

Central  
Bedfordshire  
Council  
Priory House  
Monks Walk  
Chicksands,  
Shefford SG17 5TQ



**TO EACH MEMBER OF THE  
CENTRAL BEDFORDSHIRE (SHADOW) HEALTH AND WELLBEING BOARD**

06 November 2012

Dear Councillor

**CENTRAL BEDFORDSHIRE (SHADOW) HEALTH AND WELLBEING BOARD -  
Thursday 8 November 2012**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the report marked 'to follow'.

**2. Joint Health and Wellbeing Strategy (JHWBS)**

To receive feedback on the outcomes of the consultation and to sign off the Strategy.

Should you have any queries regarding the above please contact Democratic Services on Tel: 0300 300 4032.

Yours sincerely

Martha Clampitt,  
Committee Services Officer  
email: [martha.clampitt@centralbedfordshire.gov.uk](mailto:martha.clampitt@centralbedfordshire.gov.uk)

This page is intentionally left blank

## Central Bedfordshire Shadow Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Joint Health and Wellbeing Strategy Consultation

**Meeting Date:** 8 November 2012

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

**Presented by:** Muriel Scott, Director of Public Health

---

**Action Required:**

1. Note and discuss the responses to the JHWS from the consultation
  2. Agree how this will inform the final strategy to be signed off by the board at its meeting in January 2013.
- 

<b>Executive Summary</b>	
1.	The consultation of the draft joint Health and Wellbeing Strategy (JHWS) commenced on the 9 August and closed on the 29 October 2012. This paper summarises the outcomes from the consultation and recommends changes to the strategy as a result of the consultation. The Board is asked to consider the responses and agree changes it wishes to see made to the final strategy.

<b>Background</b>	
2.	The consultation draft health and wellbeing strategy was approved by the board on the 5 July, subject to the inclusion of the proposed performance measures and targets.
3.	<p>The strategy and accompanying consultation questionnaire were placed on Central Bedfordshire Council's website and e-mailed to a wide range of organisations. Two public consultation meetings were held in October 2012. In addition presentations were made to the Central Bedfordshire Together Board, the Children's Trust, Adult Social Care Health and Housing Overview and Scrutiny Committee, the Carers Forum, Healthier Communities and Older People and NHS Bedfordshire and Luton Cluster Board.</p> <p>The detailed consultation report is appended.</p>

Consultation Summary																					
4.	<p>The JHWS was generally well received and there was a high degree of support for both the vision within the strategy and the priorities identified.</p> <p>86% of respondents either agreed or strongly agreed with the vision outlined within the JHWS. The table below shows the results for each priority.</p> <table> <tr> <th>Priority</th><th>% of respondents who agreed or strongly agreed</th></tr> <tr> <td>Improving the health of looked after children</td><td>96%</td></tr> <tr> <td>Safeguarding and Patient Safety</td><td>98%</td></tr> <tr> <td>Reducing Childhood Obesity</td><td>93%</td></tr> <tr> <td>Reducing teenage pregnancy</td><td>86%</td></tr> <tr> <td>Improving outcomes for frail older people</td><td>87%</td></tr> <tr> <td>Promoting Independence and choice</td><td>94%</td></tr> <tr> <td>Helping people make healthy lifestyle choices</td><td>95%</td></tr> <tr> <td>Improving mental health for children and their parents</td><td>98%</td></tr> <tr> <td>Improving mental health and wellbeing of adults</td><td>93%</td></tr> </table>	Priority	% of respondents who agreed or strongly agreed	Improving the health of looked after children	96%	Safeguarding and Patient Safety	98%	Reducing Childhood Obesity	93%	Reducing teenage pregnancy	86%	Improving outcomes for frail older people	87%	Promoting Independence and choice	94%	Helping people make healthy lifestyle choices	95%	Improving mental health for children and their parents	98%	Improving mental health and wellbeing of adults	93%
Priority	% of respondents who agreed or strongly agreed																				
Improving the health of looked after children	96%																				
Safeguarding and Patient Safety	98%																				
Reducing Childhood Obesity	93%																				
Reducing teenage pregnancy	86%																				
Improving outcomes for frail older people	87%																				
Promoting Independence and choice	94%																				
Helping people make healthy lifestyle choices	95%																				
Improving mental health for children and their parents	98%																				
Improving mental health and wellbeing of adults	93%																				
5.	<p>However there were some common themes emerging from the consultation which it is recommended should be considered for inclusion within the final strategy.</p> <p><b>Priority 1: Improving the health of looked after children</b></p> <ul style="list-style-type: none"> <li>Ensuring that the transition from children's to adult services is effective particularly for mental health and for looked after children requiring on-going support.</li> <li>Effective interventions to prevent children from becoming looked-after</li> </ul> <p><b>Priority 2: Safeguarding and Patient Safety</b></p> <ul style="list-style-type: none"> <li>Ensuring that the accommodation needs of vulnerable adults and children are met</li> <li>Including an indicator to assess the quality of discharge arrangements</li> </ul>																				

