

**Agenda Item: 14.0**

<h2 style="margin: 0;"><b><i>Governing Body</i></b></h2> <h3 style="margin: 0;"><b><i>held in public</i></b></h3>	<h2 style="margin: 0;"><b><i>Report</i></b></h2> <p style="margin: 0;">Date of Meeting: 25 January 2018</p>
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<b>Report Title</b>	Bedford Borough draft Joint Health and Wellbeing Strategy, 2017 to 2022		
<b>Report Author</b>	<b>Presented By</b>	<b>Responsible Director</b>	
Ian Brown Chief Officer for Public Health Bedford Borough Council	Ian Brown Chief Officer for Public Health Bedford Borough Council	<b>Signature:</b> <i>Approved by Director of Public Health</i>	
<b>Purpose for presenting report:</b>	The draft Joint Health and Wellbeing Strategy describes how we will work to improve the health and wellbeing of Bedford Borough residents and reduce health inequalities.		
<b>Action Required:</b>	That the Governing Body consider as a consultee the draft Joint Health and Wellbeing Strategy, and advise on the proposed priorities, objectives and outcomes.		
<b>Approval Route:</b>	Bedford Borough Health and Wellbeing Board, 14 <sup>th</sup> March 2018		
<b>Further Assurance:</b>	No		
<b>Which Strategic Objectives does this report provide evidence for?</b>			<b>Please Tick</b> ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			✓
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			✓
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			✓
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			✓
<b>Implications/Assessments</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?			✓
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			✓

<b>Key Risks</b>	If the Joint Health and Wellbeing Strategy cannot be agreed there is a risk that partnership working to improve local health and wellbeing will stall and health gains will not be achieved.
<b>Executive Summary</b>	<p>The draft Joint Health and Wellbeing Strategy, 2017 to 2022 describes how we will work together to improve the health and wellbeing of Bedford Borough residents and reduce local health inequalities. Informed by the evidence from the Joint Strategic Needs Assessment, the draft Strategy acknowledges the broader context of the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership and sets out three priority areas for action:</p> <ol style="list-style-type: none"> <li>1. Give children and young people the best start in life.</li> <li>2. Enable adults and older people to live well and remain independent.</li> <li>3. Promote strong, safe and healthy communities.</li> </ol> <p>Key objectives, outcomes and key performance indicators are proposed for each priority, and a revised Board sub-structure is proposed to ensure delivery of the objectives.</p> <p>The next steps are wider consultation and engagement on the draft Strategy, including public consultation, and the development of the reporting mechanisms to the Board. It is proposed that the Strategy is taken to the Health and Wellbeing Board in March 2018 for sign-off.</p>

## Introduction

The draft Bedford Borough Joint Health and Wellbeing Strategy was discussed at the Health and Wellbeing Board on 6<sup>th</sup> December 2017 where the Bedfordshire CCG Accountable Officer requested that the strategy be brought to the Governing Body for consideration.

## Background

Since the first Joint Health and Wellbeing Strategy was developed in 2013 there have been significant improvements in the health and wellbeing of Bedford Borough residents, as set out in the introduction to the new strategy, however challenges remain and the draft Strategy for 2017 to 2022 proposes to build upon the progress to date.

The draft Joint Health and Wellbeing Strategy is informed by the evidence in the Joint Strategic Needs Assessment of the health and wellbeing needs of people in Bedford Borough. It is being refreshed at a time when Bedford Borough Council and Bedfordshire CCG have come together with other local authorities and NHS organisations as the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP). The BLMK STP has the ‘triple aim’ of improving health and wellbeing for our residents, improving the quality of our health and care services with more joined-up working, and tackling the financial and workforce challenges across the system.

## Discussion

In March 2017 the Health and Wellbeing Board held a development session to review the local health and wellbeing challenges and consider the approach for the new strategy. The draft Strategy reflects the approach and priorities agreed at that meeting.

