

# **Central Bedfordshire Health and Wellbeing Strategy**

**2018-2023**

## Foreword

I am delighted to introduce Central Bedfordshire's Health and Wellbeing Strategy for 2018-2023. This reflects a detailed analysis of the evidence contained in our Joint Strategic Needs Assessment and has been shaped by the views of the Health and Wellbeing Board, wider stakeholders and service users.

This strategy has been written at a time of change for health and care services. We know that more people are accessing care than before and work is underway in our area to improve services and safeguard their financial sustainability. The new Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS), formed from 15 health and local government organisations across the area, will drive many of these changes. Local delivery will be through our Transformation Board, ensuring that the needs of Central Bedfordshire residents are understood and addressed through plans such as the Children and Young People's Plan and Better Care.

The ambition of the Health and Wellbeing Board is wider than this, however, and this strategy highlights three areas of focus for the Board, where we will drive change to meet the specific needs of local people:

- We are passionate about **mental health and wellbeing** and are committed to ensuring that the right support is available to promote good mental health for everyone. We want to make sure that anyone needing more specialist treatment is able to access appropriate services quickly and has a good experience.
- As our population gets older and more of us are living with long term health conditions, it is vital that people are empowered to **manage their health themselves**, with high quality and timely support from professionals. We know that the risk of developing many conditions can be reduced by **making healthy lifestyle choices**. We want to make sure that good quality information is easily accessible to our residents to inform their choices.
- We know that our population is changing. Central Bedfordshire has experienced significant housing growth in recent years and will continue to do so, which presents opportunities to **create health-promoting communities**. We want everybody to benefit from growth.

We are fortunate that many of Central Bedfordshire's residents enjoy good health and wellbeing but we know this is not everyone's experience. By focusing on these three priorities, we believe we can make the greatest difference to health-related quality of life for our current and future residents.

**Cllr Brian Spurr**  
**Chair of Central Bedfordshire Health and Wellbeing Board**

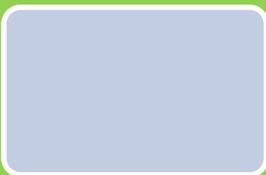
Our **vision** for **Central Bedfordshire** is to improve health and wellbeing and reduce inequalities now and for future generations. We will do this by focussing on three priorities:



Driving change to improve **mental health and wellbeing** for people of all ages

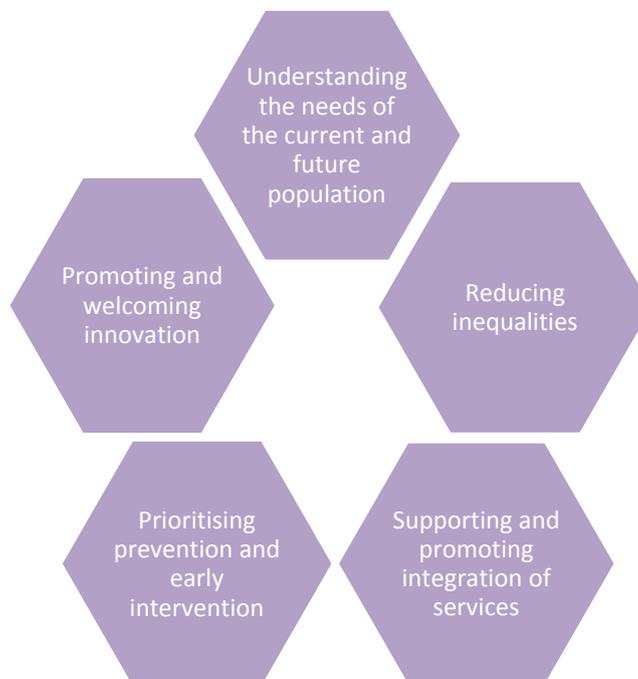


Enabling people to **optimise** their own and their family's health and wellbeing