	<p><b>Priority 3: Reducing Childhood Obesity</b></p> <ul style="list-style-type: none"> <li>• Improve access to the natural environment to promote affordable physical activity</li> <li>• Recognise the importance of breastfeeding in preventing obesity</li> <li>• Recognise parental responsibility and wider societal role in the prevention and treatment of obesity</li> </ul> <p><b>Priority 4: Reducing teenage pregnancy</b></p> <ul style="list-style-type: none"> <li>• Recognise that whilst wanting to reduce teenage pregnancy, those who choose to have their baby should be well supported and not stigmatised</li> <li>• The focus is primarily on young women; consider evidence based interventions for young men.</li> </ul> <p><b>Priority 5: Improving outcomes for frail older people</b></p> <ul style="list-style-type: none"> <li>• Whilst supporting people to remain in their homes is desirable, this should not be at the cost of social isolation.</li> <li>• Development of suitable accommodation options</li> <li>• Carers needs should be supported</li> </ul> <p><b>Priority 6: Promoting Independence and choice</b></p> <ul style="list-style-type: none"> <li>• Recognise the vital support of family, friends and the wider community</li> <li>• Development of suitable accommodation options</li> </ul> <p><b>Priority 7: Helping people make healthy lifestyle choices</b></p> <ul style="list-style-type: none"> <li>• No reference to substance misuse (other than alcohol)</li> <li>• Improve provision and quality of accessible natural green spaces.</li> </ul> <p><b>Priority 8: Improving mental health for children and their parents</b></p> <ul style="list-style-type: none"> <li>• Ensure that a preventative and early intervention approach is taken including parenting skills programmes</li> <li>• Develop schools based programmes to promote emotional intelligence and resilience in children</li> <li>• No mention of autism</li> </ul> <p><b>Priority 9: Improving mental health and wellbeing of adults</b></p> <ul style="list-style-type: none"> <li>• Insufficient emphasis on adult at-risk of developing a mental health problem</li> <li>• Increase emphasis on dementia</li> <li>• Impact of accommodation on mental health is not mentioned</li> </ul>
6.	<p>A number of additional themes emerged from the consultation which it is recommended should be considered for inclusion in the final strategy:</p> <ul style="list-style-type: none"> <li>• Reducing inequalities should underpin every priority and used as a measure of success when possible</li> </ul>

	<ul style="list-style-type: none"> <li>• The impact of the environment e.g. green space and air quality on a number of priorities should be recognised.</li> <li>• Access to suitable and affordable housing impacts upon many outcomes.</li> <li>• Note the balance between personal and parental responsibility with public sector support.</li> <li>• No mention of the specific barriers to access experienced by people from Black and Minority Ethnic communities.</li> <li>• Include a glossary</li> <li>• Mapping to other strategies and links to where they can be found</li> </ul>
<b>Detailed Recommendation</b>	
7.	<p>It is recommended that the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• Note the responses to the JHWS from the consultation</li> <li>• Agree that the strategy be finalised taking into account the issues raised in sections 5&amp;6 of the report, detailing the performance measures and governance arrangements.</li> <li>• Agree that the final strategy and reporting arrangements will be presented to the board in January</li> </ul>
<b>Issues</b>	
Strategy Implications	
8.	The final JHWS influences the strategies of the Health and Wellbeing Board partners including the Clinical Commissioning Group.
<b>Governance &amp; Delivery</b>	
9.	<p>Delivery of the strategy will be achieved through a number of existing governance structures including the Children's Trust, Healthier Communities and Older Peoples Partnership Board and the Quality, Innovation, Productivity and Prevention (QIPP) Programme Boards. The lead agencies and officers for each priority will be identified within the final strategy.</p> <p>Importantly the recently established Central Bedfordshire Joint Strategic Commissioning Group, chaired by the Director of Public Health, ensures that an integrated approach is taken across all agencies and that services are commissioned to deliver the agreed priorities.</p> <p>Progress against each priority will be reported to the board approximately six-monthly and on a rolling programme.</p>
Management Responsibility	
10.	The Director of Public Health is accountable for overall delivery and the Assistant Director of Public Health is responsible for day to day delivery.