The proposed vision is that:

*“Residents are able to live healthy and independent lives, in strong and safe communities with easy access to high quality and efficient public services when they need them.”*

The overarching ambition of the Health and Wellbeing Board remains to improve the health and wellbeing of our residents and reduce health inequalities, and to achieve this three priorities are proposed:

1. Give children and young people the best start in life,
2. Enable adults and older people to live well and remain independent,
3. Promote strong, safe and healthy communities.

Three cross-cutting themes for all the work of the Board are proposed:

1. Embedding prevention and early intervention,
2. Ensure lifelong-mental wellbeing and resilience,
3. Reduce health inequalities.

For each priority the draft Strategy sets out the key health and wellbeing challenges and the key actions that will make a difference. The Appendix to the draft Strategy sets out proposed outcomes and key performance indicators for each priority. The draft Strategy acknowledges and incorporates existing plans including the Bedford Borough Children, Young People and Families Plan 2016-2020 and the forthcoming Integrated Delivery Plan, which consolidates the actions contained within the Out of Hospital Strategy, the Better Care Fund plan and the BLMK STP Collaborative Investment and Savings Plan.

While it is recognised that greater emphasis on prevention may slow growth in demand for health and care services, it is imperative in the current financial climate that the actions agreed are delivered within the respective resource envelopes of the partner organisations.

The draft Strategy proposes a revised sub-structure for the Health and Wellbeing Board which will be responsible for delivering on the agreed priorities:

- The Joint Commissioning Officer Group is replaced by the Health and Care Transformation Officer Group, which has been formed together with local health providers to deliver BLMK STP Priority 2, the transformation of community, mental health and primary care services.
- The scope of the Adult Health and Wellbeing Implementation Group is broadened to include the wider determinants of health, and the group is renamed the Healthy People Healthy Places Partnership Group.
- The Child Health and Wellbeing Partnership Group remains unchanged.

The links between the priorities, proposed delivery groups and their plans are set out in the Appendix to the Strategy. The existing highlight report process will be reviewed and revised as part of the next stage of engagement and consultation.

**Recommendation**

That the Governing Body consider as a consultee the draft Joint Health and Wellbeing Strategy, and advise on the proposed priorities, objectives and outcomes.

# Bedford Borough Joint Health and Wellbeing Strategy 2017-2022

Bedford Borough's Health and Wellbeing Board brings together those who commission services across the NHS, public health, adult social care and children's services with elected councillors and local Healthwatch representatives to jointly consider local needs and plan the right services for our population.

## Our vision

*“Residents are able to live healthy and independent lives, in strong and safe communities with easy access to high quality and efficient public services when they need them.”*

