



Bedfordshire Mental Health Alliance

5th September 2024



Bedford Borough Place Team & Network

Place Team Roles

Link Director

- Sarah Stanley (Chief Nursing Officer)

Head of Place

- Alexandra (Alex) Wrack

Senior Place Transformation Manager

- Sarah Pearson

Place Transformation Manager

- Usha Panchal

Integrated Neighbourhood Manager

- Adele Slaney

Integrated Neighbourhood Support Manager

- Lorraine Kavanagh

Key Place Network Colleagues

Care Home Pharmacist

- Harprit Bhogal

Care Home Pharmacist Technician

- Lindsey Jones

Designated Nurse (adults)

- Sophie Thompson

Designated Nurse (children)

- Deborah Spencer / Andrea Aniwell

Head of Quality

- Gill Turrell

Head of Primary Care Relationship Development

- David Picking

Senior Primary Care Development & Transformation Manager

- Angelina Florio

Central Bedfordshire Place Team & Network

Place Team Roles

Link Director

- Anne Brierley

Head of Place

- Kaysie Conroy

Senior Place Transformation Manager

- Vacant

Place Transformation Manager

- Balraj Singhai

Integrated Neighbourhood Manager

- Emma Moorbey

Integrated Neighbourhood Support Manager

- Noeleen McLoughlin

Key Place Network Colleagues

Care Home Pharmacist

- Courtney Amos

Care Home Pharmacist Technician

- Sharon Tansley

Designated Nurse (adults)

- Sophie Braybrooke

Designated Nurse (children)

- Helena Hughes

Head of Quality

- Vacant

Head of Primary Care Relationship Development

- Beth Collins

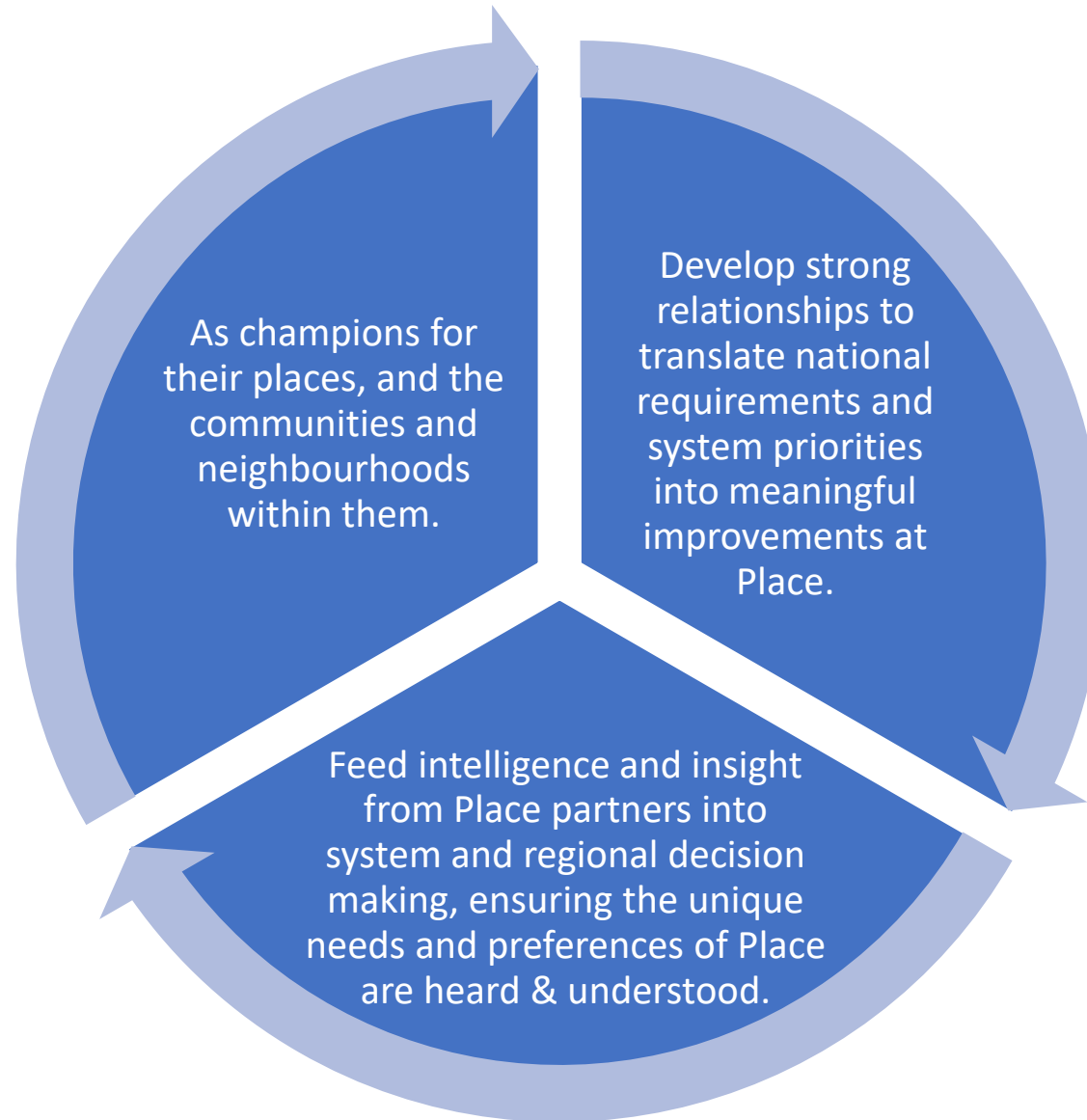
Senior Primary Care Development & Transformation Manager

