

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

## Agenda

<b>Meeting Title:</b>	Central Bedfordshire Health and Wellbeing Board
<b>Date:</b>	Wednesday, 1 July 2015
<b>Time:</b>	2.00 p.m.
<b>Location:</b>	Room 15, Priory House, Monks Walk, Shefford

1. **Apologies for Absence**

Apologies for absence and notification of substitute members.

2. **Election of Vice-Chairman 2015/16**

To elect the Vice-Chairman of the Central Bedfordshire Health and Wellbeing Board for the municipal year 2014/15.

3. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

4. **Minutes**

To approve as a correct record the Minutes of the last meeting held on 2 April 2015 and note actions taken since that meeting.

5. **Members' Interests**

To receive from Members any declarations of interest.

### HEALTH AND WELLBEING STRATEGY

Item	Subject	Page Nos.	Lead
6.	<b>Enabling People to Stay Healthy for Longer</b>	11 - 22	MS
	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority of enabling people to stay healthy for longer.		

7. **Improving Outcomes for Frail Older People** JO  
 To receive a presentation regarding the current position regarding loneliness and isolation in Central Bedfordshire.

8. **Better Care Fund** To follow JO  
 To receive an update on the Better Care Fund.

<b>OTHER BUSINESS</b>
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Item	Subject	Page Nos.	Lead
9.	<b>Learning Disability Joint Self Assessment Framework 14/15</b>	23 - 26	JO
	To note the Learning Disability Joint Self Assessment Framework.		
10.	<b>BCCG Update</b>		NR
	To receive a verbal update on the BCCG's position including their financial recovery plan.		
11.	<b>Mental Health Crisis Care Concordat within Central Bedfordshire</b>		JO
	To receive a verbal update on the next steps.		
12.	<b>Board Development and Work Plan 2015/2016</b>	27 - 34	RC
	To consider and approve the work plan.		
	A forward plan ensures that the Health and Wellbeing Board remains focused on key priorities, areas and activities to deliver improved outcomes for the people of Central Bedfordshire.		

To: Members of the Central Bedfordshire Health and Wellbeing Board

- |                |  |
|----------------|--|
| Dr J Baxter    | Director, Bedfordshire Clinical Commissioning Group                                  |
| Mr R Carr      | Chief Executive, Central Bedfordshire Council  |
| Mr C Ford      | Director of Finance, NHS Commissioning Board Area for Hertfordshire & South Midlands |
| Mr M Coiffait  | Director of Community Services   |
| Mrs S Harrison | Director of Children's Services, Central Bedfordshire Council                        |
| Cllr C Hegley  | Executive Member for Social Care and Housing, Central Bedfordshire Council           |
| Cllr M Jones   | Deputy Leader and Executive Member for Health, Central Bedfordshire Council          |

Mrs J Ogley	Director of Social Care, Health and Housing, Central Bedfordshire Council
Mr N Robinson	Interim Chief Accountable Officer, Bedfordshire Clinical Commissioning Group
Mrs M Scott	Director of Public Health
Mr R Smith	Interim Chairman, Healthwatch Central Bedfordshire
Cllr M A G Versallion	Executive Member for Education and Skills, Central Bedfordshire Council

<b>please ask for</b>	Sandra Hobbs
<b>direct line</b>	0300 300 5257
<b>date published</b>	18 June 2015

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**CENTRAL BEDFORDSHIRE COUNCIL**

At a meeting of the **HEALTH AND WELLBEING BOARD** held in Council Chamber, Priory House, Monks Walk, Shefford on Thursday, 2 April 2015

**PRESENT**

Cllr Mrs P E Turner MBE (Chairman)

Dr J Baxter	Clinical Director, Bedfordshire Clinical Commissioning Group
Mr R Carr	Chief Executive
Mr C Ford	Director of Finance, NHS Commissioning Area Team for Herts & South Midlands
Cllr C Hegley	Executive Member for Social Care, Health & Housing
Mrs J Ogley	Director of Social Care, Health and Housing
Cllr M A G Versallion	Executive Member for Children's Services

Apologies for Absence:	Mr M Coiffait
	Mrs S Harrison
	Mr J Rooke
	Mrs M Scott
	Mr R Smith

Substitutes:	Mrs K Oellermann for Mrs S Harrison, CBC
	Mrs C Shohet for Mrs M Scott, CBC
	Ms A Lathwell for Mr J Rooke, BCCG
	Ms D Blackmun for Mr R Smith, Healthwatch

Members in Attendance: Cllr J Jamieson

Officers in Attendance:	Mrs M Bradley	– Head of Mental Health and Wellbeing, Bedfordshire CCG
	Mrs P Coker	– Head of Service, Partnerships - Social Care, Health & Housing
	Mrs S Hobbs	– Committee Services Officer
	Mr S Mitchelmore	– Assistant Director, Adult Social Care
	Miss H Redding	– Assistant Director School Improvement
	Mr N Robinson	– Interim Accountable Officer, Bedfordshire CCG

HWB/14/40. **Chairman's Announcements and Communications**

The Chairman welcomed Nick Robinson, Interim Accountable Officer, Bedfordshire Clinical Commissioning Group to the meeting.

The Board acknowledged the resignation of Dr Hassan from the Bedfordshire Clinical Commissioning Group and the Health and Wellbeing Board. The Board thanked Dr Hassan for the support and advice he had provided to the Board.

