

CENTRAL BEDFORDSHIRE COUNCIL

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

PRESENT

Cllr Mrs P E Turner MBE (Chairman)

Dr J Baxter	Clinical Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive
Ms R Featherstone	Chair - Healthwatch Central Bedfordshire
Mr C Ford	Director of Finance, NHS Commissioning Area Team for Herts & South Midlands
Mrs E Grant	Deputy Chief Executive/Director of Children's Services
C Hegley	Executive Member for Social Care, Health & Housing
Mrs M Scott	Director of Public Health
M A G Versallion	Executive Member for Children's Services

Apologies for Absence: Mr M Coiffait
 Dr P Hassan (Vice-Chairman)
 Cllr J G Jamieson
 Mrs J Ogley
 Mr J Rooke

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

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

HWB/13/12 Chairman's Announcements and Communications

The Chairman welcomed everyone to the meeting.

The Chairman advised that the presentation for Item 7 – Working Together had been withdrawn.

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

HWB/13/13 Minutes**RESOLVED**

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

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

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

HWB/13/14 Safeguarding and Patient Safety

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

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

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

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

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

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

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

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

RESOLVED

- 1. that the current position and progress towards delivering Priority 2 of the Joint Health and Wellbeing Strategy be noted.**
- 2. that a report highlighting those issues which would benefit from a particular focus be brought to the 7 November Health and Wellbeing Board meeting.**

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

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

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

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

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

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

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

RESOLVED

- 1. that the progress made to date to improve the mental health of children and their parents, be noted.**
- 2. that the steps being taken to integrate care across health and social care be noted.**
- 3. that a report detailing the outcome of the two reviews referred to in the report be brought to a future meeting of the Health and Wellbeing Board.**

HWB/13/16 Community Beds Review

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

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

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

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

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

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

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

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

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

RESOLVED

- 1. that a report be brought to the 7 November Health and Wellbeing Board summarising in high level terms – the implementation plan for the recommendations of the review.**
- 2. that the model of care as set out in the paper at Section 4 be endorsed.**
- 3. that the three priorities for joint development as set out in the paper at Section 5 be endorsed.**

HWB/13/17 **Working Together**

This item had been withdrawn prior to the meeting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED

- 1. that the actions being taken to address decrease in performance in three key mental health outcome measures be noted.**
- 2. that a report be brought to the November Board meeting to provide progress against all outcomes.**
- 3. that the additional areas of work on Mental Health Performance Management, which could be looked at in more detail to get a better feel for customer and carer experience of mental health services, be supported.**

HWB/13/19 Longer Lives

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

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

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

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

RESOLVED

- 1. that the Longer Lives analysis of the rates of premature mortality in Central Bedfordshire be noted.**
- 2. that the proposed next steps be agreed**

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

HWB/13/20 **Paediatric Services**

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

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

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

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

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

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

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

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

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

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

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

RESOLVED

1. that the Health and Wellbeing Board's new responsibilities for the development of the Central Bedfordshire Pharmaceutical Needs Assessment (PNA) be noted.
2. that the process and timescales for the development of the Central Bedfordshire Pharmaceutical Needs Assessment (PNA) by April 2015 be agreed.

HWB/13/22 Public Participation

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

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

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

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

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

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

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

The training for the counselling service had been carried out.

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

HWB/13/23 Work Programme

The Board considered a report from the Chief Executive, Central Bedfordshire Council that set out a suggested work programme for 2013 – 2014.

The Board noted that the following items would be added to the programme for the 7 November meeting:

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

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

RESOLVED

That the work programme for the Health and Wellbeing Board be approved.

(Note: The meeting commenced at 1.00 p.m. and concluded at 3.30 p.m.)

Chairman.....

Dated.....