	However it should be noted that each priority will have a lead officer accountable for delivery.
Public Sector Equality Duty (PSED)	
11.	An equality impact assessment of the draft JHWS has been undertaken and did not identify any significant risks.
	Are there any risks issues relating Public Sector Equality Duty      No
	No                                      Yes <i>Please describe in risk analysis</i>

<b>Risk Analysis</b>
Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)
Full Consultation Report	Appended to this report

---

Presented by Muriel Scott



Bedfordshire Clinical Commissioning Group

# Central Bedfordshire Health and Wellbeing Strategy 2012-2016

August 2012  
(Consultation Draft)



## Consultation Report

November 2012



## **INTRODUCTION**

Health and Wellbeing Boards are a key element of the Health and Social Care Act. This will enable local authorities to deliver new duties and improve joined up working from April 2013.

Central Bedfordshire Shadow Health and Wellbeing Board, established in 2011, brings together those who buy services across health, social care, and children's services.

Underpinning the work of the Shadow Health and Wellbeing Board is the Central Bedfordshire Health and Wellbeing Strategy 2012 - 2013. This strategy outlines the proposed top priorities for improving the health and wellbeing of all people in Central Bedfordshire. Before launching the strategy it was important to consult widely on the issues to be addressed.

## **BACKGROUND**

The Health and Social Care Act places a duty on the local authority and clinical commissioning groups to develop a joint health and wellbeing strategy for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA).

The Joint Health and Wellbeing Strategy for Central Bedfordshire aims to improve the health and wellbeing of all but importantly to reduce inequalities by improving the health of the poorest fastest. There are three cross-cutting priorities:

- Improved outcomes for the 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 progress towards improved health and wellbeing in Central Bedfordshire.

The nine priority work programmes have been previously considered by the shadow health and wellbeing board and were also endorsed at a health and wellbeing stakeholder event in February 2012.

The priority work programmes are consistent with two of the emerging themes identified within the Joint Strategic Needs Assessment, that:

- Investing in early intervention and prevention (for both adults and children) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority

In broad terms, implementation of the strategy should deliver:

- Improvements in health of looked-after children
- Improved safeguarding and patient safety
- Reduced childhood obesity
- Reduced teenage pregnancy
- Improved outcomes for frail older people
- Increased independence and choice
- More people making healthier lifestyle choices
- Improved mental health for children and their parents
- Improved mental health and wellbeing for adults

### **CONSULTATION METHODOLOGY**

The consultation ran from Thursday 9<sup>th</sup> August 2012 – Monday 29<sup>th</sup> October 2012.

Copies of the document and a questionnaire were published both in paper form and online on a dedicated website [www.centralbedfordshire.gov.uk/consultations](http://www.centralbedfordshire.gov.uk/consultations). Respondents were also given the option of responding via telephone, letter (via freepost) or email. A variety of stakeholders were written to about the consultation including:

- Healthcare professionals
- Town & Parish Councils
- Members of the Bedfordshire Health Panel
- Voluntary and Community Organisations
- Members of the Health Partnership Boards
- Central Bedfordshire Residents
- Housing Agencies

The consultation was also promoted via the following methods:

- Evening Consultation Event in Dunstable
- Day Consultation Event in Flitwick
- Paper documents placed at all GP Surgeries and Pharmacists in Central Bedfordshire
- Paper documents placed at all Parish Councils in Central Bedfordshire
- A feature was placed in the Flitwick Papers and The Oracle
- Electronic newsletters to all NHS Bedfordshire staff, Clinical Commissioning Group Membership and Central Bedfordshire Council staff

This report is produced by the Central Bedfordshire Public Health Team and the Central Bedfordshire Council Consultations Team and seeks to present the top level responses and highlight key themes. It does not identify who made the comments referred to.