The Care Act 2014 came into force on 1 April 2015. The Act changed how care was provided by putting people and their carers in control, with a new emphasis on preventing need and staying healthy and independent for longer. The 1 April 2015 also saw the commencement of the contract with the East London NHS Foundation Trust who would deliver adult mental health services, specialist learning disability services, rehabilitation and recovery services and child and adolescent mental health services across Bedfordshire.

The Pharmaceutical Needs Assessment and the Protocol for Joint Working between the Strategic Boards had been signed by the Chairman, as authorised by the Board at the last meeting on 4 December 2014.

HWB/14/41. **Minutes**

**RESOLVED**

**that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on 4 December 2014 be confirmed as a correct record and signed by the Chairman.**

HWB/14/42. **Members' Interests**

None were declared.

HWB/14/43. **Joint Health and Wellbeing Strategy**

The Board considered a report that set out the refresh of the Joint Health and Wellbeing Strategy. This set out the key issues to be tackled under four priorities:

- Ensuring good mental health and wellbeing at every age.  
Key issue: Improving emotional wellbeing and self esteem throughout life.
- Giving every child the best start in life.  
Key issue: Ensuring that children arrive at school ready to learn.
- Enabling people to stay healthy longer.  
Key issue: Improving outcomes for people with cardio vascular disease.

- Improving outcomes for frail older people.  
Key issue: Reducing loneliness and isolation to improve wellbeing in older age.

Work had commenced in developing appropriate responses to each of the key issues which would be brought to the Health and Wellbeing Board.

## **RESOLVED**

**that the re-refresh of the Joint Health and Wellbeing Strategy be approved.**

### HWB/14/44. **Better Care Fund Plan Update**

The Board considered a report that provided an update on the Better Care Fund Plan which had received full approval by NHS England on 19 December 2014. The full value of the Better Care Fund in Central Bedfordshire was £18.707m.

A Section 75 agreement was being produced in line with national guidance. This would set out the terms for the Council and the Bedfordshire Clinical Commissioning Group (BCCG) to establish and maintain pooled funds. The Interim Accountable Officer confirmed the BCCG's commitment to working with the Council to improve health and social care in Central Bedfordshire, in line with the Plan.

## **NOTED**

- 1. the Better Care Fund Plan approval and the key actions being taken towards delivery of the Plan; and**
- 2. the Self Assessment form on readiness for delivery which had been submitted to NHS England on 19 March 2015.**

### HWB/14/45. **Bedfordshire Plan for Patients**

The Board considered a report and presentation on the BCCG's current financial position, plans for financial recovery and the key drivers that were likely to be reflected in the refreshed Bedfordshire Plan for Patients.

The BCCG was in the process of reviewing and refreshing the Bedfordshire Plan for Patients 2014-2016. The refreshed Plan would continue to support the Health and Wellbeing Strategy and the aim of improving health outcomes and reducing inequality. It would seek to drive the implementation of integrated, networked health and social care systems that provided more supportive and preventative care, especially for the most vulnerable patients and those with complex conditions. An operational plan was being developed and would be published and shared with partners.

**RESOLVED**

1. **that the update provided by the BCCG on financial recovery and its approach to the refresh of the Bedfordshire Plan for Patients be noted; and**
2. **that the Health and Wellbeing Board receive the refreshed Bedfordshire Plan for Patients at their next meeting on 1 July 2015.**

HWB/14/46. **BCCG Financial Recovery Plan Update**

Please see minute HWB/14/45 for details.

HWB/14/47. **Delivery of the Mental Health Crisis Care Concordat within Central Bedfordshire**

The Board considered a report that provided an overview of the Mental Health Crisis Care Concordat. The Concordat sought to provide for:

- Access to support before crisis point.
- Urgent and emergency access to crisis care.
- The right quality of treatment and care when in crisis.
- Recovery and staying well and preventing future crises.

22 organisations had signed up to the declaration and a local action development plan would be produced and presented to the Senior Officers Group and the Crisis Care Concordat Steering Group.

The Board agreed that a detailed plan focussing on Central Bedfordshire be submitted to the Health and Wellbeing Board to consider the delivery, next steps and governance arrangements of the Concordat.

**RESOLVED**

1. **that the contents of the report be noted; and**
2. **that a report be submitted to the Health and Wellbeing Board to consider the delivery, next steps and governance arrangements to be used in Central Bedfordshire to ensure that the action plan is developed and implemented locally.**

HWB/14/48. **Draft Central Bedfordshire Special Educational Needs and Disabilities (SEND) Preparing for Adulthood Strategy (14-25)**

The Board considered a report and presentation on the Central Bedfordshire Special Educational Needs and Disabilities (SEND) Preparing for Adulthood Strategy for 14 – 25 year olds. The Strategy set out the framework to improve support to young people with SEND of transitional age (14-25) and their family carers. The Council had sought the views of young people, family carers and a wide range of partner agencies and stakeholders to inform the Strategy.

The Strategy had been approved by Central Bedfordshire Council's Executive on 31 March 2015. The Strategy also needed agencies to support its implementation across Central Bedfordshire.

