



# Central Bedfordshire Health & Wellbeing Strategy 2012-2016



August 2012  
(Consultation Draft)

# Foreword

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We are delighted to launch this consultation of our first Health and Wellbeing Strategy for Central Bedfordshire

This strategy outlines our vision for improving health and wellbeing and reducing health inequalities in Central Bedfordshire. Through working together in partnership we believe that we can make a real difference to the lives of local people.

Whilst the health and wellbeing of Central Bedfordshire's residents is generally good, we are determined to make it better and importantly to ensure that everyone has the opportunity for improved health and wellbeing.

The responsibility to improve health and wellbeing rests with the health and wellbeing board but does not sit with the public sector alone. Our health and wellbeing is determined by the conditions in which we live such as our housing, employment, education and the environment, as well as by the services provided by the public sector. We will therefore be working closely with our partners in the voluntary sector, employers, and retailers and of course local communities.

We have recently looked in some depth at the health and wellbeing needs in the area (captured in the Joint Strategic Needs Assessment - <http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/joint-strategic-needs-assessment-jsna.aspx>) which has been used to identify the priorities contained within this strategy. In the current economic climate we need to be sure that we are making the biggest difference to health and wellbeing with the available resources, hence the priorities identified for particular focus initially.

To ensure that we can see the difference we are making to people's lives, we have also identified how we will assure and measure progress.

Cllr Tricia Turner,  
Chair of Central Bedfordshire Health and Wellbeing Board

Dr Paul Hassan  
Vice Chair of Central Bedfordshire Health and Wellbeing Board and Chair of Bedfordshire Clinical Commissioning Group

# Health and Wellbeing in Central Bedfordshire

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Central Bedfordshire, a mainly rural location was, in 2010, home to about 255,200 residents, an increase of 9.2% since 2001. Central Bedfordshire has a growing and ageing population which is expected to increase to 274,400 by 2016. The biggest increase of around 30% will be in the number of people aged 65 and over, which has implications for future health and social care needs.

The population of Central Bedfordshire is growing due to increasing life expectancy, a rising birth rate and inward migration.

Average life expectancy at birth in Central Bedfordshire is increasing and is currently 79.5 years for men and 83.0 years for women. These are similar to East of England and better than the England averages. Life expectancy is increasing at the rate of about 2.5 years for men and 1.5 years for women every decade.

Geographically there is a range of life expectancy within Central Bedfordshire: the gap between the most affluent and most deprived areas is on average 5.5 years for women and 7.4 years for men. Also, some disadvantaged groups have low life expectancy. People in the more deprived areas die earlier predominantly due to diseases of the circulatory system, cancers, especially lung cancer; diseases of the respiratory system and diseases of the digestive system.

There are a number of common themes which emerged from the recent re-fresh of the Joint Strategic Needs Assessment:

- Investing in early intervention and prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority
- Improving educational attainment and all-age skills will have a significant impact upon health and wellbeing
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

These themes have been used to inform the priorities within the strategy. The responsibility for improving educational attainment rests with schools and is a priority within the Children and Young People's Plan overseen by the Children's Trust. Action to address educational attainment has therefore not been included within this strategy.

The responsibility for improving the social determinants of health rests predominantly with Central Bedfordshire Council in conjunction with its partners. Whilst improving the social determinants of health is not currently a priority work programme within the HWBS, it remains a high priority locally with action being delivered through strategies such as all-age skills strategy, transport strategy, leisure strategy and the housing strategy.

## Vision

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What will health and wellbeing look like for the residents of Central Bedfordshire?

**Our vision is to ensure that Central Bedfordshire is:**

**A place where everyone can enjoy a healthy, safe and fulfilling life and is recognised for its outstanding and sustainable quality of life**

**We will do this by working in partnership with our communities and residents to improve the opportunities open to them to improve their health and wellbeing**

