

# CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

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## Joint Health and Wellbeing Strategy Refresh

Responsible Officer: Muriel Scott, Director of Public Health  
Email: Muriel.Scott@centralbedfordshire.gov.uk

Advising Officers: Vicky Head, Public Health Registrar and Celia Shohet, AD  
Public Health  
Email: Vicky.head@bedford.gov.uk Celia.Shohet@centralbedfordshire.gov.uk

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### Purpose of this report

1. To set out the background and context for refreshing the Joint Health and Wellbeing Strategy (JHWS) and present a proposed approach for the development of the strategy.

### RECOMMENDATIONS

**The Health and Wellbeing Board is asked to:**

- 1. Note the background and context to the development of the refreshed Health and Wellbeing Strategy**
- 2. Agree the proposed process and timeline for the development of the strategy**
- 3. Note the potential areas of focus identified**

### Issues

Background

2. Previous Health and Wellbeing Strategies for Central Bedfordshire, agreed by the Board in 2013 and 2015, have taken different approaches to focus the Board's ambition to improve health and wellbeing. Initially taking a broad perspective but subsequently focusing on areas where the Board, working in partnership, could make the biggest difference to the lives of local people.

3. The decision to refresh the strategy reflects the need to keep the strategy up to date, recognising both that the wider strategic context has changed and that the areas of focus need reviewing.
4. Since the previous strategy was agreed, Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP) has been established. The BLMK STP has the 'triple aim' of improving health and wellbeing for residents, improving the quality of health and care services with more joined-up working, and tackling the financial and workforce challenges across the system.
5. The STP is driving ambitious changes to health and social care services at scale and at pace. The Health and Wellbeing Board through its associated strategy should describe the local 'place based' ambitions for Central Bedfordshire. The delivery of which is supported by the transformation boards.

#### Strategy development

6. The potential reach of the Health and Wellbeing Board (HWB) is broad. Developing an effective strategy, which balances breadth and ambition with sufficiently specific and deliverable areas of focus, and is relevant to and important for all partners, is challenging. Through the development of the strategy, however, the Board has the opportunity to highlight priorities for the system while also identifying the areas where the Board is uniquely placed to act.
7. The Board may find the following LGA framework helpful when considering the Board's role and priorities. This recognises that the Board's role varies in relation to different issues and could help the Board to be clear about its specific role in relation to different areas of concern.

**Focus:** The HWB initiates and drives new action, which is unlikely to be initiated and co-ordinated elsewhere

**Watch:** The HWB actively monitors that appropriate actions are taking place, for examples to deliver national priorities or local plans which have already been approved

**Encourage:** The HWB encourages other Boards or organisations to deliver health and wellbeing outcomes, without directly initiating or performance monitoring associated actions

#### Emerging priorities

8. Development of the Strategy is informed by the evidence in the Joint Strategic Needs Assessment of the health and wellbeing needs of people in Central Bedfordshire. A reminder of themes highlighted in the JSNA are given in Appendix 1; the complete JSNA is available online: <https://www.jsna.centralbedfordshire.gov.uk/jsna/>

9. Following presentation of the 2016/17 JSNA at the Board in July, the following areas were noted as potentially benefiting from action across the system:
  - improving the emotional health and wellbeing of children and young people;
  - preventing and minimising the impact of air pollution;
  - the prevention and management of falls;
  - reducing social isolation; and
  - the prevention and management of diabetes.
10. Additional potential priorities have since been proposed
  - homelessness, including 'sofa surfing' and families in temporary accommodation, following a rise in numbers;
  - new housing developments, noting that the newly published Local Plan sets out aspirations to build 42,600-55,000 new homes between 2015 and 2035, including 23,000 already committed. There are opportunities to strengthen links between planning and health to ensure that housing and development plans for new communities promote health and wellbeing for current and future residents.
11. These potential areas of focus are not exhaustive and Members of the Board will have the opportunity to debate these and suggest other areas of interest through the development of the strategy.
12. The Board may wish to consider putting greater evidence on 'place' and the wider determinants of health in the revised strategy.

