing developments which will increase demand on existing health and care services.
33. An Integrated Health and Care Hub would provide local access to enhanced primary and out of hospital care centre with access to diagnostics, day procedures, geriatricians, therapists and social care professionals in Ampthill or Flitwick. This would help to reduce demand on Bedford and Milton Keynes Hospitals, meeting the requirements of the national agenda.
34. The close proximity of adult social care services and GP Practices, as well as the intended development of an extra care sheltered housing scheme with care home development that could be used to provide: step up/down/sub acute care to support the needs of the population would lend itself to this model of care.
35. Scoping work to determine the requirements for the locality, and options for delivering a Hub in this area, will commence in February 2018.

Leighton Buzzard/Linslade

36. This scoping work will explore the potential options for developing an integrated health and social care hub for the Leighton Buzzard area, which over the next few years will see significant housing expansion and demand for health and care services, as a result of the 6000 homes planned between 2011 and 2026, together with a further outline planning permission for an additional 2500 homes and 55 retirement flats.
37. Currently, majority of the population utilise Luton and Dunstable Hospital, Milton Keynes Hospital and Bucks Hospital Trust (formerly Stoke Mandeville). Failure to reconfigure health and care services in anticipation of demand will put significant pressure on already vulnerable hospital services and fundamentally undermine the quality of care provision.
38. An options appraisal and strategic case document will commence in February 2018.

Financial and Risk Implications

39. The capital cost of developing the Integrated Health and Care Hubs will be established as part of the Business Case development process. This will also include consideration of any revenue costs to both the Council and the CCG, to provide assurance around the affordability of the facilities. Central Bedfordshire Council has indicated its willingness to consider the delivery of the Hubs through use of its assets and capital.

40. Funding to develop the Business cases have been secured through One Public Estate Programme and NHS England Estates and Technology Transformation Fund. The Council and BCCG are working through the necessary processes to ensure this funding is received prior to the deadline of the end of this financial year.
41. There are further opportunities to explore capital contribution through the Sustainability and Transformation Partnership and opportunities presented as an early adopter Accountable Care System.

Governance and Delivery Implications

42. A Hub Development Steering Group, comprising of directors from the CCG and Central Bedfordshire Council has been established to oversee the Hub Development Programme. The Steering Group is supported by a Programme Board comprising colleagues across the Council; in Adult Social Care, Assets, Major Projects, Children Services and strategic leads from the CCG.

Equalities Implications

43. 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.

Implications for Work Programme

44. The Health and Wellbeing Board might wish to receive updates on Hub Development Programme at appropriate intervals.

Conclusion and next Steps

45. Secure options for capital for delivery of the Hubs in Biggleswade and Dunstable.
46. Progress Outline Business Case (OBC) for the Hub in Biggleswade to include two models; a standalone Integrated Health and Care Hub in Biggleswade, and the development of a Health & Care Village – a wider development also incorporating additional care home provision on the same site as the Hub.
47. Finalise the refresh of the Dunstable Hub business case, and progress to full Outline Business Case.

48. Complete the scoping/Strategic Outline Case development work for three remaining Hubs.
49. Progress interim co-location solution on the Biggleswade Hospital site and explore options for co-location in other localities.
50. Update the Programme plan for Hub Development across Central Bedfordshire (attached for information) Appendix 1

Appendices

Appendix 1 - Programme plan for Hub Development across Central Bedfordshire

Background Papers

None

This page is intentionally left blank

Central Bedfordshire Integrated Health & Care Hub Development Programme Plan

				2017/18			2018/19												2019/20																		
Area	Task	Lead	Complete?	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20				
STP Programme																																					
	Commission STP-wide strategic and economic case	David Hartshorne																																			
	Consider strategic solutions for NHS estate management under ACS arrangements	David Hartshorne/ Trevor Holden																																			
Central Bedfordshire Programme																																					
Biggleswade																																					
Scoping	Stakeholder engagement	Patricia Coker	Y																																		
	Options Appraisal	Patricia Coker	Y																																		
	Commission SOC	Patricia Coker	Y																																		
Strategic Outline Case (SOC)	Stakeholder review of SOC	Patricia Coker/ Nikki Barnes	Y																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
	Draw down funding from NHS England	Nikki Barnes	N																																		
Outline Business Case (OBC)	Commission OBC	Marcel Coiffait	N																																		
	OBC development	Patricia Coker/ Nikki Barnes																																			
	Stakeholder review of OBC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
Full Business Case	Occupier sign-off and Agreement to leases in place	Marcel Coiffait	N																																		
	Commission FBC	Marcel Coiffait	N																																		
	Stakeholder review of FBC	Patricia Coker/ Nikki Barnes	N																																		
	Council and CCG sign-off	Patricia Coker/ Nikki Barnes	N																																		
Hub Construction and Mobilisation	Procurement	Marcel Coiffait	N																																		
	Construction	Marcel Coiffait	N																																		
	Mobilisation	Marcel Coiffait/ Occupiers	N																																		
Dunstable																																					
Scoping	Stakeholder engagement	Patricia Coker	Y																																		
	Options Appraisal	Patricia Coker	Y																																		
	Commission SOC	Patricia Coker	Y																																		
Strategic Outline Case (SOC)	Stakeholder review of SOC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
	Draw down funding from NHS England	Nikki Barnes	N																																		
Outline Business Case (OBC)	Commission OBC	Marcel Coiffait	N																																		
	OBC development	Patricia Coker/ Nikki Barnes																																			
	Stakeholder review of OBC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
Full Business Case	Occupier sign-off and Agreement to leases in place	Marcel Coiffait	N																																		
	Commission FBC	Marcel Coiffait	N																																		
	Stakeholder review of FBC	Patricia Coker/ Nikki Barnes	N																																		
	Council and CCG sign-off	Patricia Coker/ Nikki Barnes	N																																		
Hub Construction and Mobilisation	Procurement	Marcel Coiffait	N																																		
	Construction	Marcel Coiffait	N																																		
	Mobilisation	Marcel Coiffait/ Occupiers	N																																		
West Mid Beds																																					
Scoping	Stakeholder engagement	Patricia Coker	N																																		
	Options Appraisal	Patricia Coker	N																																		
	Commission SOC	Patricia Coker	N																																		
Strategic Outline Case (SOC)	Stakeholder review of SOC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
	Draw down funding from NHS England	Nikki Barnes	N																																		
Leighton Buzzard																																					
Scoping	Stakeholder engagement	Patricia Coker	N																																		
	Options Appraisal	Patricia Coker	N																																		
	Commission SOC	Patricia Coker	N																																		
Strategic Outline Case (SOC)	Stakeholder review of SOC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
	Draw down funding from NHS England	Nikki Barnes	N																																		
Houghton Regis																																					
Scoping	Stakeholder engagement	Patricia Coker	N																																		
	Options Appraisal	Patricia Coker	N																																		
	Commission SOC	Patricia Coker	N																																		
Strategic Outline Case (SOC)	Stakeholder review of SOC	Patricia Coker/ Nikki Barnes	N																																		
	CCG and Council Sign-off	Patricia Coker/ Nikki Barnes	N																																		
	Draw down funding from NHS England	Nikki Barnes	N																																		

This page is intentionally left blank

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

24 January 2018

Health and Wellbeing Scorecard

Responsible Officer: Muriel Scott, Director of Public Health
Email: Muriel.scott@centralbedfordshire.gov.uk