- Shalene Daley

What are Place Teams responsible for?

-  Support the delivery of place priorities, working with system partners & other ICB teams
-  Support and co-ordinate the delivery of targeted, place-led inequalities initiatives
-  Co-ordinate urgent & emergency care (UEC) pathways, including shaping and promoting initiatives which support more residents to stay well at home in the community
-  Provide operational primary care support to ensure resilience of contractors and facilitate primary care involvement in developments at place
-  Support primary care (including Primary Care Network) development and transformation, integrating primary care as part of neighbourhood teams

How will Place Teams work?



A snapshot of Bedford Borough

The population has grown by around 40,000 over the last 20 years and is projected to grow by more than 50,000 in the next 20 years.

The largest absolute increase will be in working age adults, but the largest relative change will be in older adults, particularly those aged 85+ who are projected to double, from 4,500 to 9,300.

The proportion of the population from non-White British ethnicities is projected to increase from 36% to 42%.

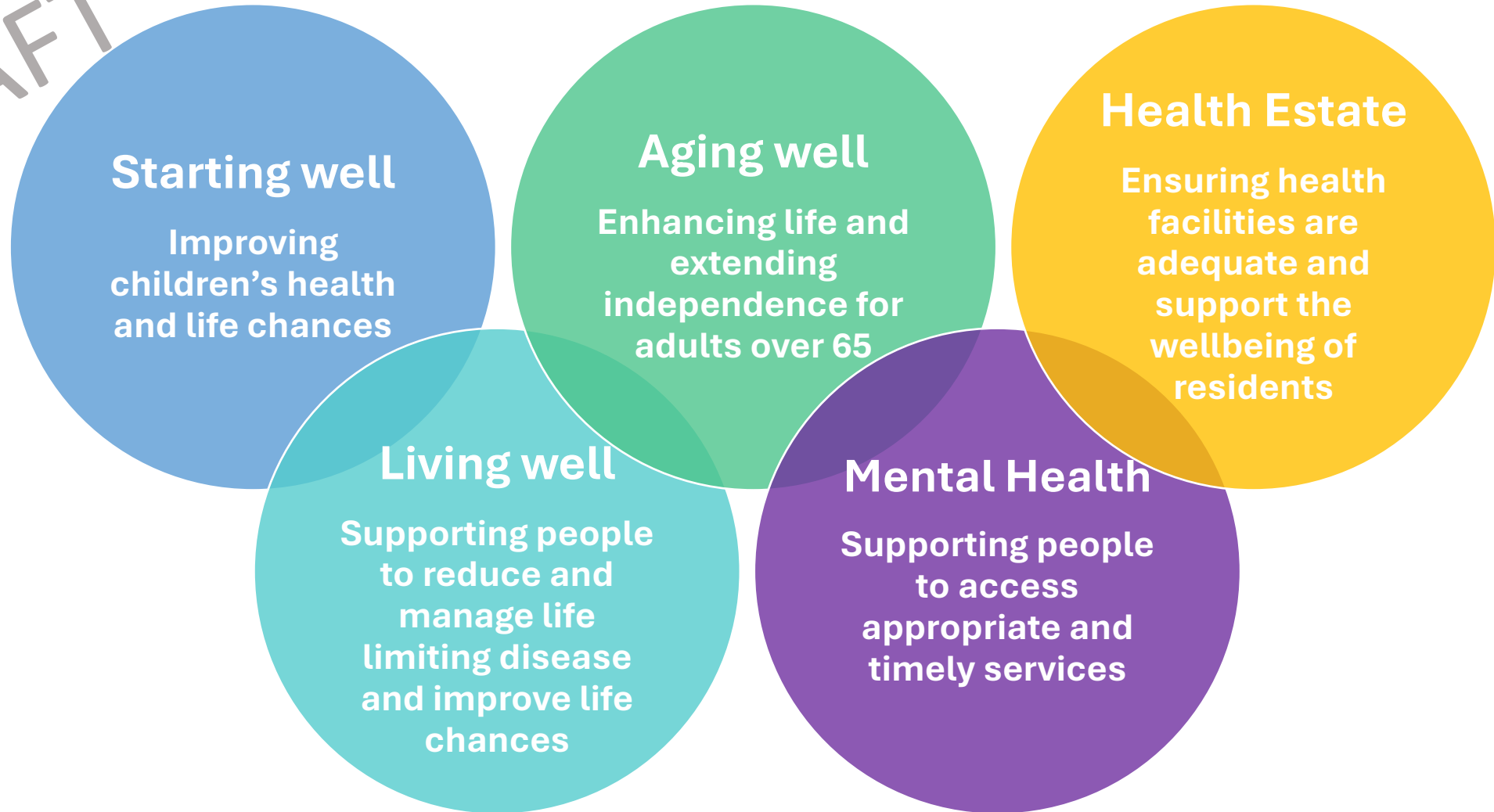
Continuous improvements in life expectancy have stalled since 2014, and reversed in the last couple of years, at least partly due to COVID-19.