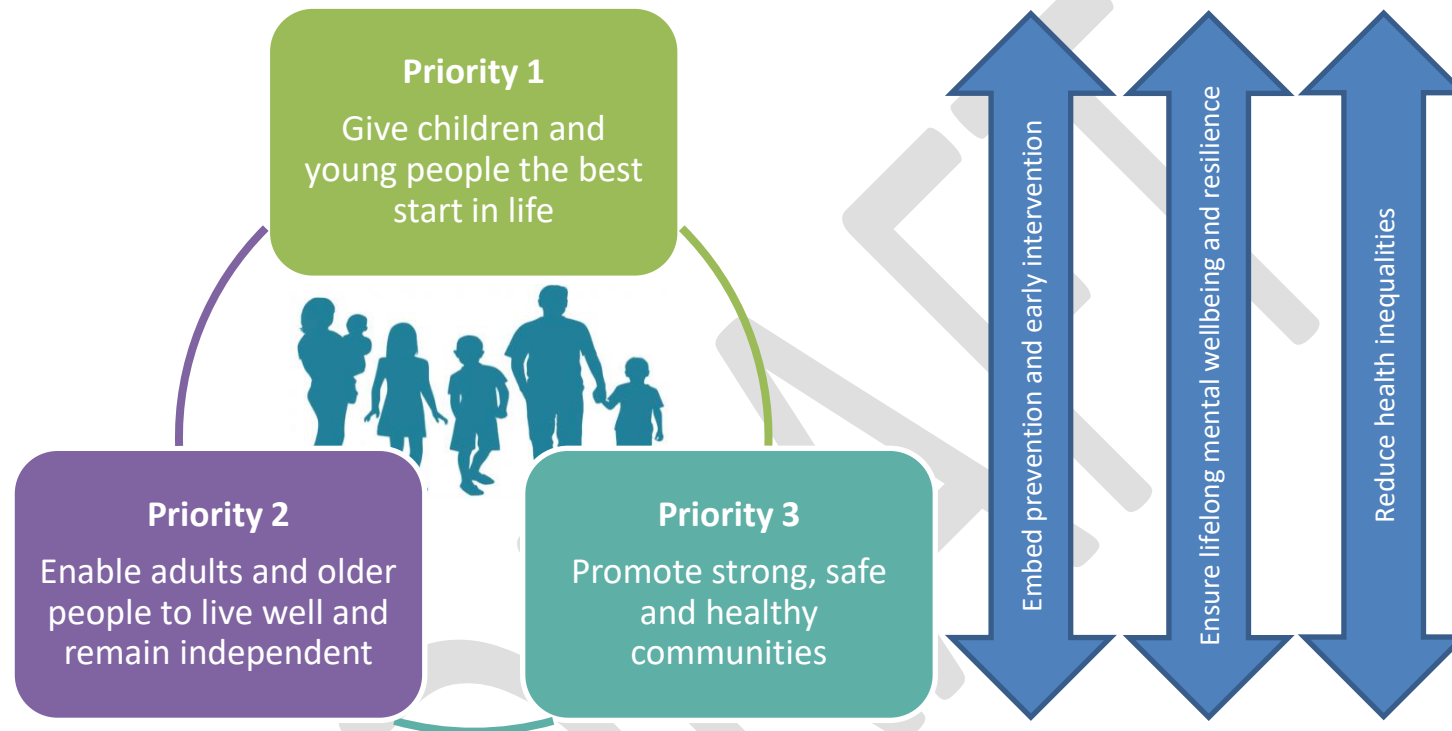
## Why is this important?

Since the first Joint Health and Wellbeing Strategy was developed in 2013 there have been significant improvements in the health and wellbeing of Bedford Borough residents. Breastfeeding rates are among the highest in the region and there has been a sustained improvement in the number of children achieving a good level of development by the end of Reception year. We have seen reductions in adult smoking prevalence and teenage pregnancy, lower rates of sexually transmitted infections and late diagnosis of HIV, and preventable deaths have fallen. We will build on this progress as we take forward the Bedford Borough Joint Health and Wellbeing Strategy for 2017-2022.

The Joint Health and Wellbeing Strategy is informed by the evidence in the Joint Strategic Needs Assessment of the health and wellbeing needs of people in Bedford Borough. It is being refreshed at a time when Bedford Borough Council and Bedfordshire Clinical Commissioning Group have come together with other local authorities and NHS organisations as the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP). The BLMK STP has the 'triple aim' of improving health and wellbeing for our residents, improving the quality of our health and care services with more joined-up working, and tackling the financial and workforce challenges we face as a system.

The overarching ambition of the Health and Wellbeing Board remains to improve the health and wellbeing of our residents and reduce health inequalities, and to achieve this we will maintain a life course approach, that is ensuring our plans are targeted at critical points throughout life: **giving children and young people the best start in life**, and **enabling adults and older people to live well and remain independent**. However, the health of our residents and communities is also shaped by the conditions in which we live, the extent of our social connections, and whether we have stable and supportive work.

These are some of the so-called wider determinants of health, and to promote our efforts to tackling the wider determinants of health we have included a third priority: **promoting strong, safe and healthy communities**.



Three cross-cutting themes run through the three priorities of our Joint Health and Wellbeing Strategy. First, we recognise the need to **embed prevention and early intervention** throughout our services, in order to reduce the burden of ill health and need for costly health and care services. Second, we know there can be no health without mental health and so we will work to **ensure lifelong mental wellbeing and resilience**. Third, we understand that in order to **reduce health inequalities**, we must target our resources proportionately towards the most disadvantaged and be mindful of the likely impacts of our plans on our most vulnerable groups.

