

# Central Bedfordshire Health and Wellbeing Board

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## Delivery of the Joint Health and Wellbeing Board

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## Public

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### Purpose of this report

To outline the proposed areas of focus and approach for the delivery of the Joint Health and Wellbeing Strategy.

### RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Consider initial areas of focus for delivery of the strategy, the proposed mapping work in mental health and scoping for building resilient communities.**
2. **Consider the proposal to test some approaches in one or more areas initially before wider roll-out**

### Issues

1. The Joint Health and Wellbeing Strategy (JHWS) identified system-wide actions to deliver the three key ambitions of Driving change to improve mental health and wellbeing; 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.
2. The strategy is appropriately ambitious and long term, the next stage is to determine the initial areas of focus for the Board. These will not necessarily be the 'quick wins' but where the Board initiates and drives new action, unlikely to be initiated and co-ordinated elsewhere. There will be some programmes of work underway which are on track and do not require additional HWB support, simply encouraging or watching.

3. The principle of co-constructed solutions with services users and residents is one that the Board endorses and will be applied where possible in the delivery of the strategy

## Options for consideration

4. Appendix A shows mind maps for each of the three key ambitions, main work programmes with some areas identified for consideration as initial areas of focus. The areas of focus have been proposed because they require the system wide working and evidence suggests that they will impact positively on the outcomes required. The Board is asked to consider these proposed areas and suggest additions or changes where appropriate
5. Actions to drive change to improve mental health and wellbeing are being taken across the system but the extent to which this aligns with the strategy or meets the needs of residents of Central Bedfordshire is not completely clear. It is therefore proposed that, as part of a Needs Assessment, an initial piece of work will be to understand the current work underway and identify gaps. The areas of focus and governance required will be informed by this.
6. There is a clear strand of work which crosses each of the key ambitions, the need to build resilient communities and develop community cohesion. Initial discussions, and learning from previous local work and best practice, indicates that it would be helpful to undertake some detailed work to understand what is required to deliver this outcome. It would be helpful to build a picture with residents of local assets, needs, managed expectations and motivations. This work would need to be scoped and prepared in the spring to be delivered in summer 2019. It would be scoped with a wide range of partners including the community and voluntary sector, residents, town councils, front-line workers and other statutory agencies. Whilst additional capacity will be required to do this work, it will be co-constructed and delivered with local people.
7. The recent analysis of population changes and outcomes in Houghton Regis (presented later in the meeting) illustrates that outcomes vary within Central Bedfordshire and inequalities exist. The Fair Society: Healthy Lives report (Sir Michael Marmot 2010) outlined the concept of proportionate universalism – that to reduce inequalities in health, actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage. Therefore, to test or pilot some of the actions required to deliver the JHWS, the Board may want to consider starting and evaluating approaches first in areas of greatest need (geographically or with vulnerable groups) within Central Bedfordshire.

## Legal Implications

8. Under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) the Council and CCGs have a statutory duty to produce a Joint Health and Wellbeing Strategy to meet the needs identified in the joint strategic needs assessment. This report outlines the proposed areas of focus, governance and approach for the delivery of the Strategy.

## **Financial and Risk Implications**

9. The Strategy will need to be delivered primarily within existing resources of all partner organisations, but opportunities to obtain national or regional funding to support the aims of the strategy may be sought.

## **Governance and Delivery Implications**

10. The governance arrangements for delivery of the strategy vary by priority area and will be agreed once detailed delivery plans have been developed.
11. The impact of the delivery of the strategy will be further developed but Appendix B shows the initial suggestions
12. Delivery of the strategy will require programme and project management as well as commissioning additional capacity / interventions e.g. building community capacity

## **Equalities Implications**

13. 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.
14. Reducing inequalities is a core principle of the Joint Health and Wellbeing Strategy. As well as considering inequalities on a geographical area, the strategy will ensure that it considers the needs of groups who can experience worse physical and mental health outcomes than the rest of the population, particularly homeless people, transgender people, Gypsies, Roma and Travelers, refugees and asylum seekers and people with learning disabilities.

## **Implications for Work Programme**

15. The work programme will be developed to ensure that progress to deliver the JHWS is effectively monitored.

## **Conclusion and next Steps**

16. The JHWS provides the Board with a strategic framework to deliver improvements in health and wellbeing across Central Bedfordshire and importantly to reduce health inequalities. Identifying initial areas of focus will allow the Board to initiate and drive new action, unlikely to be initiated and co-ordinated elsewhere.

17. The Board is asked to consider the areas of focus and the proposal to test some approaches in a few communities first before wider roll-out.
18. Next steps include understanding the current work and gaps to improve mental health and wellbeing as part of the Needs Assessment, to scope the work to build resilient communities and to identify communities or groups where approaches can be piloted.