Over the last 10 years the average years lived in good health has fallen by 8.4 years in women (to 59.3) and 5.4 years in men (to 62.3).

Bedford Borough has the largest gap in life expectancy in BLMK between the least and most deprived areas – 8.9 years for males and 7.8 years for females.

Bedford Borough Place Priorities

DRAFT



Bedford Borough Place Based Plan

Starting well

- Reduce childhood obesity
- Improve children's oral health
- Increase uptake of antenatal and childhood immunisations

Living well

- Improve cardiovascular disease prevention and management
- Increase the uptake of cervical and breast cancer screening programmes

Aging well

- Reduce alcohol-related hospital admissions in the over 65s
- Support people with moderate frailty to live independently
- Reduce readmissions after hospital discharge

Mental Health

- MHLDA workstreams *(to be added)*
- Reduce MH hospital admissions in under 18s
- Prevent suicide in adults

Health Estate

- Utilising & upgrading GP surgery provision
- Providing influencing and strategic support for acute and community health estate in Bedford Borough

Integrated Neighbourhood Working

Reducing Inequalities

Bedford Borough Neighbourhoods

Urban Northeast

Population (Pop)* – 45,179
Households (H/H)* – 19,104
Persons Per H/H – 2.4
Adults Social Care (ASC) demand 22/23 – 207.8 per 10K pop

Urban Northwest

Pop* – 31,082
H/H* – 12,398
Persons Per H/H – 2.5
ASC demand 22/23 – 191.8 per 10K pop