While it is recognised that greater emphasis on prevention may slow growth in demand for health and care services, it is imperative in the current financial climate that the actions agreed are delivered within the respective resource envelopes of the partner organisations.

## A snapshot of key health and wellbeing challenges in Bedford Borough:

An estimated **200-300 new mothers** in Bedford Borough are affected by **mild to moderate depression** each year.

**18.9% of children** live in **income-deprived households**. An estimated **4,860 children** live in 'out of work' households (13.6%) and **6,015** live in **poverty**.

**Emergency hospital admissions** for children aged under 5 have **risen by 56%** since 2013, and **hospital admissions for asthma** in the under 19s are high.

**1 in 5** five year olds, **1 in 3** ten year olds and **1 in 2** adults are **overweight or obese**.

An estimated **2,950 children** (7.8%) live with an adult with a **mental health issue**, **2,200** (5.9%) live with a **dependent drinker** and up to 420 live with a **daily drug using parent**.

An estimated **2,200 children** aged 5 to 16 have a **mental health condition**, and **half of lifelong mental illness** manifests by **age 15**.

**Cancers, cardiovascular disease and respiratory disease** are the main causes of premature deaths and health inequality in Bedford Borough. **Smoking** and **poor diet** are the main preventable causes.

There are around **9,300 people with diabetes** and this number is rising. Achievement of **treatment targets** and take-up of **structured education courses** are **low**.

There is two-fold variation in the coverage of cancer screening across Bedford Borough, e.g. **breast cancer screening coverage** ranges from **44% to 78%** of the eligible population.

Men with **mental illness** die on average **16 years earlier**, for women it's **12 years**.

**Alcohol-related hospital admissions** have **risen by 15%** since 2013.

Emergency hospital **admissions due to falls** have **risen by 24%** since 2013.

**168,751** people live in Bedford Borough, and this is expected to increase to around **178,511** by 2021 with the steepest rise in adults aged 65 and over.

**1 in 3 people** in the towns of Bedford and Kempston are from black and minority ethnic groups, compared to less than 1 in 8 in rural areas.

Around **8,865** people in Bedford Borough live in areas that are among the **10% most deprived** nationally.

Average life expectancy in Bedford Borough is **79.9** years for men and **83.5** years for women, but there are large inequalities in life expectancy depending on where people live.

**Less than half** of adult social care users and **less than a third** of adult carers have as much social contact as they would like.

For more information see: [www.bedford.gov.uk/jsna](http://www.bedford.gov.uk/jsna)

# OUR PRIORITIES

## 1. Give children and young people the best start in life

### Why is this important?

- Giving children the best start in life sets the foundations for good health and wellbeing throughout life. The early years in every child's life are a crucial period for setting them up to thrive, both in school and beyond throughout adult life.
- During pregnancy and up to the age of five, parental factors have a profound effect on child development. Giving every child the best start means ensuring parents are supported and prepared for their role.
- The school years are a crucial time to embed healthy behaviours, and the culture, ethos and environment of a school influence the health and wellbeing of pupils and their readiness to learn.
- Pupils with better health and wellbeing are more likely to achieve better academically, and social and emotional skills developed in childhood contribute to better job prospects, healthier relationships and lifelong physical and mental health.
- Conversely adverse childhood experiences, including all forms of abuse, exposure to drug and alcohol misuse in the home, and witnessing domestic violence significantly increase the risk poor educational, social and health outcomes in later life.



### Local challenges

- An estimated 200-300 new mothers in Bedford Borough are affected by mild to moderate depression each year.
- 18.9% of children live in income-deprived households. An estimated 4,860 children live in 'out of work' households (13.6%) and 6015 live in poverty.
- An estimated 2,950 children (7.8%) live with an adult with a mental health issue, 2,200 (5.9%) live with a dependent drinker and up to 420 live with a daily drug using parent.
- 1 in 5 five year olds, 1 in 3 ten year olds and 1 in 2 adults are overweight or obese.
- An estimated 2,200 children aged 5 to 16 have a mental health condition, and half of lifelong mental illness manifests by age 15.
- Emergency hospital admissions for children aged under 5 have risen by 56% since 2013, and hospital admissions for asthma in the under 19s are high.

### How will we make a difference?

Through our Children, Young People and Families Plan we will

#### Enable families to thrive by:

- Supporting families to reside in suitable accommodation and to obtain and maintain employment, with all children and young people living in safe and loving homes.
- Ensuring that all services "think family" and take a whole family approach.
- Identifying and supporting vulnerable children, young people and families at an early stage.

#### Promote good health and wellbeing by:

- Continuing to integrate children's community health services to ensure that we share consistent outcomes and priorities.
- Supporting healthy behaviours to ensure children and young people are a healthy weight and take responsibility for their own sexual health, with reductions in substance misuse and smoking.

#### Improve educational attainment and raising aspirations by:

- Supporting partners as they deliver existing strategies to improve our schools, ensuring that all children and young people achieve the highest possible educational outcomes through school and further education and inequalities in attainment are reduced.
- Making sure children and young people are ready for school, work, life and parenthood.
- Supporting children and young people to develop emotionally and equipping them to avoid exploitation.

## OUR PRIORITIES

### 2. Enable adults and older people to live well and remain independent

#### Why is this important?

- Improving health and wellbeing will help our residents to flourish: living productive, rewarding, independent lives and spending a greater proportion of their life in good health.
- We want to support people in Bedford Borough to take responsibility for their own health and wellbeing, and particularly by eating healthy food, moving more every day, not smoking, not drinking alcohol excessively, and being mindful of their mental health and wellbeing. This can be more difficult for some people and we need to recognise this in strategies to improve the health of the poorest much faster.
- Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will increase as the population grows and ages, with more people living with at least two health conditions.
- Bedford Borough Council and Bedfordshire Clinical Commissioning Group are working with local partners to ensure our health and care system is fit for the future. This involves supporting people to remain healthy and independent for as long as possible, and then providing joined-up care, closer to home is available when it's needed.



#### Local challenges

- Cancers, cardiovascular disease and respiratory disease are the main causes of premature deaths and health inequality in Bedford Borough. Smoking and poor diet are the main preventable causes.
- There are around 9,300 people with diabetes and this number is rising. Achievement of treatment targets and take-up of structured education courses are low.
- There is two-fold variation in the coverage of cancer screening across Bedford Borough, e.g. breast cancer screening coverage ranges from 44% to 78% of the eligible population.
- Men with mental illness die on average 16 years earlier, for women it's 12 years.
- Alcohol-related hospital admissions have risen by 15% since 2013.
- Emergency hospital admissions due to falls have risen by 24% since 2013.

#### How will we make a difference?

Adults will be supported to live their lives to the full, maintaining their health and independence in the community for as long as possible by:

- Encouraging healthy behaviours and engagement with preventative health services including NHS Health Checks, Stop Smoking services, sexual health services, and national screening and immunisation programmes, including seasonal flu.
- Working to ensure long term conditions are detected early and managed effectively, addressing unwarranted variations in care.
- Putting patients and service users at the centre of their own care, supported by multi-disciplinary teams of primary care, community care and social care professionals.
- Supporting residents to self-care and self-manage long term conditions where appropriate and safe to do so.
- Fostering a positive approach to mental health and wellbeing, ensuring prevention and early intervention to support lifelong mental health.
- Ensuring partners work together to deliver person-centred, co-ordinated care closer to home through an Integrated Delivery Plan.

## OUR PRIORITIES

### 3. Promote strong, safe and healthy communities

#### Why is this important?

- Our health and wellbeing is influenced by the broad social, economic and environmental circumstances into which we are born, live, work and grow old.
- People thrive in communities that are strong, supportive, vibrant places to live, where they are not anxious about violence and abuse or criminal activity and social disorder.
- The built and natural environment, which includes schools, workplaces, communities, parks, roads is a key environmental determinant of health and wellbeing. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns and social connectivity.
- Housing is fundamental to health and poor quality, unsafe or overcrowded housing can have negative impacts on both physical and mental health.
- Being in good work is good for health. Good work means having a safe work environment, but also having a sense of security, autonomy, good line management and communication within an organisation.