Advising Officer: Celia Shohet, Assistant Director of Public Health
Email: celia.shohet@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To present the latest performance data in the priority areas of the Joint Health and Wellbeing Strategy

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **To review the scorecard and assess the progress in delivering the Joint Health and Wellbeing Strategy; and**
2. **To consider the action identified for the Health and Wellbeing Board, outlined on each scorecard**

Issues

2. The Joint Health and Wellbeing Strategy has four cross cutting priorities where the Board wants to make the fastest progress. These are:
 - Ensuring good mental health and wellbeing at every age
 - Giving every child the best start in life
 - Enabling people to stay healthy for longer
 - Improving outcomes for frail older people
3. The scorecard includes the key measures providing an indication of progress against target, direction of travel and a comparison with benchmarks.
4. The scorecard includes a range of measures which have been chosen because they:

- Directly measure the desired outcome or a process measure when an outcome measure is not available e.g. access to care measures.
 - Are generally measures already in existence and therefore do not require additional resource to collect.
 - Represent a range in frequency of reporting from monthly to annually.
 - Are available at CBC level and in some cases at either a locality, practice or ward level.
5. The scorecards now contain the successes, challenges and suggested actions for the Board rather than outlining them separately in the covering report.

Financial and Risk Implications

6. There are no financial implications directly associated with the scorecard.

Governance and Delivery Implications

7. The scorecard will be reported to the Health and Wellbeing Board on a six monthly basis.

Equalities Implications

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.

Implications for Work Programme

9. The scorecard is currently reported to the Health and Wellbeing Board at each meeting but will need to be reviewed in line with the new JHWS when this is developed.
10. The Board may wish to consider a focus on the outcomes for access to psychological therapies and recovery rates for those completing psychological therapies at a future meeting if this has not been sufficiently covered earlier in the meeting.

Conclusion and next Steps

11. The scorecard shows some improving performance and some areas of concern. A number of areas have been identified for further consideration at future board meetings.

Appendices

12. The following Appendix is attached:
Summary scorecards for each of the priority areas.

This page is intentionally left blank

Giving Every Child the Best Start in Life

Outcomes

Babies have the best start in life	Parents or carers are equipped to nurture their child and are not affected by drug or alcohol misuse, domestic abuse or poor mental health	All children arrive at school in a great position to learn
------------------------------------	--	--

Cross Cutting:

Reducing inequalities by tackling the wider determinants

Prevention and Early Intervention

Acting upon patient and customer experience

Safeguarding and ensuring high quality integrated services

On average 3,250 babies are born each year in Central Bedfordshire and by the time they reach school 2,200 are achieving a good level of development at the early years foundation. To give children the best start we need to ensure that they are not adversely affected by parental drug or alcohol misuses, mental health or domestic abuse and currently 230 people are in treatment for drugs and / or alcohol that are living with children and in approximately 40% of domestic abuse incidents a child is normally resident at the same location.

	Latest Data	DoT	Latest Data	Target	Current Status	England	Statistical neighbour/ deprivation decile
Smoking at the time of delivery (L&D deliveries only)	Sep 17	↑	12.2 %	15.0 %	★	n/a	n/a
Breastfeeding rate 6-8 weeks	Sep 17	↓	46.8 %	50.0 %	●	n/a	47.0 %
Early access to antenatal care (all L&D deliveries)	Sep 17	↓	79.2 %	90.0 %	▲	n/a	n/a
Mothers who receive a maternal mood review by the time the infant is 8 weeks	Sep 17	↓	85.6 %	90.0 %	●	n/a	n/a
Successful completions (opiates) of clients who live with children under 18	Sep 17	↓	9.3 %	7.5 %	★	7.7 %	n/a
Successful completions (alcohol) of clients who live with children under 18	Sep 17	↑	41.5 %	42.2 %	●	43.1 %	n/a
No. of Domestic Abuse incidents reported	Sep 17	↑	871		n/a	n/a	n/a
Children who received an integrated 2-2.5 year review	Sep 17	↑	78.2 %	90.0 %	▲	n/a	n/a
Number of disadvantaged 2 year olds placed in early education/childcare	Sep 17	↓	579	696	▲	n/a	n/a
School readiness - % of children achieving a good level of development at the Early Years Foundation	Sep 17	↑	71.7 %	73.4 %	▲	69.0 %	72.9 %
Childhood Excess Weight: Reception Year Children (4-5 years)	Jul 17	↓	20.4 %	19.3 %	●	22.6 %	n/a
Teenage pregnancy	Dec 15	↑	18.6	17.7	●	22.8	13.6

- ▲ Target missed by 10% or more
- Target missed by less than 10%
- ★ Target achieved
- ↑ Performance is improving
- ➔ Performance remains unchanged
- ↓ Performance is worsening

Giving Every Child the Best Start in Life

Successes:

- The numbers of mothers smoking at the time of delivery has fallen to 12.2% in Q2, below target of 15%
- The number of successful completion by clients (alcohol) who live with children under 18 is now above target at 41.5%
- The number of children who received an integrated 2-2.5 year review has increased for the second quarter although it remains below the aspirational target

Challenges

- After an improvement in Q4, 2016/17, the successful completions by clients (opiates) has now fallen below target to 9.3%. This will be discussed and closely monitored with the provider.
- The proportion of childhood excess weight is above target

Health and Wellbeing Board action:

To continue to monitor the direction of travel and actions for those indicators which remain under target, including oversight of the partnership strategy for excess weight.

This page is intentionally left blank

Enabling People to Stay Healthy Longer

Outcomes

Fewer people develop long term conditions as a result of unhealthy lifestyles

Fewer people have complications as a result of a long term condition

Cross Cutting:

Reducing inequalities by tackling the wider determinants

Prevention and Early Intervention

Acting upon patient and customer experience

Safeguarding and ensuring high quality integrated services

Of the 210,500 people aged 18 years and above living in Central Bedfordshire (2014) an estimated 37,000 smoke, 150,000 are above a healthy weight and 56,000 are inactive. These lifestyle behaviours contribute to the development of Long Term Conditions and those already diagnosed include 12,500 people with diabetes, 40,000 with high blood pressure, 8,500 with heart disease, 4,200 with stroke and 4,700 with a serious respiratory condition.

	Latest Data	DoT	Latest Data	Target	Current Status	England	Statistical neighbour/ deprivation decile
Smoking prevalence 18+	Dec 16	↑	10.3 %		n/a	15.5 %	11.8 %
Adult Excess Weight	Jul 16	n/a	59.8 %	59.5 %	★	64.8 %	62.6 %
Percentage of adults classified as inactive	Jan 17	→	22.7 %	23.6 %	★	28.7 %	23.6 %
Health Checks Delivered % of Target	Nov 17	↑	107.5 %	100.0 %	★	n/a	n/a
Recorded diabetes	Nov 16	n/a	6.0 %	5.3 %	▲	6.4 %	5.3 %
% people with diabetes meeting all 3 treatment targets (blood sugar, blood pressure & cholesterol)	Feb 17	↑	38.1 %		n/a	40.4 %	n/a
Premature mortality	Dec 16	↑	277	268	●	335	241
Premature mortality for cardiovascular disease	Dec 16	↑	61.0				
Premature mortality for respiratory disease	Dec 16	↑	25.0				
Premature mortality for liver disease	Dec 16	↓	13.0				

▲ Target missed by 10% or more ● Target missed by less than 10% ★ Target achieved
 ↑ Performance is improving → Performance remains unchanged ↓ Performance is worsening

Enabling People to Stay Healthy Longer

Successes:

- Exceeding the target for the delivery of Health Checks
- The numbers of people dying under the age of 75 from cardiovascular disease and respiratory disease shows a slight decline from the previous year.
- The proportion of people with diabetes meeting all 3 treatment targets continues to gradually improve from 37.6% in February 2016

Challenges

- Overall premature mortality shows a slight increase on the previous year.