South

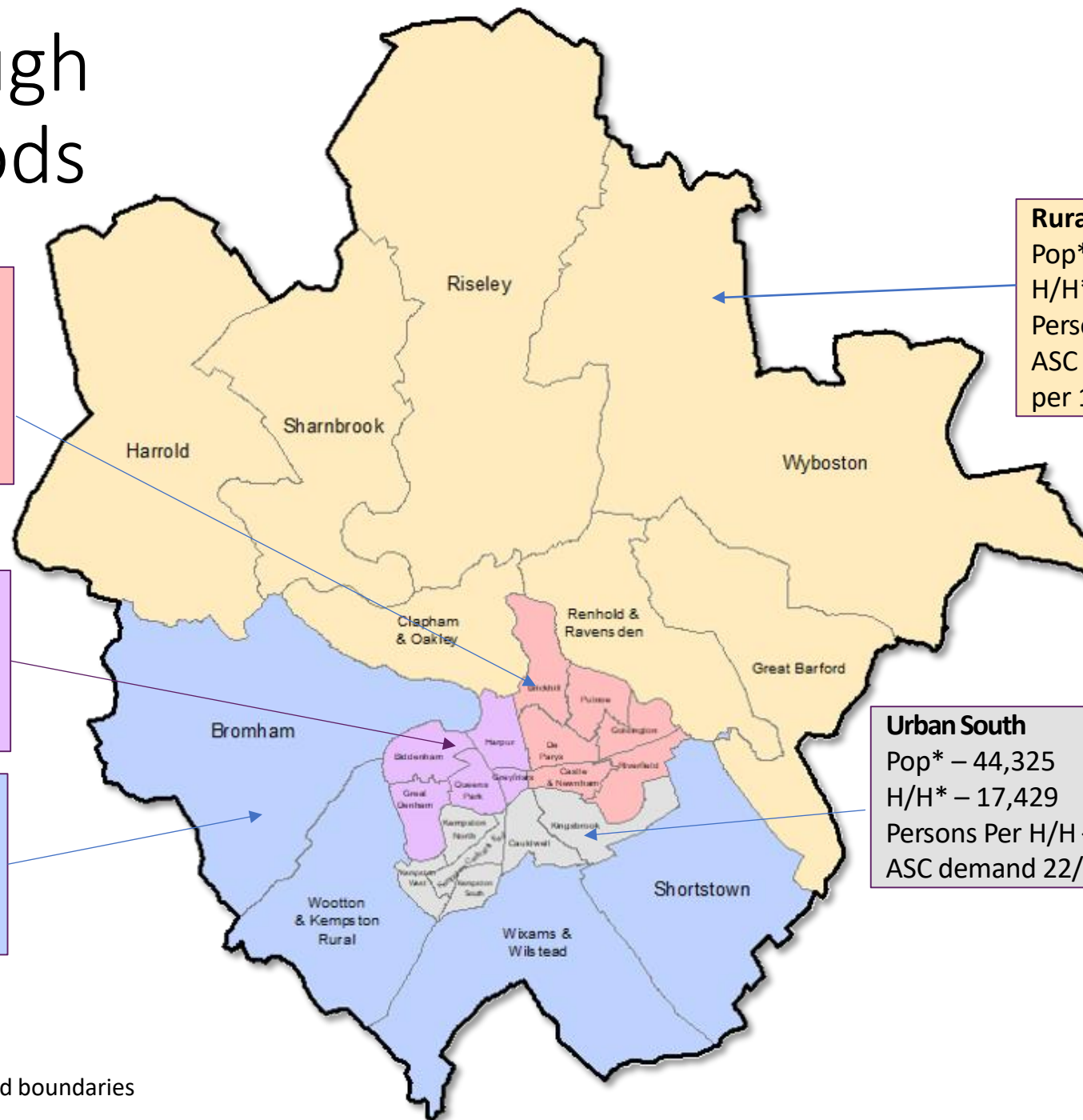
Pop* – 33,854
H/H* – 13,238
Persons Per H/H – 2.6
ASC demand 22/23 – 108.4 per 10K pop

Rural North

Pop* – 29,384
H/H* – 12,774
Persons Per H/H – 2.3
ASC demand 22/23 – 116.7 per 10K pop

Urban South

Pop* – 44,325
H/H* – 17,429
Persons Per H/H – 2.6
ASC demand 22/23 – 180 per 10K pop



*Estimation using output areas best fit into new ward boundaries

Central Bedfordshire Neighbourhoods

West Mid Beds

Population (Pop)* – 70,931
Households (H/H)* – 28,740
Persons Per H/H – 2.5
Adults Social Care (ASC) demand 22/23
– 219 per 10K pop