#### Local Challenges

- 168,751 people live in Bedford Borough, and this is expected to increase to around 178,511 by 2021 with the steepest rise in adults aged 65 and over.
- 1 in 3 people in the towns of Bedford and Kempston are from black and minority ethnic groups, compared to less than 1 in 8 in rural areas. Up to 100 different ethnic groups live in Bedford Borough.
- Around 8,865 people in Bedford Borough live in areas that are among the 10% most deprived nationally.
- Average life expectancy in Bedford Borough is 79.9 years for men and 83.5 years for women, but there are large inequalities in life expectancy depending on where people live.
- Less than half of adult social care users and less than a third of adult carers have as much social contact as they would like.

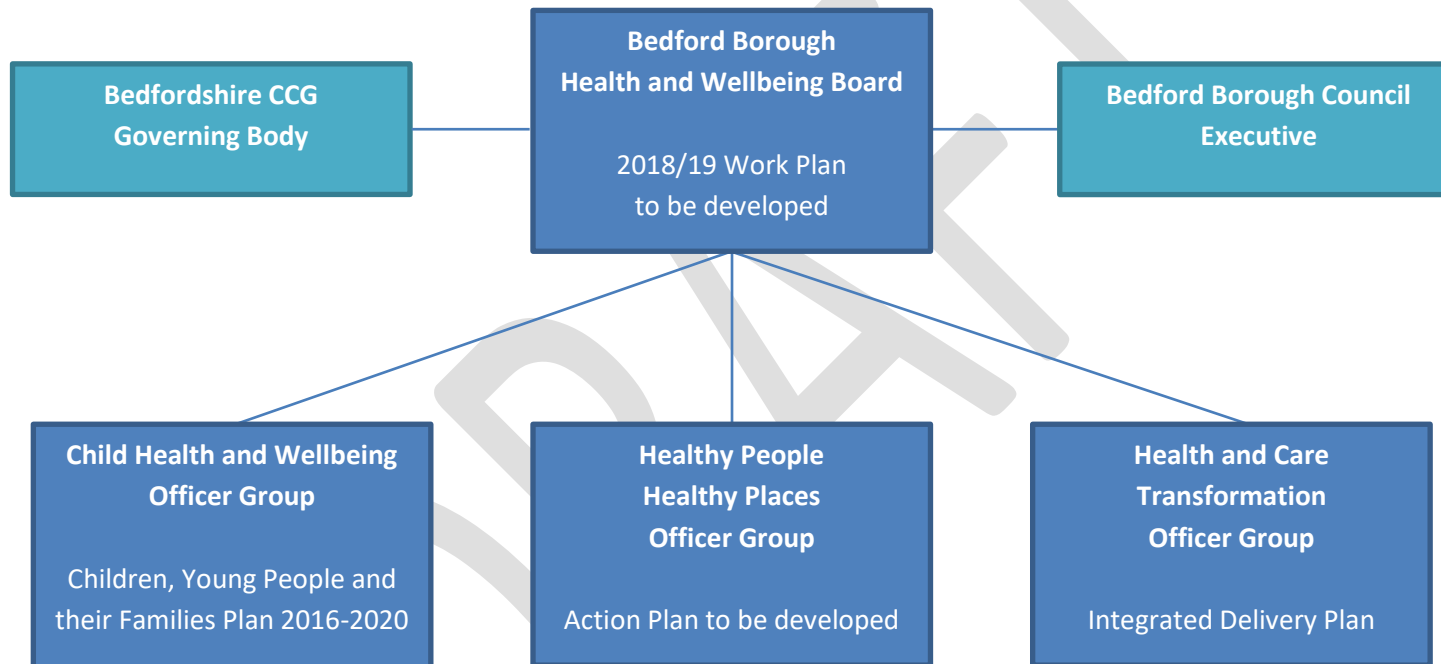
#### How will we make a difference?

We will work with partners across local organisations to make Bedford Borough a healthy place to live. We will focus on:

- Working with public and private sector partners to ensure homes are affordable, warm, secure and can support independent living; including new homes built as part of the 19,000 houses proposed by 2035.
- Strengthening links between planning and health to ensure that housing and development plans for new and existing communities promote health and wellbeing.
- Promoting the use of green, open spaces and activities such as cycling and walking.
- Understanding the local impact of air pollution on health and taking appropriate steps to protect the health of our most vulnerable residents.
- Supporting the local economy to grow which will result in more jobs and better jobs, tackling debt and addressing health-related worklessness.
- Working with local employers to promote workplace wellbeing and support employees to look after their physical and mental wellbeing.
- Working with partners including the community and voluntary sector to tackle loneliness and isolation.

## Delivering the Joint Health and Wellbeing Strategy

The Health and Wellbeing Board will task three sub-groups with the development and implementation of the action plans to achieve our shared objectives. The accountability of these groups is set out below, and the groups will report back to the Board on their progress. The Board will also review Key Performance Indicators for each Priority area.



## Appendix 1: Strategy summary

Priority Delivery group(s)	What do we need to do?	Key outcomes	Long list of key performance indicators
<p><b>1. Give children and young people the best start in life</b></p> <p>Child Health and Wellbeing Partnership Group</p>	<p>Through our Children, Young People and their Families Plan we will:</p> <ol style="list-style-type: none"> <li>1. Support families to reside in suitable accommodation and to obtain and maintain employment, with all children and young people living in safe and loving homes.</li> <li>2. Ensure that all services “think family” and take a whole family approach.</li> <li>3. Identify and supporting vulnerable children, young people and families at an early stage.</li> <li>4. Continue to integrate children’s community health services to ensure that we share consistent outcomes and priorities.</li> <li>5. Support healthy behaviours to ensure children and young people are a healthy weight and take responsibility for their own sexual health, with reductions in substance misuse and smoking.</li> <li>6. Support partners as they deliver existing strategies to improve our schools, ensuring that all children and young people achieve the highest possible educational outcomes through school and further education and inequalities in attainment are reduced.</li> <li>7. Ensure children and young people are ready for school, work, life and parenthood.</li> <li>8. Support children and young people to develop emotionally and equipping them to avoid exploitation.</li> </ol>	<ul style="list-style-type: none"> <li>• Children are supported to develop and maintain good physical and mental health.</li> <li>• Parents or carers are equipped to nurture their children, who in turn are not impacted by drug or alcohol misuse, domestic abuse or poor mental health.</li> <li>• Children and young people achieve the highest possible educational outcomes in school, can obtain apprenticeships, and are excited about the future.</li> <li>• Children, young people and their carers are emotionally resilient.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of families living in temporary accommodation.</li> <li>• The percentage of domestic abuse incidents where a child is present.</li> <li>• Number of children subject to a Child protection Plan.</li> <li>• Number of looked after children.</li> <li>• % of children with excess weight in Year R and Year 6.</li> <li>• Rate of under 18 conceptions.</li> <li>• Hospital admissions due to alcohol-specific conditions, substance misuse, mental health conditions and self-harm.</li> <li>• Hospital admissions for asthma.</li> <li>• A&amp;E attendances for children aged 0-4.</li> <li>• % of schools rated good or outstanding.</li> <li>• % of pupils achieving a Good Level of Development in the Early Years Foundation Stage.</li> <li>• Proportion of 16 and 17 year olds who are not in education, employment or training including those who are not known to the local authority.</li> <li>• Percentage of schools that can demonstrate they have robust PSHE programmes.</li> <li>• Number of children known to children’s services who are at risk of sexual exploitation.</li> <li>• Numbers of relevant staff trained to recognise signs of sexual exploitation.</li> </ul>