**RESOLVED**

**that the Central Bedfordshire SEND Preparing for Adulthood Strategy (14-25), as set out in Appendix A to the report, be approved.**

HWB/14/49. **Central Bedfordshire Council 2014/15 Autism Self Assessment Framework**

The Board considered a report that set out the Central Bedfordshire 2014/15 Autism Self Assessment Framework that had been submitted to Public Health England. The self assessment demonstrated how Central Bedfordshire Council was working in partnership with health, local providers, customers and carers to ensure that the local autism agenda was being addressed.

**RESOLVED**

**that the Central Bedfordshire autism self assessment framework to Public Health England be noted.**

HWB/14/50. **Public Participation**

The following question was received in accordance with the Public Participation Scheme.

**1. Nick Gibson, Chief Executive Officer, Sight Concern Bedfordshire**

Mr Gibson explained that his charity had a contract with the Bedfordshire Clinical Commissioning Group (BCCG) and was concerned about the potential impact of the CCG's recovery plan on social care and joint health care funding within the area. He also raised an issue that patients were being discharged on a Friday and not receiving enough medication to cover the weekend.

The Chairman thanked Mr Gibson. The Interim Accountable Officer, BCCG would respond directly to Mr Gibson regarding the contract between the BCCG and Site Concern Bedfordshire. The Clinical Director confirmed that GPs were working towards solving the problem of patients not receiving adequate medication on a Friday.

HWB/14/51. **Board Development and Work Plan 2015/16**

The Board considered a report that set out a suggested work programme for 2015/16. The following addition items would be included:

- Bedfordshire Plan for Patients
- Better Care Fund
- Mental Health Crisis Care Concordat within Central Bedfordshire.

The Chief Executive, Central Bedfordshire Council took the opportunity to thank the Chairman for her work as Chairman of the Health and Wellbeing Board as this was her last meeting. The Chairman was presented with some flowers on behalf of the Board.

(Note: The meeting commenced at 1.00 p.m. and concluded at 2.52 p.m.)

Chairman .....

Dated .....

## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Enabling People to Stay Healthy for Longer

**Meeting Date:** 1 July 2015

**Responsible Officer(s)** Muriel Scott

**Presented by:** Muriel Scott, Director of Public Health

### Recommendations

1. That the Board agrees that delivering high quality Health checks remains a high priority and is committed to reducing variation by supporting and challenging those practices where performance needs to improve.
2. That the constituent organisations of the Board confirm their determination to reduce the harm caused by tobacco by signing the Local Government declaration on tobacco and the NHS statement of support for tobacco control.
3. That the Board notes the progress to date in supporting local residents to stay healthy for longer and endorses the next steps, including an update on progress in six months.

<b>Purpose of Report</b>	
1.	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority of enabling people to stay healthy for longer.  To identify the areas where Health and Wellbeing Board action can have the greatest impact in improving outcomes.

<b>Background</b>	
2.	The re-freshed Joint Health and Wellbeing Strategy was agreed at the Board meeting in April. One of the priorities is to enable people to stay healthy, particularly to reduce premature deaths from Cardio Vascular Disease (CVD).

	<p>Unfortunately each year over 100 people in Central Bedfordshire die prematurely (defined as before the age of 75 years) from preventable Cardio Vascular Disease (CVD) and for women this is higher than other similar local authorities. We know that most premature deaths from CVD are preventable and relate to 9 modifiable risk factors: diabetes, high blood cholesterol, high blood pressure, psychological stress, overweight/ obesity, smoking and tobacco use, unhealthy diet, excess alcohol consumption and insufficient physical activity. There is also evidence to suggest that maternal nutrition and air pollution may also be linked.</p> <p>The good news is that if people adopt healthy lifestyles, in most instances, CVD can be prevented or its onset delayed. If someone does develop CVD and it is identified early and managed well, then outcomes can be improved for both those affected and their families.</p>
3.	<p>There are three main elements to support the delivery of this priority:</p> <p><b>Prevention:</b> To ensure that residents are supported to adopt as healthy a lifestyle as possible, focusing on the four modifiable lifestyle behaviours of physical activity, smoking, alcohol and excess weight/ healthy eating.</p> <p><b>Early identification:</b> To identify, as early as possible, those residents at high risk of / or with established CVD who are then offered support to reduce their risk.</p> <p><b>Effective management:</b> To ensure that good clinical outcomes for Long Term Conditions (LTCs) including CVD are achieved consistently by identifying General Practice level variation and then supporting colleagues in Bedfordshire Clinical Commissioning Group to reduce this.</p>
4.	<p>There are a number of programmes are already in place to support this priority and these are outlined in paragraphs 5-7. The related outcomes, where available, are shown in Appendix 1 and reveal that, compared to the England average; the majority of outcomes are currently good, with the exception of the proportion of adults with excess weight.</p>
5.	<p><b><u>Current Prevention Programmes:</u></b></p> <p><b>Community Physical Activity Programmes</b> such as exercise referral, walk 4 health, No Limits, 50+, Explorer, and the wide range of activities available in open spaces, leisure centres and from libraries</p>

