

20 June 2018

**AT A MEETING**

**of the**

**HEALTH AND WELLBEING BOARD**

held at 12.30pm on the 20<sup>th</sup> day of June 2018

**PRESENT:**

D Hodgson	The Mayor (Chair)
Councillor A Forth	Portfolio Holder for Adults' Services
C Foster	Director of Children's Services, Bedford Borough Council
Councillor S Hunt	Portfolio Holder for Children's Social Care and Lead Member for Children's Services
H Moulder	Acting Clinical Chair, Bedfordshire Clinical Commissioning Group
M Scott	Director of Public Health, Bedford Borough Council
P Simpkins	Chief Executive, Bedford Borough Council
S Thompson	Accountable Officer, Bedfordshire Clinical Commissioning Group
K Walker	Director of Adults' Services, Bedford Borough Council
R Winter	Director, Healthwatch Bedford Borough

An apology for absence was received from Councillor L Jackson

**1. QUESTIONS FROM MEMBERS OF THE BOARD, MEMBERS OF THE COUNCIL AND MEMBERS OF THE PUBLIC**

There were no questions from Members of the Board, Members of the Council or members of the public.

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**2. MINUTES**

**RESOLVED:**

That the Minutes of the meeting of the Board held on 14 March 2018 be confirmed.

**3. DISCLOSURE OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS**

<b>Item and Minute No.</b>	<b>Member(s) Disclosing an Interest</b>	<b>Nature of Interest</b>	<b>Present or Absent During Discussion of item</b>
Item No. 8– Bedford Borough Officer Transformation Group Minute No. 7	Councillor Forth	Local – his wife is employed by NHS South, Central and West	Present
Item No. 8– Bedford Borough Officer Transformation Group Minute No. 7	Dr David Howard	Local – he is a provider of health services locally and his wife also works in the NHS	Present

**4. BEDFORD BOROUGH JOINT HEALTH AND WELLBEING STRATEGY 2018-2023**

The Chief Officer for Public Health, Bedford Borough Council, submitted the Joint Health and Wellbeing Strategy 2018-23 for approval. The report also summarised the results of the public consultation which ran from January to March 2018, and subsequent public engagement which took place during April 2018.

It was imperative that the detailed feedback received during this process was incorporated into the implementation plans relating to the identified priority areas. Other areas of work related to engaging with hard to reach groups, recognising the importance of parents as “first teachers”, maximising opportunities for physical activity and recognising the need to plan for anticipated population growth as a whole system.

Progress against the Strategy would continue to be monitored through the submission of highlight reports to the Board.

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The Strategy was commended by members of the Board.

In response to a question, the Chief Officer for Public Health advised that an “easy read” summary of the Strategy had been developed for consultation with the Learning Disabilities Partnership Board and that this could be made more widely available.

The Chair commented on the accessibility of the Strategy and its value in providing a snapshot of the health and wellbeing challenges in Bedford Borough and thanked all those involved in its production.

RESOLVED:

That the Health and Wellbeing Strategy 2018-2023 be approved.

**5. CHILD HEALTH AND WELLBEING OFFICER GROUP**

The Chief Officer for Public Health, Bedford Borough Council, presented the narrative reporting template for the Child Health and Wellbeing Partnership Group. The three priorities within the remit of this Group were thriving families, good health and wellbeing and high achievement and aspirations.

The Board’s attention was drawn to the following achievements and challenges:

- The introduction of a graded care profile to help assess children at risk of neglect had proven to be a very valuable tool to address this issue.
- There had been a rise in hospital admissions for self-harm in young people aged 15 to 24 years with a 50% increase over a five year period. This was higher than the national trend. Whilst it was recognised that not all individuals self-harming had suicidal tendencies, people who self-harm were at a greater risk of suicide.
- Funding had been awarded to the Clinical Commissioning Group to support a specialist perinatal mental health service.
- The health visiting service had transferred to a new service provider in April 2018 as part of the community health services contract. The service was now implementing a Universal Partnership Plus model, which provided a more intensive, structured approach to support vulnerable mothers and families.
- Following the joint Ofsted/Care Quality Commission SEND inspection, a detailed action plan had been produced and funded by the Council.