Leighton Buzzard

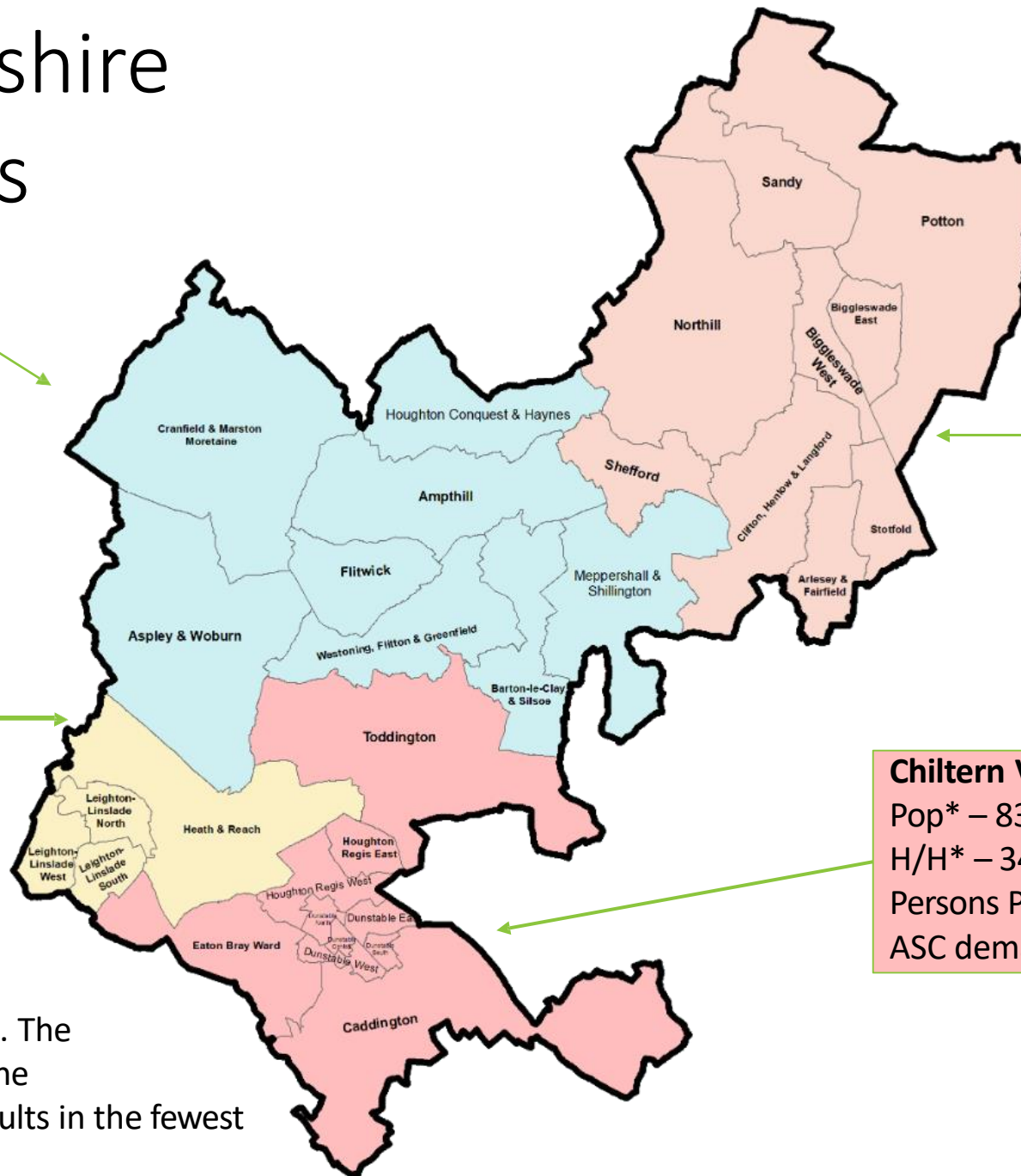
Pop* – 48,036
H/H* – 20,118
Persons Per H/H – 2.4
ASC demand 22/23 – 262 per 10K pop

