

# Bedford Borough Joint Local Health & Wellbeing Strategy

2024 - 2027

# Contents

---

<b>Introduction</b> .....	<b>3</b>	<b>Who experiences inequalities in Bedford Borough?</b> .....	<b>11</b>
<b>Our long-term vision</b> .....	<b>4</b>	<b>What do the inequalities in Bedford Borough look like?</b> .....	<b>13</b>
<b>Plan on a page</b> .....	<b>5</b>	<b>The strategy</b> .....	<b>15</b>
<b>Working alongside other strategies and plans</b> .....	<b>6</b>	Core principles .....	15
<b>Working with stakeholders and partner organisations</b> .....	<b>7</b>	Key building blocks of health .....	16
<b>Healthy place, healthy people</b> .....	<b>8</b>	Proposed indicators .....	21
<b>Why inequalities matter in Bedford Borough</b> .....	<b>9</b>	<b>References</b> .....	<b>30</b>
<b>How health supports prosperity</b> .....	<b>10</b>		

# Introduction

This strategy sets out our vision for the health and wellbeing of people living in Bedford Borough. Our long-term vision is for Bedford Borough to be a place where no-one's life is unnecessarily cut-short by preventable ill health. This strategy explains why reducing the differences in health between communities is our main goal and the steps we can take together to make it happen.

Our approach is to focus on strengthening the building blocks of health. These are the conditions that are necessary to live a long life in good health. For many communities in Bedford Borough the building blocks are missing or weak. By making them stronger we can make Bedford Borough a place that supports people to be healthier.

The job of Bedford Borough's Health and Wellbeing Board is to improve the health and wellbeing of people living in Bedford Borough and reduce inequalities in health, by leading joined-up working with our partners in health and care and our communities themselves. The Health and Wellbeing Board brings together leaders from the NHS, public health, adult social care, and children's services with elected councillors and Healthwatch representatives.



## Our long-term vision

---

**We will close the gap in health and wellbeing in Bedford Borough by reducing differences in the living conditions and life chances of our residents, supporting families to thrive, and improving the health and wellbeing of the poorest and most vulnerable the fastest.**

We know this vision is ambitious and will not be achieved within the next three years. It will take decades to be realised. However, we want to make this long-term commitment to the future health of people living in Bedford Borough and to start the work now to make it happen. This strategy is therefore committing us to work tirelessly to address health inequalities in Bedford Borough.

This bold vision will inform the shorter-term plans that we set out to achieve within the timeframe of this strategy. In the next three years we can make progress on reducing health inequalities and put in place changes that will make important differences in the future. We aim to make this progress by working with partner organisations and local communities to improve the health and wellbeing of people living right across Bedford Borough, whilst making extra efforts to improve the health

and wellbeing of residents that currently experience the worst health outcomes. This includes people that live in the 20% most deprived areas of Bedford Borough, people from some ethnic minority groups, people living with a physical or sensory disability, and people living with a physical or mental illness.



# Plan on a page

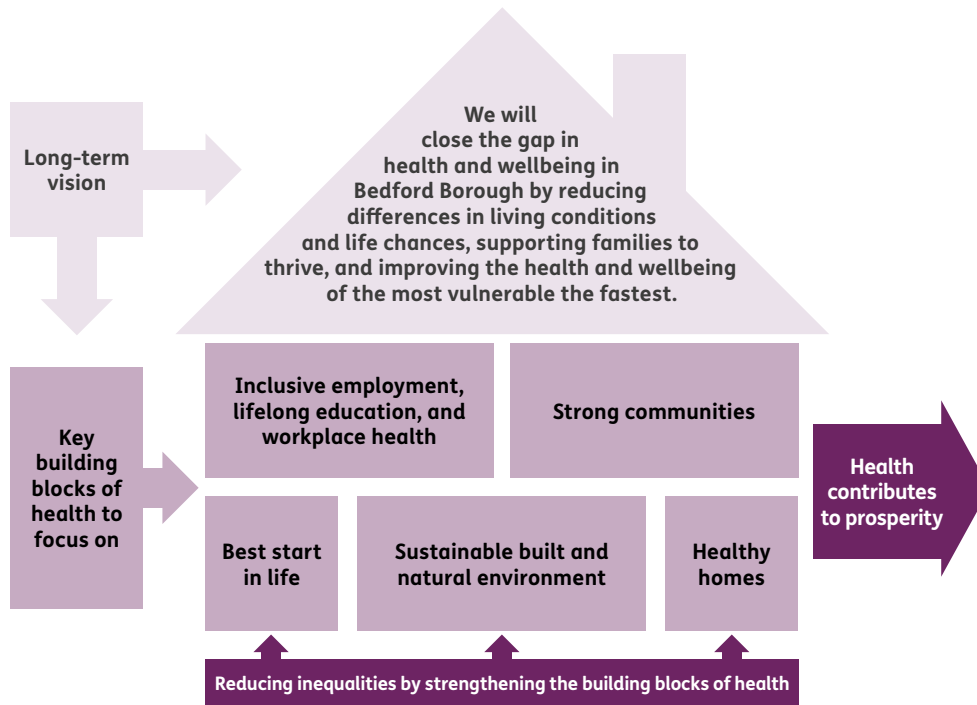


Figure 1. Diagram of the Health and Wellbeing Strategy

Our plan is to reduce health inequalities by strengthening the building blocks of health. These are the conditions that are needed to live lives in good health. The five key building blocks that we will focus on are: inclusive employment, lifelong education, and workplace health; strong communities; best start in life; sustainable built and natural environment; and healthy homes (Figure 1). Strengthening the building blocks of health will not only improve health and reduce inequalities but will also contribute to prosperity.

For each building block, we outline a shorter-term ambition of how we want to strengthen that building block during the course of the strategy and a longer-term ambition that we aspire to. We also outline suggested shorter-term steps that could be started during the next three years. Detailed action plans will be developed for each of the five building blocks of health, setting out clear objectives, outcomes, and timescales.

The core principles that informed the development of the Strategy and how it will be delivered are that:

- We will prioritise actions to strengthen the building blocks of health.
- We will take action to improve the health of people across Bedford Borough, whilst making extra efforts to improve health fastest for the residents and communities experiencing the worst health outcomes.
- We will take action across all ages and stages of life, from pre-conception and birth through to old age.
- We will take action in collaboration with local communities and partner organisations, including voluntary sector organisations; and we will work with local anchor institutions<sup>1</sup> and businesses with a stake in their community.

