NHS
Bedfordshire
Clinical Commissioning Group

Central Bedfordshire Health and Wellbeing Strategy 2012-2016

April 2015 Refresh

Foreword

The Health and Wellbeing Strategy outlines our vision for improving health and wellbeing and reducing health inequalities in Central Bedfordshire. The first strategy, agreed by the Board in 2013, was broad in its ambition and contained nine priorities. We have reflected on the effectiveness of this approach and this refresh has been driven by the Board's desire to focus on the four priorities and outcomes where we believe that the Health and Wellbeing Board, working together in partnership, can make the biggest difference to the lives of local people. The Joint Strategic Needs Assessment (www.centralbedfordshire.gov.uk/jsna) informed this review and has helped identify the areas of focus for the Board.

Whilst the health and wellbeing of Central Bedfordshire's residents is generally good, we are determined to make it better and importantly to ensure that *everyone* has improved health and wellbeing.

Our health and wellbeing is influenced by the conditions in which we live such as housing, employment, education and the environment, as well as by services provided by the public sector. We will therefore be working closely with our partners in the voluntary sector, employers and, of course, local communities.

In the current economic climate we need to be sure that we are making the biggest difference to health and wellbeing with the resources available. Consequently the priorities identified have a particular focus on prevention and early identification to minimise the long term consequences of poor health and wellbeing for residents and to reduce demand for services.

To ensure that we can see the difference we are making to people's lives, we have identified the outcomes we want to deliver.

Cllr Tricia Turner,
Chair of Central Bedfordshire Health and Wellbeing Board

Health and Wellbeing in Central Bedfordshire

Central Bedfordshire is predominantly a rural location, with just over half of the population living in rural areas, and is considered to be a highly desirable place to both live and work.

The population in Central Bedfordshire is growing significantly. In 2001, 230,000 people lived in Central Bedfordshire, rising to around 264,500 by 2013 and is expected to increase further to 287,300 by 2021 – put another way for every 100 people living in Central Bedfordshire in 2001, there will be 125 people living in the area by 2021

The biggest increase will be in people aged 65 and over which has significant implications for future health and social care needs.

The main drivers of the rising population are increasing life expectancy, a rising birth rate and inward migration. There are significantly more births in Central Bedfordshire than deaths and also more people arriving in the area than moving away.

Average life expectancy at birth in Central Bedfordshire is increasing and in 2010-12 life expectancy was 80.5 years for men (79.5 years in 2008-10) and 84 years for women (83.6 years in 2008-10), which is better than the national average. Life expectancy is increasing at the rate of about 3.5 years for men and 2.5 years for women every decade.

There is however a gap in life expectancy within Central Bedfordshire between those 20% of the population living in the most deprived areas compared with the least deprived. However, this gap appears to be reducing for both men and women. In 2010-12 life expectancy was 6.6 years lower for men (8.0 years in 2009-11) and 5.4 years for women (6.3 years in 2009-11) in the most deprived areas of Central Bedfordshire compared to the least deprived areas.

Many deaths before the age of 75 years are avoidable, so there is an increasing focus on reducing these, particularly in the most deprived areas and in vulnerable groups within the population. The biggest causes of deaths under 75 are cancer, heart disease and stroke.

There are a number of common themes which emerged from the recent re-fresh of the Joint Strategic Needs Assessment:

Investing in early intervention and prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people.
There is **no health without mental health** and poor mental health has a significant impact on physical health, therefore improving mental health and wellbeing remains a high priority.
Improving **educational attainment and all-age skills** will have a significant impact upon health and wellbeing.
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.

These themes have been used to inform the priorities within the strategy. The responsibility for improving educational attainment rests with schools and is a priority within the Children's and Young People's Plan overseen by the Children's Trust. Action to address educational attainment has therefore not been included within this strategy.

Vision

What will health and wellbeing look like for the residents of Central Bedfordshire?

Our vision is to ensure that Central Bedfordshire is:

A place where *everyone* can enjoy a healthy, safe and fulfilling life and is recognised for its outstanding and sustainable quality of life

We will do this by working in partnership with our communities and residents to improve their health and wellbeing

There are a number of principles which inform how we will work together to improve health and wellbeing:

Reducing inequalities by tackling the wider determinants of health

Whilst working to improve everyone's health and wellbeing, we will strive to reduce inequalities in health by improving the wider (or social) determinants of health for those in greatest need.