Ensuring that **growth** delivers **improvements in health and wellbeing** for current and future residents

Our work on these priorities will be underpinned by five core principles:



# Driving change to improve mental health and wellbeing for people of all ages

## Why is this important to us?

Good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential. Poor mental health is common; approximately one in four people will experience a mental health problem in any one year<sup>i</sup> and mental illness is the leading cause of long term absence from work<sup>ii</sup>. Three quarters of mental illnesses start before a child reaches their 18<sup>th</sup> birthday<sup>iii</sup>. National evidence suggests that some forms of mental ill health are becoming more common, with higher use of some services, and that people may be finding it harder to cope with their mental health problems<sup>iv</sup>. This is supported by local evidence from school based surveys and anecdotal evidence suggesting that there are increasing pressures on mental health services.

## How will we make a difference?

### To reduce the likelihood of people developing poor mental health we will:

- Disseminate evidence-based campaigns and programmes to raise awareness of mental health and promote mental wellbeing in the public sector, local businesses and commissioned services;
- Ensure that every child has the best start in life, promoting lifelong mental health and wellbeing;
- Champion an evidence-based approach to health and wellbeing in schools.

### For those people who would benefit from support to improve their mental health we need to:

- Ensure that staff and members of wider community networks can recognise changes in the mental health of people they work and interact with, and can signpost them for early support;
- Ensure that children, young people and adults have timely access to an appropriate level of high quality support and care - that there is no wrong door;
- Deliver effective transitions for vulnerable children to adult services, that put the person transitioning at the heart of decision making and are underpinned by collaborative commissioning decisions;
- Champion the delivery of the suicide prevention plan;
- Ensure that help and support available takes account of the rural nature of Central Bedfordshire and is accessible either geographically or through digital platforms;
- Make the best use of community assets and promote these, for example, through social prescribing.

## How will we know we've made a difference?

We will use indicators covering a range of perspectives to give us an overall picture of the direction of travel. We expect to see:

- Improvement in measures of wellbeing including: resilience in our young people, as measured by the biennial Schools Health Education Unit Survey, estimates of life satisfaction, happiness and anxiety;
- Improvements in outcomes including admissions to hospital for self-harm in young people;
- Improvements in access to services, evidenced through: improved waiting times, increased access to psychological therapies and improved experiences for those transitioning between services;
- We will also investigate local sources of data to monitor change, such as: local surveys, data held by providers and locally available process measures such as hits on mental health websites.

# Enabling people to optimise their own and their family's health and wellbeing

## Why is this important to us?

We know that around 40% of years lost due to ill-health, disability or early death in the UK can be attributed to behavioural risk factors such as smoking, drinking too much alcohol, lack of physical activity, poor diet and being overweight. In Central Bedfordshire, 16% of adults smoke<sup>v</sup>, nearly two thirds are overweight or obese<sup>vi</sup>, and nearly one third of our 10-11 year olds are overweight<sup>vii</sup>. By enabling our population to make positive changes to their lifestyle, we can reduce their likelihood of developing long term health conditions. We also know that, for people who do have long term conditions, equipping them with the skills to manage their condition themselves, in partnership with health professionals, can improve quality of life, slow the progression of their disease and prevent unnecessary use of healthcare resources.

## How will we make a difference?

### To reduce the likelihood of people developing preventable long term conditions we will:

- Support work with families to promote healthy choices for young children;
- Support schools to deliver high quality personal, health and social education (PHSE);
- Ensure that residents have access to the information, advice and infrastructure they need to optimise their own health and wellbeing;
- Work with local employers to create workplaces which promote health and wellbeing;
- Develop a detailed understanding of what would help local residents to adopt healthier lifestyles.

### To ensure that those with long term conditions or with poor health have appropriate support, we need to:

- Encourage front-line staff to make every contact count by delivering brief messages and signposting people to sources of additional support and advice;
- Provide lifestyle services for those people who require additional support, particularly in the more vulnerable groups;
- Enable people to self-manage their condition with appropriate support;
- Tackle the social determinants of health e.g. social isolation, poor housing, education;
- Promote the uptake of seasonal flu vaccination.

## How will we know we've made a difference?

We expect to see:

- In the long term, improvements in healthy life expectancy for men and women;
- Improvements in population-level measures for smoking prevalence, excess weight, physical activity and alcohol related admissions, with improved uptake of the seasonal flu vaccination in at-risk groups;
- Lower rates of hospital admissions for alcohol-related and smoking-attributable conditions;
- Evidence that our health services are supporting people with long term conditions better by: identifying diabetes and dementia appropriately, carrying out evidence-based care processes for specific conditions, referring more people with diabetes to structured education programmes;
- We will also investigate local sources of data to monitor change, such as: local surveys, including the Central Bedfordshire Residents' Survey and the Schools Health Education Unit survey, process measures such as hits on health advice websites and completion of assessments such as 'know your numbers', and indicators for the new Social Prescribing service.

# Ensuring that growth delivers improvements in health and wellbeing for current and future residents

## Why is this important to us?

We want Central Bedfordshire to be a great place to live. Our Local Plan aims to deliver 43,000 new homes between 2015 and 2035. This will ensure that there is sufficient housing to meet our population's needs and promote economic development. Development on this scale presents opportunities to improve health and wellbeing for the whole population, by creating places that promote health, by improving access to affordable housing, and by providing appropriate housing for people with specific health and mobility needs. It will also be a challenge, however, and we need to make sure everybody benefits equally from development, and that we plan well to make sure there are enough and appropriate services in place to support the growing and changing population.

## How will we make a difference?

- We will engage with our communities to improve our understanding of people's experiences of recent local growth. We will use this deeper understanding, along with evidence from elsewhere in the country, to identify specific changes or interventions to create 'healthy places' that promote health and wellbeing in areas experiencing growth.
- We will work with agencies involved in the planning and delivery of growth to ensure that health and wellbeing are 'hard-wired' into new developments, including access to good quality green space, health and care facilities, infrastructure to support walking and cycling and design to link new homes into existing communities.
- We will ensure that voluntary and statutory services, particularly in areas affected by growth, are sensitive to changes in local communities, signpost residents appropriately and play an active role in minimising social isolation.
- We will consider how development provides opportunities for technology-enabled care to support people to live safely and independently in their own homes for as long as possible, self-manage long term conditions and have remote access to specialist care when needed.

## How will we know we've made a difference?

We are realistic that it will be difficult to demonstrate change in this area. Many of the challenges we are addressing are hard to measure and any change will be slow to achieve. We will use the following measures as a barometer to help us judge whether we are moving in the right direction:

- We will undertake a bespoke survey of residents in new communities to establish a baseline understanding of people's experiences. We will consider repeating this in the future to measure change.
- Trends in published indicators including proportions of people using the natural environment for health and exercise, educational attainment and aspirations, social cohesion and voter turnout;
- Access to housing in terms of affordability, family homelessness and statutory homelessness;
- Referrals to the social prescribing service and/or attendance at community groups in specific areas.

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<sup>i</sup> McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care.

<sup>ii</sup> Centre for Business Innovation. [www.cbi.org.uk/media/.../cbi-pfizer\\_absence\\_\\_\\_workplace\\_health\\_2013.pdf](http://www.cbi.org.uk/media/.../cbi-pfizer_absence___workplace_health_2013.pdf)

<sup>iii</sup> Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU). <http://dunedinstudy.otago.ac.nz/>

<sup>iv</sup> McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. Leeds: NHS digital.

<sup>v</sup> Annual Population Survey 2017

<sup>vi</sup> Active Lives Survey, Sport England, 2016/17

<sup>vii</sup> NHS Digital, National Child Measurement Programme, 2016/17