<sup>1</sup> Anchor institutions are large public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve, such as hospitals and universities.

# Working alongside other strategies and plans

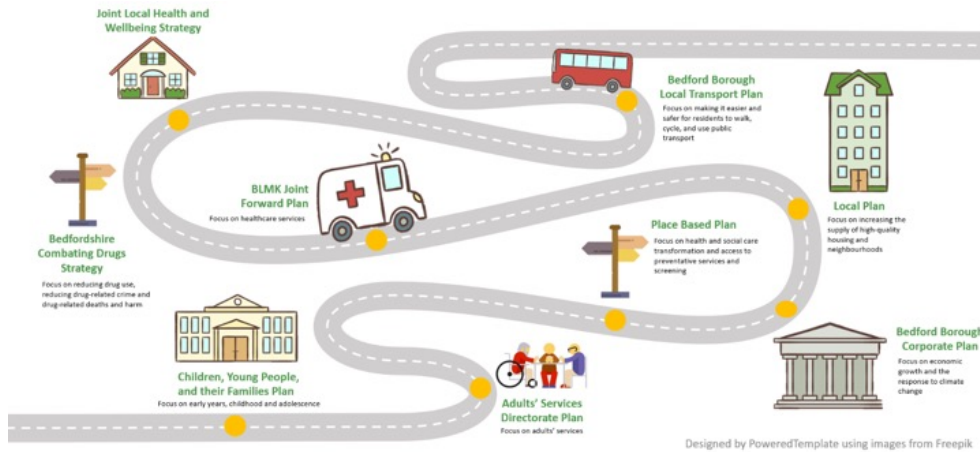


Figure 2. Strategies and plans that integrate with the Health and Wellbeing Strategy

This Health and Wellbeing Strategy will integrate with many other strategies and plans developed by the council, NHS, and other organisations. Each strategy has its own focus and an important contribution to make towards the overarching aims of improving health and wellbeing and reducing health inequalities. It is anticipated that over time the approach set out here can be incorporated into these wider strategies and plans, so that all of our collective resources are focused on achieving the vision of closing the health and wellbeing gap in Bedford Borough. The Health and Wellbeing Board will have a role in coordinating this work and monitoring the impact.

Some of the most important strategies and plans that we will work alongside are shown above (Figure 2). Of particular note are the BLMK ICS Joint Forward Plan, which focuses on healthcare provision, and the Place Based Plan, which has a focus on health and social care integration and

access to preventative services. Healthcare, social care, and preventative services are of course essential for health and wellbeing. However, as the ICS Joint Forward Plan and the Place Based Plan already contain detailed proposals about how to improve their respective areas of focus, we have not sought to replicate them here.

Other important strategies and plans include the Bedford Borough Local Transport Plan (including a focus on active travel), the Local Plan (focused on increasing housing supply in a way that reduces health inequalities and promotes health), the Council's current Corporate Plan (which includes a focus on promoting economic growth and environmental sustainability), the Children, Young People and Families Plan (coordinating partnership work to give every child the best start in life), and the Adults' Services Directorate Plan (supporting people to maintain their independence and providing appropriate care when needed).

# Working with stakeholders and partner organisations

Achieving these ambitions will only be possible by working with local stakeholders and partner organisations, all of whom have an important role to play. The figure below shows what some of these roles will be for the council, NHS and other public sector organisations, local businesses, voluntary organisations, and communities.

Council	NHS and other public sector organisations	Local businesses	Voluntary organisations	Communities
<ul style="list-style-type: none"> <li>• Deliver policies and services that promote health and wellbeing and address inequalities</li> <li>• Place shaping</li> <li>• Lead inclusive local employment</li> <li>• Coordinate activities and convene system partners</li> <li>• Monitor impact through the Health and Wellbeing Board</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver policies and services that promote health and wellbeing and address inequalities</li> <li>• Anchor institutions as key local employers, buyers of goods and services, and stewards of estates</li> <li>• Carbon-reduction strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Provide training and apprenticeship opportunities</li> <li>• Provide high-quality employment, with the conditions necessary to promote employee health</li> <li>• Contribute positively to their local communities through their goods and services</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary sector organisations deliver a wide range of services that address local needs, including tackling social isolation and cost of living pressures</li> <li>• Provide volunteering opportunities</li> <li>• Contribute to a thriving community</li> </ul>	<ul style="list-style-type: none"> <li>• Provide insights into issues that are important to them and contribute to solutions</li> <li>• Create belonging through communities of interest as well as neighbourhoods</li> <li>• Connect other community members to support</li> </ul>

Figure 3. Roles of different stakeholders in implementing the Health and Wellbeing Strategy

# Healthy place, healthy people

## Why we will focus on the building blocks of life

The reason why some communities and people living in less affluent areas of Bedford Borough are dying years earlier than they should, is because they don't have all the things they need to live healthy lives. Things like meaningful employment, sufficient income, stable housing, and a good education. These are the building blocks of health (also known as the wider determinants of health). To build a healthy society and a thriving community all the right building blocks in place. Right now, for some communities in Bedford Borough, too many of these blocks are missing or weak. Over time this has led to deep health inequalities. To address those health inequalities, we need to strengthen the building blocks for people who belong to our most under-served communities.

Focusing on the building blocks of health makes sense because they are responsible for 30% to 55% of the health of individuals and communities (1). Healthcare, on the other hand, contributes only 10% to 20% (see Figure 4) (1). The NHS was not designed to look after everyone's health on its own. It was always intended to be part of a broader system of support providing jobs, transport, homes, and education. The building blocks of health have such a big impact on health because they have a cumulative effect over the course of people's lives, from pre-conception and birth through to old age. They also have a big effect because they are an upstream cause of individual health behaviours, such as smoking, diet, and alcohol use.