### **RESPONSES**

Overall 95 responses were received to the consultation. 51 came via the online response questionnaire, 12 via paper response and 32 via the consultation event. The following organisations responded:-

- Adult Social Care, Health and Housing Overview and Scrutiny Committee
- SEPT
- GP Practice
- NHS Bedfordshire and Luton
- Patient Participation Group Larksfield surgery, Stotfold
- Central Bedfordshire LINK
- La Leche League
- Stroke Association
- Patient Participation Group
- Central Bedfordshire LINK Board member
- La Leche League
- Pilgrim Homes, Sheltered Housing
- Member of The Older Persons Reference Group
- Barton-le-Clay Parish Council
- Parish Council
- Central Bedfordshire Council - Environment Policy Team
- Bedfordshire Police
- Sport England
- Medical Secretary
- Neuro Physiotherapy
- Existing Public Health Partner in CBC
- Registered Social Landlord
- CBC resident now and former Clinical Director for Child and Adolescent Mental Health in Birmingham

## RESPONSE SUMMARY

- There is a very high level of agreement with all of the priorities - the following priorities are the most agreed with over 90% support or above:
  - The vision of the Health & Wellbeing Strategy for Central Bedfordshire
  - Improving the health of looked after children
  - Safeguarding and patient safety
  - Reducing childhood obesity
  - Promoting independence and choice
  - Helping people make healthy lifestyle choices
  - Improving mental health for children and their parents
  - Improving mental health and wellbeing of adults
- The priorities with the least support are 'reducing teenage pregnancy' (87%) and 'improving outcomes for frail older people' (88%).

## RESPONSES

The table below shows the number of responses received for each priority.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	TOTAL
Looked after children	50	35	4	1	1	91
Safeguarding & Patient Safety	67	24	2			93
Childhood Obesity	40	45	4		2	91
Teenage Pregnancy	40	40	11	1		92
Frail Older People	55	25	11			91
Independence	55	31	4	1		91
Healthy Lifestyles	53	34	4	1		92
Mental Health for Children & Parents	64	23	1	1		89
Mental Health & Wellbeing for Adults	51	34	3	1		89

Respondents were given the chance to comment on each of the priorities. The following issues were raised by respondents. For brevity and clarity, comments have been paraphrased.

### Looked After Children

- Children in Care must be a first priority
- Partnership working is essential
- Access to services for transition from children's services to adult social care services
- Assistance for children in care (looked after children) but also those identified with difficult, challenging and chaotic crashes who are on the 'cusp' of becoming looked after children
- It's vital that support is offered to families with children in need in order to prevent, wherever possible, children coming into care
- Introduce voluntary "grandmas and granddads" for looked after children too
- Looked after children who also have profound disabilities still frequently have low priority when seeking health intervention and screening
- More supervision is required for looked after children
- Looked after children are more likely to require significant emotional and mental health support

### **Safeguarding & Patient Safety**

- Safeguarding against abuse or bullying of children and vulnerable people is vital
- Bullying in a family atmosphere can be a real problem
- The word protection is missing
- There is a lack of provision of suitable accommodation of all degrees of Vulnerable adults and children
- Vulnerable people and those with physical and learning disabilities need to have their views respected

### **Childhood Obesity**

- BeeZee bodies is a subscription service, one which perhaps few families of the target group can afford.
- Responsibility of overweight children should be down to the parents / carers
- A commitment should be made to improve access to the natural environment to promote physical activity
- Breast feeding not mentioned - can impact on mental health and obesity
- Lack of information and up to date knowledge around food allergies and intolerances i.e. nuts - as always changing
- More support for families - using wider networks around healthy eating as a stigma can be produced around constantly eating healthy i.e. becoming too thin

### **Teenage Pregnancy**

- Important that young mums are supported and that the extreme pressures upon them are recognised by agencies.
- Avoid any stigma of teenage pregnancy
- Important to have stable support

