



HWB/18/13. **Minutes**

**RESOLVED** that the minutes of the meeting of the Central Bedfordshire Health and Wellbeing Board held on the 11 July 2018 be confirmed as a correct record and signed by the Chairman.

HWB/18/14. **Members' Interests**

None were declared.

HWB/18/15. **Public Participation**

No members of the public had registered to speak.

HWB/18/16. **Joint Health and Wellbeing Strategy 2018-2023**

The Board considered Central Bedfordshire's proposed Health and Wellbeing Strategy for 2018-2023. The Strategy proposed a focus on three issues;

- Driving change to improve mental health and wellbeing for people of all ages
- Enabling people to optimise their own and their family's health and wellbeing
- Ensuring that growth delivers improvements in health and wellbeing for current and future residents

The Strategy included measures which could help the Board monitor progress. The next stage of the work was to develop delivery plans which would be presented to a future meeting.

The Chairman thanked the officers for their work to produce the Strategy.

**RESOLVED**

**that the Joint Health and Wellbeing Strategy 2018-2023 be approved.**

HWB/18/17. **Improving outcomes for patients with Diabetes**

The Board received presentations on improving outcomes for patients with diabetes and reducing excess weight.

**Reducing Excess Weight**

1. Levels of excess weight in Central Bedfordshire were similar to the England average at 64% of the adult population and slightly worse than its statistical neighbours. The statistics for Children and Young People in

Central Bedfordshire were lower than the national average and similar to the regional average (1:5 children aged 4-5 years and 1:3 children aged 10-11 years).

2. Trends were fairly stable with a decrease being shown for reception children, and recently published data showing improvement in Year 6.
3. There was the opportunity to strengthen prevention work taking place both in early years and later on in life.
4. Thought needed to be given to system-wide interventions, the nature of interventions being proposed, the anticipated level of impact and what was achievable.

#### Improving outcomes for patients with Diabetes

5. The number of patients developing diabetes continued to rise with an increase of a further 9.2% forecast by 2035.
6. The data for Central Bedfordshire showed some progress, but more was required. The local dashboard was starting to show small changes but it was early days. The annual data for 2017-18 was due to be published and could be presented at a future meeting of the Health and Wellbeing Board with a Central Bedfordshire focus.
7. Approaches which included engagement with patients and residents and more integrated and personalised care were to be promoted.
8. Research and data showed individuals who were overweight were more likely to develop diabetes. Social circumstances, environment and lifestyles were also contributing factors. Work needed to take place on prevention and putting the right support in place to enable healthy choices to be made.

#### **NOTED**

**the presentations on improving outcomes for patients with diabetes and reducing excess weight.**

#### **RESOLVED**

**that the scope for broader, system-based approaches to tackle Excess Weight and improve outcomes for patients with Diabetes, be brought to a future meeting of the Health and Wellbeing Board.**

#### HWB/18/18. **Director of Public Health Report 2018: Homelessness and Health**

The Board received an update on the Director of Public Health's Report for 2018: Homelessness and Health.

1. The focus of the report was on improving the health of the people in Central Bedfordshire, and in particular, the key public health challenge of homelessness.
2. A particular issue for Central Bedfordshire was the increase in the demand for temporary accommodation.
3. Research showed that living in temporary accommodation had an impact on the health and life expectancy of individuals. The last estimate of the average life expectancy of homelessness in 2012 was 47 years for men and 43 years for women. There were also barriers to accessing services whilst living in temporary accommodation.
4. Rough sleepers represented the 'tip of the iceberg' of the homelessness and were the most visible group affected. There was a much larger group of vulnerable people which included those living in temporary accommodation, the 'hidden homeless' (including those known as 'sofa surfers') and people without access to safe and secure housing.
5. There had been considerable work in Central Bedfordshire to reduce homelessness and rough sleeping over the last few years, which included additional transitional accommodation.

## **RESOLVED**

**that the recommendations set out in the full report be endorsed, which in summary were to:**

- 1. Improve awareness of the Homelessness Reduction Act and its implications for partner organisations, especially regarding the duty to refer.**
- 2. Improve the identification, assessment, recording and sharing of housing vulnerability, including the little understood groups such as the hidden homeless.**
- 3. Improve understanding of the overlap between mental health, other vulnerabilities and housing.**
- 4. Improve signposting and access to local services that can address the root causes of homelessness.**
- 5. Improve consistent healthcare access for homeless individuals, from primary care through to acute care**
- 6. Incorporate health and wider outcomes into evaluations of homelessness initiatives.**

The Board considered Healthwatch Central Bedfordshire's 2017/18 annual report which set out the functions, structure, activities, highlights for the period of June 2017 to May 2018 and the top priorities for 2018/19.