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The Director of Children's Services, Bedford Borough Council, reported that the draft Statement of Action had been submitted to both the Clinical Commissioning Group's Governing Body and the Council's Executive. The Clinical Commissioning Group had approved £80,000 for staffing to specifically support the improvements required in Bedford Borough as a result of the SEND inspection.

In response to a comment, the Chief Officer for Public Health confirmed that self-harm would not be considered in isolation. Although there was a reduction locally in alcohol specific admissions for young people, there were a number of young people living in temporary accommodation, and this was noted as a potential risk factor.

The Director of Adults' Services, Bedford Borough Council, commented on the importance of the transition between children's and adults' services, particularly in relation to the SEND agenda.

RESOLVED:

- (1) That the action against the strategic objectives be noted.
- (2) That the narrative template be approved.

**6. HEALTHY PEOPLE, HEALTHY PLACES OFFICER GROUP**

Terms of Reference

The Board received the terms of reference for the Healthy People Healthy Places Officer Group and noted that the Chief Officer for Adults Operational Services would be responsible for reporting back to the Board from this Group as the Group Chair.

The Acting Chief Accountable Officer, Bedfordshire Clinical Commissioning Group, suggested that the Out of Hospital and Primary Care Programme Director, Bedfordshire Clinical Commissioning Group, be contacted to confirm who would be best placed to represent the Clinical Commissioning Group on the Healthy People, Healthy Places Officer Group.

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### Role of Community Pharmacists in Prevention and Self Care

Gerald Zeidman introduced his report, as Chief Officer of the Bedfordshire Local Pharmaceutical Committee, on the role of community pharmacies in prevention and self-care. He was accompanied by Ronak Maroo, Pharmacy Manager at Janssen's Pharmacy on Ampthill Road, Bedford.

Community pharmacists were highly educated and trained individuals who were able to provide a high level of health care advice and support in relation to a number of common ailments and illnesses. Community pharmacists were an underutilised resource in primary care.

A recent pilot had taken place whereby visitors to selected community pharmacies who were over the age of 40, had not had their blood pressure checked during the last three months, and no co-morbidities, were invited to have their blood pressure checked. At Janssen's Pharmacy, 89 individuals had undergone blood pressure checks during the pilot period. One person had tested positive for atrial fibrillation and 24 had been diagnosed with high blood pressure, six of who were now on regular medication to control their blood pressure. This may have resulted in lives being saved.

Two-thirds of community pharmacies in Bedford Borough had been accredited as healthy living pharmacies, where a proactive approach to health and health improvement had been demonstrated. It was noted that pharmacies provided a range of preventative services such as stop smoking services, sexual health services and flu immunisation.

Mr Maroo advised that one of the requirements of obtaining accreditation as a healthy living pharmacy was that there must be one qualified Health Champion at the pharmacy, who could provide training to the remainder of the pharmacy team receiving training. As such, the team was able to provide a high level of support to the local community accessing the pharmacy and every visitor to the pharmacy was seen as a potential opportunity for preventative advice.

Gerald Zeidman advised that community pharmacists provided a wide range of services and that, if the advice and support of these professionals was sought, there may be a reduction in individuals presenting to GPs and acute services.

In response to a question, Mr Zeidman reported that a list of services provided and conditions that could be treated by community pharmacists had been compiled and would be available on the Clinical Commissioning Group's website. The Board agreed that this list should be circulated as widely as possible.

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It was also noted that active signposting from GP practices was being introduced in Bedford Borough and that over 300 GP practice staff had received training on this. As well as being signposted to pharmacies, individuals would also be signposted to a GP practice or Hospital if this was the most appropriate care pathway. For example, a number of “red flag” symptoms had been identified and in these cases it was recognised that it would not be appropriate to signpost to pharmacists.

Concern was expressed about how the signposting would work in practice and the Board agreed to receive an update on active signposting in 6 months’ time.

In response to questions, Mr Zeidman and Mr Maroo advised that:

- Discussions were ongoing regarding the ability of individuals in receipt of benefit who did not pay for prescriptions to have their prescriptions filled in the community rather than having to attend a GP practice. This included the consideration of a minor ailments scheme whereby community pharmacists were recompensed by the commissioners for such prescriptions.
- It was important that there was a focus on the patient and that the patient was seen by the most appropriate practitioner.
- A meeting had been held the previous day to consider how community pharmacies could help improve flu vaccination uptake amongst target groups, including visits to housebound individuals and their carers.