Health and Wellbeing Board Action:

To continue to promote health checks to residents to ensure the early identification and prevention of people at higher risk of developing cardiovascular disease, including diabetes. To continue to monitor outcomes for people with diabetes.

This page is intentionally left blank

Ensuring good mental health and wellbeing at every age

Outcomes

Children, Young People and Adults are emotionally resilient

Children, Young People and Adults with poor mental health recover quickly

People with poor mental health live as healthy and for as long as those with good mental health

Cross Cutting:

- Reducing inequalities by tackling the wider determinants
- Prevention and Early Intervention
- Acting upon patient and customer experience
- Safeguarding and ensuring high quality integrated services

There are estimated to be around 4,000 children and young people affected by a mental health problem and around 26,000 adults with a common mental health condition, affecting one in four people over their lifetime.

	Latest Data	DoT	Latest Data	Target	Current Status	England	Statistical neighbour/ deprivation decile
Proportion in need accessing psychological therapies	Sep 17	↓	7.12 %	15.00 %	▲	n/a	n/a
CAMHs waiting for intervention for more than 18 weeks	Dec 16	→	0 %	0 %	★	n/a	n/a
Hospital admissions for mental health 0-17 years	Dec 15	n/a	73.4	?	n/a	87.4	n/a
Hospital admissions for self-harm 0-18 years (CBC Population)	Sep 17	↓	46	?	n/a	n/a	n/a
Emotional wellbeing of looked after children	Sep 16	↑	13.4	13.0	●	n/a	14.6
Recovery rates for those completing psychological therapies	Sep 17	↓	47.7 %	50.0 %	●	48.4 %	n/a
Proportion of adults in contact with secondary mental health services in paid employment	Sep 16	↑	10.8 %				n/a

- ▲ Target missed by 10% or more
- Target missed by less than 10%
- ★ Target achieved
- ↑ Performance is improving
- Performance remains unchanged
- ↓ Performance is worsening

Ensuring good mental health and wellbeing at every age

Successes

- The numbers of adults in contact with secondary mental health services in paid employment increased to 10.8% in 2015/16, although it remains below target

Challenges

- The proportion in need accessing psychological services indicator has been set at 15.45% annually with monthly thresholds agreed with the provider of 7.25%. The September figure was 7.12%, so remains below targets.
- The recovery rates for those completing psychological therapies has fallen below target. ELFT have submitted an action plan to deliver targets of 50% in Q3 and Q4.

Health and Wellbeing Board action:

To continue to monitor the performance of ELFT around access to IAPT, and recovery rates for those completing psychological therapies.

This page is intentionally left blank

Improving outcomes for Frail Older People

Outcomes

Older People stay well at home longer

Older people with dementia and their carers feel supported to manage their dementia

Cross Cutting:
Reducing inequalities by tackling the wider determinants
Prevention and Early Intervention
Acting upon patient and customer experience
Safeguarding and ensuring high quality integrated services

There are around 20,000 people aged 75 years and above in Central Bedfordshire and approximately 1,500 are known to have dementia, thought to represent about 68% of the total number of people affected.

	Latest Data	DoT	Latest Data	Target	Current Status	England	Statistical neighbour/ deprivation decile
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	Sep 17	↑	2,516	2,516	★	n/a	n/a
Permanent Admissions of Older People (65+) to residential & nursing care homes (BCF 2) QUARTERLY	Sep 17	↓	239	252	★	n/a	n/a
Proportion of 65 + still at home 91 days after discharge from hospital	Jun 17	↑	94.4 %	90.0 %	★	n/a	n/a
Emergency hospital admissions due to falls (65+) per 100,000	Mar 16	↓	2,235	1,771	▲	n/a	n/a
Dementia diagnosis rate (65+)	Mar 17	↑	61.22 %	66.72 %	●	67.70 %	n/a
Social isolation-Adult carers who have as much contact as they would like	Mar 14	➡	41.6 %	41.6 %	★	38.0 %	n/a
Delayed Transfers of Care (days) from hospital per 100,000 population	Sep 17	↓	808	616	▲	n/a	n/a

▲ Target missed by 10% or more ● Target missed by less than 10% ★ Target achieved
 ↑ Performance is improving ➡ Performance remains unchanged ↓ Performance is worsening

Improving outcomes for Frail Older People

Successes

- The target has been achieved in three of the main areas - total non-elective admissions to hospital, permanent admissions of older people and the proportion of people aged 65 years and above who are still at home 91 days after discharge from hospital.

Challenges

- Delayed transfers of care have increased from 739 days in Q1 to 808 days in Q2 and remain above target. All of the increase relates to NHS delays, and the measure remains challenging.

Health and Wellbeing Board action:

To continue to provide support and oversight of the Better Care Plan including the development of integrated care

This page is intentionally left blank

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

24 January 2018

Joint Health and Wellbeing Strategy Refresh

Responsible Officer: Muriel Scott, Director of Public Health
Email: Muriel.Scott@centralbedfordshire.gov.uk

Advising Officers: Vicky Head, Public Health Registrar and Celia Shohet, AD
Public Health
Email: Vicky.head@bedford.gov.uk Celia.Shohet@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To set out the background and context for refreshing the Joint Health and Wellbeing Strategy (JHWS) and present a proposed approach for the development of the strategy.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. Note the background and context to the development of the refreshed Health and Wellbeing Strategy**
- 2. Agree the proposed process and timeline for the development of the strategy**
- 3. Note the potential areas of focus identified**

Issues

Background

2. Previous Health and Wellbeing Strategies for Central Bedfordshire, agreed by the Board in 2013 and 2015, have taken different approaches to focus the Board's ambition to improve health and wellbeing. Initially taking a broad perspective but subsequently focusing on areas where the Board, working in partnership, could make the biggest difference to the lives of local people.

3. The decision to refresh the strategy reflects the need to keep the strategy up to date, recognising both that the wider strategic context has changed and that the areas of focus need reviewing.
4. Since the previous strategy was agreed, Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP) has been established. The BLMK STP has the 'triple aim' of improving health and wellbeing for residents, improving the quality of health and care services with more joined-up working, and tackling the financial and workforce challenges across the system.
5. The STP is driving ambitious changes to health and social care services at scale and at pace. The Health and Wellbeing Board through its associated strategy should describe the local 'place based' ambitions for Central Bedfordshire. The delivery of which is supported by the transformation boards.

Strategy development

6. The potential reach of the Health and Wellbeing Board (HWB) is broad. Developing an effective strategy, which balances breadth and ambition with sufficiently specific and deliverable areas of focus, and is relevant to and important for all partners, is challenging. Through the development of the strategy, however, the Board has the opportunity to highlight priorities for the system while also identifying the areas where the Board is uniquely placed to act.
7. The Board may find the following LGA framework helpful when considering the Board's role and priorities. This recognises that the Board's role varies in relation to different issues and could help the Board to be clear about its specific role in relation to different areas of concern.

