

## CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CENTRAL BEDFORDSHIRE (SHADOW) HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Tuesday, 29 May 2012

### PRESENT

Mrs C Bonser	Bedfordshire Local Involvement Network
Mr R Carr	Chief Executive
Mr M Coleman	Chairman, Bedfordshire LINK
Dr F Cox	Chief Executive Bedfordshire & Luton PCT Cluster
Mrs S Gibson	Health & Special Projects Co-ordinator
Dr P Hassan	Chair of Bedfordshire Clinical Commissioning Group
Mrs C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Moakes	Assistant Director Community Safety & Public Protection
Mrs J Ogley	Director of Social Care, Health and Housing
Mr J Rooke	Chief Operating Officer Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
M A G Versallion	Executive Member for Children's Services

Apologies for Absence:	Mr G Alderson
	Dr J Baxter
	Mrs E Grant
	Cllr Mrs P E Turner MBE

Substitutes:	Mrs S Gibson for Mrs Edwina Grant
	Mrs J Moakes for Mr G Alderson

Members in Attendance:	Cllrs A L Dodwell
	J G Jamieson,

Officers in Attendance:	Mrs M Clampitt	– Committee Services Officer
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Dr D Gray	– Assigned Director of Strategy and System Redesign, Bedfordshire Clinical Commissioning Group
	Mrs A Murray	– Director of Nursing and Quality
	Mrs C Shohet	– Assistant Director for Public Health, NHS Bedfordshire
	Mr S Wood	– Programme Director for the Healthier Together Programme

**SHWB/12/1 Election of Chairman and Vice-Chairman for the year 2012 - 2013**

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

Cllr Mrs Tricia Turner MBE was the only candidate nominated and seconded. She was therefore appointed Chairman.

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

**RESOLVED**

- 1. that Cllr Mrs Tricia Turner MBE be elected as Chairman of the Shadow Health and Wellbeing Board 2012-13.**
- 2. that Dr Paul Hassan be elected Vice-Chairman of the Shadow Health and Wellbeing Board 2012-13.**

**SHWB/12/2 Any Chairman's Announcements**

The Vice-Chairman welcomed everyone to the first public meeting of the Shadow Health and Wellbeing Board.

Having been elected to the Vice-Chairmanship of the Board, Dr Hassan made the following comments:

The Health and Wellbeing Board would oversee closer and more integrated working between Health and Central Bedfordshire Council and the PCT. The Bedfordshire Clinical Commissioning Group was looking forward to working with the Council to improve the health and wellbeing of the population of Central Bedfordshire. It was anticipated that the more integrated working would lead to improvements. The Bedfordshire Clinical Commissioning Group would bring its commissioning plans to the Health and Wellbeing Board and ensure they linked with the priorities of the Board which were currently being developed.

Membership of the Health and Wellbeing Board comprised officers and elected members of Central Bedfordshire Council and the BCCG was looking forward to a lasting and productive relationship.

**SHWB/12/3 Report of Bedfordshire LINK (covering Central Bedfordshire)**

The Board received a report which provided an update on key work items of the LINK in Central Bedfordshire. The LINK had been focusing on three main areas of work:-

- Nursing care and hospital discharge
- Mental health care pathways and

- Care in nursing and care homes in the area.

At the March 2012 Shadow Health and Wellbeing Board meeting, the LINK had been asked why issues had not been brought directly to the providers or commissioners of services. The LINK wished to explain that patients were reluctant to complain about poor treatment for fear that it would impact on any future treatment they would receive. The LINK further clarified that most patients provided narrative information rather than hard facts of dates, names and times when problems occurred.

The Director of Nursing and Quality asked that the LINK provide the narrative details from patients as they were very important sources of intelligence. A report would be brought to the 6 September 2012 Board meeting detailing patient experiences.

The Director of Social Care, Health and Housing informed the Board that the Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee would be considering a report at its next meeting regarding hospital discharges. It was anticipated that a task force would be established to review the information about patients' experiences. It was also noted that Quality and Safety were key priorities of the Board and the Clinical Commissioning Group.

## **RESOLVED**

**that the Bedfordshire LINK (covering Central Bedfordshire) report be noted.**

### SHWB/12/4 **Joint Strategic Needs Assessment**

The Board received a report which set out the executive summary of the refreshed Joint Strategic Needs Assessment (JSNA) for Central Bedfordshire.

