

# CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

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## Health and Wellbeing Strategy Performance

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### Purpose of this report

1. To present the latest performance data in the priority areas of the Joint Health and Wellbeing Strategy.

### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

- 1. review the scorecard and assess the progress in delivering the Joint Health and Wellbeing Strategy; and**
- 2. to consider the areas for further focus arising from the performance in each of the Priority Areas, outlined in paragraphs 4-9.**

### Background

2. The Joint Health and Wellbeing Strategy has four cross cutting priorities where the Board wants to make the fastest progress:
  - 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

The scorecard includes the key measures providing an indication of progress against target, direction of travel and a comparison with benchmarks.

3. The scorecard includes a range of measures which have been chosen because they:
  - 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.

### **Ensuring good mental health and wellbeing at every age**

4. The performance data this month for access to psychological therapies gives some cause for concern. Although the proportion in need accessing psychological therapies has increased slightly, it remains significantly below target and the recovery rates for those in treatment has fallen slightly. Given that the Board places considerable importance on improving mental health, it will want to understand what actions are planned by the commissioners and providers to address the situation. The Board is also asked to consider ways in which it could help to publicise the Bedfordshire Wellbeing Service ([www.bedfordshirewellbeing.nhs.uk](http://www.bedfordshirewellbeing.nhs.uk)) to which residents can self-refer.

### **Giving every child the best start in life**

5. There are encouraging signs that outcomes in this priority are moving in the right direction with some either at or near target. As anticipated at the last Board update, the indicators for both the assessment of maternal moods and for the integrated 2-2.5 year review have improved and the expectation remains that the targets will be achieved at the end of Q3 16/17.
6. The data for school readiness has now been published and the separate report on progress to the Board provides the detail for this outcome.

### **Enabling people to stay healthy for longer**

7. The performance for premature mortality has fallen slightly but remains better than England and similar to statistical neighbours. It does continue to reinforce the importance of NHS Health Checks, stopping smoking, healthy weight, physical activity and maintaining good blood pressure control.

8. 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 may want a more detailed discussion at a future meeting to understand the issues and action required.

### **Improving outcomes for frail older people**

9. Outcomes for improving outcomes for Frail Older People (many of which form part of the Better Care Plan metrics) show a mixed picture, with some being close to the target and others below target. This reflects the ongoing challenge of meeting the needs an aging population with increasingly complex needs

### **Financial and Risk Implications**

10. There no financial implications directly associated with this proposal.

### **Governance and Delivery Implications**

11. The scorecard will be reported to the Health and Wellbeing Board on a quarterly basis.

### **Equalities Implications**

12. 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.

### **Implications for Work Programme**

13. The scorecard is currently reported to the Health and Wellbeing Board at each meeting.
14. The Board may want to consider the proposal to consider the outcomes for access to psychological therapies, for diabetes and the outcomes for frail older people in more detail at future meetings.

### **Conclusion and next Steps**

15. The scorecard shows some improving performance and some areas of concern. A number of areas have been identified for further consideration at future board meetings.

## **Appendices**

The following Appendix is attached: Summary scorecards for each of the priority areas.