



Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Health and Wellbeing Strategy Performance

Meeting Date: 19 October 2016

Responsible Officer(s) Muriel Scott, Director of Public Health

Presented by: Celia Shohet, Assistant Director of Public Health

Action Required:

1. **To review the scorecard and assess the progress in delivering the Joint Health and Wellbeing Strategy.**
2. **To consider the areas for further focus arising from the performance in each of the Priority Areas, outlined in paragraphs 5-8.**

| Executive Summary | |
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| 1. | <p>The Joint Health and Wellbeing Strategy has four cross cutting priorities where the Board wants to make the fastest progress:</p> <ul style="list-style-type: none"> • Ensuring good mental health and wellbeing at every age • Giving every child the best start in life • Enabling people to stay healthy for longer • Improving outcomes for frail older people. <p>The scorecard includes the key measures providing an indication of progress.</p> <p>The indicators show encouraging outcomes in the priority areas of giving every child the best start in life.</p> <p>There is more of a mixed picture for enabling people to stay healthy for longer indicating more focus on areas such as preventing and managing diabetes and the delivery of Healthchecks.</p> <p>There is also a mixed picture for both improving outcomes for frail older people and ensuring good mental health and wellbeing at every age. There are a number of areas showing poorer outcomes than the challenging targets set.</p> |

| Background | |
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| 2. | <p>The scorecard includes a range of measures which have been chosen because they:</p> <ul style="list-style-type: none"> • Directly measure the desired outcome or are a process measure when an outcome measure is not available e.g. access to care measures. • Are generally measures already in existence and therefore don't require additional resource to collect. • Represent a range in frequency of reporting from monthly to annual. • Are available at a CBC level and in some cases at either a locality, practice or ward level. |
| 3. | <p>To understand the size of the challenge the scorecards include, where possible, the number of residents affected by the issues is presented. For example 12,485 CBC residents have diagnosed diabetes (2014/15) and if progress is made to reduce some of the risk factors for diabetes, such as excess weight, then this figure should stabilise and reduce.</p> |
| 4. | <p>The targets within the scorecard are those already agreed and in some cases these are part of contractual arrangements. In some instances there are no targets set e.g. hospital admissions. It has been agreed that future iterations of the scorecard will include benchmarking data where available to allow the board to make performance comparisons.</p> |

| Detailed Recommendation | |
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| 5. | <p>Ensuring good mental health and wellbeing at every age</p> <p>Regular performance measures for population mental health and wellbeing are limited; however the Emotional Wellbeing Survey was undertaken in Central Bedfordshire earlier in 2016 and involved over 4,000 young people. This survey together with national data has driven a focus on improving the mental wellbeing and emotional resilience of young people. It is recommended that the output of this work is included in the report to the Board in January 2017 regarding the CAMH transformation plan, taking a wider view of progress in this area.</p> <p>The board received an update on progress to improve emotional wellbeing and self esteem throughout life with a focus on younger people, at its meeting in April 2016. The scorecard reveals that excellent progress has been made on reducing the waiting times for the Child and Adolescent Mental Health (CAMH) service which now stands at 11 weeks rather than 18 weeks, however faster progress towards the 5 week target by March 2017 would be highly desirable and the Board will continue to closely monitor this.</p> <p>Recovery rates for those adults completing psychological therapies is good but the Board will want to see a significant increase in the proportion of people who enter these services initially.</p> |

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| 6. | <p>Giving every child the best start in life</p> <p>There are encouraging signs that outcomes in this priority are moving in the right direction with some either at or near target. The indicators for both the assessment of maternal moods and for the integrated 2-2.5 year review are expected to be at target by the end of quarter 4 in 2016/17, it is therefore recommended that the Board take a close interest in their progress.</p> <p>It is also recommended that the outcomes for people affected by drugs and alcohol and living with children are kept under close review. If outcomes in this area do not continue to improve then this should be considered for further focus.</p> <p>The data for school readiness will be published shortly and an update to the Board is planned in January 2017.</p> |
| 7. | <p>Enabling people to stay healthy for longer</p> <p>The outcomes in this area show that there is a particular issue with the proportion of the adult population who are either overweight or obese (together known as excess weight), which in turn impacts upon both the prevalence of diabetes and rates of premature mortality for cardiovascular disease. Action to tackle excess weight is outlined in the partnership strategy and it is recommended that the Board continue to monitor progress of its implementation.</p> <p>The rising rates of diabetes and low proportion of people with diabetes meeting their treatment targets is of concern. It is therefore recommended that the Board request a more detailed discussion at a future meeting to understand the issues and action required.</p> |
| 8. | <p>Improving outcomes for frail older people</p> <p>The majority of outcomes in this area are closely monitored and form part of the Better Care Plan.</p> <p>It is recommended that the Board continue to monitor progress against the dementia diagnosis rate (which is outside the Better Care Plan) and assure itself that people with dementia and their carers feel supported to manage their dementia.</p> |

Issues

Governance & Delivery

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| 9. | <p>The scorecard will be reported to the Health and Wellbeing Board on a quarterly basis.</p> |
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| Financial | |
| 10. | There no financial implications directly associated with this proposal. |
| 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 No |
| | If yes – outline the risks and how these would be mitigated |

| Source Documents | Location (including url where possible) |
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Presented by Celia Shohet