Priority Delivery group(s)	What do we need to do?	Key outcomes	Long list of key performance indicators
<p><b>2. Enable adults and older people to live well and remain independent</b></p> <p>Healthy People, Healthy Places Partnership Group</p> <p>Health and Care Transformation Group</p>	<p>Adults will be supported to live their lives to the full, maintaining their health and independence in the community for as long as possible by:</p> <ol style="list-style-type: none"> <li>1. Encouraging healthy behaviours and engagement with preventative health services including NHS Health Checks, Stop Smoking services, sexual health services, and national screening and immunisation programmes, including seasonal flu.</li> <li>2. Working to ensure long term conditions are detected early and managed effectively, addressing unwarranted variations in care.</li> <li>3. Putting patients and service users at the centre of their own care, supported by multi-disciplinary teams of primary care, community care and social care professionals.</li> <li>4. Supporting residents to self-care and self-manage long term conditions where appropriate and safe to do so.</li> <li>5. Fostering a positive approach to mental health and wellbeing, ensuring prevention and early intervention to support lifelong mental health.</li> <li>6. Ensuring partners work together to deliver person-centred, co-ordinated care closer to home through an Integrated Delivery Plan.</li> </ol>	<ul style="list-style-type: none"> <li>• Fewer people develop long term conditions as a result of unhealthy behaviours.</li> <li>• More adults and older people feel adequately supported to manage their long term condition.</li> <li>• Fewer people require an unplanned hospital admission as the result of a long term condition.</li> <li>• Adults and older people stay well at home longer.</li> <li>• Adults and older people receive the opportunities, care and support which will improve health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Life expectancy and healthy life expectancy.</li> <li>• Slope index of inequality at birth.</li> <li>• Smoking prevalence in adults.</li> <li>• Excess weight in adults.</li> <li>• Percentage of population aged 40-74 years who have had an NHS Health Check</li> <li>• Coverage of adult screening and immunisation programmes.</li> <li>• People entering talking therapies as a proportion of those estimated to have anxiety or depression.</li> <li>• % of adults receiving secondary mental health services recorded as living independently, with or without support.</li> <li>• Proportion of adults with a long term condition who feel adequately supported by their GP.</li> <li>• Estimated dementia diagnosis rate.</li> <li>• Avoidable emergency hospital admissions.</li> <li>• Alcohol-related hospital admissions..</li> <li>• Falls-related hospital admissions.</li> <li>• Premature mortality from cancer. cardiovascular, respiratory and liver diseases.</li> <li>• Excess winter deaths.</li> </ul>

Priority Delivery group(s)	What do we need to do?	Key outcomes	Long list of key performance indicators
<p><b>3. Promote strong, safe and healthy communities</b></p> <p>Healthy People, Healthy Places Partnership Group</p>	<p>We will work with partners across local organisations to make Bedford Borough a healthy place to live. We will focus on:</p> <ol style="list-style-type: none"> <li>1. Working with public and private sector partners to ensure homes are affordable, warm, secure and can support independent living; including new homes built as part of the 19,000 houses proposed by 2035.</li> <li>2. Strengthening links between planning and health to ensure that housing and development plans for new and existing communities promote health and wellbeing.</li> <li>3. Promoting the use of green, open spaces and activities such as cycling and walking.</li> <li>4. Understanding the local impact of air pollution on health and taking appropriate steps to protect the health of our most vulnerable residents.</li> <li>5. Supporting the local economy to grow which will result in more jobs and better jobs, tackling debt and addressing health-related worklessness.</li> <li>6. Working with local employers to promote workplace wellbeing and support employees to look after their physical and mental wellbeing.</li> <li>7. Working with partners including the community and voluntary sector to tackle loneliness and isolation.</li> </ol>	<ul style="list-style-type: none"> <li>• People are in better health because they have comfortable housing, and a healthy working environment.</li> <li>• Good employment contributes to improving social position and deprivation, and improving health.</li> <li>• Everyone has support from family, friends and the local community to prevent isolation and loneliness, contributing to good mental wellbeing and therefore improving overall health.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilisation of outdoor space for health reasons.</li> <li>• Adult social care users feel they have the amount of social contact they want.</li> <li>• Air pollution (fine particulate matter).</li> <li>• Fuel poverty.</li> <li>• Employment rate (16-64).</li> <li>• Gap between the overall employment rate and the employment rate of those with a) a long term health condition, b) mental ill health, c) a learning disability.</li> <li>• Active travel (indicator to be determined)</li> </ul>