	<p><b>Stop Smoking Services</b> which support people to stop smoking with a focus on more vulnerable groups and those smoking in pregnancy. This also includes a school based prevention programme and the promotion of smoke free homes and cars which will be further enhanced by new legislation to protect children from second-hand smoke. In addition the quality schedules for acute trusts for 2015/16 includes the agreement that all patients with Chronic Obstructive Pulmonary Disease (COPD) who smoke will be referred to the stop smoking service.</p> <p><b>Weight Management</b> the newly commissioned weight management service for adults and children will have a strengthened focus on prevention and early intervention services. They will also work with Health Visitors and Schools Nurses to ensure a consistent approach to supporting healthy weight, nutrition and increased physical activity for children and families.</p> <p><b>Workplace health and wellbeing programme</b> to support local employers (including CBC) promote a healthy workplace and consequently increase productivity. The 2015 CBC workplace programme is a programme of events and will be used to identify what works and what staff want, ultimately feeding into the wellbeing strategy in 2016. A similar approach is being used with local employers and has the potential to improve workplace health for a significant number of residents.</p>
6.	<p><b><u>Current early identification programmes</u></b></p> <p><b>Health check programme</b> is a 5-year screening programme for eligible people aged between 40-74 years. The positive outcomes for the programme in 2014-15 are shown in Appendix 2 however performance against target by practice shows significant variation (Appendix 3) with one practice delivering only 18.5% of their health checks target and another 168%. This has significant implications, with the patients in some practices getting far greater opportunities to have their risk if CVD identified and managed early.</p> <p>A <b>Lifestyle Hub</b> is currently being piloted in the Chiltern Vale locality to support individuals to modify their lifestyle; the majority of people have been identified through the health check programme.</p> <p><b>National Screening Programmes</b> are well established for the early identification of cancer cervical, bowel and breast screening. Rates of screening are significantly higher in Central Bedfordshire than the England average.</p>

7.	<p><b><u>Effective Management</u></b></p> <p><b>The Excellence in Long Term Conditions Programme</b> is led by the BCCG and includes work with localities to address variation in care, training for clinicians, increased emphasis on self-care and the development of evidence based templates to improve consistency of care.</p> <p>The outline of the programme is shown in Appendix 4.</p>
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**Reason(s) for the Action Proposed**

8.	<p>Whilst the programmes identified above will continue to be delivered, evaluated and reviewed, alone they are unlikely not deliver the outcomes at the scale or pace required. The NHS Forward View is clear that the future health of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.</p> <p>In line with this and the emerging CBC 5-year plan the additional programmes are proposed.</p>
9.	<p><b>Multi-agency excess weight strategy and delivery</b> – a programme to ensure that we are working effectively across partners to prevent and reduce the proportion of people with excess weight. This will build on the existing offer from public health, leisure services, planning, natural environment and partners e.g. Sport England and the University of Bedfordshire to ensure opportunities are maximised and outcomes are improved.</p> <p>Providing prevention and weight management programmes are necessary but not sufficient, people need to engage with and complete the programmes. Having crucial conversations with those affected by excess weight is not easy but health professionals must encourage and support people to regain a healthy weight. This is not a value judgement on the choices individual's make but an important intervention to help people live healthy longer lives. Obesity is described as the next epidemic and failure to address this will also lead to long term consequences for health and care services.</p>
10.	<p><b>Mobilisation of the new contract for alcohol treatment and prevention</b> which will improve outcomes through early intervention, community based delivery, sustained recovery and place a greater emphasis on prevention. The new 5-year contract starts in September 2015 and has a performance related element.</p>
11.	<p><b>Re-shaped stop smoking offer</b> providing more intensive support for more vulnerable groups including routine and manual workers, those with mental health issues and mothers smoking during pregnancy.</p>

12	<p><b>Tobacco Control</b> Local Government and NHS Organisations both have a critical role in reducing the harm caused by tobacco and ensuring that supporting people to stop smoking is a key priority for all partners. The declaration for Local Government and the NHS statement of support both outline the commitment and actions required to tackle tobacco related harm. Whilst we can be confident that the actions within the pledges are being promoted already within the Council and BCCG, signing them would provide public recognition of this commitment.</p>
13.	<p><b>Review Health checks Programme</b> using the data from the new data management system, which supports the delivery and analysis of health checks performance and outcomes. An options appraisal of future options for delivery of health checks will commence in October 2015 using 2 quarters of validated data and the increasing body of evidence regarding the effectiveness of the checks.</p>
14.	<p><b>Community Physical Activity programme</b> The inactivity rate in Central Bedfordshire is 28% i.e. 1 in 4 adults are failing to do enough physical activity to benefit their health (that's equivalent to 50,000 adults doing less than 30 minutes in a 7 day period). To bring physical activity into the everyday lives, in addition to the broad programme of community based physical activity, we will be;</p> <ul style="list-style-type: none"> <li>• Ensuring physical activity pathways are available to patients accessing other public health prevention programmes such as weight management and alcohol treatment.</li> <li>• implementing a new targeted free activity programme using Our Parks, a community physical activity programme running in 5 parks in the 20% most disadvantaged areas</li> <li>• introducing a new assessment tool to measure health improvement of people accessing community activities.</li> </ul>
15.	<p><b>Improving Wellbeing Programme</b> – a three-year programme to help people maintain and develop good mental wellbeing which is being launched on 30 June focusing initially on 5-ways to wellbeing (Connect, Be Active, Take notice, Keep learning, Give) The second event later in 2015 will focus on wellbeing for Children and Young People and will be developed in conjunction with the Youth Parliament.</p>