Focus: The HWB initiates and drives new action, which is unlikely to be initiated and co-ordinated elsewhere

Watch: The HWB actively monitors that appropriate actions are taking place, for examples to deliver national priorities or local plans which have already been approved

Encourage: The HWB encourages other Boards or organisations to deliver health and wellbeing outcomes, without directly initiating or performance monitoring associated actions

Emerging priorities

8. Development of the Strategy is informed by the evidence in the Joint Strategic Needs Assessment of the health and wellbeing needs of people in Central Bedfordshire. A reminder of themes highlighted in the JSNA are given in Appendix 1; the complete JSNA is available online: <https://www.jsna.centralbedfordshire.gov.uk/jsna/>

9. Following presentation of the 2016/17 JSNA at the Board in July, the following areas were noted as potentially benefiting from action across the system:
 - improving the emotional health and wellbeing of children and young people;
 - preventing and minimising the impact of air pollution;
 - the prevention and management of falls;
 - reducing social isolation; and
 - the prevention and management of diabetes.
10. Additional potential priorities have since been proposed
 - homelessness, including 'sofa surfing' and families in temporary accommodation, following a rise in numbers;
 - new housing developments, noting that the newly published Local Plan sets out aspirations to build 42,600-55,000 new homes between 2015 and 2035, including 23,000 already committed. There are opportunities to strengthen links between planning and health to ensure that housing and development plans for new communities promote health and wellbeing for current and future residents.
11. These potential areas of focus are not exhaustive and Members of the Board will have the opportunity to debate these and suggest other areas of interest through the development of the strategy.
12. The Board may wish to consider putting greater evidence on 'place' and the wider determinants of health in the revised strategy.

Process and timeline

13. The proposed steps for the development of the strategy are as follows:
 - The Board development session in February 2018 will focus on the Strategy and will aim to agree the Board's priorities and plans for wider consultation/engagement.
 - A draft strategy will be brought to the March Health and Wellbeing Board for discussion.
 - A period of consultation/engagement on the draft Strategy will follow, including a Board development session, discussions with other partnership groups, CCG executive and wider stakeholders.
 - The final strategy will be brought to the July 2018 Health and Wellbeing Board for sign-off.
 - Following this, the Strategy will be presented to Bedfordshire CCG Governing Body and Central Bedfordshire Council Executive.

Financial and Risk Implications

14. The objectives of the strategy will need to be delivered within existing resources, but opportunities to obtain national or regional funding to support the aims of the strategy may be sought. If an effective Health and Wellbeing Strategy cannot be agreed then there is a risk that

partnership working to improve local health and wellbeing will stall and health gains will not be achieved.

Governance and Delivery Implications

15. The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy (Health and Social Care Act 2012).

Equalities Implications

16. 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.
17. Identifying and reducing inequalities will be a central theme of the Health and Wellbeing Strategy.

Implications for Work Programme

18. The draft strategy will be brought to the March Board meeting.

Conclusion and next Steps

19. The development of a refreshed Health and Wellbeing Strategy provides an opportunity for the Board to re-focus in light of the evolving strategic context and latest evidence of local needs.

Appendices

The following Appendix is attached:

20. Appendix 1: Central Bedfordshire Joint Strategic Needs Assessment 2016/17

This appendix sets out areas of focus highlighted in the executive summary of the JSNA. The JSNA findings were presented to the Board in July 2017.

The complete executive summary and supporting information are available through an electronic link:

<https://www.jsna.centralbedfordshire.gov.uk/jsna/>

Appendix 1: Central Bedfordshire Joint Strategic Needs Assessment 2016/17

1. Wider determinants of health

- The impact of air pollution is gaining recognition as a public health issue and although air quality is generally good in Central Bedfordshire, tackling the effects of pollution in the three air quality management areas (Dunstable, Ampthill and Sandy) remains a high priority.
- Central Bedfordshire is a safe place to live and work but there are pockets where crime and community safety concerns are higher. Hotspot areas continue to be the town centres, with Dunstable Town Centre remaining the largest generator of incidents.
- Based on long-term migration trends and local demography, 20,000 - 30,000 homes are needed to meet local demand up to 2031. The demand for family housing (2, 3 and 4 bedroom homes) is expected to continue.

2. Starting and developing well

- Improving educational outcomes remain a priority particularly for Key Stage 2 and for disadvantaged pupils.
- Evidence from Looked After Children case reviews suggests there are a number of core issues leading to family breakdown that need to be tackled – notably domestic abuse, substance misuse, parental mental health and disengagement of parents from the support offered and their capacity to effect lasting change. Criminality was also found to be a parental risk factor.
- Adverse Childhood Experiences (stressful events that children can be exposed to whilst growing up) are one of the strongest predictors of poor health and social outcomes in adults, therefore minimising the impact of these through early identification and support is key.
- Emotional health and wellbeing of parents, children and young people remain a high priority.

3. Living and Working Well

- The population level challenges around improving lifestyle remain. A higher percentage of adults are classified as overweight or obese and the impact of alcohol abuse continues to rise as indicated by alcohol related admissions. However the proportion of adult smokers continues to fall and the proportion of the population classified as active has increased.
- Driven in part by high levels of excess weight, the prevalence of diagnosed diabetes in adults aged 17 and over continues to rise and premature mortality from coronary heart disease (CHD) remains higher compared to statistical neighbours.

- The rising aging population is contributing to an increasing incidence of newly diagnosed cancers and the prevalence of chronic obstructive pulmonary disease (COPD).
- The rate of statutory homelessness is rising and the numbers residing in temporary accommodation has increased significantly.

4. Ageing well

- Social isolation remains an issue and can have damaging effects on physical and mental health.
- The rate of injuries due to falls (and admissions to acute care) continues to increase and is now worse than statistical neighbours.
- There was a sharp increase in the reporting of concerns about individuals, resulting in a rise of safeguarding investigations and a reverse in the downward trend between the number of safeguarding alerts and safeguarding investigations. This may be because the safeguarding system is working better and a greater awareness of the need to report.
- Less than half of Carers in Central Bedfordshire feel they have the social contact they need.

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

24 January 2018

Bedfordshire Wellbeing Service (BWS)

Responsible Officer: Sarah Wilson – Director of Specialist Services ELFT
Email: sarah.wilson48@nhs.net

Advising Officer:

Public

Purpose of this report

1. To update the Board about the Bedfordshire Wellbeing Service (BWS)
2. This paper outlines the progress achieved over the last twelve months of the Bedfordshire Wellbeing Service and identifies the future developments and challenges for the service.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Note the update report**

Background to IAPT

3. The national Improving Access to Psychological Therapies (IAPT) programme has been developed to provide an easy and open access to individuals with common mental health problems such as anxiety, depression, relationship problems, PTSD, etc. The principal aims of the programme include opening IAPT services to self-referral, minimising waiting times and providing Service Users with the least intrusive forms of intervention as guided by their level of needs and complexity (the stepped-care model). As a result, the programme has actively developed and expanded its psychoeducation programmes (frequently referred to as Guided self-help interventions which can take place individually, in group settings and online) alongside the more traditional methods of individual and group psychological interventions (i.e. counselling and talking therapies). These result in a wider choice of interventions at different levels of needs and ensure that treatments available adhere to NICE recommendations for specific conditions (e.g. Cognitive Behavioural Therapy for anxiety, counselling for mild depression, etc.).