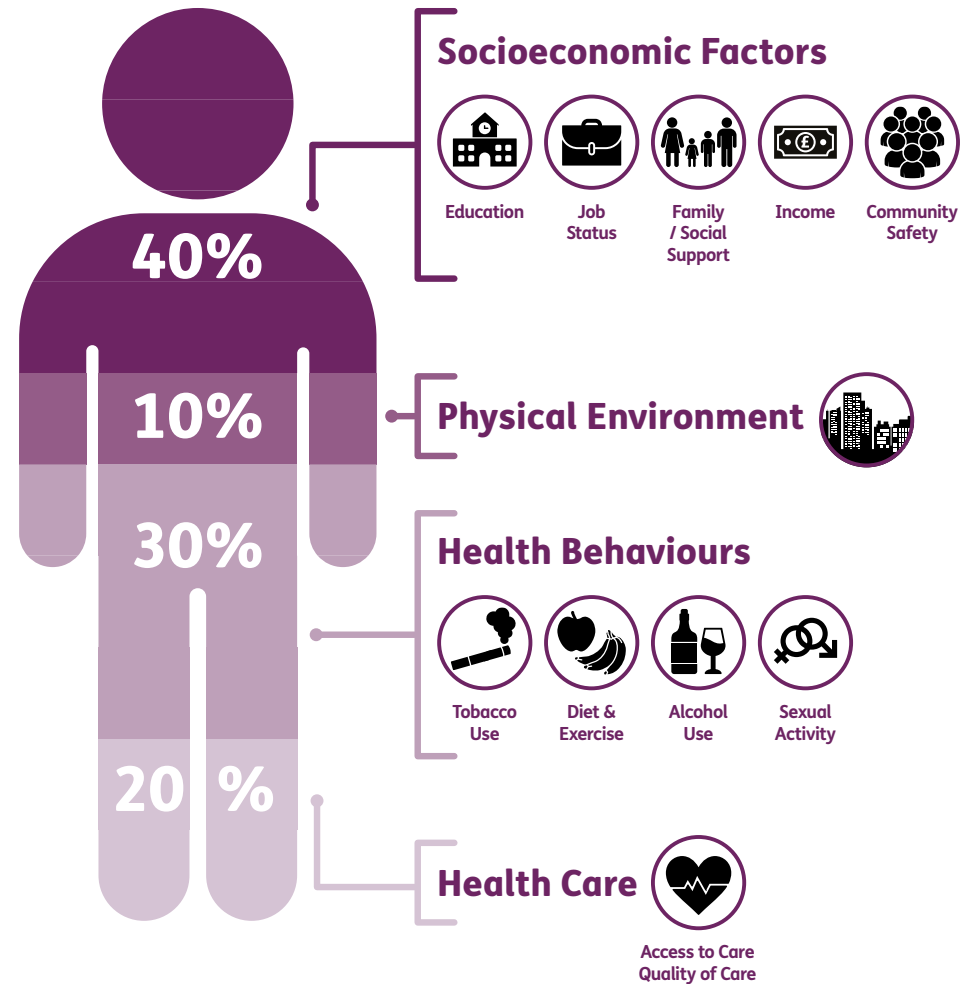


Figure 4. Contribution of different factors to health



# Why inequalities matter in Bedford Borough

People living in poorer parts of Bedford Borough live shorter lives than people living in more affluent areas. The difference in life expectancy between people living in the most and least deprived areas is on average 8 years for women and 9 years for men. These differences are amongst the largest of any local authority in the East of England<sup>2</sup>.

We also know that there are differences in life expectancy and health between other groups and communities. This includes people that belong to an ethnic minority group, people living with a severe mental health problem, and people living with a disability.

Whilst some difference in life expectancy and health are always likely to persist, the variation we see in life expectancy gaps between local authorities in the East of England – as little as 5 years and as much as 10 years – suggests that it is possible to influence the size of the gap.

There are moral, societal, and economic reasons why we should act to reduce the size of health inequalities. Morally, it is not right that we let people belonging to some groups and communities die years earlier than they should. From the societal perspective, reducing local health inequalities promotes greater social cohesion and creates stronger communities. From an economic perspective, reducing health inequalities supports prosperity by increasing the size and productivity of the workforce.

<sup>2</sup> In the East of England, the average inequality in life expectancy at birth between people living in the most and least deprived IMD deciles between 2018 and 2020 was 7.8 years for women and 8.9 years for men. Amongst East of England unitary local authorities, Bedford Borough had the third from highest level of inequality in life expectancy for men (behind Southend-on-Sea and Thurrock), and the second highest difference in life expectancy for women (behind Southend-on-Sea).



# How health supports prosperity

A healthy workforce is necessary for economic growth. This is because health affects on two main drivers of economic growth - the size of the workforce and the efficiency of the workforce to make goods and services (which is also known as productivity). The impact on workforce size is the main way in which health influences economic growth (2, 3). In the UK, around half of people reporting themselves as long-term sick do not participate in the workforce, and health is the leading reason cited for people aged 50 to 64 years to be out of work (2). In Bedford Borough the long-term unemployment rate is higher than other local authorities in England that have a similar overall level of deprivation<sup>3</sup>. Part of the difference is likely due to the size of health inequalities in Bedford Borough.

The second driver of economic growth is productivity. This includes days lost due to sickness absence. Researchers conducted by the University of Sheffield found that the probability of experiencing reduced productivity at work doubles for those with physical health conditions, and triples for those with mental health problems (4). In Bedford Borough, the percentage of working days lost due to sickness absence is higher than the average for other local authorities with a similar overall level of deprivation<sup>4</sup>. Again, part of this difference is likely caused by the size of inequalities in Bedford Borough.

If the Bedford Borough economy is to remain robust, it needs to have a population that is not impeded from being able to work due to poor health, and it needs poor health to not negatively impact the productivity of people that do work.

<sup>3</sup> Bedford Borough ranks in the 4th least deprived decile of the 2019 English Index of Multiple Deprivation – a rank of relative deprivation comprised of seven indicators. There are significant pockets of deprivation with 4 lower-layer super output areas, or neighbourhoods in the Borough ranked among the 0-10% most deprived areas nationally, and a further 10 LSOAs among the 10-20% most deprived. Compared with other local authorities that are also ranked in the 4th least deprived decile of IMD, the average monthly claimant of Jobseeker's Allowance in 2021 who have been claiming for more than 12 months, expressed as a rate per 1,000 of the working age population (aged 15 to 64 years) in Bedford Borough was 2.6 per 1,000 compared with 1.6 per 1,000. The other local authorities ranked in the same IMD decile as Bedford Borough are: Milton Keynes, Warrington, Reading, Cheshire West and Chester, Suffolk, Somerset City, Bournemouth, Christchurch and Poole, Herefordshire, Derbyshire, Worcestershire, Swindon, Nottinghamshire, Kent, and Hillingdon. Source: NOMIS Labour Market Statistics 2021-22 / IMD 2019 / OHID.

<sup>4</sup> Percentage of working days lost due to absences in Bedford Borough between 2019-21 was 1.4% vs. 1.0% in local authorities ranked in the 4th least deprived decile of IMD 2019. Source: NOMIS/ONS/OHID.

# Who experiences inequalities in Bedford Borough?

Bedford Borough consists of the adjacent towns of Bedford and Kempston surrounded by a large rural area consisting of many villages. Approximately 185,000 people live in the Borough - around two thirds of whom are in Bedford and Kempston.

The Borough stands out for having unusually large differences in deprivation, particularly between its urban and rural areas. As the map below shows (Figure 6), areas of highest deprivation are mostly located in Kempston and Bedford town centres. This map shows the overall deprivation of an area based on seven individual indices which are combined together to form the Index of Multiple Deprivation (IMD)<sup>5</sup>. Of the seven individual indices, the ones which mostly contribute to deprivation in Bedford and Kempston are health and disability, income, employment, education, skills and training, and crime. However, the surrounding rural areas also experience deprivation.

In rural areas, this is mostly due to deprivation in the living environment (a measure consisting of housing quality, air quality, and road traffic accidents) and barriers to housing and services.

<sup>5</sup> The English Indices of Multiple Deprivation (IMD) provide a relative measure of deprivation for small areas (lower layer super output areas, LSOAs) across England and are based on seven domains of deprivation: income, employment, education, skills and training, health and disability, crime, barriers to housing, and living environment.

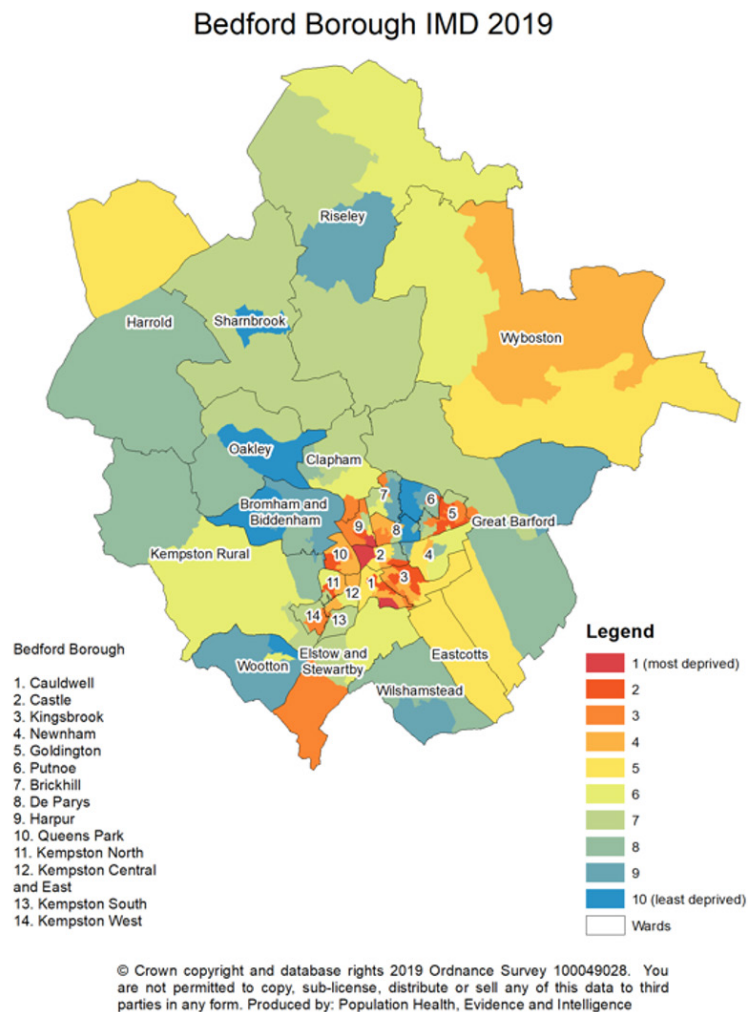


Figure 6. Map of Bedford Borough showing areas of deprivation according to the 2019 Index of Multiple Deprivation decile (pre-2023 ward boundaries)



Bedford Borough also stands out for the size and diversity of its ethnic minority population. About one in three people describe themselves as belonging to an ethnic minority. The largest ethnic minority groups are 'Other White' (10%), which includes people of white ethnicity from Eastern Europe, Indian (5%), Black African (3%), Pakistani (3%), and Bangladeshi (2%). People from ethnic minority groups live throughout the Borough but are particularly likely to live in Queens Park and Kempston. According to the 2021 census, one in five people in the Borough cannot speak English well, and this can prevent people from accessing services.

Other groups that experience health inequalities include people living with a physical and/or sensory disability, a learning disability or autism, people living with multiple long-term physical and mental health conditions, people experiencing homelessness, people experiencing drug and alcohol dependence, vulnerable migrants, people who identify as LGBTQIA+<sup>6</sup>, Gypsy, Roma and Traveller communities, sex workers, and people in contact with the justice system. Together these groups are often referred to as inclusion health groups. Often people belong to two or more of these groups. For example, living with a mental health condition and belonging to an ethnic minority community, or living with a learning disability and living in an area of deprivation. These individuals are particularly at risk of suffering from poor health.



6. Lesbian, gay, bisexual, transgender, queer, questioning, intersex or asexual. The '+' represents other sexual identities.

# What do the inequalities in Bedford Borough look like?

The overall health of everyone living in Bedford Borough is worse than it could be because so many residents belong to groups or communities that experience health inequalities, and the size of the inequalities present within these groups and communities are large. This is why the overall life expectancy in Bedford Borough for men (79.2 years) and women (83.2 years) is the fourth lowest amongst local authorities in the East of England.

People are dying earlier than they should because some of the building blocks of health for people living in these groups or communities are weaker than they should be. For some of the building blocks of health we have local information available about the specific groups or communities that experience inequalities. For example, we know that in Bedford Borough in 2021/22 only 57% of children receiving free school meals achieved the expected level in their phonics screening check in Year 1, compared with 72% in the Borough overall.

We also have information available about employment and housing for people that are in contact with secondary mental health services and who are in receipt of long-term support for a learning disability. In 2021/22 there were large gaps in the employment rate for those in contact with secondary mental health services and the overall employment rate (a gap of 69 percentage points), and between those with a learning disability and the overall employment rate (a gap of 65 percentage points).

Although we should aim to reduce the size of these inequalities, compared with other local authorities with a similar overall level of deprivation, the size of the employment gap for people in contact with secondary mental health services in Bedford Borough is about average, and the

employment gap for people with a learning disability is better than average. The percentage of adults with a learning disability who live in stable and appropriate accommodation (82%) is around the average, and the percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation is above average (70%). Social isolation is another factor that we have information about for social care users and adult carers. Only 42% of adult social care users and 26% of adult carers known to the adult social care service have as much social contact as they would like (both measures are around the average compared with other local authorities of a similar level of deprivation).

For other building blocks of health, we only have information available at the level of Bedford Borough overall. This gives us less information about the specific groups or communities that experience inequalities but is still helpful because large inequalities will lower the overall position. For example, we know that in 2019/20 only 11% of adults in Bedford Borough walked for travel at least three days per week, and 4% of adults cycled for travel at least three days per week. Although this could be improved, it is around the average for other local authorities with a similar level of deprivation. The Borough also performs near the average for other local authorities with a similar overall level of deprivation in terms of density of fast-food outlets, access to woodland, rates of violent crime, and the proportion of 16 to 17 years olds not in education, employment, or training (NEET). The Borough performs worse than average for fuel poverty, excess winter deaths, long-term claimants of Jobseeker's Allowance, working days lost due to sickness absence, and statutory homelessness.



In summary, the health of people in Bedford Borough is not as good as it could be. This is because there are large numbers of people in the Borough that belong to groups or communities that experience health inequalities, and because some of the inequalities in health experienced by these groups and communities are particularly large. These health inequalities have grown over a long time, and to address we need to strengthen the building blocks of health.

Further information about health inequalities in Bedford Borough can be found in the Joint Strategic Needs Assessment. It is regularly updated and can be accessed by clicking on the following link:

<https://bmkjsna.org/bedford/jsna/>.



# The strategy

---

## Core principles

Below are the four core principles which informed the development of the strategy and will continue to inform its implementation. They are based on the Institute of Health Equity's 'Marmot principles': broad policy areas designed to reduce health inequalities (5).

- 1. We will prioritise actions to strengthen the building blocks of health - the social, economic, commercial, and environmental conditions that impact on people's health - over trying to change individual behaviours.**
- 2. Whilst we will take action to improve the health of people across Bedford Borough, more effort will be made to help groups of people and communities that are experiencing worse health outcomes than they should. This includes people from ethnic minority groups, people with disabilities, people with severe mental illness, and people that experience financial hardship or social disadvantage.**
- 3. We will take action across all ages and stages of life, from pre-conception and pregnancy, through to childhood, adulthood and old age.**
- 4. We will take action in collaboration with local communities and partner organisations, including voluntary sector organisations; and we will work with local anchor institutions<sup>7</sup> and businesses with a stake in their community.**

---

*7. Anchor institutions are large public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve.*

# Key building blocks of health

The strategy consists of taking action to strengthen five building blocks of health.

## 1. Inclusive employment, lifelong education, and workplace health

**Our long-term ambition is for good jobs to be available for everyone in Bedford Borough. By good jobs we mean jobs that provide the financial resources needed for good health and that contribute to health and wellbeing by offering fair employment conditions, training opportunities, and a sense of belonging and meaningfulness.**

**Within the time-frame of this strategy our ambitions are that the foundations are laid for creating meaningful relationships with businesses and anchor institutions about how we can work together to improve the health of their employees, improve employment of people from health inclusion groups (in particular those with disabilities, with a mental health problem, from areas of deprivation, from ethnic minority groups), and create a workforce with the necessary skills and experience for local businesses.**

The actions we propose to take to achieve these ambitions include:

- Expanding the number of businesses and voluntary organisations that work with the Supported Employment Service, who support people with a learning disability and autism, to access employment and volunteering opportunities.

- Increasing the number of businesses and organisations in Bedford Borough that are committed to the Healthy Workplace Standards.
- Supporting employers to increase their understanding of autism and the mental health issues employees may experience, so that they feel better informed and are able to access relevant resources.
- Supporting more residents to access the employment support offered by Jobcentre Plus and the Jobs Hub.
- Reviewing the availability of coaching and work placement programmes for people who are or are at risk of being classified as NEET. This could involve working with anchor institutions and local businesses to identify the number of opportunities to use volunteering and apprenticeships as a pathway to employment.
- Considering how small and medium-sized enterprises that are unable to meet the cost of employing an apprentice full time could be supported to do so, including through utilising the apprenticeship levy and public procurement to maximise apprenticeship creation.
- Reviewing the skills, supply, and demand in the local labour force to ensure youth and adult education and training opportunities are well targeted to local business needs.
- Supporting businesses and VCSEs to work together to develop volunteer roles, so that the skills people develop in their volunteering role align with the needs of local businesses.

## 2. Sustainable built and natural environment

**Our long-term ambition is for Bedford Borough to be a place where there is high quality, safe and attractive infrastructure and the physical environment enables everyone to be active, to eat healthily, and to have good physical and mental health and wellbeing. By physical environment we mean the built environment (for example roads, traffic, shops, restaurants, and advertising billboards) and the natural environment (for example parks, gardens, and rivers).**

**Within the time-frame of this strategy our ambitions are to see more people travelling to work or for leisure by public transport, walking or by bike. We also want to see greater and more inclusive use of parks and other public spaces for leisure and recreation.**

The actions we propose to take to achieve these ambitions include:

- Promoting and supporting active travel, including by ensuring cycle paths and green spaces are well-maintained, considering expansion of the number of ‘School Streets’ (car-free zones around school drop-off and pick-up times), and supporting individuals and families to access cycle training courses.
- Ensuring that new walking and cycling infrastructure reaches areas with the lowest rates of physical activity, particularly in areas of deprivation.

- Working with communities to develop initiatives to improve use of green spaces, blue spaces<sup>8</sup> and local heritage sites. This could include a ‘facilitated access’ programme which helps make these places more accessible to groups that don’t traditionally use them as frequently (e.g. people from some ethnic minorities and people living in areas of deprivation) for example by providing organised transport and organised activities in the green space, such as nature walks, mindfulness, gardening.
- Considering how planning and licensing approaches can be used to create healthier neighbourhoods and promote healthier food choices.
- Reviewing transport links between areas of higher deprivation and areas of employment opportunity.
- Implementing the requirement to conduct health impact assessments for major new housing developments.
- Taking action to improve local air quality in line with our Air Quality Action Plan.
- Ensuring that adverse weather plans take particular account of areas of deprivation and residents with specific vulnerabilities.

<sup>8</sup> Blue spaces are surface waterbodies and waterways, including lakes, rivers, and canals.



### 3. Healthy homes

**Our long-term ambition is for Bedford Borough to be a place where people can live in a home that is safe, affordable and supports their health and wellbeing.**

**Within the timeframe of this strategy our ambitions are that we make progress on reducing rates of statutory homelessness and increasing access to behaviour change services offered to people in social housing by expanding the offer of the Health and Housing Partnership.**

The actions we propose to take to achieve these ambitions include:

- Expanding the offer of health behaviour support for social housing residents by continuing to work with housing associations through the Health and Housing Partnership.
- Working with housing associations to identify and support tenants with asthma, COPD, and other respiratory conditions, to ensure their condition is not exacerbated by living in a cold or damp home.
- Expanding the number of businesses, public organisations and voluntary sectors organisations that actively signpost residents to the local authority 'energy and water advice for residents' and support eligible residents to access local and national support schemes, such as the 'Warm Home Discount', 'Energy Company Obligation', and 'Better Housing Better Health'.
- Continuing to support the implementation of the 2021-26 Housing Strategy, including efforts to increase housing supply and reduce rough sleeping.
- Improving access to drug and alcohol and mental health services for people who are experiencing homelessness or living in supported accommodation.

- Working with housing providers to develop a shared understanding of the challenges within the housing system and establish a joined-up approach to providing healthy homes.
- Recognising the needs of people with a learning disability or autism when considering housing allocations.





## 4. Best start in life

**Our long-term ambitions are for every child in Bedford Borough to achieve the best start in life, to have access to early years provision and schools that are inclusive and support their health and wellbeing, and to ensure that every child has a successful transition to school.**

**Within the time-frame of this strategy, our ambitions are for children to: build strong parental relationships; have positive early educational experiences; understand how to stay mentally and physically healthy; and have their voices heard.**

The actions we propose to take to achieve these ambitions include:

- Continuing to implement the Bedford Borough Children, Young People and their Families Plan 2022-2027.
- Promoting and supporting families to access the new Family Hubs at the Queens Park and Pinecones Children's Centres.
- Encouraging families to access the 'Best Start Bedford Borough' information portal, to ensure the advice and guidance they receive is of a high quality.
- Increasing the number of schools in areas of deprivation that deliver school-wide physical activity and access to healthy food initiatives.
- Incorporating oral health promotion within relevant services for all children and young people at high risk of poor oral health.
- Communicating and engaging with families, ensuring they have access to relevant and timely information, particularly at the early years stage.
- Ensuring every child has access to an early years setting, experiences a smooth transition to school and has access to high quality and inclusive education that meets their needs.



## 5. Strong communities

**Our long-term ambition is that everyone living in Bedford Borough has the level of meaningful social contact that they want to have, and we will strive to eliminate racism and discrimination.**

**Within the time-frame of this strategy our ambitions are for more people in Bedford Borough to feel like they know their neighbours, to feel safe in their community, and to feel a sense of identity and value in being part of that community.**

The actions we propose to take to achieve these ambitions include:

- Promoting and supporting the work done by the community and voluntary sector to reduce social isolation, improve physical and mental health, and help overcome individual barriers towards gaining volunteering placements and employment, with a particular focus on hardly reached groups including people from ethnic minority backgrounds, people living in more deprived areas and unpaid carers.
- Supporting people in later life to maintain healthy behaviours and stay socially connected.
- Supporting the work of Community Connectors, public health outreach officers, and social prescribing link workers to reduce inequalities by linking hardly reached groups with health and care services.
- Promoting and supporting the work of the Community Safety Partnership in reducing anti-social behaviour and street drinking, and improving street lighting and CCTV coverage to help residents feel safe in their community.

- Reviewing opportunities with the community and voluntary sector to enable the sharing of older adults' skills with volunteers, young people, and others within their community.
- Ensuring that the work of community and voluntary sector organisations is joined-up with the services offered by the local authority and the NHS; keeping residents informed about services and opportunities in Bedford Borough, including those from the voluntary and community sector, through different communication methods, in a range of languages, including BSL, and in collaboration with communities.
- Encouraging local anchor institutions to demonstrate how they are meeting equality duties in recruitment and employment, including by collecting and publishing anonymised data about employment by ethnic group.
- Ensuring VCSE partners and communities can play a key role in delivering the strategy, recognising their unique skills and insight into local needs and subsequent solutions.
- Recognising digital access and skills as determinants of health and wellbeing and supporting people to gain skills and confidence to be able to benefit from digital technologies and the internet in everyday life.
- Supporting local community engagement activities to help bring people together, with a particular focus on addressing social isolation.
- Ensuring people have access to a range of support to help with the cost of living, including fuel poverty, with a particular focus on people living in more deprived areas and on a low income.

# Proposed indicators

The below table summarises the proposed actions for each building block and what indicators could be used to measure progress (1) within the time-frame of the strategy (3 years) and (2) longer-term indicators to measure progress beyond the time-frame of the strategy.

**Table 1. Proposed actions and related indicators for each building block of health**

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<b>Inclusive employment, lifelong education, and workplace health</b>	<ul style="list-style-type: none"> <li>• Expanding the number of businesses and voluntary organisations that work with the Supported Employment Service, who support people with a learning disability and autism to access employment and volunteering opportunities.</li> <li>• Increasing the number of businesses and organisations in Bedford Borough that are committed to the Healthy Workplace Standards.</li> <li>• Supporting employers to increase their understanding of autism and the mental health issues employees may experience, so that they feel better informed and are able to access relevant resources.</li> <li>• Supporting more residents to access the employment support offered by Jobcentre Plus and the Jobs Hub.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of work and volunteering opportunities available via the Supported Employment Service and The Jobs Hub.</li> <li>• The number of businesses committed to the Healthy Workplace Standards.</li> <li>• All anchor institutions pay a ‘living wage’ and have committed to the Healthy Workplace Standards.</li> <li>• The Jobs Hub has increased its work with people from hardly reached groups, including people that are classified as homeless, people with physical and mental health conditions, people from ethnic minorities.</li> </ul>	<ul style="list-style-type: none"> <li>• % of people in employment.</li> <li>• Gap in the employment rate between those with a physical or mental long term health condition and the overall employment rate.</li> <li>• Gap in the employment rate between those who are in receipt of long-term support for a learning disability and the overall employment rate.</li> <li>• Gap in the employment rate for those who are in contact with secondary mental health services and on the Care Plan Approach, and the overall employment rate.</li> </ul>

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Inclusive employment, lifelong education, and workplace health</b> <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Reviewing the availability of coaching and work placement programmes for people who are or are at risk of being classified as NEET. This could involve working with anchor institutions and local businesses to identify the number of opportunities to use volunteering and apprenticeships as a pathway to employment.</li> <li>• Considering how small and medium-sized enterprises that are unable to meet the cost of employing an apprentice full time could be supported to do so, including through utilising the apprenticeship levy and public procurement to maximise apprenticeship creation.</li> <li>• Reviewing the skills, supply, and demand in the local labour force to ensure youth and adult education and training opportunities are well targeted to local business needs.</li> <li>• Supporting businesses and VCSEs to work together to develop volunteer roles, so that the skills people develop in their volunteering role align with the needs of local businesses.</li> </ul>	<ul style="list-style-type: none"> <li>• Anchor institutions to use the Jobs Hub and Jobcentre Plus to recruit staff.</li> <li>• The number of employers accessing Mental Health First Aid Training.</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term claimants of Jobseeker’s Allowance.</li> <li>• Economic inactivity rate.</li> <li>• Sickness absence: the % of employees who had at least one day off in the previous week.</li> <li>• % of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known.</li> </ul>

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Sustainable built and natural environment</b></p>	<ul style="list-style-type: none"> <li>• Promoting and supporting active travel, including by ensuring cycle paths and green spaces are well maintained, considering expansion of the number of ‘School Streets’ (car-free zones around school drop-off and pick-up times), and supporting individuals and families to access cycle training courses.</li> <li>• Ensuring that new walking and cycling infrastructure reaches areas with the lowest rates of physical activity, particularly in areas of deprivation.</li> <li>• Working with communities to develop initiatives to improve use of green spaces, blue spaces, and local heritage sites. This could include a ‘facilitated access’ programme which helps make these places more accessible to groups that don’t traditionally use them as frequently (e.g. people from some ethnic minorities and people living in areas of deprivation) for example by providing organised transport and organised activities in the green space, such as nature walks, mindfulness, gardening.</li> </ul>	<ul style="list-style-type: none"> <li>• The use of green space, blue space and local heritage sites by residents from areas of higher deprivation.</li> <li>• The number of transport links between areas of higher deprivation to areas of employment opportunity.</li> <li>• Overall number of people using public transport services.</li> </ul>	<ul style="list-style-type: none"> <li>• % of adults walking for travel at least three days per week.</li> <li>• % of adults cycling for travel at least three days per week.</li> <li>• Density of fast-food outlets.</li> <li>• Air pollution: fine particulate matter.</li> <li>• Utilisation of outdoor space for exercise/health reasons.</li> <li>• Killed and seriously injured casualties on roads.</li> <li>• % of adults that are a healthy weight.</li> </ul>



Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Sustainable built and natural environment</b> <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Considering how planning and licensing approaches can be used to create healthier neighbourhoods and promote healthier food choices.</li> <li>• Reviewing transport links between areas of higher deprivation and areas of employment opportunity.</li> <li>• Implementing the requirement to conduct health impact assessments for major new housing developments.</li> <li>• Taking action to improve local air quality in line with our Air Quality Action Plan.</li> <li>• Ensuring that emergency plans for adverse weather take particular account of areas of deprivation and residents with specific vulnerabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people who have accessed a cycle programme via Bikeability.</li> <li>• Air Quality Action Plan in place.</li> <li>• Adverse weather plans in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Low birth weight at time of delivery.</li> <li>• % of physically inactive adults.</li> <li>• % of physically active children and young people.</li> <li>• Access to woodland.</li> <li>• % of population exposed to road, rail, and air transport noise of 65dB or more.</li> <li>• % mortality attributable to particulate air pollution.</li> </ul>

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Healthy homes</b></p>	<ul style="list-style-type: none"> <li>• Expanding the offer of health behaviour support for social housing residents by continuing to work with housing associations through the Health and Housing Partnership.</li> <li>• Working with housing associations to identify and support tenants with asthma, COPD, and other respiratory conditions, to ensure their condition is not exacerbated by living in a cold or damp home.</li> <li>• Expanding the number of businesses, public organisations and voluntary sectors organisations that actively signpost residents to the local authority ‘energy and water advice for residents’ and support eligible residents to access local and national support schemes, such as the ‘Warm Home Discount’, ‘Energy Company Obligation’, and ‘Better Housing Better Health’.</li> <li>• Continuing to support the implementation of the 2021-26 Housing Strategy, including efforts to increase housing supply and reduce rough sleeping.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of services offered by the Health and Housing Partnership.</li> <li>• Number of new homes.</li> <li>• Number of people and families that are statutory homeless.</li> <li>• Mechanism in place for housing providers to work together.</li> </ul>	<ul style="list-style-type: none"> <li>• Affordability of home ownership.</li> <li>• Fuel poverty.</li> <li>• Winter mortality index.</li> <li>• Emergency hospital admissions due to falls in people aged 65 and over.</li> <li>• Adults in contact with secondary mental health services who live in stable and appropriate accommodation.</li> <li>• Adults with a learning disability who live in stable and appropriate accommodation.</li> <li>• Food Insecurity – the % of local authority population living in areas at highest risk of food insecurity.</li> <li>• Homelessness: households owed a duty under the Homelessness Reduction Act.</li> <li>• Adults in contact with secondary mental health services who live in stable and appropriate accommodation.</li> <li>• Domestic abuse related incidents and crimes.</li> </ul>

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Healthy homes</b> <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Improving access to drug and alcohol and mental health services for people who are experiencing homelessness or living in supported accommodation.</li> <li>• Working with housing providers to develop a shared understanding of the challenges within the housing system and establish a joined-up approach to providing healthy homes.</li> <li>• Recognising the needs of people with a learning disability or autism when considering housing placements.</li> </ul>		

<b>Building Block of Health</b>	<b>Proposed Actions</b>	<b>Short-term Indicators</b>	<b>Longer-term Indicators</b>
<p><b>Best start in life</b></p>	<ul style="list-style-type: none"> <li>Continuing to implement the Bedford Borough Children, Young People and their Families Plan 2022-2027.</li> <li>Promoting and supporting families to access the new Family Hubs at the Queens Park and Pinecones Children’s Centres.</li> <li>Encouraging families to access the ‘Best Start Bedford Borough’ information portal, to ensure the advice and guidance they receive is of a high quality.</li> <li>Increasing the number of schools in areas of deprivation that deliver school-wide physical activity and access to healthy food initiatives.</li> <li>Incorporating oral health promotion within relevant services for all children and young people at high risk of poor oral health.</li> <li>Communicating and engaging with families, ensuring they have access to relevant and timely information, particularly at the early years stage.</li> <li>Ensuring every child has access to an early years setting, experiences a smooth transition to school and has access to high quality and inclusive education that meets their needs.</li> </ul>	<ul style="list-style-type: none"> <li>Number of families accessing Family Hubs.</li> <li>Number of schools that implement physical activity or access to healthy food initiatives.</li> <li>The number of children excluded or expelled from school.</li> <li>The number of children requiring acute health and care services.</li> <li>The rate of maternal smoking.</li> </ul>	<ul style="list-style-type: none"> <li>Children in relative low-income families (under 16s).</li> <li>Children entering the youth justice system (10-17 years).</li> <li>Pupil absence.</li> <li>School readiness: percentage of children achieving a good level of development at the end of reception.</li> <li>School readiness: percentage of children achieving the expected level in the phonic screening check in Year 1.</li> <li>School readiness: % of children with free school meal status achieving the expected level in the phonic screening check in year 1.</li> <li>GCSE achieved 5A*s-C including English &amp; Maths with free school meal status.</li> <li>Breastfeeding prevalence at 6-8 weeks after birth.</li> <li>Smoking status at time of delivery.</li> <li>Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years).</li> <li>Smoking prevalence age 15 years.</li> <li>% of Year R and Year 6 children with excess weight.</li> <li>% of looked after children whose emotional wellbeing is a cause for concern.</li> <li>Number of children with one or more decayed, missing or filled teeth.</li> </ul>

Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Strong communities</b></p>	<ul style="list-style-type: none"> <li>• Promoting and supporting the work done by the community and voluntary sector to reduce social isolation, improve physical and mental health, and help overcome individual barriers towards gaining volunteering placements and employment, with a particular focus on hardly reached groups including people from ethnic minority backgrounds, people living in more deprived areas and unpaid carers.</li> <li>• Supporting people in later life to maintain healthy behaviours and stay socially connected.</li> <li>• Supporting the work of Community Connectors, public health outreach officers, and social prescribing link workers to reduce inequalities by linking hardly reached groups with health and care services.</li> <li>• Promoting and supporting the work of the Community Safety Partnership in reducing anti-social behaviour and street drinking and improving street lighting and CCTV coverage to help residents feel safe in their community.</li> <li>• Reviewing opportunities with the community and voluntary sector to enable the sharing of older adults' skills with volunteers, young people, and others within their community.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of people referred to services by a social prescriber, community connectors and outreach workers.</li> <li>• There is a strategy in place for how Community Connectors will engage with hardly reached groups.</li> <li>• Anchor institutions collect and publish anonymised data about their workforce by ethnicity, pay, and grade.</li> </ul>	<ul style="list-style-type: none"> <li>• % of adult carers who have as much social contact as they would like.</li> <li>• % of adult social care users who have as much social contact as they would like.</li> <li>• Proportion of people who use services who have control over their daily life.</li> <li>• Proportion of people who use services who feel safe.</li> <li>• Violent crime – hospital admissions for violence (including sexual violence).</li> <li>• Violent crime – violence offences per 1,000 population.</li> <li>• Violent crime – sexual offences per 1,000 population.</li> </ul>



Building Block of Health	Proposed Actions	Short-term Indicators	Longer-term Indicators
<p><b>Strong communities</b> <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Ensuring that the work of community and voluntary sector organisations is joined-up with the services offered by the local authority and the NHS; keeping residents informed about services and opportunities in Bedford Borough, including those from the voluntary and community sector, through different communication methods, in a range of languages, including BSL, and in collaboration with communities.</li> <li>• Encouraging local anchor institutions to demonstrate how they are meeting equality duties in recruitment and employment, including by collecting and publishing anonymised data about employment by ethnic group.</li> <li>• Ensuring VCSE partners and communities can play a key role in delivering the strategy, recognising their unique skills and insight into local needs and subsequent solutions.</li> <li>• Recognising digital access and skills as determinants of health and wellbeing and supporting people to gain skills and confidence to be able to benefit from digital technologies and the internet in everyday life.</li> <li>• Supporting local community engagement activities to help bring people together, with a particular focus on addressing social isolation.</li> <li>• Ensuring people have access to a range of support to help with the cost of living, including fuel poverty, with a particular focus on people living in more deprived areas and on a low income.</li> </ul>	<ul style="list-style-type: none"> <li>• The number of people who volunteer and are supported by voluntary organisations.</li> <li>• The number of people that are digitally connected.</li> <li>• The number of community engagement activities.</li> <li>• The number of people accessing support for fuel poverty.</li> </ul>	

# References

---

1. Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *American Journal of Preventive Medicine*. 2016;50(2):129-35.
2. Haldane A, Rebolledo I. Health is wealth? Strengthening the UK's immune system. The Health Foundation; 2022 ([health.org.uk/publications/reports/health-is-wealth](https://www.health.org.uk/publications/reports/health-is-wealth)). Available from: <https://www.health.org.uk/publications/reports/health-is-wealth>.
3. Prioritising health: A prescription for prosperity. McKinsey Global Institute. July 2020. Available from: <https://www.mckinsey.com/industries/healthcare/our-insights/prioritizing-health-a-prescription-for-prosperity>.
4. Bryan ML, Bryce AM, Roberts J. Dysfunctional presenteeism: Effects of physical and mental health on work performance. *The Manchester School*. 2022;90(4):409-38.
5. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020. Available from: [health.org.uk/publications/reports/the-marmot-review-10-years-on](https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on).

## Finding out more

If you would like further copies, a large-print copy or information about us and our services, please contact us at our address below.

Për Informacion

معلومات کے لئی

برای اطلاع

Za Informacije

ਜਾਣਕਾਰੀ ਲਈ

Informacja

Per Informazione

তথ্যের জন্য

للمعلومات



### Public Health

Bedford Borough Council

Borough Hall

Cauldwell Street

Bedford

MK42 9AP



[public.health@bedford.gov.uk](mailto:public.health@bedford.gov.uk)



[www.bedford.gov.uk](http://www.bedford.gov.uk)