Focusing on prevention and early intervention

Wherever possible we will enable children to have the best start in life and then take actions which prevent poor health and wellbeing throughout life. If someone does need additional support to stay well then this should be identified as early as possible.

Acting upon Patient and Customer Experience

We will listen to and use the experience of customers to ensure that services are responsive and designed to meet their needs.

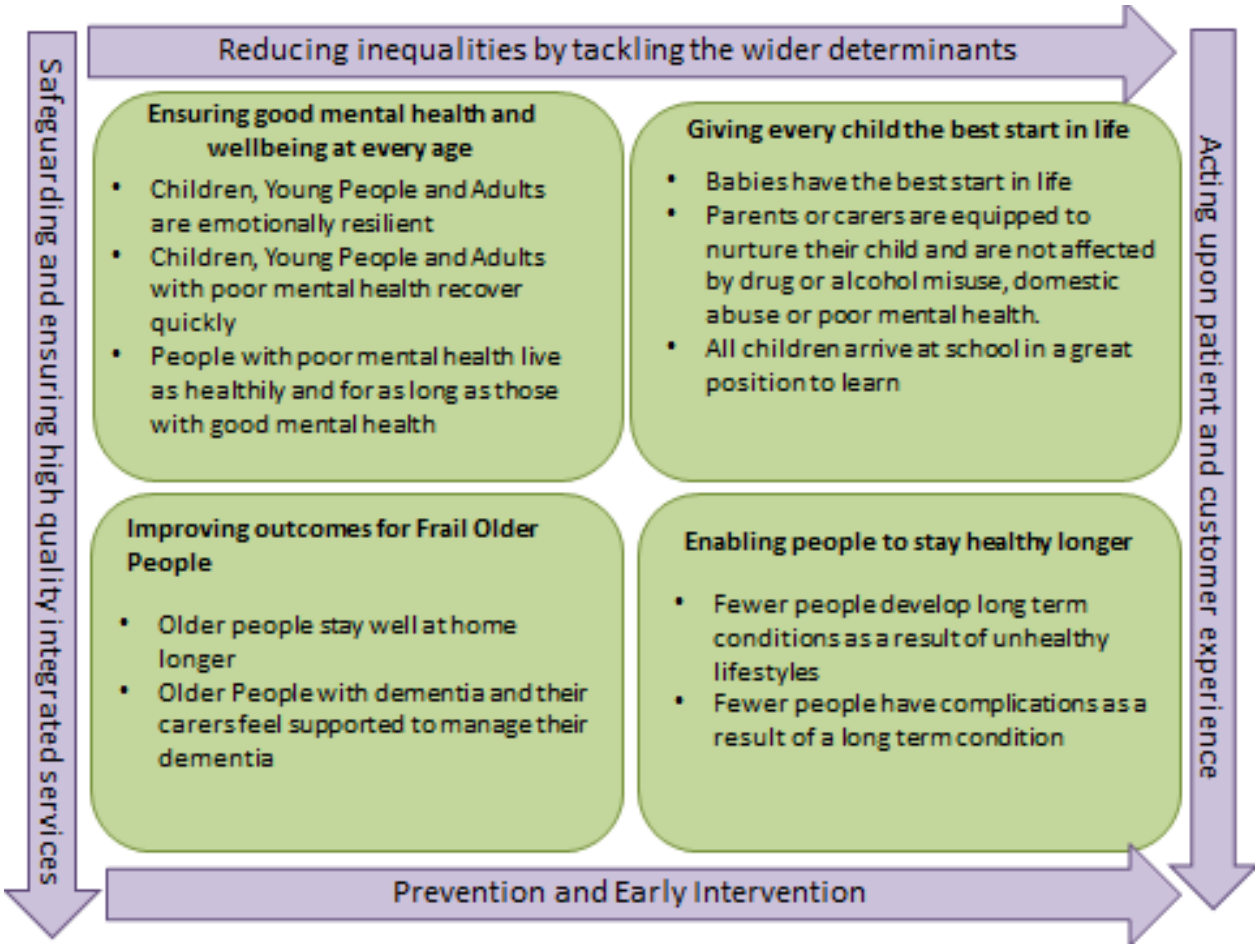
Safeguarding vulnerable residents and ensuring high quality integrated care

We will ensure that solutions safeguard vulnerable residents and that care delivered improves patient care and experience through improved coordination between health, social care and the community and voluntary sector.

Our Priorities

Informed by the JSNA we have identified four cross cutting priorities where we want 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



We know that these are broad priorities and will require action over a long period of time with many partners. Whilst not wishing to lose this broad ambition, the Health and Wellbeing Board wants to deliver change and has therefore identified a number of key issues which will be tackled as priorities in this refreshed strategy

Ensuring good mental health and wellbeing at every age

The key issue to be tackled is

To improve emotional wellbeing and self esteem throughout life

Why it's important

Good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential. However, poor mental health is quite common; at least one in six people will experience a mental health problem in any one year and mental health illness is the leading cause of long term absence from work. It affects any age group; 10% of 15-16 year olds experience mental health illness. Older people are at increased risk of depression due to factors such as retirement, social isolation, bereavement, and physical illness or disability.

People with a diagnosed mental health illness can have a reduced life expectancy, on average 15.9 years for males and 12 years for females compared to people without mental health illness. Over 75% of this difference is attributed to physical conditions such as cardiovascular disease and cancer, driven in large part by high rates of smoking.

Improving mental health and wellbeing is fundamental; it has been recognised that prevention, early identification and addressing stigma are all key to improving outcomes and giving people the knowledge and confidence to talk about their own mental health.

What we will do

Ensure excellent maternal mental health by identifying early those women who have poor mental health through antenatal and postnatal maternal mood assessments.
Help children to become more resilient by ensuring that early years practitioners have the knowledge, understanding and skills to develop young people's social and emotional wellbeing.
Increase the early identification of children who are at risk of poor mental health and ensure that they have access to appropriate services. We will also undertake a school-based. survey to understand the local picture of emotional resilience in more depth and the actions required.
Improve the physical health of those with mental health illness by ensuring good access to healthy lifestyle support, particularly to stop smoking and become more physically active.
Support employers to participate in workplace health initiatives.
Increase the understanding of mental health and wellbeing and reduce stigma.

The outcomes we want to achieve *(target or baselines where available)*

Summary measure: Fewer people with serious mental illness dying prematurely

More women with mental health issues around pregnancy identified early and offered support. (*Increase the percentage of new mothers assessed from 50% to 90%)*
Improved emotional wellbeing and self esteem in children and young people
Improved physical health of those affected by mental health illness
More people with mental ill health being supported to enter or maintain their employment

Giving every child the best start in life

The key issue to be tackled is

To ensure that children arrive at school ready to learn

Why it's important

If a child arrives at school in a good position to learn they are much more likely to achieve the best outcomes.

A good education is essential to counter socio-economic disadvantage and to break the intergenerational cycle of poor achievement and poverty. If children are not able to take advantage of all the learning opportunities available from the very earliest age, their future success could be jeopardised.

Although the proportion of children in Central Bedfordshire arriving at school ready to learn has been increasing, it remains below many similar authorities.

What we will do

Increase the proportion of children undergoing the integrated health and early years check at 2-2.5 years.
Ensure consistent messaging from professionals about what being school ready is, then provide support, challenge and advice to families when required.
Explore the possibility of a comprehensive school entry assessment covering health and school readiness to ensure that children who may not be school ready are supported early and appropriately.
Further develop the parenting offer for families with children under 5, focusing on increasing the willingness of parents to be involved in their children's learning.
Set up an Early Reading Forum consisting of schools and a wide range of early years providers to support improved literacy.
Enable the sharing of best practice on transitions from early years provision to mainstream school.

The outcomes we want to achieve *(target or baselines where available)*

Summary measure: Improved Scores in Good Level of Development in Foundation Stage Profile Assessments *(from 57.2% of children to at least the national average)*

More early years settings and schools reporting children who are toilet trained by age 3.
Increased numbers of children demonstrating that they are able to open and enjoy a book.
More children arriving at school able to use a knife, fork and spoon.