Key achievements

4. Bedfordshire Wellbeing Service has successfully been providing NICE recommended psychological interventions to the population of Central Bedfordshire since April 2015. The service has made significant strides towards stability and a shared vision. The service is currently achieving the national mandated waiting times targets of 6 and 18 weeks.
5. The service was established in April 2015 based in temporary accommodation in Silsoe. There are now two main bases in Bedfordshire, Whichellos Warf in Leighton Buzzard and Gilbert Hitchcock House in the north. Both bases have clinic space for groups and individual therapeutic work. In Central Bedfordshire BWS also operates from a range of community sites including Biggleswade, Dunstable and Arlesey.
6. The service has been successful in accessing space in GP surgeries that are willing to provide it, although the availability of GP space remains a challenge to providing people with care local to their homes. The service also provides sessions from children's centres and other community premises.
7. Current nationally mandated access targets of 15% are going up over the next two years to 25% by 2020. The increase is intended to focus on people with Long term Conditions.
8. Nationally mandated Recovery rates will remain at 50% which will put additional pressure on services with the increased access.
9. The service is currently achieving its Recovery targets and narrowly under its access targets although on track to achieve 15% access in December.
10. There are some long waits for individual therapy remaining across the county and the service is now rolling out group work sessions to address this.

Key Challenges

11. One of the challenges we have in a large and mainly rural area of central Bedfordshire is to provide treatment that people can access locally, and to that end we have recently opened Whichello's Wharf as a main base for Leighton Buzzard. We also operate in Dunstable and from sites across the county. This access challenge means that people who want local 1:1 therapy are in some cases having significant waits for it. We are constrained by the availability of suitable clinical rooms and availability of therapists. People are triaged, assessed and offered the appropriate interventions (predominantly NICE approved seminars or group programmes)
12. If they do not accept this offer, but instead opt to wait for 1:1 therapy or counselling, then they are likely to wait for some time. This is because BWS has been set up to deliver services in line with evidence about effectiveness, and the objective of getting a very high volume of people treated in each area.

13. We currently have a large waiting list for Cognitive Behavioural Therapy (CBT) and another slightly shorter list for counselling.
14. One of the challenges we have is recruitment of suitable qualified staff to deliver psychological interventions so that people do not have to wait too long for treatment. This is an issue for all IAPT services across the country, and we are competing for a very small pool of available applicants. We are currently actively recruiting and looking at more robust strategies for attracting new staff. In the meantime we are increasing our search for agency staff and are commissioning an existing counselling provider to offer services to selected patients on the Counselling Waiting list.
15. We also have assessed a large number of people who chose to have 1:1 therapy and we are working with service users and GPs to educate them in the effectiveness of group-based interventions. We are doing this work carefully in order to reduce numbers of people who drop out of treatment. The aim is to expand our group programme which will reduce waiting times for treatment.
16. Waiting lists are being reviewed and service users will be contacted by the designated clinicians with the aim of offering appropriate alternative treatment options available sooner. Alternative treatment options will be in the form of Online CBT or step 2 psychoeducation workshops such as Overcoming Low Mood or Overcoming Worry, Sleeping Well (CBTi) workshops, for example.

Access Target

17. Access is based on the number of service users seen for a first appointment within the service. This is expressed as a proportion of the estimated prevalence of common mental health problems within a given population. The prevalence is defined by the CCG in conjunction with NHSE and the percentage access target is guided by national ambition set out in the Five Year Forward View for Mental Health. The number of service users accessing the service is calculated by counting the number of people having a first session within a given period; this is the accepted national definition which is recorded centrally by NHS Digital.
18. The service is expected to achieve 15.45% access in the current financial year, which equates to 7,462 service users accessing the service over the course of the year. This has been divided across the months on a rising trajectory; to achieve the target in Q3 we required 644 service users to access a first appointment with the service each month and in Q4 we will require that number to rise to 676 each month.
19. The number of service users accessing the service is dependent on the number of referrals we receive (including both self-referrals and referrals from GPs or other professionals). As not all individuals referred will actually access the service due to non-engagement, the service needs approximately 900 referrals a month to achieve the access target in Q4.

20. We have been slightly under this referral rate and are currently running at an average of 750 referrals a month, with an average of 580 of service users entering the service each month. This is expected to rise in Q4 in line with the increasing access target.
21. We face a challenge in terms of finding suitable accommodation across the county. The service was designed to be delivered primarily from GP premises however this has not been fully realised due to pressure on GP premises and costs.

Service Performance

22. In 2016/17 we treated 3780 people in Central Bedfordshire. In 2017/18 so far we have treated 2808 people.
23. Each month we receive an average of 436 referrals; in October 2017 we received 483 referrals.
24. The national target for services users for Recovery is 50%. Our recovery rate in October was 50%.

Developments

25. An education plan is being rolled out to GP's and other referrers on the best way to use the wellbeing services stepped care model, in order to reduce requests for 1:1 therapy and to encourage the recommendation of more group work and online interventions as a first step in the service. This change of culture is essential for the service to not only meet its access targets but the other KPI's for waiting times and for service users to receive appropriate intervention in a timely manner.
26. We have developed a new and comprehensive case management & supervision structure to ensure that service users are moving through the care pathway smoothly and in accordance with NICE guidance.

Governance and Delivery Implications

27. The challenge for the service and the CCG will be to deliver the increased volume of people to be treated and maintain optimum recovery rates in 2018/19.
28. Roll out of the group programme and the change of culture from 1:1 therapy to NICE compliant guided self-help, seminars, groups and on-line therapy is essential for the service to achieve mandated access rates and recovery targets.

Equalities Implications

29. The service is focussed on increasing access to evidence based psychological therapies to all parts of the community, across the county. The service expansion in 18/19 will target people with long term conditions (COPD, Diabetes etc).

30. The service monitors take up of treatment from marginalised groups.

Appendices

31. None

This page is intentionally left blank

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date

24 January 2018

Central Bedfordshire Children and Young People's Plan (2018 - 21)

Responsible Officer: Sue Harrison Director of Children's Services
Email: sue.harrison@centralbedfordshire.gov.uk

Advising Officer: Amanda Coleman Partnerships and Performance Officer,
Children's Services
Email: amanda.coleman2@centralbedfordshire.gov.uk

Public

1. Purpose of this report

1. To present the final Central Bedfordshire Children and Young People's Plan (2018-21) for endorsement.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Endorse the Central Bedfordshire Children and Young People's Plan (2018-21). **Appendix A**

Background

2. On 12 July 2017, the Health and Wellbeing Board received a presentation on the strategic partnership leadership arrangements for children – including the development of a new Children and Young People's Plan (CYPP) for Central Bedfordshire. The draft Children and Young People's Plan was presented to the Board. The final Plan is now included with this report.
3. A partnership approach has been taken to the development of the CYPP with the Children's Leadership Board leading on this piece of work. Membership includes representation from:
 - Children's Services
 - Public Health

- Bedfordshire Clinical Commissioning Group
 - Bedfordshire Police
 - Adult services
 - Head teachers
 - East London NHS Foundation trust
 - Essex Partnership University NHS Foundation Trust
 - Central Bedfordshire Safeguarding Children Board
4. The Plan was endorsed by Executive on 5 December 2017. However following the meeting, a further suggestion was made by children and young people as the word 'obsession' (used to describe the 3 core areas of focus) was felt to have negative connotations. The word 'passion' was put forward as an alternative and agreed by the Children's Leadership Board on 14 December 2017.
5. The final Plan is included as **Appendix A**.