**Issues**

Governance & Delivery

16.	<p>There are existing systems in place to assure the delivery of the programmes required to enable people to live healthily for longer. Progress will be reported to the Health and Wellbeing Board on a six-monthly basis but these are 'slow-burn, high impact' actions so short term changes may be difficult to see at a population outcome level.</p>
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Financial	
17.	These programmes will need to be delivered within the available resources and opportunities to improve outcomes and deliver efficiencies will be pursued. Elements of the programme are also part of the Better Care Plan for Central Bedfordshire.
Public Sector Equality Duty (PSED)	
18.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">No</span>
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
Joint Health and Wellbeing Strategy	

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Presented by Muriel Scott

Appendix 1: Outcomes and Indicators 2009-2015

Appendix 2: Outcomes from the delivery of Health checks in 2014-15 in Central Bedfordshire

Appendix 3: Practice level variation in the delivery of Health checks 2014/15

Appendix 4: Excellence in LTC Programme Outline

## Appendix 1: Outcomes for Staying Healthy for Longer indicators in Central Bedfordshire 2009 – 2015

Central Bedfordshire Council

Health Profiles

Produced by Public Health England

<http://www.apho.org.uk/resource/view.aspx?RID=50215>

Coloured indicator shows comparison with England for each year

Significantly better than England average

Not significantly different from the England average

Significantly worse than England average#

Indicator (Number from Health Profile)	Type	Time Period	2015					Trend 2009-2015	Trend line data (as per Health Profile)							
			CB Number	CB Value	England Average	England Worst	England Best		2009	2010	2011	2012	2013	2014	2015	
Children and young people's health	7 Smoking status at time of delivery	%	2013/14	369	12.6	12	27.5	1.9		19.6	17.4	15.4	12.6	14.1	13	12.6
	9 Obese children (Year 6)	%	2013/14	437	15.9	19.1	27.1	9.4		8.1	7.3	14.3	16.2	15.5	14.7	15.9
Adult's health and lifestyle	12 Smoking prevalence	%	2013	n/a	15	18.4	30	9		18.3	19.8	21.2	17.5	16.1	18.3	15
	13 Percentage of physically active adults	%	2013	264	53.8	56	43.5	66.7		14.3	12.1	11.3	10.9	55.8	55.8	53.8
	14 Obese adults	%	2012	n/a	23.7	23	35.2	11.2		20.9	24.8	24.2	24.2	24.2	23.7	23.7
Disease and poor health	15 Excess weight in adults	%	2012	448	69.1	63.8	75.9	45.9							69.1	69.1
	18 Hospital stays for alcohol-related harm	DASR per 100,000	2013/14	1320	518	645	1231	366		1221	1220	1374	1521	1521	518	518
Life expectancy and causes of death	20 Recorded diabetes	%	2013/14	12062	5.9	6.2	9	3.4		3.4	3.63	5.08	5.3	5.5	5.7	5.9
	25 Life expectancy - male	Years	2011-2013	n/a	81	79.4	74.3	83		78.4	79.1	79.2	79.5	80.1	80.5	81
	26 Life expectancy - female	Years	2011-2013	n/a	83.9	83.1	80	86.4		82.1	82.4	82.5	83	83.6	84	83.9
	28 Smoking related deaths	DASR per 100,000	2011-2013	333	255.6	289	472	167		196	183.6	202	192	182	261	255.6
	30 Under 75 mortality rate: cardiovascular	DASR per 100,000	2011-2013	133	62.6	78.2	137	37.1		70.1	63.5	59	56.6	51.9	64.8	62.6
31 Under 75 mortality rate: cancer	DASR per 100,000	2011-2013	295	135	144	203	104		109.6	106.4	110.2	104	102.9	135	135	