## Our Priorities

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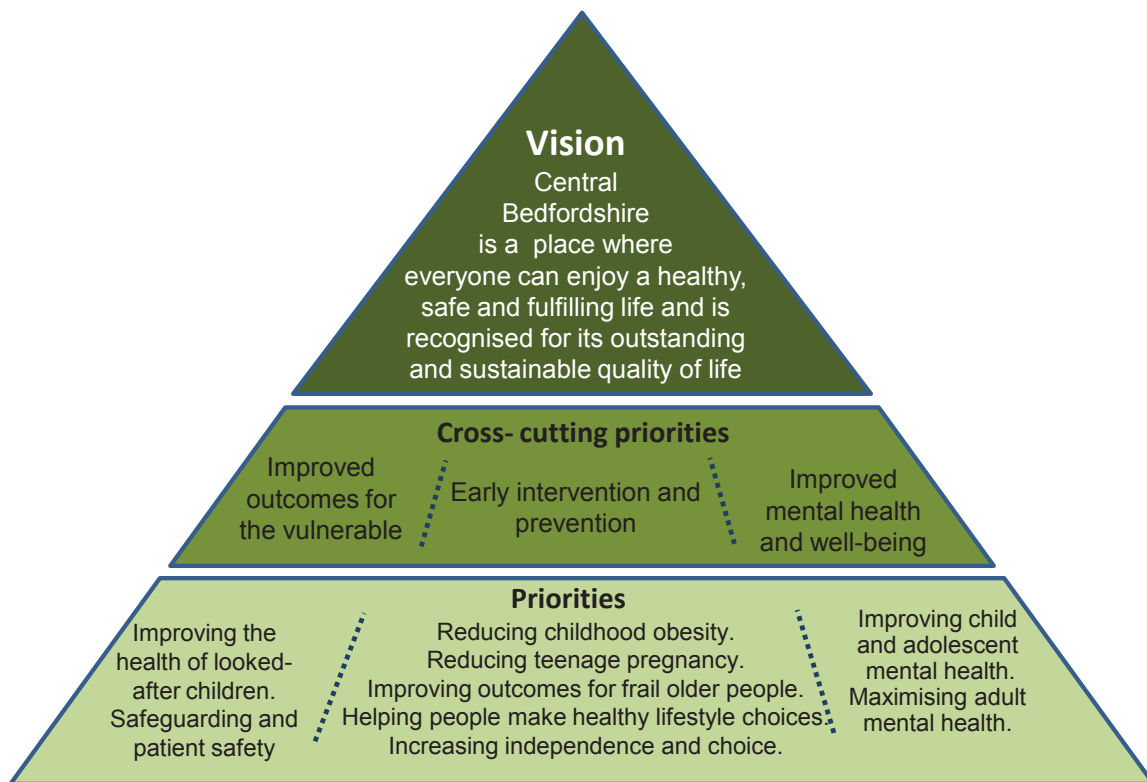
Informed by the JSNA we have identified three cross cutting priorities where we want to make progress fastest:

- Improved outcomes for those who are vulnerable
- Early Intervention and Prevention
- Improved mental health and wellbeing

These are underpinned by nine priority work programmes all of which have indicators to measure our progress. These priorities will be reviewed annually to ensure that they remain the right priorities to deliver improved health and wellbeing in Central Bedfordshire. The relationship between the vision, priorities and how we will measure the difference we make is illustrated in figure 1.

The constituent members of the Health and Wellbeing Board have a responsibility to hold each other account for delivery, ensure that the interventions proposed are effective and are configured to deliver the best possible outcomes. We know that improved outcomes will be achieved through using current resources together and more effectively.

Figure 1: Health and Wellbeing: The vision, priorities and Indicators



The rationale for choosing each priority, what we will do to improve outcomes and how we will measure our progress is set out in the following part of the strategy.

# Cross Cutting Priority: Improved outcomes for the vulnerable

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## Priority 1: Improving the health of looked after children

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### *Why it's important*

Looked After Children (LAC) are amongst the most vulnerable groups in society and they are at an increased risk of poor outcomes during the early years of life onwards. LAC and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect.

Numbers of looked after children in Central Bedfordshire have increased by 45% over the last 3 years and health outcomes for looked after children in Central Bedfordshire are poor compared to the East of England and England averages. A recent Ofsted/CQC Inspection reported that health services for looked after children in Central Bedfordshire are inadequate and outlined a number of specific areas to be addressed.

### *What we will do*

- Redesign LAC health services to meet the needs of LAC and care leavers in Central Bedfordshire, shaped by clinicians, partners, LAC and care leavers.
- Ensure all looked after children have prompt access to appropriate services which promote good outcomes for them, including their emotional health and well-being.
- Ensure that all looked after children and young people have access to age appropriate health education and promotion information.
- Work with the Eastern Region on a peer support and challenge programme to ensure sustainable improvement.