Developing the Plan

6. The approach taken has been to develop a short, concise plan – focussed on tackling key issues that would make a positive difference to the lives of children and young people.
7. Work to develop the CYPP has been rigorous. Data and demand analysis supporting the Children's Services Transformation Programme and the Medium Term Financial Plan have been used to inform key priorities. The following has also been subject to review:
- The latest JSNA Executive Summary;
 - Director of Public Health report 'Aiming for the best for children, young people and families in Central Bedfordshire' ;
 - Council and partner plans e.g. Partnership Vision for Education, SEND Vision.
8. The CYPP embraces the ambition of the Children's Services Transformation Programme with a commitment to becoming even more family centric – building an integrated multi-agency locality model.
9. From the work undertaken three core passions have been identified that will have the most significant impact on children and families lives. The 3 passions will be the focus of joint working within localities and will be carefully monitored by the CLB:
- Reducing the number of children and young people exposed to domestic abuse incidents;
 - Improving emotional health, wellbeing and resilience;
 - Improving educational outcomes across every key stage, helping young people to become work ready.

10. **Appendix B** provides further detail of information used to shape the Plan and define priorities and passions.
11. The CYPP also supports delivery of the following:
 - Supporting good parenting to enable children to have the best start in life;
 - Focussing on self-help and prevention – tackling root causes and parental risk factors to achieve positive sustained family outcomes;
 - Improving the learning outcomes of children and young people in Central Bedfordshire – in particular for disadvantaged pupils;
 - Recognising the unique challenges faced by teenagers - ensuring children are supported into adulthood;
 - Improving the emotional wellbeing, resilience and mental health of children, young people and their families in Central Bedfordshire;
 - Ensuring the voice of the child helps to shape services.
12. Engagement has included with:
 - Children and young people including Children in Care Council, Youth Parliament, Youth Central, Houghton Regis Youth Club.
 - Key stakeholders and boards e.g. Health and Wellbeing Board, Partnership Vision for Education Board, Support and Aspiration Board, Children’s Services Overview and Scrutiny Committee, Central Bedfordshire Safeguarding Children Board, Voluntary Organisations for Children, young people and families (VOCypf), Youth Offending Chief Officers Group.
13. A summary of feedback provided is included as **Appendix C**.

Measuring progress against the Plan

14. The key measures detailed in the final Plan relate to the 3 passions - performance against which will be monitored by the Children’s Leadership Board. In addition, detailed performance frameworks within Central Bedfordshire’s strategic governance arrangements will also support delivery of the Plan e.g.
 - Central Bedfordshire Safeguarding Children Board (CBSCB) - has a framework of measures to support improvements associated with keeping children safe.
 - Partnership Vision for Education Board – a new performance framework will be developed to ensure oversight of educational outcomes at each of the key stages and e.g. monitoring of key areas which support this e.g. attendance and exclusion.

15. The broader set of measures referenced within the earlier draft of the Plan will be aligned to the appropriate Board / Group for monitoring. (In many instances, this is taking place already.)
16. Exception reporting will take place to the Children's Leadership Board – where performance is significantly under or over performing.
17. Members of the Children's Leadership Board have been nominated/ are being identified as champions for each of the 'how' bubbles within the Plan - from the following organisations:
 - First 1001 days of a child's life – Public Health
 - Targeted early help – Children's Services
 - Adverse Childhood Experiences – ELFT, Adult Services
 - Children and young people with long term complex needs (including children with SEND) - Children's Services
 - Unique challenges faced by teenagers – ELFT, Police, Children's Services
 - Improving learning outcomes for children and young people – Partnership Vision for Education Board – supported by a number of head teacher representatives from Children's Leadership Board.
 - Voice of children, young people and families – Children's Services

Financial and Risk Implications

18. Working with partners to deliver services in a more integrated way, with a focus on prevention and early intervention, remains a key driver of the Children and Young People's Plan, which also aims to deliver efficiencies. All priorities set out in the Plan will be delivered within partners agreed financial resources.
19. Risk management will be embedded through the processes of delivery planning and performance monitoring.
20. Partner capacity is a risk to the delivery of the Plan. The development of the Plan which includes consideration of priorities and outcomes is being led by the Children's Leadership Board (key partners are members of this Board).

Governance and Delivery Implications

21. The Children's Leadership Board will monitor progress against the Plan. A performance framework is being developed to support this and an annual report will be produced – setting out the progress made.

Equalities Implications

22. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and

victimisation and foster good relations 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.

23. An Equality Impact Assessment has been undertaken alongside the development of the Plan to ensure that there is due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of protected characteristics.
24. The Plan has a strong focus on a range of important issues, such as supporting good parenting, early intervention, domestic violence, SEN, attainment, mental health, adolescence, education, training and employment all of which will help improve outcomes for vulnerable groups. Findings include:
 - The Plan references the need to protect vulnerable children and young people. This includes young carers but further clarity is required in the action planning as to the support provided to young carers.
 - There is a need to ensure that performance frameworks developed and monitored consider the need to improve educational outcomes for children with SEND.
 - There is a gap in the information in prevalence data and qualitative information around issues of gender identity and sexual orientation. The 2017/18 SHEU Survey will build on our understanding of the issues faced by LGB & T pupils with questions on how much they worry about their gender identity/sexual orientation and where they go to for help with this. This data will need to be reviewed.
25. The above findings will be taken into consideration with the associated action planning.

Implications for Work Programme

26. An annual report will be produced – setting out progress made against the Plan. The report will be shared with the Health and Wellbeing Board in accordance with the Protocol for Joint Working Between Strategic Boards.

Conclusion and next Steps

27. The Children and Young People's Plan focuses on current issues identified for children and young people in Central Bedfordshire.
28. It is recommended that the Health and Wellbeing Board endorse the Plan.

Appendices

Appendix A: Children and Young People's Plan (2018–21)

Appendix B: Information used to shape the Plan

Appendix C: Feedback summary

The following Appendix is attached/provided through an electronic link:

Details in respect of the Equality Impact Assessment:

<http://www.centralbedfordshirechildrenstrust.org.uk/cbct/useful-links/useful-links>

Background Papers

None.

Central Bedfordshire Children and Young People's Plan 2018-2021

Our Vision

Every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to have high aspirations, reach their potential, make friends and build strong relationships with their family. As young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as a healthy, happy, contributing and confident citizen.

- Our Priorities**
- Identifying needs early and preventing needs from escalating - offering the right support at the right time
 - Protecting vulnerable children and young people – including tackling bullying
 - Building strong families – e.g. tackling circumstances where children and young people are living with domestic abuse
 - Supporting children and young people in their aspirations and goals in preparing for adulthood

- Our Passions**
- Reducing the number of children and young people exposed to domestic abuse incidents
 - Improving emotional health, wellbeing and resilience
 - Improving educational outcomes across every key stage, helping young people to become work ready

How?



Outcomes for Children and Young People

- Protected and safe
- Achieving good learning outcomes and the best life skills
- Living happy, healthy lifestyles

Has it made a difference?