Ivel Valley

Pop* – 91,652
H/H* – 37,714
Persons Per H/H – 2.4
ASC demand 22/23 – 264
per 10K pop

Chiltern Vale

Pop* – 83,629
H/H* – 34,152
Persons Per H/H – 2.4
ASC demand 22/23 – 312 per 10K pop



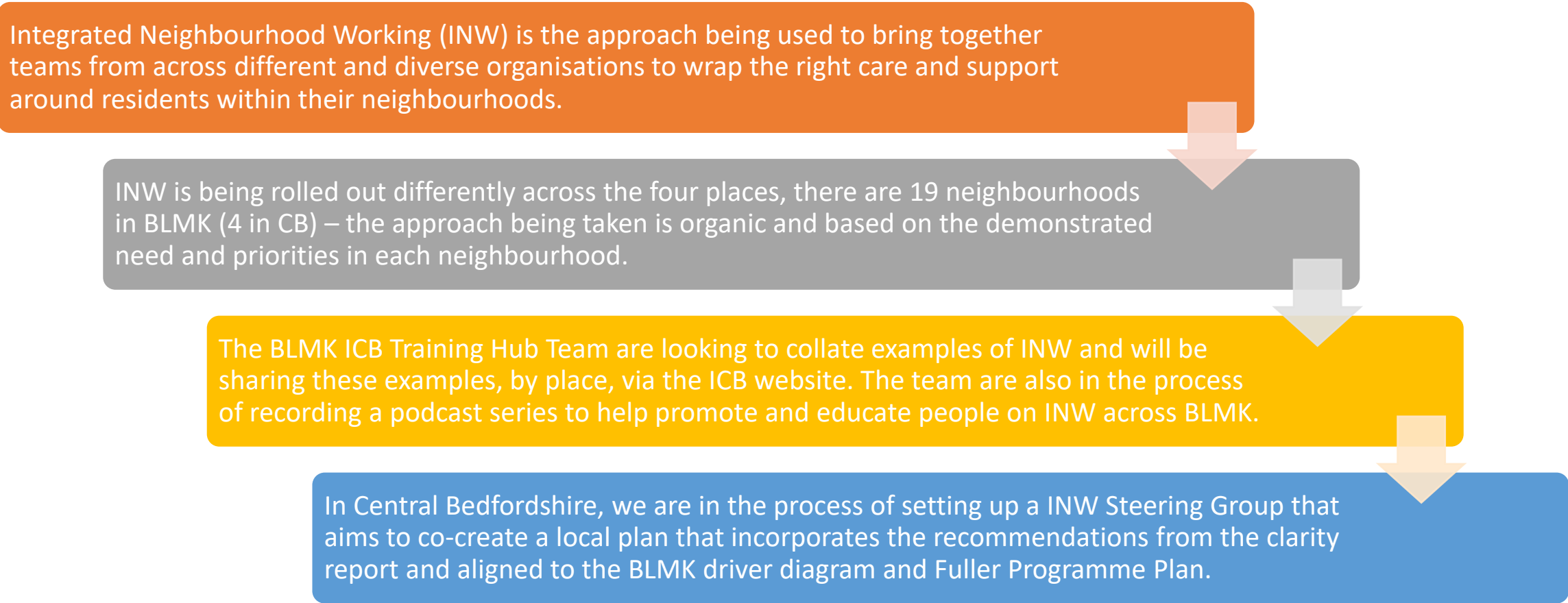
There are 4 areas in this proposal.
The population totals are not evenly spread. The
population totals are at the higher end of the
Fuller recommendation (30k – 50k) and results in the fewest
number of areas possible in the town.

*Estimation using output areas best fit into new ward boundaries

H/H = Households

Integrated Neighbourhood Working (INW)

Integrated Neighbourhood Working (INW) is the approach being used to bring together teams from across different and diverse organisations to wrap the right care and support around residents within their neighbourhoods.



INW is being rolled out differently across the four places, there are 19 neighbourhoods in BLMK (4 in CB) – the approach being taken is organic and based on the demonstrated need and priorities in each neighbourhood.

The BLMK ICB Training Hub Team are looking to collate examples of INW and will be sharing these examples, by place, via the ICB website. The team are also in the process of recording a podcast series to help promote and educate people on INW across BLMK.