### *How we will measure our progress*

- Increased percentage of LAC who received their initial and review health assessment within the statutory time frames
- Increased percentage of LAC whose immunisations are up to date and whose teeth have been checked.
- Improved scores from the Strengths and Difficulties Questionnaire (SDQ) used during review assessments of LAC
- Improved LAC and young people's evaluations of the health services they receive which demonstrate that services are improving and meeting their needs

## Priority 2: Safeguarding and Patient Safety

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### *Why it's important*

Safety is fundamental to the wellbeing and independence of people using health and social care. As more people are enabled to live more independently with support in the community, it is important to guard against the potential for abuse and neglect and to ensure sustained high quality services. Abuse in any form can impact on a person's physical and mental health, finances and social interactions. People are more likely to become unwell, socially isolated or may find it difficult to make important decisions in their lives due to stress or coercion.

Ensuring that people receive high quality care, are treated with dignity and respect and have their care needs met is essential to achieving good outcomes and is one of the highest priorities for the public and professionals alike.

### *What we will do*

- Protect people when they are unable to protect themselves, including ensuring advocacy services are available for people who are unable to challenge or change circumstances that they experience.
- Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused.
- Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse
- Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults.
- Increased public awareness of safeguarding and improved systems for reporting of possible abuse.

### *How we will measure our progress*

- More people who use services who say that those services have made them feel safe and secure
- Reduced incidence of newly-acquired category 3 and 4 pressure ulcers.
- Reduced Incidence of healthcare associated infection – MRSA and C difficile
- Improved patient experience of hospital care

# Cross Cutting Priority: Early intervention and prevention

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Intervening early and as soon as possible to tackle emerging problems for children, young people and their families or when a population of developing further problems, is critical if health and wellbeing is to be maximised. It is never too early and never too late to take a preventative approach; hence this theme crosses all age groups. There are however some areas where an increased focus on early intervention and prevention is required, hence the five priorities identified.

## Priority 3: Reducing childhood obesity

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### *Why it's important*

Currently 1 in 5 children in the most deprived areas are obese by the time they reach the age of 11. In the rest of Central Bedfordshire 1 in 7 children are obese by the age of 11. Conditions linked with obesity in childhood include low self esteem, depression and musculo-skeletal problems. As overweight and obese children are more likely to go on to become obese adults, they are then at increased risk of type 2 diabetes, cardiovascular disease, respiratory conditions, and certain cancers. There is an exponential rise in risk as the level of obesity increases.

Preventing and reducing obesity in childhood will increase healthy life expectancy and reduce health inequalities.

### *What we will do*

- Provide family based treatment programmes for managing childhood obesity targeted in the areas where obesity levels are highest (BeeZee Bodies and BeeZee Tots)
- Support schools to provide high quality physical activity and healthy eating through programmes such as Making the Most of Me and Change 4 Life
- Support pregnant women who are overweight or obese to introduce healthy living choices and reduce weight gain in pregnancy
- Develop the leisure strategy and active travel plan which will ensure increased opportunities for children and their families to be more physically activity.

### *How we will measure our progress*

- Reduced levels of Obesity in children in reception (age 5) and year 6 (age 11)
- Increased number of lower schools delivering 'Making the Most of Me', an obesity and self-esteem programme
- Increased numbers of children and their families enrolled in programmes to reduce levels of obesity such as BeeZee Tots and BeeZee Bodies.



## Priority 4: Reducing teenage pregnancy

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### *Why it's important*

While individual young people can be competent parents, all the evidence shows that children born to teenagers are much more likely to experience a range of negative outcomes in later life. The majority of teenage parents and their children live in deprived areas and often exhibit multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation. The links between teenage pregnancy, deprivation and poverty are inextricable with each of the teenage pregnancy hotspot wards falling within the 20% most deprived in the Central Bedfordshire area.

### *What we will do*

- Support young people to make positive choices about their relationships and their sexual health by increasing access to high quality sexual health services and unbiased and accurate information, whilst helping young people to stay safe and recognise abusive or coercive relationships.
- Deliver specialist work with young people who may be at an increased risk of teenage pregnancy, in their schools and within their local communities to help build resilience to the pressures of modern adolescence.
- Deliver the 'Aspire' programme which aims to build the resilience of children who may be disengaging from education by working on raising their self esteem and aspirations. This approach helps the more vulnerable children realise and increase their potential
- Ensure that teenage parents access a range of individually tailored support in the antenatal period through to birth and beyond, to enable the best possible outcomes for themselves and their children.
- Help to reduce subsequent unintended pregnancies by increasing access to contraception and sexual health services after birth and post termination.

