
Meeting: Shadow Health and Wellbeing Board

Date: 29 May 2012

Subject: Outline Health and Wellbeing Strategy

Report of: Muriel Scott, Director of Public Health

Summary: This report outlines the priorities previously identified for the Health and Wellbeing Strategy in Central Bedfordshire and a proposed structure for the report.

The priorities broadly align with the needs identified in the re-freshed JSNA.

Advising Officers: Muriel Scott, Director of Public Health, Julie Ogle, Director of Adult Social Care, Health and Housing, Edwina Grant, Director of Children's Services and Dr Judy Baxter, Director, Bedfordshire Clinical Commissioning Group

Contact Officer: Celia Shohet, Assistant Director of Public Health

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The Health and Wellbeing Strategy should support all of the council priorities:

- Enhancing Central Bedfordshire – creating jobs, managing growth, protecting our countryside and enabling businesses to grow.
- Improved educational attainment.
- Promote health and wellbeing and protecting the vulnerable.
- Better infrastructure – improved roads, broadband reach and transport.
- Great universal services – bins, leisure and libraries.
- Value for money – freezing council tax.

Financial:

1. None at present. The priorities within the strategy should however influence resource allocation within the constituent organisations of the board.

Legal:

2. Duties and powers relating to the functions of the Health and Wellbeing Boards are as detailed in the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') and as amended by the Health and Social Care Bill 'the Bill' which will come into force on 1st April 2013.

Risk Management:

3. None at present.

Staffing (including Trades Unions):

4. Not Applicable.

Equalities/Human Rights:

5. Reducing inequalities is fundamental to the work of the shadow board.

Public Health

6. The Health and Wellbeing Strategy outlines the immediate priorities for improving health and wellbeing within Central Bedfordshire. This is based upon the needs identified within the JSNA.

Community Safety:

7. Not Applicable.

Sustainability:

8. Not Applicable.

Procurement:

9. Not applicable.

RECOMMENDATION(S):**The Board is asked to:**

1. **Consider whether the priorities identified to date remain those that the board wishes to proceed with in the medium term.**
2. **Agree that the strategy is developed further in the proposed format prior to the next board meeting.**
3. **Agree the timescale for both the strategy and the priorities**

Background

10. The priorities for improving outcomes for children were agreed by the shadow health and wellbeing board in November 2011. These are the same as those identified within the Children's and Young Peoples Plan and are:
 - Reducing teenage pregnancy
 - Reducing childhood obesity
 - Improving mental health for children and their parents
 - Improving the health of looked after children.

11. The priorities for adults and older people were agreed by the shadow board in March 2012 and are:
 - Prevention and Early Intervention
 - Improving outcomes for frail older people
 - Improving mental health and wellbeing
 - Safeguarding and Patient Safety
 - Promoting Independence and Choice
12. The Joint Strategic Needs Assessment (JSNA) has recently been re-freshed and helps to identify gaps in provision, identifies where inequalities exist and should inform future investment and disinvestment decisions to maximise health and wellbeing at optimum cost.
13. The emerging themes from the JSNA are 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
 - Improving educational achievement and all-age skills will have a significant impact upon a wide range of outcomes
 - There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

Scope of the Health and Wellbeing Strategy

14. The Health and Wellbeing Strategy (HWBS) aims to improve the health and wellbeing of all but importantly to reduce inequalities by improving the health of the poorest fastest. The timescale for the strategy has not been established but it is proposed that it covers the period 2012-16 but the priority areas cover 2012-14 initially and are reviewed after one year.
15. Bedfordshire Clinical Commissioning Group will need to take account of the strategy when developing its own strategy and commissioning plans.
16. The HWBS will contribute to one of the priorities within the MTP, to promote health and well being and protect the vulnerable.

Structure and development of the Strategy

17. It is not intended that the health and wellbeing strategy is a lengthy document, details will be within associated delivery plans for each priority and relevant commissioning plans. The proposed structure is set out within appendix A and has some similarity with the structures used for the MTP and the Sustainable Communities Strategy.

18. The strategy will be presented to the shadow board in July 2012, followed by a period of public consultation. The forward plan indicates that the final strategy will be agreed by the board in September 2012, but this will be dependent upon the consultation period.

Success Criteria

19. The health and wellbeing outcomes (which will be identified for each priority) will be regularly reported to the board, although the process for this has not yet been determined. The board should also require evidence that inequalities are being reduced over the period of the strategy.
20. There should also be evidence that services to address the priorities have been commissioned effectively to deliver integrated care across the NHS and local government. This could be through assessing whether those using / in receipt of services are receiving effective integrated and personalised care.

Appendices:

Appendix A – Proposed structure of the strategy

Foreword

By Cllr Tricia Turner and Dr Paul Hassan
Including purpose of the strategy

Health and Wellbeing in Central Bedfordshire

A brief overview of Central Bedfordshire as a place from the JSNA

Vision

What will health and wellbeing look like for the residents of Central Bedfordshire? By 2014, this will mean that – illustrated with each priority

Our Priorities 2012-14

A one summary page – see last page of report for illustration

Then for each priority – one page detailing (illustrated by childhood obesity – these are currently being completed for the other priorities prior to going to the HWB)

Our Priority

Headline for each 'Promoting / Reducing / Ensuring'

Increasing the number of children who are a healthy weight from xx to yy
(to be provided later)

Why it's important

Key facts and figures from the JSNA (or other source) - why this is an identified priority

Currently 1 in 5 children in the most deprived areas are obese by the time they reach year 6. In the rest of Central Bedfordshire 1 in 7 children are obese by year 6.

Conditions linked with obesity in childhood include low self esteem, depression and musculo-skeletal problems. As overweight and obese children are more likely to go on to become obese adults, they are then at increased risk of type 2 diabetes, cardiovascular disease, respiratory conditions, and certain cancers. There is an exponential rise in risk as the level of obesity increases.

Preventing and reducing obesity in childhood will increase healthy life expectancy and reduce health inequalities.

What we will do

Describing the difference they will see by broadly what we will have done e.g. increased / addressed / developed / improved / supported

We will have provided family based treatment programmes for managing childhood obesity targeted in the areas where obesity levels are highest (BeeZee Bodies and BeeZee Tots)

We will support schools to provide high quality physical activity and healthy eating through programmes such as Making the Most of Me and Change 4 Life

We will support pregnant women who are overweight or obese to introduce healthy living choices and reduce weight gain in pregnancy

There will be an active travel plan which encourages higher levels of physical activity

How we will measure our progress

Outcome measure to be used and target associated with each – timescales may vary according to target. These must include inequalities measures wherever possible to check that we are improving the health of the poorest fastest.

Levels of Obesity in children in reception and year 6

Inequalities in levels of obesity between the 20% most deprived wards and the rest

Children and young people's participation in high quality PE and sport

Numbers enrolled in BeeZee Tots and BeeZee Bodies

How we will report on progress and delivery

CENTRAL BEDFORDSHIRE HEALTH & WELLBEING STRATEGY PRIORITIES 2012/14

**Teenage
Pregnancy**

**Childhood
Obesity**

**Looked
After Children**

Mental Health

**Prevention and
Early
Intervention**

Frail Older People

**Safeguarding
and Patient
safety**

**Independence
and Choice**

WHAT WE WILL DO

We will
Increase the
number of
children who
are a healthy
weight

INDICATORS

Levels of
Obesity in
children in
reception and
year 6
Inequalities in
levels of
obesity
Children and
young
people's
participation in
high quality
PE and sport