1. A key function of Healthwatch was its role as an independent consumer champion created to gather and represent the view of the public.
2. Surveys, questionnaires and reports were published on Healthwatch Central Bedfordshire's website and shared with providers.
3. The Festival for Older People took place in October 2018. The event gave older people the opportunity to gather advice and guidance about social care, health and housing services available to support them in the local area.
4. A dedicated officer had been recruited for Young Healthwatch. The role of the officer would include gathering evidence for the design of services for children and young people, visiting schools to obtain increased feedback from young people and recruiting more young people to start working on projects.
5. East London Foundation Trust (ELFT) currently did not have a Patient and Participation Liaison officer in Central Bedfordshire. Regular meetings took place with Healthwatch which included the provision of feedback on how to improve the quality of the service.
6. The possibility of carrying out Enter and View visits at Luton and Dunstable Hospital as part of a joint programme in partnership with Luton Healthwatch was being discussed.

#### **NOTED**

#### **the Healthwatch Annual Report 2017/18.**

#### **HWB/18/20. 2019/20 BLMK Joint System Commissioning Intentions**

The Board considered the final version of the 2019/20 Bedfordshire, Luton and Milton Keynes, (BLMK) Joint Commissioning Intentions.

Points and comments included:

- This was the first time the CCGs had developed Joint System Commissioning Intentions. The Intentions reflected the progress of the Integrated Care System (ICS).
- Engagement had taken place with providers, partners and other stakeholders to ensure that the Joint Commissioning Intentions reflected the wider Health and Wellbeing Strategy rather than just the Commissioning Strategy.

- The BLMK Joint System Commissioning Intentions would contribute to and feed into the Integrated Care System (ICS).
- Following consultation and engagement work in August 2018, the 2019/20 BLMK Joint System Commissioning Intentions document was published on the 30 September 2018.

## **NOTED**

### **1. the priorities as set out in the report.**

#### HWB/18/21. **Update on the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (STP) and Integrated Care System**

The Board received an update on the progress of the Sustainability and Transformations Partnership (STP) across Bedfordshire, Luton and Milton Keynes (BLMK) and Central Bedfordshire's Place Based Plan in response to BLMK's Single Operating Plan. A presentation was given outlining the BLMK Interoperability Architecture Programme.

- Engagement had taken place with organisations and staff to identify the benefits of a joined up digital system. Sharing data and the quality of health was key to the digitisation programme.
- BLMK had been allocated £6.6m to progress the digital architecture. The programme had been approved regionally. National sign off was awaited before market testing could take place.
- The aim of the programme was to achieve joined up working and to enable improved access to patient records and move to population analytics which could inform preventative interventions.

## **NOTED**

- 1. the progress on the five key priorities of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System.**
- 2. the Place Based Plan for Central Bedfordshire and the priorities which underpin the Plan.**
- 3. the presentation on the BLMK Interoperability Architecture Programme.**

#### HWB/18/22. **Central Bedfordshire's Integration and Better Care Fund**

The Board considered a report that provided an update on the progress of the Integration and Transformation projects incorporating the Better Care Fund Plan and improving outcomes for frail older people.

- Central Bedfordshire's Integration and Better Care Fund Plan was progressing and was delivering the national conditions and targets.
- Next steps included the progression of the schemes included in the Better Care Fund Plan in line with the national conditions and in conjunction with the priorities of the Integrated Care System.

**NOTED**

**the progress on delivering the Integration and Better Care Fund Plan and the performance against the national conditions and metrics.**

HWB/18/23. **Integrated Health and Care Hub Development**

The Board received a presentation on the Integrated Health and Care Hubs Programme in Central Bedfordshire.

- The hubs would enable greater focus on prevention and early intervention but would also have sufficient capacity to deliver regular services closer to where people lived.
- The two forms of business cases were being developed in tandem. The first business case was for Central Bedfordshire Council to justify capital investment and demonstrate a reasonable return; the second was to assess the revenue implications and the affordability of rent reimbursement for the NHS.
- The outline timescales were discussed and the Board looked forward to delivery of the first hubs in late 2021.

**NOTED**

- 1. the system-wide ambition for locality based integrated health and care hubs as the focal point for provision of out of hospital services.**
- 2. the progress on the programme underpinning delivery of the Hubs.**
- 3. the alignment of the Hub programme with the Primary Care Home programme and the wider Integrated Care System ambition for out of hospital services.**
- 4. the wider implications of the significant growth in housing in Central Bedfordshire and the constraints of the current primary and community care estate.**

HWB/18/24. **Work Programme 2018/2019**

**RESOLVED**

that the following items/amendments be added to the work programme:-

- Excess Weight Overview - 23 January 2019
- Digital Strategy and Target Architecture - 10 April 2019
- Improving outcomes for people with Diabetes - 10 April 2019
- Central Bedfordshire Place Based Plan - 10 April 2019

The Chairman took the opportunity on behalf of the Board to thank Alan Streets, Accountable Officer for Bedfordshire Clinical Commissioning Group for his work with the Board as this would be his last meeting.

(Note: The meeting commenced at 2.00 p.m. and concluded at 5.15 p.m..)

Chairman .....

Dated .....