### *How we will measure our progress*

- Reduced under 18 conception rate
- Increased numbers of young people under 20 accessing local sexual health services
- Increased numbers of under 19s mothers accessing contraception after birth of their baby to reduce second pregnancies
- Increased numbers of vulnerable young and at risk young people in receipt of targeted relationships and sexual health interventions
- Increased numbers of early intervention 'Aspire' programmes delivered in Middle Schools in high rate ward areas

## Priority 5: Improving outcomes for frail older people

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### *Why it's important*

Frailty is associated with a loss of independence and vulnerability which impairs the quality of life and psychological well-being of many older people. This in turn is likely to result in increased need for health and social care support.

There are an estimated 6,500 frail older people in Central Bedfordshire currently but this is expected to double within the next 20 years.

Whilst there is some excellent local service provision, at times it can be disjointed, responding to rather than preventing crisis, with too many people losing their independence.

Improving outcomes for frail older people will allow those residents to maintain or regain their independence

### *What we will do*

- Promote health by increasing the uptake of established screening and prevention programmes and commission self help and self management programmes
- Commission an expansion of the multi-disciplinary complex care team to deliver a case management service to reduce reliance on hospital admission.
- Commission alternative models of day services, increase the number of intensive home care packages and use of personal budgets, and improve access to telecare and telehealth.
- Commission a comprehensive information, support and advocacy and brokerage services
- Commission improved and integrated dementia services and improve access to psychological services for older people
- Commission additional Village Care schemes
- Improve housing and accommodation support by making the best use of existing extra care housing options and commission extra if required, strengthen the outcomes from floating support services, provide affordable warmth and strengthen the lettings approach by the provision of signposting and information.

### *How we will measure our progress*

- Decreased emergency admissions for acute conditions that should not usually require hospital admission
- Reduced permanent admissions to residential and nursing care homes
- An increased proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- An increased proportion of people who use services who say that those services have made them feel safe and secure
- Reduced delayed transfers of care from hospital, and those which are attributable to adult social care
- An increased proportion of people who use services and carers who find it easy to find information and are satisfied with their care and support

## Priority 6: Promoting independence and choice

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### *Why it's important*

Supporting people to live independent lives and encouraging greater choice and control is fundamental. It is important that vulnerable people should have greater choice of personalised services which promote and sustain independent living.

Securing high quality care for all in a climate of economic downturn and changing demography requires a fundamental shift in how care is provided. Early loss of independence often leads to increased social care spend e.g. residential care represents £29 million or 34% of net spend on adult social care in Central Bedfordshire. Equally, early use of residential care depletes the resources of those who fund their own care, consequently leading to greater demands for publicly funded support. Loss of independence can also mean increased use of acute care.

### *What we will do*

- Shift the balance of care from institutional to personal solutions with more effective support for people in their own homes, including widening the use of Telecare, extra care and specialist equipment to promote independence.
- Ensure that people are able to access information and support to help them manage their care needs enabling them to regain and retain their independence.
- Ensure people are able to manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Work with Community and Voluntary organisations to enhance the support available locally to people and their carers
- Continue to support timely discharge from hospital and adopt a whole systems approach to delivering rehabilitation and reablement to promote independence.
- Ensure that Carers receive the care and support they need to enable them continue in their caring role as well as maintaining their own health and wellbeing.

### *How we will measure our progress*

- More people with a long term condition feeling they have had enough support from local services to help manage their condition
- An increased proportion of people who use services and carers who find it easy to find information about support
- An increased proportion of people using social care who receive self directed support and those receiving direct payment.
- An increased proportion of people with learning disabilities living in their own home or with their family and an increased proportion in paid employment.

# Priority 7: Helping people make healthy lifestyle choices

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## *Why it's important*

Adopting healthy lifestyles can prevent or delay ill health. On average a person who adopts a healthy lifestyle (doesn't smoke, eats 5 portions of fruit & vegetables a day, drinks moderate amounts of alcohol and is physically active) will live 14 years longer than a person who adopts none of these behaviours.

17.5% of adults in Central Bedfordshire smoke, however this increases to 22.4% in the most deprived areas. Within Central Bedfordshire 14.4% of new born babies are living in a home with at least one smoker. Impacting on smoking prevalence demands attention on the wider tobacco control agenda and not just stop smoking services.

Only 11% of adults in Central Bedfordshire are physically active enough to benefit their health.

It is estimated that 49,000 adults (25%) are obese of whom it is estimated 9,000 have high blood pressure, 4,000 have cardiovascular disease and 3,000 have diabetes as a direct result of their weight.

In 2009/10 there were over 4,000 admissions to hospital as a result of alcohol related harm, an increase of 13% from the previous year. Heavy drinking is not restricted to the young; 20% of adults aged 65 years and over are estimated to be heavy drinkers.

## *What we will do*

- Ensure that our built environment and leisure services support people to be as physically active as possible.
- Support people to reduce their drinking to safe levels through community based support.
- Support people to stop smoking at a time and location convenient to them.
- Address tobacco control through the Bedfordshire Tobacco Free Alliance
- Provide 12 weeks free access, via General Practitioners, to accredited commercial slimming groups for people who wish to reduce their weight.
- Make Every Contact Count so that when our staff are in contact with people who wish to change their lifestyle that they are signposted to sources of help.
- Offer an NHS Health check 5- yearly to every person aged between 40-74 years who has not already been identified as at high risk of vascular disease such as heart or kidney disease. This will allow early identification and treatment which prevents or delays the consequence of disease

## *How we will measure our progress*

- Reduced smoking prevalence and increased smoking quitters
- Reduced percentage of adults who are obese
- Reduced rates of alcohol related admissions to hospital
- Increased take up of NHS Health Checks by those who are eligible

# Cross Cutting Priority: Improved mental health and well-being

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## Priority 8: Improving mental health for children and their parents

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### *Why it's important*

- One in ten children aged between 5 and 16 years has a mental health problem (3,682 children in Central Bedfordshire)
- Half of those with lifetime mental health problems first experience symptoms by the age of 14.
- Self-harming in young people is not uncommon (10-13% of 15-16 year olds have self harmed).
- One in ten new mothers experience postnatal depression.

### *What we will do*

- Further develop and integrate early intervention services to ensure prompt and timely support for children and young people with emerging mental health problems.
- We will review the service model for new mothers experiencing post natal depression.
- We will enhance local specialist services for young people with eating disorders
- Ensure that those young people with ongoing mental health problems have a smooth transition to adult mental health services
- Ensure Child and Adolescent Mental Health (CAMH) services for children with Learning Disability are integrated across health and social care
- Redesign CAMH services for Looked After Children to ensure early intervention
- Involve stakeholders and service users in the review of the integrated mental health and local authority services for children with a learning disability, against the service specification.

### *How we will measure our progress*

- Increased number of children and young people from Central Bedfordshire seen by the newly commissioned early intervention CAMH service (CHUMS)
- Improved average Strengths and Difficulties (SDQ) scores for children and young people receiving an intervention from CHUMS

# Priority 9: Improving mental health and wellbeing of adults

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## *Why it's important*

Mental well-being has been a frequently ignored aspect of health and well-being; however it often underpins and interacts with wider physical and social aspects of health and well-being. Mental health problems are common and have a significant impact upon health: One in six of the adult population experiences mental health problems at any one time and a quarter of the population will experience a mental health problem at some point in their lives.

Mental health problems are estimated to be the commonest cause of premature death and years of life lost with a disability. Poor mental health is associated with a variety of health damaging behaviours, including smoking, drug and alcohol misuse, unwanted pregnancy and poor diet.

People can benefit from work not only financially, but also in their general wellbeing. There is strong evidence that programmes to encourage and support people with mental health problems into work offer high economic and social returns.

## *What we will do*

- Improve mental health through wellbeing and prevention services
- Reduce waiting times for assessment and treatment
- Maintain people's mental health post-treatment through better primary and community care services.
- Increase access to talking therapies.
- Improve the way care is delivered to people with dementia, and for their carers including improved access to memory clinics for people with dementia.
- Continue to support people to improve and keep their mental health, through programmes such as Change 4 Life and Making Every Contact Count.
- Improve each patients experience through mental health services.
- Ensure that more people with mental health issues are treated within GP practices/ primary Care.

## *How we will measure our progress*

- Increased proportion of patients will be seen sooner and nearer to home.
- Increased proportion of people with mental illness will report improved experience of healthcare within specialist secondary care
- Increased percentage of people with mental illness in settled accommodation and in paid employment
- Reduction in the suicide rate

# How we will report on progress and delivery

All the partners of the Health and Wellbeing Board have agreed the shared vision and priorities set out in this strategy. They are committed to working together and providing integrated care to our residents and patients as far as possible.

The Children's Trust and the Healthier Communities and Older People's Partnership Board have the responsibility for overseeing the delivery of the priorities. Action plans are either already in place or are being developed. Delivery against these action plans and importantly the associated indicators will be reported to the board six monthly.

The indicators which will be used to measure progress are detailed in appendix A

Priority	Partnership responsible for delivery	Lead Agency
Improving the health of looked after children	Children's Trust	BCCG
Safeguarding and Patient Safety	Adult Safeguarding Board	CBC
Reducing childhood obesity	Children's Trust	Public Health
Reducing Teenage Pregnancy	Children's Trust	Public Health
Improving outcomes for frail older people	Healthier Communities and Older People's Partnership	CBC
Promoting independence and choice	Healthier Communities and Older People's Partnership	CBC
Helping people make healthy lifestyle choices	Healthier Communities and Older People's Partnership	Public Health
Improving mental health for children and their parents	Children's Trust	BCCG
Improving mental health and wellbeing of adults	Healthier Communities and Older People's Partnership	BCCG

Key:

- BCCG - Bedfordshire Clinical Commissioning Group
- CBC - Central Bedfordshire Council

## APPENDIX A – indicators to measure progress

(these are being further developed throughout the consultation period)

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
<b>Priority 1: Improving the health of looked after children</b>				
Increased percentage of LAC who have been looked after continuously for at least 12 months and who had an annual Health Assessment during the previous 12 months.	87% (2010/11)	82.4% National 78% (EofE)	Target in process of being agreed for 2013/14	
Increased percentage of LAC who have been looked after continuously for at least 12 months and who have had their teeth checked by a dentist during the previous 12 months.	87% (2010/11)	82.4% National 75.2% (EofE)	Target in process of being agreed for 2013/14	
Increased percentage of LAC up to date on immunisations/ vaccinations	52.2% (2010/11)	79% (National) 55.2% (EofE)	Target in process of being agreed for 2013/14	
<b>Priority 2: Safeguarding and Patient Safety</b>				
More people who use services who say that those services have made them feel safe and secure	70.6% (2011/12)	70.6% (2011/12)	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
More people who use services who feel safe	66.7% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
Reduced incidence of newly-acquired category 3 and 4 pressure ulcers.	19 (2011-12)	N/A	0	This data is currently only available at a provider level



Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Reduced Incidence of healthcare associated infection – MRSA and C difficile	22 cases C diff <5 cases <sup>1</sup> MRSA (April – June 2012)	N/A	26 cases (April-June 2012) 2013/14 target to be agreed	This data is currently only available at a provider level
Improved patient experience of hospital care	75.6% Bedford Hospital 71.7% Luton & Dunstable (2011)	75.6%	Year on year improvement	
<b>Priority 3: Reducing childhood obesity</b>				
Reduced levels of Obesity in children in reception (age 4-5) and year 6 (age 10-11)	Reception: 8.1%  Year 6: 6.2%  2010/11 (school year)	Reception: 9.8% (England) 9.2% (ONS) Year 6: 18.7% (England) 17.0% (ONS)	Year R 8.0%  Year 6 16.0%	
Increased number of lower schools where staff have received training and delivering Making the Most of Me		N/A	48 schools	
Increased numbers of children and their families enrolled in programmes to reduce levels of obesity such as BeeZee Tots and BeeZee Bodies	33 Families in CB completed Beezee Bodies  Beezee Tots 28 families (2011)	N/A	50 Families  40 Families	

<sup>1</sup> Actual number of cases suppressed

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
<b>Priority 4: Reducing teenage pregnancy</b>				
Reduced under-18 conception rate	32.5 conceptions per 1000 females aged 15-18 (2009)	35.4 (England) 29.8 (East of England)	30.8 per 1,000 females aged 15-18 by 2013	There is a lag time in U18 conception data releases from ONS of over a year. 2011 annual data will be available in February 2013
Monitor the number of young people U20 accessing local contraceptive and sexual health services	As this is a new measure the baseline is currently being set.	These are locally set process measure therefore comparison not possible with other areas	Target to be agreed for 2013/14 once baseline established	
At least 75% of known under 19s continuing with pregnancy access contraception	As this is a new measure the baseline is currently being set.		Target to be agreed for 2013/14 once baseline established	
Monitor the number of vulnerable young people within hotspot wards and other settings in receipt of targeted relationships, sexual health and building esteem and aspiration interventions	2013/15 CBC unplanned pregnancy contract currently in development		To be agreed as part of contract	
Increase the number of early intervention Aspire programmes	3 programmes delivered (2011/12)		11 programmes (2012/13) Target for 2013/14 to be agreed	