RESOLVED:

- (1) That the terms of the reference for the Healthy People Healthy Places Officer Group be noted, subject to Chief Officer for Public Health liaising with the Out of Hospital and Primary Care Programme Director to identify the most appropriate representation from the Clinical Commissioning Group.
- (2) That the report on the role of community pharmacies in prevention and self-care be noted.
- (3) That the list of services provided by community pharmacists be distributed as widely as possible across the Borough to encourage Borough residents to utilise these services.
- (4) That the Board receive an update on active signposting in six months’ time.

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## **7. HEALTH AND CARE TRANSFORMATION OFFICER GROUP**

### Seasonal Flu Update

The Director of Public Health, Bedford Borough Council and Barbara Hamill, Immunisation Manager, NHS England, introduced a report which provided an overview of flu vaccination uptake in 2017-18 in Bedford Borough and made recommendations to increase uptake amongst eligible groups.

The Director of Public Health referred to the immunisation targets that were set out in the report. The targets had been reduced as a result of a national decline in performance, but she emphasised that these should be recognised as an absolute minimum level of performance.

Whilst it was noted that there had been fewer people in Bedford Borough who had presented to their GP or admitted to Hospital with the flu the previous winter, it was recognised that more work must be undertaken to increase uptake amongst vulnerable groups.

In relation to pregnant women, it was anticipated that a Service Level Agreement with NHS England would be drafted and signed so that midwives would provide immunisations to pregnant women in their care. The Immunisation Manager confirmed that she was meeting with the Head of Midwifery at Bedford Hospital to progress this.

Uptake of immunisations for children aged 2-3 was higher locally than for school age children and Children's Services was working with Public Health and NHS England to determine how performance could be improved, recognising the role of schools in promoting the update of vaccination.

Mr Maroo advised that community pharmacists would be able to vaccinate vulnerable housebound residents in their areas if they were compensated for providing this service.

The Immunisation Manager advised that there was ongoing discussion with both GPs and community pharmacists as to how to best engage with hard to reach groups.

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In response to questions, the Immunisation Manager advised:

- There was a porcine element to the nasal spray vaccine used for children and work had been undertaken in an area of Luton to engage with the community around the vaccination of children from certain groups that had been adverse to allowing their children to have the vaccine as in it was not in accordance with their beliefs. This work had resulted in improved uptake rates and this may be able to be replicated in other areas.
- There was no data for the uptake of flu vaccinations by frontline social care workers, including domiciliary workers, that had been included as part of the vaccination programme the previous winter. A decision had not yet been made as to whether this group would be included for vaccination during the forthcoming winter.
- Uptake rates of school age children were affected by consent forms as informed consent must be obtained every year prior to immunisation. The provider of the school immunisation programme was considered introducing electronic consents for the forthcoming immunisation campaign.
- England was a world leader in immunisation for school age children. It was noted that the vaccination of this group had a positive impact on reducing the spread of the flu so that fewer individuals in the vulnerable categories came into contact with the virus.
- It was anticipated that the school immunisation programme would be extended to children in Year 6. A further evaluation would then be undertaken before it was extended to secondary school age children.
- Some practices in Bedford Borough had offered the quadrivalent vaccine, which unlike the trivalent vaccine provided protection against the prevalent circulating strain of flu, and this may have resulted in lower levels of admission for flu than in other areas.

The Director of Children's Services confirmed that he and the Director of Public Health had written a joint letter to schools to encourage uptake and that further engagement work would be undertaken.

The Director of Public Health advised that the aim was to achieve vaccination targets by the end of November 2018.

The Chair highlighted the following four areas: to increase uptake amongst pregnant women and children, to consider how carers could be supported in receiving the vaccine if they were effectively housebound by their caring duties, to strengthen the link to community pharmacies to increase uptake and to consider how to best support schools to increase uptake amongst their pupils.

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### Integrated Delivery Plan

The Chief Executive, Bedford Borough Council, introduced his report which provided a short summary of the work of the Bedford Borough Health and Care (BBHC) Transformation Officer Group to date since the previous report to the Board in March 2018. He highlighted the importance of “place” in planning for services.

Work undertaken by the Group to date included further development of an Integrated Delivery Plan for health and social care, the functional review of an Accountable Care System and consideration of a Primary Care Home model for Bedford Borough. The Primary Care Home model sought to wrap services around the patient so that the patient was at the centre of the scheme. Work continued on hubs, with two already identified in the Borough at the South Wing site and the cluster of Pemberley, De Parys and Goldington GP practices.

High intensity service users were being identified and work was in an early stage to develop a multi-disciplinary approach to work with these individuals in order to prevent hospital admissions.

### Winter Pressures

The Director of Adults’ Services, Bedford Borough Council and Charlie Wood, the Programme Director for Planned and Unplanned Care and Mental Health Commissioning, Bedfordshire Clinical Commissioning Group presented a report on how the local system had met the demands of winter pressures on health and social care services and how it had reviewed and reflected on its position.

There had been a large number of frail older people who had been admitted to hospital with respiratory and flu like symptoms who had been very ill and had spent a significant amount of time in hospital. The Bedfordshire system had utilised the local OPEL framework with the process being facilitated by the CCG. This included system wide on-site escalation meetings at Bedford Hospital, system wide teleconferences, executive teleconferences with the focus on identifying and expediting issues.

Planning for next winter had already commenced, with a system assessment day recently taking place at Bedford Hospital.

It was noted there had been an increase in mortality in the first quarter of 2018 compared to the average of the same period over the previous 5 years of 12% in Bedford Borough, which was similar to the increase observed nationally, and similar to a spike in mortality observed in 2015.

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The Chief Officer for Public Health advised that it was not possible at the present time to analyse the causes of the local increase in mortality but nationally the Office for National Statistics were citing the very cold winter and seasonal flu as two likely causes.

In response to a question, the Programme Director for Planned and Unplanned Care and Mental Health Commissioning advised that a number of individuals had accessed the 111 service. The Accountable Officer added that data on the 111 service was included in the Clinical Commissioning Group's Quality Report which would be considered by the Governing Body at its meeting on 5 July 2018. This included rates of onward referral to Accident and Emergency and other parts of the health system.

The Director of Adults' Services highlighted the importance of prevention work to reduce pressure on the acute services and referred to the work to identify and support high intensity users.

The Programme Director for Planned and Unplanned Care and Mental Health Commissioning emphasised the need for continued collaborative partnership working. This included providing support to care homes to prevent hospital admissions. It was also important to work together to ensure that the system ran smoothly and to prevent blockages.

The Director of Public Health commented on admissions of working age individuals and under 4's, and that work must be done to prevent these.

It was acknowledged that although the delays in the flow the previous winter were caused by frail older people, the work on high intensity users would address issues experienced across all age groups to alleviate pressure across the whole system.

The Chair recognised the value of early winter planning and suggested that the Chief Executive of Bedford Hospital Trust be invited to the next meeting of the Board to discuss the Hospital's winter plans.

RESOLVED:

- (1) That the work of the Bedford Borough Health and Care Transformation Officer Group on the Integrated Delivery Plan be noted.
- (2) That how system partners have managed the impact of winter pressures and how lessons learned and actions identified will be taken forward be noted.
- (3) That this year's performance in relation to flu vaccination update along with the gaps be noted.
- (4) That the proposed actions as detailed in the flu update report be endorsed and that work to intensify efforts to increase uptake amongst eligible groups be supported.

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- (5) That a letter supporting the funding of vaccination for front line social care and domiciliary care workers be sent to NHS England on the Board's behalf.
- (6) That the Board receive an update on the flu communication plan at its next meeting.
- (7) That Stephen Conroy be invited, in his role as Chair of the Accident and Emergency Delivery Board, to discuss Bedford Hospital's planning process for the 2018/19 winter.

## **8. ACCOUNTABLE OFFICER AND CLINICAL CHAIR**

Sarah Thompson, Acting Accountable Officer, Bedfordshire Clinical Commissioning Group, provided an update on the appointment of the Joint Accountable Officer and Clinical Chair of Bedfordshire Clinical Commissioning Group.

Interviews for the role of Joint Accountable Officer who would cover the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP) footprint would take place on 9 July 2018, with shortlisting the week beforehand. A range of partners would be involved in stakeholder events. The Accountable Officer would be appointed by the three Clinical Commissioning Group Chairs.

The Acting Clinical Chair advised that Richard Carr, as the Senior Responsible Officer for the Integrated Care System, would be involved in both the shortlisting and interview process. In relation to the role of Clinical Chair, she had been appointed for a four month period and a GP engagement plan was being developed with the aim of appointing a GP Clinical Chair by September/October 2018.

The Acting Accountable Officer reported that she had been appointed for a one year period and that she would soon be leaving the Clinical Commissioning Group. Alan Streets would be acting up in the role of Accountable Officer during the transitional period. She also confirmed that the Joint Accountable Officer would attend meetings of the Bedford Borough and Central Bedfordshire Health and Wellbeing Boards, as that post was named in the membership of those Boards. A Chief Operating Officer for each Clinical Commissioning Group area would also be appointed.

The Chief Executive, Bedford Borough Council, expressed his concerns on behalf of the Council that, with all the emphasis on "place", there should be a Chief Operating Officer for both Bedford Borough and Central Bedfordshire. Each of these would need to be a joint appointment with joint accountability to both the local authority and the Clinical Commissioning Group. The Mayor, with other Council leader colleagues in the STP area, had written a letter to the three Clinical Commissioning Group Chairs outlining these concerns.

The Acting Chair confirmed the letter had been received and would be considered, with a written response being provided in due course.

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**RESOLVED:**

- (1) That the update from the Accountable Officer be received.
- (2) That the letter from the Mayor, Councillor Marland and Councillor Simmons to the Clinical Commissioning Group Chairs be circulated to the Board for information.

**9. BETTER CARE FUND**

The Director of Adults' Services, Bedford Borough Council, introduced the end of year progress report against the 2017/18 Narrative Plan and highlighted the following:

- There had been an increase of older people (65+) still at home after 91 day discharge from hospital into reablement / rehabilitation services from 80.3% to 92%. Additional staff were being recruited to the reablement service to enhance this service.
- There had been significant improvements to delayed transfers of care reporting in Bedford Borough and the overall stretch target for delayed transfers of care (DTC). Adult Social Care was top of the National league table for the lowest attributable DTCs in the country, with 0 in the reporting year. As a result of this, it had been indicated that a target of 0 was going to be set but this was being challenged by the Council.
- There was an error in performance recorded for January 2018 due to a recording problem with the mental health provider would be rectified later in the reporting year.
- A new end of life pathway for patients who were rapidly deteriorating had been introduced. Eight of the ten additional staff required to operate the service had been recruited to with recruitment underway for the remaining two who would support the whole of Bedfordshire.
- A trusted assessor scheme had been introduced. The assessors worked with Care Homes and the discharge to assess teams to facilitate early discharge from hospital into residential and nursing homes to support early discharge and a reduction in delayed transfers of care. This had already had a significant positive impact.
- There had been an increased focus on improving support to care homes. This included the introduction of the red bag scheme and increased training and development for care home staff.
- The rate of non-elective admissions to hospital remained an area of concern.

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The Acting Clinical Chair expressed her congratulations regarding the excellent performance on DTOCs and expressed the view that the Better Care Fund was focused on the right areas. In relation to emergency admissions, she highlighted the importance of supporting care home staff to reduce transfers of their residents to hospital.

The Programme Director for Planned and Unplanned Care and Mental Health Commissioning reported that the pressure on Accident and Emergency appeared to be consistently high throughout the year and not only in winter.

In response to a question from Richard Winter about the high levels of delayed discharges attributable to the health service in August and September, the Acting Accountable Officer advised that she would provide him with a written response.

RESOLVED:

That the progress undertaken towards implementing the plan be noted.

**10. HEALTH AND WELLBEING WORK PROGRAMME**

The Board received its updated work programme for information, acknowledging that a number of items had arisen during the meeting that would be included in the work programme.

The Chair reminded the Board that any suggestions for inclusion on the work programme should be forwarded to the Chief Officer for Public Health.

RESOLVED:

That the Work Programme be received.

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11. **DATE OF NEXT MEETING**

RESOLVED:

That it be noted that the next meeting of the Board will be held on Wednesday 12 September 2018 from 12.30pm until 2.30pm in Committee Room 1, Borough Hall, Bedford.

The meeting closed at 2.26pm