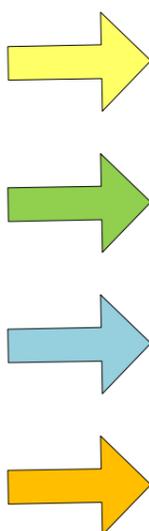
- Domestic abuse**
- Repeat domestic abuse incidents where a child is present
 - Number of children in relation to MARAC referrals
 - Repeat offenders
- Emotional health, wellbeing and resilience**
- Emotional health and wellbeing survey results
 - Number of children seen as part of the Tier 1 /2 Emotional Health and Wellbeing Support Pathway
 - Time from referral in days/weeks to initial CAMHS Assessment
 - Time from initial CAMHS Assessment until first/next appointment
 - Emotional and behavioural health of children in care – average SDQ score
- Improving educational outcomes**
Diminishing the Difference:
- Attainment of pupils eligible for Free School Meals (at every key stage)
 - Closing the gap between pupils eligible for Free School Meals and all other pupils
- and:
- Apprenticeship participation: 16-17 year olds in an apprenticeship
 - Young people aged 16-17 who are in education, employment or training (EET)
- Detailed performance frameworks within Central Bedfordshire's strategic governance arrangements will also support delivery of the Plan e.g. **Central Bedfordshire Safeguarding Children Board (CBSCB) Performance Framework.** CBSCB is lead statutory partnership for coordinating the work done by various agencies to safeguard children and promote their welfare – and ensuring this work is carried out effectively. CBSCB monitors a framework of measures to support improvements associated with keeping children safe*

*Central Bedfordshire Safeguarding Children Board has 4 key themes for 2017- 19 Domestic Abuse, Child Sexual Exploitation, Neglect, Children's Mental Health

Central Bedfordshire - Our Area:

More information can be found in our Joint Strategic Needs Assessment:

www.jsna.centralbedfordshire.gov.uk



Just over half of Central Bedfordshire's population live in rural areas

In 2015 274,000 people lived in Central Bedfordshire. This included 53,300 children aged 0-15

There are 132 schools

94% of children in Central Bedfordshire speak English as a first language – with around 100 different first languages spoken among the remaining children.

How we work (and all join up):

Lots of people and organisations work towards improving outcomes for children and young people in Central Bedfordshire e.g. health, schools, Police, Children's Services and voluntary sector organisations

Together we have been rethinking how services can better meet **local needs** through a multi agency locality model - integrating what we currently do into locality teams

We put families at the heart of everything we do
We focus on building good, quality relationships with children and parents – creating stronger families

We always try to think about what it must be like - putting ourselves in the children's and families' shoes

We are developing a '**one family, one worker, one plan**' approach – with a main contact (named professional) for families to provide or co-ordinate most of their support

Our **school cluster networks** ensure we can support schools in improving outcomes for our children

Our Access and Referral Hub is the **single front door** and contact point for anyone needing information about services for children and young people – including worries about a child or young person

Tel: **0300 300 8585**

We **listen** to children, young people and families
Voices are heard and help us improve services

The **Children and Young People's Board** is one of the ways children and young people can influence our plans

Our **Youth Offer** sets out the range of activities, opportunities and support that young people in Central Bedfordshire should receive

We plan budgets and spend public money in line with agreed needs and priorities

...always focussed on ensuring:

Central Bedfordshire's children are happy, healthy and safe

Our Children and Young People's Plan is supported by other plans which provide more detail on key areas e.g.

Central Bedfordshire Safeguarding Children Board (CBSCB) Business Plan, SEND Vision, Partnership Vision for Education, School Organisation Plan, All Age Skills Strategy, Health and Wellbeing Strategy, Housing Strategy, Director of Public Health Report.

More information:

You can find out more by visiting the following websites:

www.centralbedfordshirechildrenstrust.org.uk

For information on how we work together to protect children and keep them safe:

www.centralbedfordshirelscb.org.uk

APPENDIX B

Developing the Children and Young People’s Plan

The table below provides further detail of information used to define priorities and passions – shaping the Plan:

Priority / Passion	Comment
<p>Priority:</p> <p>Identifying needs early and preventing needs from escalating - offering the right support at the right time</p>	<p>An evidence based approach has been taken to the development of the Children’s Services Transformation Programme. Findings from analysis support the need for a more integrated and targeted approach to early intervention.</p> <p>Responding to needs earlier is in the best interest of children, young people and families and could reduce demand on higher cost, specialist services.</p>
<p>Priority:</p> <p>Protecting vulnerable children and young people</p>	<p>This was a priority within the last Children and Young People’s Plan – and is retained.</p> <p>‘Protecting the vulnerable: improving wellbeing’ is a Council priority.</p>
<p>Priority:</p> <p>Building strong families - e.g. tackling circumstances where children and young people are living with domestic abuse</p> <p>and</p> <p>Passion:</p> <p>Reducing the number of children and young people exposed to domestic abuse incidents</p>	<p>Through analysis, we have found that the key causal factors leading to children’s needs escalating come from their parents, particularly parental drug and alcohol misuse, domestic abuse, parental criminality and parental mental ill health. The Plan reflects the need to tackle root causes – and work <i>with</i> families to achieve sustained positive outcomes.</p> <p>Between November 2015 and October 2016, there were 3,370 domestic abuse incidents in Central Bedfordshire. 48% were noted to have a child resident at the location of the incident.</p> <p>March 2016: Domestic violence was identified in 42.8% of assessments of Children in Need.</p> <p>(JSNA Executive Summary 2016/17)</p>
<p>Priority:</p> <p>Supporting children and young people in their aspirations and goals in preparing for adulthood</p>	<p>The better work experience campaign by Central Bedfordshire Youth Parliament highlighted the importance of preparing children and young people for adulthood. Recommendations made included the need for work experience to be more tailored to career aspirations.</p> <p>‘Health during adolescence is strongly linked to educational outcomes, including attainment and employment’ Director of Public Health Report December 2016 ‘Aiming for the best for children, young people and families in Central Bedfordshire’.</p> <p>Unique challenges are faced by teenagers. The Plan references the multi agency approach to tackling risky behaviours and the development of a Hub and a high intensity model for those on the edge of care or in the criminal justice system.</p>

APPENDIX B

<p>Passion:</p> <p>Improving emotional health, wellbeing and resilience</p>	<p>An estimated 3,225 children in Central Bedfordshire aged 5-16 years, and 1,640 16-19 year olds have a mental health disorder Director of Public Health Report December 2016 'Aiming for the best for children, young people and families in Central Bedfordshire'.</p>
<p>Passion:</p> <p>Improving educational outcomes across every key stage, helping young people to become work ready</p>	<p>We want every child to reach their potential and have the skills and qualifications that will give them the best chance of success. This is reflected in the Plan. Ensuring children arrive at school ready to learn and improving educational outcomes are key to this.</p>

Appendix C Children and Young People’s Plan Summary of key issues from feedback received

Comments included:

- ‘Great to have a succinct/2 side plan’
- ‘The priorities are sound and clear’
- ‘The lay out is appealing and the language is clear’
- ‘An attractive, concise but comprehensive document’
- ‘The attached document looks good captures all we want to achieve’
- ‘Commended the way in which it had been presented on ‘a page’.
- ‘The basic vision and structure of the plan looks good.’