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
<b>Priority 5: Improving outcomes for frail older people</b>				
Decreased emergency admissions for acute conditions that should not usually require hospital admission				
Reduced permanent admissions of older people to residential and nursing care homes per 100,000 of population	695.5 (2011/12)	Not available for publication until 12th September 2012	Year on year decrease	
An increased proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	68.2% (2011/12)	Not available for publication until 12th September 2012	80% (Proposed target)	Data quality issues to be resolved during 2012/13
Reduced delayed transfers of care a) from hospital, and b) those which are attributable to adult social care	a) 6.1 b) 2.3 (2011/12)	Not available for publication until 12th September 2012	a) to be agreed b) 1.75 (Proposed target)	This measure applies to 18+
More people who use services are satisfied with their care and support	64.3% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey
<b>Priority 6: Promoting independence and choice</b>				
More people with a long term condition feeling they have had enough support from local services to help manage their condition	66% (2011)		80% by 2015	BCCG target
An increased proportion of people who use services and carers who find it easy to find information about support	73.6% (2011/12)	Not available for publication until 12th September 2012	Year on year increase	This measure is a perception measure from the Adult Social Care Survey

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
An increased proportion of people using social care a) who receive self directed support and b) those receiving direct payment	a) 53.1% b) 28.4% (2011/12)	Not available for publication until 12th September 2012	a) 100% b) To be proposed	Target of 100% is a national target, highly probability it will not be met.
More people with learning disabilities live in their own home or with their family	66.5% (2011/12)	Not available for publication until 12th September 2012	70% (Proposed target)	
More people with learning disabilities in paid employment	5.3% (2011/12)	Not available for publication until 12th September 2012	7.0% (Proposed target)	
<b>Priority 7: Helping people make healthy lifestyle choices</b>				
Reduced smoking prevalence and increased smoking quitters	Adult over 18's 17.5% (2010/11)  Four week quitters: 1837 (2011/12 outturn)	20.7% (England)	Aspiration of 16.0%  Minimum 1,800 quitters with a stretch target of 1,875	Prevalence set on national aspiration of 0.75% decrease annually. Quitter target based on stretch of gold standard 50 quitters per 1,000 smokers.
Reduced percentage of adults who are obese	24.2% (2006-08)	24.2% (England)	24%	Modelled estimate and no local trend data available. Target set to halt rise seen nationally.
Reduced rates of alcohol related admissions to hospital	384.8 (2011/12 Q1) DSR per 100,000	477.8	To be finalised	

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Increased the take up of NHS Health Checks by those who are eligible	8,939 (2011/12)	N/A	11,656	
<b>Priority 8: Improving mental health for children and their parents</b>				
Increased the number of children and young people from Central Bedfordshire seen by the newly commissioned early intervention CAMH service (CHUMS)	A minimum of 500 new referrals in CBC entering the CHUMS Service in 2012/13	N/A	Year on year increase	
Improved SDQ scores (%) for children and young people receiving a direct intervention by the CHUMS Service.	As this is a new service the baseline is currently being set.			
<b>Priority 9: Improving mental health and wellbeing of adults</b>				
Increased proportion of people with mental illness in settled accommodation	51.0% (2011/12)	Not available for publication until 12th September 2012	To be agreed	Figures being clarified with DH IC as different from the reported outturn from SEPT
Increased proportion of people with mental illness in paid employment	5.3% (2011/12)	Not available for publication until 12th September 2012	To be agreed	Figures being clarified with DH IC as different from the reported outturn from SEPT
Increased access to talking therapies				
Increased access to specialist mental health link workers in GP practices	As this is a new service the baseline is currently being established			

Indicator	Baseline (year)	Benchmark (England / ONS)	Target 2013/14 outturn	Comment
Increased proportion of people with mental illness reporting improved experience of healthcare within specialist secondary care				
Increased access to memory clinic			Currently being negotiated	
Mortality from suicide and injury undetermined (DSR per 100,000)	6.5 (2008-10)	7.9 (England) 7.5 (East of England)	To be agreed	