n/a in CB number = actual number not available

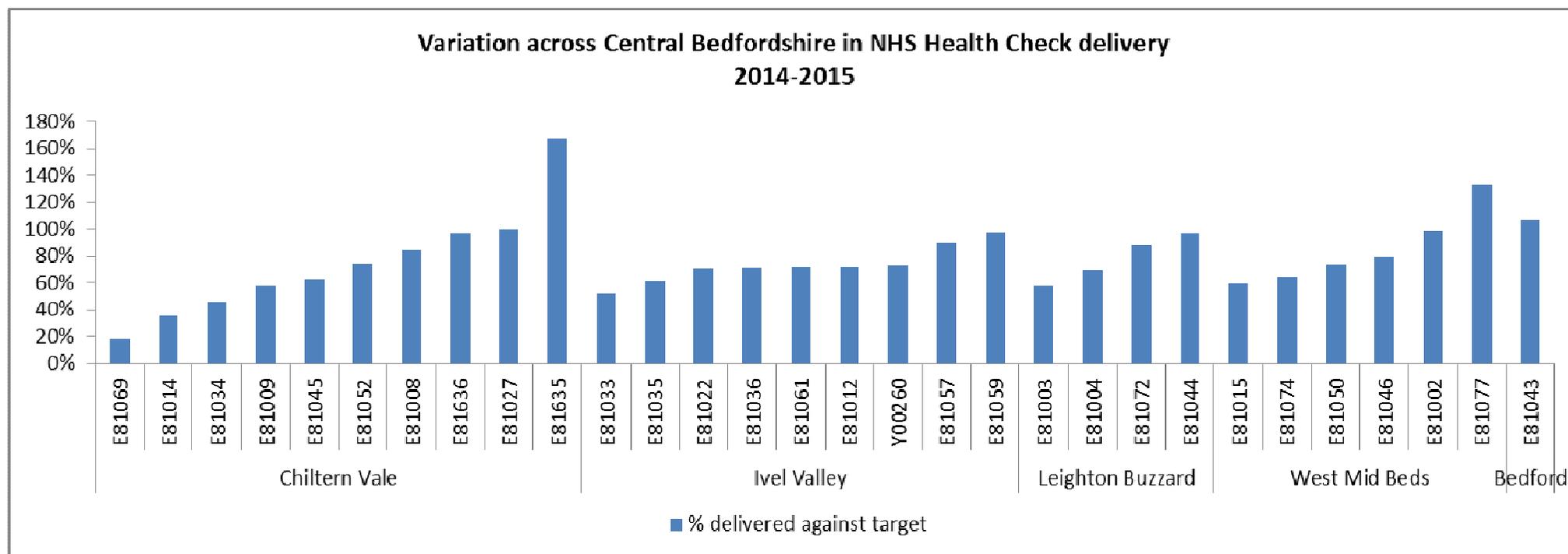
Blue text shows a change in definition

Coloured indicator shows comparison with England in each year  
NB definitions of some indicators has changed over time

## Appendix 2: Outcomes from the delivery of Health checks in 2014-15 in Central Bedfordshire

	Central Bedfordshire	
	Referrals	% of Invited
Health Checks offered	13,910	49.2%
Health Check delivered	6,838	
	Referrals	% of Delivered
High Risk Register (CV risk >20%)	269	3.9%
BMI $\geq$ 30*	1,648	24.1%
BMI $\geq$ 40	147	2.1%
GPPAQ inactive	2,682	39.2%
GPPAQ active	3,231	47.3%
Newly diagnosed hypertension	82	1.2%
Newly diagnosed Type 2 diabetes	41	0.6%
Referred to Stop Smoking Service	100	1.5%
Referred to a weight management programme	76	1.1%
Newly prescribed statins	255	3.7%
Awareness of dementia discussed (65-74 years only)	353	5.2%
AUDIT-C (alcohol) screen completed	4,655	68.1%

### Appendix 3: Practice level variation in the delivery of Health checks 2014/15



## **Appendix 4: Excellence in Long Term Conditions Programme Outline**

### **Aims:**

- To increase prevention and early identification of those at risk of developing a Long Term Condition (LTC)
- To standardise high quality care, reduce variation and ensure consistency across LTC management in all practices
- To develop and implement SystemOne templates to support practices to manage patients with Long Term Conditions and improve quality and consistency of care.

### **Objectives:**

- To develop templates that are evidenced based and deliver best practice.
- To support all practices across the CCG to use the best practice templates.
- To benchmark practices and provide assurance of the use of the templates and improved quality of LTC care across the CCG.
- To identify and promote self management programmes.
- To up skill the GP workforce in LTC management

### **Strategic Fit**

It supports the case for change for General Practice as outlined in the document 'Improving General Practice - A Call To Action' (NHSE 2014). General Practice has a key role in the care of patients diagnosed with a long term condition, especially frail older people who have co-morbidities and complex needs. Within the development of primary care across Bedfordshire and the emerging GP Federations there are opportunities to change the way care is delivered across primary and secondary care through vertical integration. The 'Bedfordshire Plan for Patients 2014 -2016' sets out Bedfordshire Clinical Commissioning Group's aim to help more patients to remain at home as stable as possible and independent, to enjoy a quality of life free from frequent crises and avoidable hospital visits.

## Scope

### **1. Improving the primary care offer for patients in terms of access and quality of care (variation and LTC management)**

In conjunction with the GP Variation project, we will pull together a CCG-wide programme, standardising performance and quality management of GP practices, drawing together existing sources of information and triangulating those sources in a more meaningful way for clinicians to understand and respond to. An individualised practice approach will be taken to this in order to achieve significant improvement in quality metrics including Quality and Outcomes Framework. This links with co-commissioning.

### **2. Better support for complex and frail, elderly patients**

The development of care planning, case management and locality level MDT working to prevent avoidable emergency admissions during 2015/16. We intend to develop more streamlined working between primary and secondary care, community nursing, social care, geriatrician, mental health and Continuing Health Care through vertical integration.

**3. Prevention and early identification of those at risk** - Currently 100% of GP practices have identified 2% of their practice's population identified as being at risk of hospital admission. These patients now have a personalised care plan (PCP) and if required, a care coordinator.

**4. Standardised high quality care, consistent across all practices**- Ensuring all practices across the CCG are all using the best practice templates.

**5. Self-management**- Building upon work commenced in 14/15 patient information days/conferences for disease specific or co-morbidities (Diabetes up 21/5/15). Roll out of the Lifestyle Hubs in Central Bedfordshire as a means of promoting self-management.

**6. Workforce development** - Evaluation of the Practice Nurse (PN) development programme (April-Jun 15) to ascertain needs for 15/16. Procurement of new courses as identified by 14/15 PN Training Needs Assessment and implementation of course by end 15/16. The continuation of the GP symposia to focus on complex diabetes and renal care. Training programme to be considered for new template production (Atrial Fibrillation, Hypertension, childhood asthma & stroke)

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## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Learning Disability Joint Self Assessment Framework 14/15 (LDJSAF)

**Meeting Date:** 1 July 2015

**Responsible Officer(s)** Julie Ogley Director of Social Care, Health and Housing.  
julie.ogley@centralbedfordshire.gov.uk

**Presented by:** Julie Ogley Director of Social Care, Health and Housing.  
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### Recommendation(s)

1. **To make the Board aware of the submission of the Central Bedfordshire Learning Disability Joint Self Assessment Framework (LDJSAF) to Public Health England.**

<b>Purpose of Report</b>	
1.	The report is to advise the Board that the LDJSAF has been completed and has been submitted in line with the requirements of NHS England and ADASS.
2.	The 2014/15 LDJSAF commenced on 17 September 2014 and concluded on 31 January 2015. The CBC strategic Commissioning Team coordinated the completion, with input from Bedfordshire Clinical Commissioning Group (BCCG), South Essex NHS Partnership Trust (SEPT), CBC Adult Learning Disabilities Team, Learning Disabilities customers and carers, the CBC Learning Disabilities Delivery Partnership and Learning Disabilities (LD) voluntary service providers and other stakeholders.
3.	The purpose of the LDSAF is to assist Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) to identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in their areas. It should also provide a sound evidence base against which to monitor progress, and to provide an assessment to show the direction of travel on services and activities in respect of LD across the whole system.

4.	Findings from the LDJSAF will be used both locally and nationally as set out in the following paragraphs.
5.	In Central Bedfordshire we will use the information to inform the role of the Learning Disability Delivery Partnership, with regard to increased co-production of items and the introduction of thematic agenda's aligned to specific outcomes for LD customers. These will include items and 'task & finish' groups on a range of relevant topics, including paid employment, day opportunities and education, training courses, leisure, health and wellbeing, safety, transport, independent living and respite care.
6.	<p>Nationally, it will be used to report publicly and to Ministers on the progress in providing services in every part of the country to meet the aspirations of the independent inquiry report <i>Healthcare for All</i> and the DoH review paper <i>Transforming care: A National Response to Winterbourne View</i>. All local authorities use this information to inform:</p> <ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessments</li> <li>• Health and Wellbeing Strategies</li> <li>• Commissioning intentions/strategy</li> <li>• Winterbourne improvement joint plans</li> <li>• Learning Disability Partnership Board work programmes</li> </ul>
7.	The organisational arrangements of the LDJSAF retain at their heart the principles of engaging with people with a learning disability, their families and carers, and of strengthening their voice. The associated governance arrangements are designed to support this.
8.	A national benchmarking event will be held in mid June 2015 to compare and present the data from all of the LA's who submitted a LDJSAF for 14/15, this will be hosted by the National Development Team for Inclusion (NDTi).

## Background

9.	The Learning Disability Health and Social Care Self-Assessment Framework has been in place in England since 2007 and it has become an important guide for the NHS and Local Authorities, and as such it has been used to help them recognise the overall needs, experience and wishes of young people and adults with learning disabilities and their carers receiving care and support. This has made it easier to bring these perspectives into the tasks of determining local commissioning priorities and monitoring services.
10.	As a result of this, the signatories to the Winterbourne View Concordat agreed to implement a joint health and social care self-assessment framework ( <a href="#">Concordat action reference number 38 – December 2012</a> ). And the LD SAF has been jointly completed by Health & Social care since 2013.

11.	In the light of learning from the LD Joint Self-Assessment in 13/14 the questions and governance have been refined for the 14/15 LDJSAF.
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**Reason(s) for the Action Proposed**

12.	That the Health and Wellbeing Board are made aware of the process for the Central Bedfordshire learning disability joint self assessment framework submission to Improving Health and Lives (IHAL) and Public Health England.
13.	ADASS and NHS England are committed through the Transforming Care Programme to an annual Self-Assessment Process for people with LD, and this was completed for all Health and Wellbeing Board areas for 2013/14. At a local level the assessment findings have been used to inform commissioners and Health and Wellbeing Boards, and to inform improvement plans. The full national analysis of 2013/14's assessment: ( <a href="http://www.improvinghealthandlives.org.uk/projects/hscldsaf">http://www.improvinghealthandlives.org.uk/projects/hscldsaf</a> ) has been widely used to inform sector led improvement, to identify successes and to highlight areas where further work is needed. The accounts of personal experiences have been particularly valuable in highlighting the perspective of users of services.
14.	In 2013/14 the validation and quality assurance processes varied widely. Best practice examples have been used to inform the proposed governance and assurance arrangements for the 14/15 LDJSAF.

**Issues**

Governance & Delivery

15.	The governance structure for the LDJSAF is designed to facilitate local, regional and national arrangements for reporting, planning and action. It is assumed that the Local Authorities and CCGs, through their Health and Wellbeing Boards, will provide the local leadership. The geographical arrangements for the LDSAF are based on Local Authority / Health and Wellbeing Board Boundaries.
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Financial

16.	There are no financial implications
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Public Sector Equality Duty (PSED)

17.	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
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	civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <b>No</b>
	If yes – outline the risks and how these would be mitigated