You Said	We Did (or are currently doing...)
PAGE 1	
Our Priorities	
Does the reference to vulnerable groups include young carers?	Vulnerable groups are not listed individually. The reference to ‘vulnerable children and young people’ does however include young carers. The associated Equality Impact Assessment includes: <i>‘To consider young carers in the action planning associated with the CYPP.’</i>
There is a need to consider the impact and prevention of bullying within the priorities	CYPP updated. Priorities now reference the need to tackle bullying.
Young people found the word ‘obsessions’ an unusual choice as it is usually associated with other terms such as ‘compulsive, phobia, addiction etc. Some organisations felt that there could be negative connotations of this word. The word ‘commitments’ was suggested as an alternative. Feedback also included that the word ‘obsession’ was useful as it reflected those key areas which require focus.	‘Obsessions’ now replaced with ‘passions’ (as suggested by children and young people).
How?	
Is there a gap for children and young people who are a) older than 1,001 days, and b) those who are adolescents? Do we need to capture the relevant ‘calls to action’ in the 2016 DPH Report?	Research suggests that there is a need to focus on these two cohorts. The priorities and passions cut across all age groups. Reference is now made to the DPH report in CYPP.
Need to link with other strategic objectives including the provision of suitable housing for families and young people.	CYPP updated now includes: <i>‘Provision of suitable housing for families and young people. Building social & community links so that families are part of a wider community (Housing Strategy)’</i>

<p>Young people engaged with didn't like the term 'adolescent'.</p> <p>Teenager was suggested as an alternative.</p>	<p>CYPP updated. '<i>Adolescent</i>' replaced with '<i>teenager</i>'.</p>
<p>'Living in a family in poverty' should be added to the list of adverse experiences. Poverty could be the primary root cause, or at least a strong contributory factor, in all the other experiences on the list.</p>	<p>The CYPP supports the need to break the intergenerational poverty cycle e.g.</p> <ul style="list-style-type: none"> • If a child arrives at school ready to learn they are much more likely to achieve the best outcomes. • Improving educational outcomes across every key stage, helping children and young people to become work ready. • Closing the attainment gap for disadvantaged pupils.
<p>General Comments</p>	
<p>Those future iterations of the plan include more detail with regards to the responsibilities of partners as well as Central Bedfordshire Council.</p>	<p>Champion to be identified for each how 'bubble' within the Plan.</p>
<p>Include our promotion of accessible/inclusive services for children with disabilities and additional needs</p>	<p>CYPP aligned to SEND Vision which includes 'ensure a clear understanding of the universal services provided and the pathways to more specialist support.</p>
<p>More could be made of the need to foster healthy relationships within a diverse community to improve integration and understanding?</p>	<p>CYPP updated to include Building social & community links so that families are part of a wider community (Housing Strategy)</p>
<p>Could extra curricular activities be included, youth clubs, sports clubs</p>	<p>Reference in the children's version of the Plan.</p>
<p>Attendance at middle and upper schools needs a higher profile in the Plan</p>	<p>Attendance and exclusion measures will support delivery of our passion 'Improving educational outcomes across every key stage'. To be monitored by the Partnership Vision for Education Board.</p>
<p>Feedback from children also included:</p> <ul style="list-style-type: none"> • Don't think everyone is aware of how to access support • Needs to address the structural environment that a child grows up • • Knowing how to form friendships is very important • Professionals need to concentrate on helping to make better memories for young people. • There are different opportunities for those who don't do well at school. • Need to feel safe to be happy • Emotional health is very important • Have to learn to trust yourself 	<p>Promoting the services we provide - added to the CYPP.</p> <p>Housing Strategy now referenced.</p> <p>The feedback that follows is being taken into consideration in the development of the children's version of the Plan.</p>

<ul style="list-style-type: none"> • Our personal goals and aspirations are all different • It was hard to understand (the wording was hard). Sounded like a social worker / teacher talking • Once explained to one group of young people they all agreed that the Plan reflected what was important. • Plan needs to say how it will utilise social media. • More needs to be done for young people services – not just for targeted groups but for every young person living in Central Bedfordshire. 	
<p>No mention of care leavers</p>	<p>Covered by reference to ‘vulnerable groups’</p>
<p>No reference to schools and their primary role needs more focus on schools.</p>	<p>CYPP updated to show its alignment with the Partnership Vision for Education</p>

Feedback received on measures is being considered separately and will inform the development of performance frameworks.

This page is intentionally left blank

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

24 January 2018

WORK PROGRAMME 2017/18

Responsible Officer: Richard Carr, Chief Executive
Email: richard.carr@centralbedfordshire.gov.uk

Public

Purpose of this report

1. To present an updated work programme of items for the Health and Wellbeing Board for 2017/18.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. consider and approve the work programme attached, subject to any further amendments it may wish to make.**

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 programme 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

4. Attached at Appendix A is the currently drafted work programme for the Board for 2017/18.
5. The work programme ensures that the Health and Wellbeing Board remains focused on key priority areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

Governance and Delivery Implications

6. The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work programme contributes to the delivery of priorities of the strategy and includes key strategies of the Clinical Commissioning Group.

Equalities Implications

7. 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.

Conclusion and next Steps

8. 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.

Appendices

9. Appendix A – Health and Wellbeing Board Work Programme

Background Papers

10. None.

**Health and Wellbeing Board
Work Programme 2017/18**

Issue for Decision	Description	Indicative Meeting Date	Lead Director and contact officer(s)
Director of Public Health's Annual report	To consider the actions to deliver the improvements identified within the Director of Public Health's Annual report on Children and Young People	21 March 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Celia Shohet, AD Public Health, CBC
Drugs , Alcohol and Mental Health	To receive an update on how services are working together to meet the needs of those with a dual diagnosis	21 March 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Celia Shohet, AD Public Health, CBC
Improving Outcomes for Frail Older People	To receive an update on the outcomes for frail older people.	21 March 2018	Julie Ogley, Director of Social Care, Health and Housing, CBC Contact Officer: Patricia Coker, Head of Partnership and Performance, CBC
Improving outcomes for people with Diabetes	To receive an update on actions to improve outcomes for people with diabetes, including reducing excess weight.	21 March 2018	Dr Alvin Lowe, Chair, BCCG Contact Officer: Dr Sanhita Chakrabarti, Clinical Lead, BCCG
Joint Health and Wellbeing Strategy	To receive an outline draft of the Joint Health and Wellbeing Strategy	21 March 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Vicky Head, StR Public Health
Welfare Reform	To receive an update on the impact of welfare reform.	21 March 2018	Julie Ogley, Director of Social Care, Health and Housing, CBC Contact Officer: Sue Tyler, Head of Early Intervention/Prevention, CBC

**Health and Wellbeing Board
Work Programme 2017/18**

Issue for Decision	Description	Indicative Meeting Date	Lead Director and contact officer(s)
Pharmaceutical Needs Assessment	To receive the final draft of the Pharmaceutical Needs Assessment	21 March 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Celia Shoheit, AD Public Health, CBC
Mental Health	To receive a report on all age mental health prevention and treatment	11 July 2018	Contact Officers: Rachel Volpe-Head of Mental Health and Learning Disabilities, BCCG Celia Shoheit, AD Public Health, Sarah Wilson, ELFT
Joint Health and Wellbeing Strategy	To receive the final draft JHWS	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Vicky Head, StR Public Health
Director of Public Health's Annual report on Homelessness and Health	To receive the Director of Public Health Report 2018	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: James McGowan, StR Public Health
Health and Wellbeing Scorecard	To receive the latest performance monitoring of the progress in delivering the priorities in the Health and Wellbeing Strategy	11 July 2018	Muriel Scott, Director of Public Health, CBC Contact Officer: Celia Shoheit, AD Public Health, CBC
To be Timetabled			
Primary Care Service Development	To provide a progress update on Primary Care Service Development.		Sarah Thompson, Chief Accountable Officer, BCCG Contact Officer: