

CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of meeting

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Health and Wellbeing Strategy Performance

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Public

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. **to 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 4-8.**

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. The performance of statistical neighbours will be added to the scorecards in July.

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 continues to give 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 is also below target. The scorecard outlines a number of actions to improve performance but given the importance that the Board places on improving mental health, it may wish to consider inviting the provider to attend a future Board meeting to outline the current situation, progress challenges and opportunities.

Giving every child the best start in life

5. Although performance shows a mixed picture for giving every child the best start in life, there are encouraging signs with a number of outcomes continuing to move in the right direction with some either at or near target. The successful completions (alcohol) of clients who live with children is now in the top quartile and particularly encouraging, the corresponding performance for opiates is just below target but remains above the national average.

Enabling people to stay healthy for longer

6. The proportion of people with diabetes who meet all 3 treatment targets has improved very marginally (from 37.4% to 37.6%) and actions to improve this further will be presented to the Board in July.

Improving outcomes for frail older people

7. Outcomes for improving outcomes for Frail Older People (many of which form part of the Better Care Plan metrics) show a mixed picture, reflecting the ongoing challenge of meeting the needs an aging population with increasingly complex needs. Permanent admissions of older people to residential and nursing care homes, which is a cumulative measure, is performing well against the target. The proportion of people at home 91 days after discharge from hospital stayed the same as the previous month.

Performance on delayed transfer of care improved. The target for non elective admissions into hospital remains challenging and remains below the BCF target.

8. An appraisal of the current Better Care Plans is underway, particularly in relation to falls, stroke and end of life care. The output of which will be reported initially to the BCF Commissioning Board and then to the July meeting of this Board in the context of the Better Care Fund Plan for 2017-19.

Financial and Risk Implications

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

Governance and Delivery Implications

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

Equalities Implications

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.

Implications for Work Programme

12. The scorecard is currently reported to the Health and Wellbeing Board at each meeting. .
13. 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

14. 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.