Source Documents	Location (including url where possible)
IHAL (Website)	<a href="http://www.improvinghealthandlives.org.uk/projects/hscldsaf">http://www.improvinghealthandlives.org.uk/projects/hscldsaf</a>
First Draft Presentation about the SAF	An 'easy-read' PowerPoint Presentation and PDF, prepared and presented to the CBC Learning Disability Delivery Partnership (LDDP) on the 25 <sup>th</sup> March 2015:  <a href="S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/First draft presentation about the SAF.pdf">S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/First draft presentation about the SAF.pdf</a>
Copy of LDJSAF CBC final.pdf	A PDF version of the full final spreadsheet submitted back to IHAL on 6 <sup>th</sup> February 2015:  <a href="S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Copy of LD SAF 2014 CBC final.pdf">S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Copy of LD SAF 2014 CBC final.pdf</a>
RAG rating comparative for the 13/14 & 14/15 Learning Disability Self Assessment Framework (LDJSAF)	A document showing the RAG rating for both the 13/14 and 14/15 LDJSAF, highlighting the differences in the questions asked where applicable, and an explanation of the apportioned RAG rating where it has changed:  <a href="S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Self Assessment Comparative 13-14 &amp; 14-15">S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Self Assessment Comparative 13-14 &amp; 14-15</a>
DH Winterbourne View Review Concordat: Programme of Action	<a href="S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Concordat">S:\SCHH\Commissioning\Shared\LD Self Assessment 14-15/Concordat</a>

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Presented by (type name)

Julie Ogleby Director of Social Care, Health and Housing.

## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Board Development and Work Plan 2015 -2016

**Meeting Date:** 1 July 2015

**Responsible Officer(s)** Richard Carr

**Presented by:** Richard Carr

**Action Required: That the Health and Wellbeing Board:**

**considers and approves the work plan attached, subject to any further amendments it may wish to make.**

### Executive Summary

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| <b>1.</b> | To present an updated work programme of items for the Health and Wellbeing Board for 2015 -2016. |
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### Background

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| <b>2.</b> | 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. |
| <b>3.</b> | The Work Plan is designed to ensure the Health and Wellbeing Board is able to deliver its statutory responsibilities and key projects that have been identified as priorities by the Board.   |

### Work Programme

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| <b>4.</b> | Attached at Appendix A is the currently drafted work programme for the Board.  |
| <b>5.</b> | The Board is now requested to consider the work programme attached and amend or add to it as necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists. |

6.	Attached at Appendix B is a form to be completed to add items to the work programme.
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<b>Issues</b>	
Strategy Implications	
7.	The Health and Wellbeing Board is responsible for the Health and Wellbeing Strategy. The work plan contributes to the delivery of priorities of the strategy.
8.	The Work plan includes key strategies of the Clinical Commissioning Group.
Governance & Delivery	
9.	The work plan takes into account the duties set out in the Health and Social Care Act 2012 and will be carried forward when the Board assumed statutory powers from April 2013.
Management Responsibility	
10.	The Chief Executive of Central Bedfordshire Council is responsible for the work plan and development of the Health and Wellbeing Board.
Public Sector Equality Duty (PSED)	
11.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">Yes/No</span>
No	Yes <span style="float: right;"><i>Please describe in risk analysis</i></span>

<b>Risk Analysis</b>
A forward work plan ensures that the Health and Wellbeing Board remains focused on key priorities areas and activities to deliver improved outcomes for the people of Central Bedfordshire.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

**Appendices:**

A – Health and Wellbeing Board Work Programme

B – Item request form for Health and Wellbeing Board Work Programme

Source Documents	Location (including url where possible)
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Presented by Richard Carr

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### Work Programme for Health and Wellbeing Board

Ref	Issue for Decision	Intended Decision	Indicative Meeting Date	Documents which may be considered	Contact Officer (method of comment and closing date)
1.	Development Session	Consideration of Commissioning Intentions and the market position statement	2 September 2015		
2.	Giving every child the best start in life	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	7 October 2015		Sue Harrison, Director of Children's Services
3.	Ensuring good mental health and wellbeing at every age	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	7 October 2015		Judy Baxter, Clinical Director Contact officer: Bharathy Kumaravel, AD Public Health
4.	Enabling people to stay healthy for longer	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	6 January 2016		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
5.	Improving outcomes for Frail Older People	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	6 January 2016		Julie Ogley, Director of Adult Social Care, health and Housing Contact officer: Elizabeth Saunders, AD SCHH

6.	Development Session		3 February 2016		
7.	Joint Strategic Needs Assessment	To receive the updated executive summary	6 April 2016		Muriel Scott, Director of Public Health Contact officer: Celia Shohet, AD Public Health
8.	Giving every child the best start in life	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	6 April 2016		Sue Harrison, Director of Children's Services
9.	Ensuring good mental health and wellbeing at every age	To receive an update on progress towards the Joint Health and Wellbeing Strategy priority	6 April 2016		Judy Baxter, Clinical Director Contact officer: Bharathy Kumaravel, AD Public Health

## Health and Wellbeing Board

### Work Programme of Decisions

Title of report and intended decision to be agreed by the HWB	Indicative Meeting Date	Consultees and Date/Method	Documents which may be considered	Contact Members and Officers (Method of Comment and Closing Date)
<p>Insert the title of the key decision and a short sentence describing what decision the HWB will need to make e.g. To adopt .....</p>	<p>Insert the date of the HWB meeting</p>	<p>Insert who has been consulted e.g. stakeholders, the date they were consulted and the method.</p>	<p>Insert the documents the HWB may consider when making their decision e.g. report.</p>	<p>Insert the name and title of the relevant HWB Member, the name of the relevant Director and the name, telephone number and email address of the contact officer.</p> <p>Also insert the closing date for comments, if no date is supplied, then the closing date will be a month before the HWB date e.g. the closing date for the HWB meeting on 8 November will be 11 October.</p>

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