The Board were reminded that the JSNA was originally established as a requirement of the 2007 Local Government and Public Involvement in Health Act and it was currently the responsibility of the Director of Public Health, the Director of Children's Services and the Director of Adult Services to work jointly to produce it. From April 2013, Local Authorities and Clinical Commissioning Groups (CCG) would each have equal and explicit obligations to prepare a JSNA, and this duty would have to be discharged by the Health and Wellbeing Board in accordance with the Health and Social Care Act (2012). The JSNA was established in 2010 and in the autumn 2011 the refresh process had begun.

The four main themes of the JSNA were the following:-

- Investing in early intervention and ill-health prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority

- Improving educational attainment and all-age skills will have a significant impact upon a wide range of outcomes
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

The Board agreed that the document was very informative and was a 'living document' which must be used to shape commissioning priorities for the Bedfordshire Clinical Commissioning Group (BCCG) and Central Bedfordshire Council (CBC) demonstrated its relationship to the JSNA themes.

The Board agreed that the JSNA provided a tool to identify the needs of residents and help gauge the impact of improvements.

### **RESOLVED**

- 1. that the executive summary of the Joint Strategic Needs Assessment (JSNA) be supported;**
- 2. that Officers from the relevant organisations be asked to ensure that reports back to the Board would demonstrated how future strategies proposed addressed issues identified in the JSNA;**
- 3. that Officers be asked to identify mechanisms through which the Board would be satisfied that the JSNA was influencing commissioning strategies.**

### SHWB/12/5 **NHS Bedfordshire & Luton Integrated QIPP Plan 2012-15**

The Board received a report providing an overview of the key points of the PCT Cluster integrated Quality, Innovation, Productivity and Prevention(QIPP) Plan for Bedfordshire overall and Central Bedfordshire in particular.

The Bedfordshire Clinical Commissioning Group (BCCG)'s vision "to ensure, through innovative, responsive and effective clinical commissioning, that our population had access to the highest quality healthcare providing the best patient experience possible within available resources."

The BCCG had adopted a fresh approach which focused on the outcomes from both the patient and clinical perspective. Three key areas of focus which were cross-cutting and had associated priority outcome indicators, for both the NHS Outcomes Framework and the local Health & Wellbeing priorities) were identified as follows:-

- **Care right now** – improvement of patients' urgent care services, including walk-in centres, GP out of hours services and A&E services, so that more than 85% patients rate their overall experience as good or very good by 2015. Currently this was 66%

- **Care for my condition into the future** – increase the proportion of people with a long term condition who feel they have had enough support from local services to help manage their condition from 66% (in 2011) to 80% in 2015
- **Care when it's not that simple** – work with social care to increase to 85% the proportion of people aged 65 and over who are still at home three months after leaving hospital for rehabilitation in the community.

The Board noted that cost inflation would rise faster than BCCG's financial allocation. Clarification was sought regarding delivery arrangements and what would occur if the required savings they were not delivered. Both Dr Gray and the Chief Executive of the PCT Cluster reassured the Board that sufficient checks were in place to ensure that financial targets would be met. During the shadow year, BCCG reported monthly and quarterly to the PCT and also to a PCT financial performance meeting. The National Commissioning Board would ultimately take control should BCCG not deliver as expected.

## **RESOLVED**

1. **that the contents of the NHS Bedfordshire and Luton Integrated Quality, Innovation, Productivity and Prevention (QIPP) Plan 2012 – 15, setting out the financial and quality parameters for the local health economy over the next three years, be noted;**
2. **to note that the commissioning responsibility for much of the Plan's delivery moved in April 2012 from NHS Bedfordshire (the Primary Care Trust) to the Bedfordshire Clinical Commissioning Group (BCCG).**

## **SHWB/12/6 Draft Outline for Joint Health and Wellbeing Strategy (JHWBS)**

The Board considered a report providing an outline of the priorities previously identified for the Health and Wellbeing Strategy (HWBS) in Central Bedfordshire and a proposed structure which broadly aligned with the needs identified in the refreshed Joint Strategic Needs Assessment (JSNA) (minute SHWB/12/04 above refers).

The Board had agreed at its meeting on November 2011 the priorities for improving outcomes for children which were also included in the Children's and Young Peoples Plan, as follows:-

- reducing teenage pregnancy
- reducing childhood obesity
- improving mental health for children and their parents
- improving the health of looked after children

The Board had agreed at its meeting on January 2012 the priorities for adults and older people:-

- prevention and early intervention
- improving outcomes for frail older people

- improving mental health and wellbeing
- safeguarding and patient safety
- promoting independence and choice

It was agreed that the HWBS would be contain a summary which would refer to the delivery plans for each priority identified. The HWBS would be used to assess progress over a 12-month period, including against the JSNA. The Board commented that the closer alignment of priorities between children and adults was required to reduce silo working and ensure a whole of life approach.