### **Frail Older People**

- More support for the elderly in their own homes
- Independent living can make the elderly more vulnerable - independent and personalised choices within a safe environment with help at hand is a better option than trying to make someone remain independent alone in unsuitable accommodation, this could also apply to people with mental health issues and disabilities
- Availability to down size which is affordable
- Suitable accommodation still around their families for support
- Support needs of carers

## **Independence**

- Independence is more achievable with the willingness of partners and neighbours
- Family and relationships is key
- Link to housing options available
- Ensure housed within the community they have lived
- Emphasise 'choice'

## **Healthy Lifestyles**

- Commitment to the environment to promote physical activity and provide the infrastructure needed to encourage people to make healthy lifestyle choices by improving the provision and quality of accessible natural green spaces
- Mention of alcohol abuse, but no reference to other substance misuse

## **Mental Health – Children**

- Preventative and early intervention approach to child and adolescent mental health
- Programmes to develop parenting skills
- Programmes in schools to develop emotional intelligence and resilience in children
- Change wording to include parents, carers etc not just mothers
- Age of children to be identified
- Breast feeding not mentioned - can impact on mental health and obesity

## **Mental Health & Wellbeing for Adults**

- Provide appropriate responses to people in crisis
- People should be able to remain active and supported in their own
- Improved access to the natural environment will promote improvements to mental health and wellbeing
- Not enough emphasis on adults at risk of developing a mental health problem / issue
- Trying to make someone remain independent alone in unsuitable accommodation, could result in mental health issues

## **Other Issues**

- Health and wellbeing of travellers
- More emphasis on the environment
- Improving air quality in Central Bedfordshire
- The use of sports facilities, such as those found in many schools and training volunteers (for free) who could supervise children out of hours thus encouraging young people to participate in sports during their

holidays and evenings (which would probably have the bonus of discouraging them from smoking and help to prevent obesity)

- Breastfeeding is something that is recognised as being a safety net for the disadvantaged, and to be one of the things that is most important when addressing health inequalities
- Access to suitable and affordable housing for people who are identified as in need, to maximise their ability to achieve good health outcomes
- Perhaps a focus on health being a collaborative responsibility between authorities and the patient too!
- Carers need support
- Social Services need to co-operate more effectively with schools
- Early intervention and prevention should be a major priority in all areas in order to reduce future costs
- Barriers experienced by people from BME communities
- Central Bedfordshire – due to its rural and geographically large district, can be a challenge

### **Respondents were also asked the following:**

#### **Do you have any other comments about the Draft Health and Wellbeing Strategy for Central Bedfordshire?**

63 respondents chose to give a comment. One of the most common issues that people suggested should be a priority was addiction and substance misuse not just alcohol. A range of other issues were covered and below are some key quotes from responses:-

#### **Addiction and Substance Misuse**

*'Ensure alcohol and drugs are individual, especially where they lead to criminal outcomes impacting on the community'*

*'There was no mention of addiction or how to tackle it'*

#### **Health & Wellbeing**

*'Ensuring that Children and Adults who have profound disabilities and need in- house hospital treatment have access to a carers bed adjacent to the patient to ensure continuity of care and advocacy. Currently it can be made available for children but NOT adults'*

*'By at least acknowledging that someone's accommodation and state of where they are living is fundamental to achieving many of the outcomes this strategy hopes to effect change upon'*

#### **Obesity**

*'You talk about child obesity, but not about improved diets or adult obesity'*

**Older People**

*'Please give some consideration to us older independent people, we also need suitable housing at affordable prices so that our larger homes can become available for family occupation'*

**Achieving the Outcome**

*'Good practices need to be put in place and monitored and constructive criticism taken on board'*

*'Please consider placing a key objective in to engage with housing partners to ensure that housing issues are tackled in tandem'*

*'The Health & Wellbeing Strategy is excellent BUT as always we, as residents, wonder if you can actually achieve your targets'*

*'I hope this challenging strategy will have some good outcomes; it is going to be really difficult to do in the present economic climate, not that it will be easy at any time'*

*'This is a fantastic project that I will support where I can and I wish Central Beds success'*