Enabling people to stay healthy longer

The key issue to be tackled is

To improve outcomes for people with Cardio Vascular Disease

Why it's important

Unfortunately each year over 100 people in Central Bedfordshire die prematurely (defined as before the age of 75 years) from preventable Cardio Vascular Disease (CVD) and for women this is higher than other similar local authorities. We know that most premature deaths from CVD are preventable and relate to 9 modifiable risk factors: diabetes, high blood cholesterol, high blood pressure, psychological stress, overweight/ obesity, smoking and tobacco use, unhealthy diet, excess alcohol consumption and insufficient physical activity. There is also evidence to suggest that maternal nutrition and air pollution may also be linked.

The good news is that if people adopt healthy lifestyles, in most instances, CVD can be prevented or its onset delayed. If someone does develop CVD and it is identified early and managed well, then outcomes can be improved for both those affected and their families.

What we will do

We need to ensure that residents are supported to adopt as healthy a lifestyle as possible through programmes such as the stop smoking service, community alcohol liaison workers and weight management programmes. We also want to ensure that people are physically active whether that is through everyday activities, leisure services, sports and clubs or enjoying the natural environment.

The Healthcheck programme is effective ways to identify people at high risk of CVD as early as possible, so we want more people take up this offer. We are also working with General Practices to ensure that all patients get the best quality of clinical care and are helped to manage their own condition wherever possible.

The Health and Wellbeing Board also identified that it wants to lead by example and provide healthy workplaces where staff are encouraged to be healthy and physically active during their working day. The support that staff are given in the workplace will impact positively upon their families and friends.

The outcomes we want to achieve *(target or baselines where available)*

Summary Measure: Fewer people dying prematurely from cardiovascular disease (*currently ranked 17 out of 150 local authorities)*

Primary prevention: fewer people smoking *(currently 15%),* fewer people with excess weight (*currently 69.1% of adults)* fewer people who are inactive *(currently 28.4%),* fewer people drinking alcohol to harmful levels

Early Identification: Increased uptake of Healthchecks (*currently 78% of target)*

Management of CVD: Improved outcomes and reduced variation in clinical care e.g. more people whose blood pressure and cholesterol is within the desired range

Improving outcomes for Frail Older People

The key issue to be tackled is

Reducing loneliness and isolation to improve wellbeing in older age

Why it's important

People are living longer and the population aged over 85 years is projected to increase from 4,770 in 2011 to 7,317 in 2021, which equates to a 53% increase. Unfortunately a proportion of older people are at risk of or are experiencing loneliness because of factors such as health issues, bereavement, being a carer or living alone. It is estimated that around 20% of older people feel lonely and half of those feel very lonely.

Loneliness and isolation can result in a poorer quality of life for older people and lead to increased use of expensive health and social care services

However effective prevention measures are relatively low cost and addressing loneliness and isolation can result in stronger communities in which older people play a greater role. Older people are very much an asset to their community so their increased participation will help to develop more resilient and inclusive communities where people help each other and themselves.

What we will do

Ensure that people know where they can go to get help and support
Promote volunteering and other opportunities to share knowledge, skills and experience e.g. time banking, for people of all ages to promote intergenerational activities
Use the valuable information from Silver line to enable us to provide support in the areas where it is needed most
Provide choice in the accommodation available for older people, ensuring that developments promote social inclusion
Promote local social opportunities outside the home such as health walks, library, leisure and educational activities

The outcomes we want to achieve *(target or baselines where available)*

Summary measure: More adult social care users[1] reporting that they have as much social contact as they would like (*currently 45.8%)*

More people receive Information and Advice
More independent Living Schemes and Apartments *(currently 4 schemes, 133 apartments)*
Numbers of older people accessing Health walks and other activities through leisure centres
More volunteering opportunities *(currently 775 volunteers in Good Neighbour and Village Care Schemes, 1 Time bank scheme with 38 exchanges)*
Fewer older people who are depressed (c*urrently 51.8% of adults receiving social care are moderately or extremely anxious or depressed; 8.2% feel extremely anxious or depressed)*

[1] We have used this as a proxy measure as there is currently no measure loneliness and isolation in older people