The Board requested that the timescales for the completion of the Strategy be reviewed and accelerated where possible to allow more time for delivery.

### **RESOLVED**

- 1. that the priorities identified for the medium term, be confirmed;**
- 2. that the strategy be developed further in the proposed format prior to the next Board meeting on 5 July 2012;**
- 3. that the timescales be accelerated where possible for the completion of the strategy thus allowing more time for the delivery of the priorities agreed.**

### **SHWB/12/7 Looked After Children's Health**

The Board received a report which set out the findings of Central Bedfordshire's recent Safeguarding and Looked After Children (LAC) inspection in relation to the quality of health services for looked after children. The inspection had been carried out between 20 February and 2 March 2012. The report was published on 10 April 2012.

Ofsted found that the health outcomes for the 12 months preceding December 2011 were lower than the East of England averages.

Ofsted identified other weaknesses which would need addressing:-

- Health agency awareness of their responsibilities towards looked after children
- Access to health information by looked after children
- No specific health service for care leavers or health after care service
- The content and quality of health files
- No permanent designated doctor or nurse for looked after children in place

The Board noted that a short term plan had been created to address issues raised by Ofsted with a three to six month completion timeframe following the inspection. In addition there were other issues which would require a longer period of time to resolve and a redesigning of services. The redesign would address the themes, as detailed on page 56 of the agenda, which had emerged from the inspection.

The Board would receive an update report at the 6 September meeting.

## **RESOLVED**

- 1. that the information within the report be noted;**
- 2. that the action to be taken to address the issues raised in the inspection report be noted;**
- 3. that reports on progress be received at future Board meetings.**

### SHWB/12/8 **Healthier Together Programme (previously Acute Services Review)**

The Board received a report which provided an update on progress against all aspects of the Healthier Together Programme.

The Healthier Together Programme is commissioner led and is being undertaken by clinicians from the five acute trusts and Clinical Commissioning Groups as well as other stakeholders, including local authorities. The aim of the programme is to deliver improved quality and outcomes for the population of the South East Midlands and ensure clinical and financial sustainability.

A Joint Health Overview and Scrutiny Committee had been established with the responsibility to review proposals and come to views on the emerging proposals.

The Board confirmed the need to be involved in the discussions about reshaping of services.

The Director of Social Care, Health and Housing confirmed that the Social Care, Health and Housing OSC reserved the option to hold a separate scrutiny review taking into account the lack of co-terminosity with any district hospital.

It was noted that there are two parts to the process:-

- Clear articulation of the care requirements whilst reducing reliance on acute care hospitals, and
- Options for which services would be delivered and at which locations once the following had been ascertained:-
  - How much activity is undertaken at each facility
  - What does the evidence say
  - What is sustainable

The Board agreed that securing the support of the GPs for the emerging proposals was particularly important in influencing public opinion.

The next part of the process involved four public consultations to be concluded by September 2012. It was agreed that an update on the emerging proposals would be brought to the 5 July 2012 meeting of the Board.

**RESOLVED**

1. that an update report be brought to the 5 July 2012 Board meeting.
2. that the Healthier Together Programme report be noted.

**SHWB/12/9 Work Programme 2012 - 2013**

The Board received a report which provided details of the current Work Programme for 2012-2013. The Work Programme was attached at Appendix A and an item request form was attached at Appendix B to the report.

The Board considered and agreed the Work Programme subject to the inclusion of the following items:-

- Update on the Healthier Together Programme – 5 July and 6 September
- Patient Experiences – 6 September
- Acceleration of the completion of the Health and Wellbeing Strategy

**RESOLVED**

**that the work programme, attached at Appendix A to the report, be approved as amended.**

**Note:** A revised Work Programme is attached to these minutes.

**SHWB/12/10 Public Participation**

The Chair of the Luton and Dunstable Hospital attended the meeting to observe how the Board functioned and to see how the Luton and Dunstable Hospital could support the aims of the Board.

**SHWB/12/11 Minutes of the last meeting****RESOLVED**

**that the Minutes of the last meeting held on 15 March 2012 be confirmed as a correct record and signed by the Chairman.**

(Note: The meeting commenced at 6.00 p.m. and concluded at 7.45 p.m.)