#### Process and timeline

13. The proposed steps for the development of the strategy are as follows:
  - The Board development session in February 2018 will focus on the Strategy and will aim to agree the Board's priorities and plans for wider consultation/engagement.
  - A draft strategy will be brought to the March Health and Wellbeing Board for discussion.
  - A period of consultation/engagement on the draft Strategy will follow, including a Board development session, discussions with other partnership groups, CCG executive and wider stakeholders.
  - The final strategy will be brought to the July 2018 Health and Wellbeing Board for sign-off.
  - Following this, the Strategy will be presented to Bedfordshire CCG Governing Body and Central Bedfordshire Council Executive.

#### **Financial and Risk Implications**

14. The objectives of the strategy will need to be delivered within existing resources, but opportunities to obtain national or regional funding to support the aims of the strategy may be sought. If an effective Health and Wellbeing Strategy cannot be agreed then there is a risk that

partnership working to improve local health and wellbeing will stall and health gains will not be achieved.

### **Governance and Delivery Implications**

15. The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy (Health and Social Care Act 2012).

### **Equalities Implications**

16. 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.
17. Identifying and reducing inequalities will be a central theme of the Health and Wellbeing Strategy.

### **Implications for Work Programme**

18. The draft strategy will be brought to the March Board meeting.

### **Conclusion and next Steps**

19. The development of a refreshed Health and Wellbeing Strategy provides an opportunity for the Board to re-focus in light of the evolving strategic context and latest evidence of local needs.

### **Appendices**

The following Appendix is attached:

20. Appendix 1: Central Bedfordshire Joint Strategic Needs Assessment 2016/17

This appendix sets out areas of focus highlighted in the executive summary of the JSNA. The JSNA findings were presented to the Board in July 2017.

The complete executive summary and supporting information are available through an electronic link:

<https://www.jsna.centralbedfordshire.gov.uk/jsna/>

## **Appendix 1: Central Bedfordshire Joint Strategic Needs Assessment 2016/17**

### **1. Wider determinants of health**

- The impact of air pollution is gaining recognition as a public health issue and although air quality is generally good in Central Bedfordshire, tackling the effects of pollution in the three air quality management areas (Dunstable, Ampthill and Sandy) remains a high priority.
- Central Bedfordshire is a safe place to live and work but there are pockets where crime and community safety concerns are higher. Hotspot areas continue to be the town centres, with Dunstable Town Centre remaining the largest generator of incidents.
- Based on long-term migration trends and local demography, 20,000 - 30,000 homes are needed to meet local demand up to 2031. The demand for family housing (2, 3 and 4 bedroom homes) is expected to continue.

### **2. Starting and developing well**

- Improving educational outcomes remain a priority particularly for Key Stage 2 and for disadvantaged pupils.
- Evidence from Looked After Children case reviews suggests there are a number of core issues leading to family breakdown that need to be tackled – notably domestic abuse, substance misuse, parental mental health and disengagement of parents from the support offered and their capacity to effect lasting change. Criminality was also found to be a parental risk factor.
- Adverse Childhood Experiences (stressful events that children can be exposed to whilst growing up) are one of the strongest predictors of poor health and social outcomes in adults, therefore minimising the impact of these through early identification and support is key.
- Emotional health and wellbeing of parents, children and young people remain a high priority.

### **3. Living and Working Well**

- The population level challenges around improving lifestyle remain. A higher percentage of adults are classified as overweight or obese and the impact of alcohol abuse continues to rise as indicated by alcohol related admissions. However the proportion of adult smokers continues to fall and the proportion of the population classified as active has increased.
- Driven in part by high levels of excess weight, the prevalence of diagnosed diabetes in adults aged 17 and over continues to rise and premature mortality from coronary heart disease (CHD) remains higher compared to statistical neighbours.

- The rising aging population is contributing to an increasing incidence of newly diagnosed cancers and the prevalence of chronic obstructive pulmonary disease (COPD).
- The rate of statutory homelessness is rising and the numbers residing in temporary accommodation has increased significantly.

#### 4. Ageing well

- Social isolation remains an issue and can have damaging effects on physical and mental health.
- The rate of injuries due to falls (and admissions to acute care) continues to increase and is now worse than statistical neighbours.
- There was a sharp increase in the reporting of concerns about individuals, resulting in a rise of safeguarding investigations and a reverse in the downward trend between the number of safeguarding alerts and safeguarding investigations. This may be because the safeguarding system is working better and a greater awareness of the need to report.
- Less than half of Carers in Central Bedfordshire feel they have the social contact they need.