In Central Bedfordshire, we are in the process of setting up a INW Steering Group that aims to co-create a local plan that incorporates the recommendations from the clarity report and aligned to the BLMK driver diagram and Fuller Programme Plan.

A Snapshot of Central Bedfordshire

CB popln in mid 2022 was 301,500 (up from 294,300 at the 2021 census) made up of 50.7% Females and 49.3% Males. The popln varies across the four neighbourhoods from 48,000 to over 91,000

The Ethnic composition is 93.8% of the population from White ethnic group. For people aged 65+ this composition increases to 98.2% of the population

Estimated life expectancy for males is 80.7 years, compared to 79.4 for England as a whole. Females are expected to live 84.0 years

In Jan 2024, there were 640 caravans used by Gypsy/Roma/travellers on private and council sites. This is the 4th highest in England.

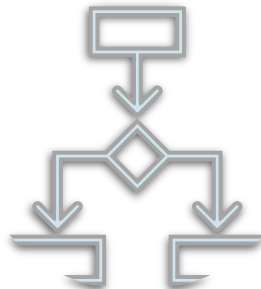
Three CB areas (Dunstable Manshead, Parkside, Flitwick) are in the 10 to 20% most deprived in England. An additional 10 areas sit in the 20 to 30% most deprived in England

The gap in life expectancy correlates directly to the least and most affluent wards for both Males and Females – the variance is 8.4 years for males and 8.8 years for Females

Central Bedfordshire Place Plan Priorities



**Primary Care
Access including
dentistry**

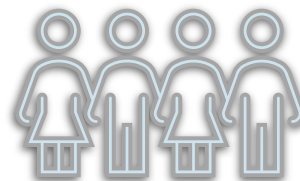


**Cancer diagnosis
and improving
outcomes**



**Mental Health, LD
& Autism**

(MH Collaborative; understanding what will be different and improving secondary care interface) This is All Age. Improving healthchecks; developing a modernised response; also dementia.



Children MH

Need for targeted spending and to focus on MH and emotional wellbeing for children.



**Out of Hospital
services**

Intermediate care, early intervention; Consistent approach to data collection and general need for improvement.



Excess Weight

Too many people are living with Excess Weight. Excess Weight increases the risk of developing chronic diseases including cardiovascular disease, type 2 diabetes, cancer and osteoarthritis.



The Joint Health and Wellbeing Strategy and Place Plan on a page

“ To improve the health and wellbeing of residents in Central Bedfordshire and reduce inequalities now and for future generations. ”

Our challenges

Life expectancy and healthy life expectancy has stalled

Increased population growth, especially older people

Too many people dying prematurely from preventable illness

Health inequalities continue to exist

Too many people living with poor mental health

Gaps in educational attainment between most and least deprived populations

Too many people living with excess weight

Smoking rates are not coming down and are higher in disadvantaged groups

Too many people are socially isolated

Areas of focus for 2024-29

- Giving children in Central Bedfordshire the best start in life with a focus on educational attainment
- Tackling social isolation and loneliness across all sectors of society
- Making Central Bedfordshire a smoke-free place
- Securing improved and integrated health and care outcomes through delivery of our Place Plan

These areas of focus sit alongside our existing Place Plan priorities for Central Bedfordshire

Reducing excess weight in children and adults

Earlier diagnosis of cancer

Positive mental health for children and young people

Improving mental health services and support for people with learning disabilities and autism

Improving access to primary care and dentistry

Improving out of hospital services

What influences our health?

The King's Fund 4 pillars of population health have informed our 4 key areas of focus for 2024-29



Building blocks of health

- a good education
- a stable job
- adequate income
- good quality housing
- access to green space



Communities we live in and with

- Social and digital connectedness
- Neighbourhood assets
- Transport
- Public safety



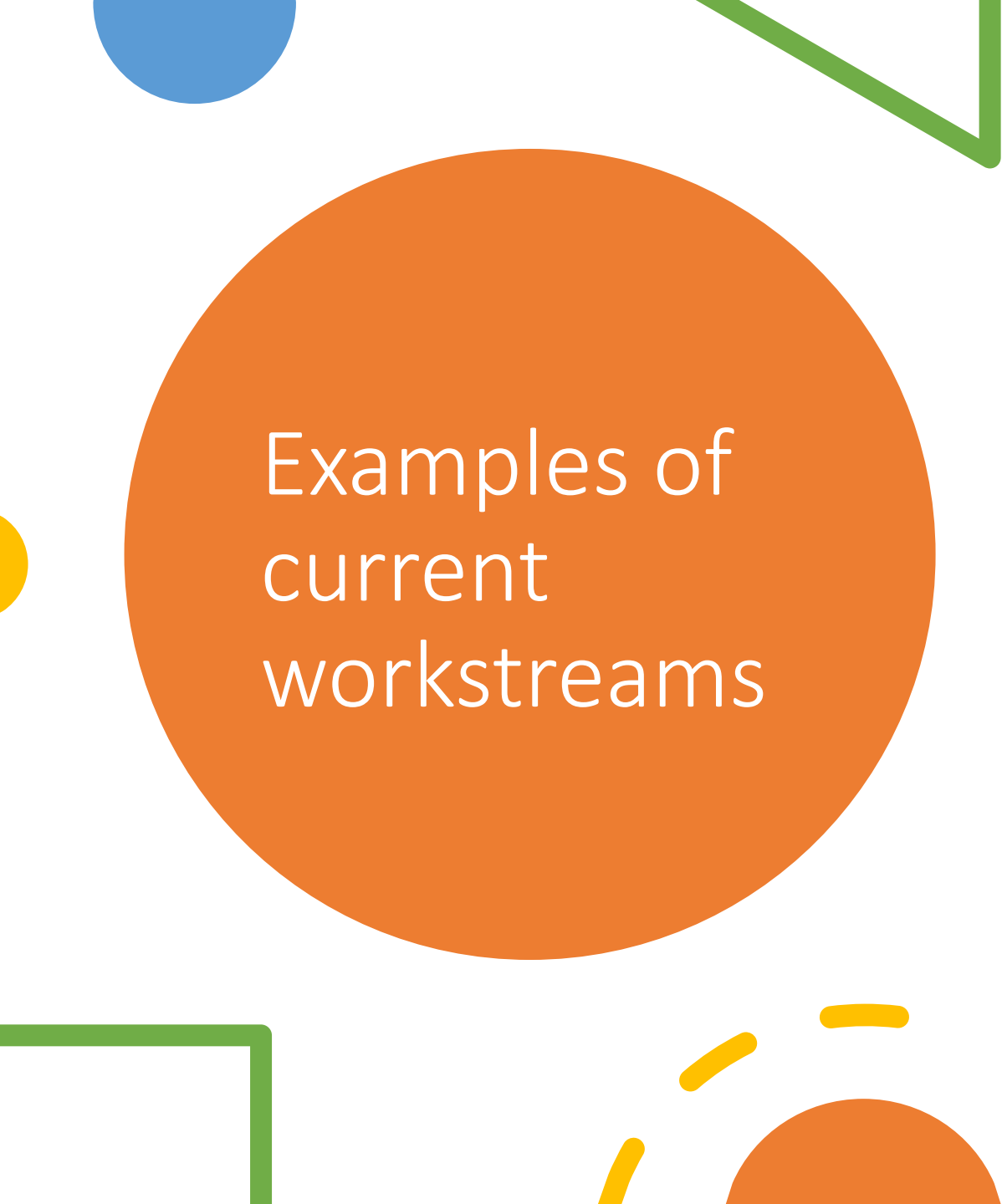
Our health and behaviours

- Smoking
- Diet
- Substance misuse
- Physical inactivity
- Sexual health



Integrated health and care system

- Right care, right place
- Prevention and early intervention



Examples of current workstreams

Health Inequalities

Local Action Network (LAN)

Personalisation

Children and Young People

Cancer

Prevention Plan

Enhanced Health in Care Homes

Urgent Emergency Care

Better Care Fund

Carers Board

Winter Planning

Intermediate Care

Workshop Questions

What examples do you have of working with health care services?

How can we ensure that local people are aware of what support services are available to them?

How could we, as Place teams, work together with you to improve outcomes for the local population?

How do we link in with you to work smarter – to ensure you're kept informed with our work?