



Joint Strategic Needs Assessment

Summary for Bedford Borough

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Refreshed May 2019

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1. Introduction

The goal of the health and wellbeing system is to add years to life and life to years.

The Joint Strategic Needs Assessment (JSNA) provides a comprehensive picture of what we know about the health and wellbeing of the people living in Bedford Borough.

It is a process that identifies the current and future health and wellbeing needs of the local population by bringing together a wide range of data, including local views. The JSNA provides up-to-date evidence of what works to address those needs and makes recommendations for areas of focus across the health and wellbeing system.

The JSNA is a living document. It is published in its entirety at <http://www.bedford.gov.uk/jsna> - with over 80 chapters, each dealing with a different topic across the life course. The chapters are updated regularly, depending on when new information becomes available.

This Summary aims to distil the key issues from the JSNA and present the headline priorities. Wherever a phrase appears in **bold**, the dedicated chapter can be found on the website with all the relevant statistics, evidence and the detailed recommendations listed in full.

Call for input

The JSNA can only be as good as the contributions it receives. If you feel that there are gaps or errors in any of the chapters on the website, or you would like to be involved in producing the next version, we would like to hear from you. Please email jsna@bedford.gov.uk.

2. Headlines

Local data informs local action

The best way to add life to years and years to life is to stop people becoming ill in the first place. Prevention is highly cost-effective, although it often requires investment upfront to prevent poor health and wellbeing in the future. As well as the benefits to individuals and families, preventing ill health and improving wellbeing reduces the need for expensive health and social care, and has wider benefits to society. The JSNA shows us where to prioritise prevention efforts, and what measures are likely to be the most effective.

The 2018-2023 Bedford Borough Joint Health and Wellbeing Strategy and the 2019 NHS Long Term Plan emphasise the importance of prevention in helping to secure the health and wellbeing of the population in the face of sustained financial pressures.

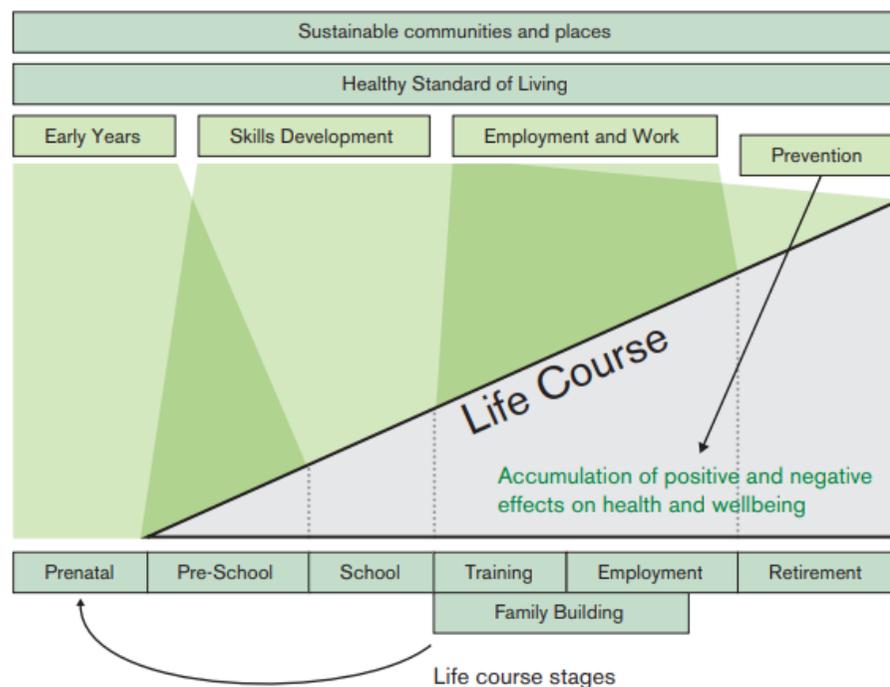
Common themes across the life course

The JSNA is structured according to the life course, describing the health and wellbeing experience of our residents from cradle to grave. The life course approach is based on the understanding, described by Sir Michael Marmot that:

“Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken.”

Figure 1 shows that at different times of life different approaches are needed to prevent ill health and improve wellbeing. For example, from conception to pre-school, parents have the greatest role to play, and from 5 to 19 the school environment is crucial.

Figure 1: Action across the life course



Source: Fair Society, Healthy Lives, the Marmot Review: Strategic review of health inequalities in England post-2010

In preparing this summary, a number of common themes emerged from the discussions around each stage in the life course:

1. Risk factors for poor health and wellbeing rarely exist in isolation. Unhealthy behaviours such as smoking, harmful drinking, poor diet and physical inactivity tend to occur together – if someone has one, they likely to have others. The same is true of social

and environmental factors: people who are living on a low income are also more likely to live in the poorest housing, in the most polluted streets, with the poorest access to healthy food, good schools, good healthcare and so on. Tackling these issues together may reap greater benefits than tackling them one-by-one.

2. People rarely exist in isolation either. Thinking about health and wellbeing at the level of the individual ignores the effect that living in a positive or negative household, family or community has on that individual's experience. Taking a wider perspective to understanding the problems and finding their solutions may be more effective.
3. Bedford Borough has a vibrant and diverse population and in recent years there has been a significant increase in migration from EU accession countries including Romania and Bulgaria. We must work with new and established communities to understand their health and wellbeing needs, and pay attention to how cultural differences may affect access to services.
4. Finally, the importance of learning and employment is clear. Good education and good work are vital for health and wellbeing, but not just because of exam results or income they generate. Workplaces and schools should be healthy environments, for example where good food is available and walking and cycling are encouraged. They create opportunities for rich social relationships and are great places for health and wellbeing messages to be shared. They are also places where the impact of health inequalities is evident: children who are eligible for free school meals leave school with fewer GCSEs; people with long term conditions find it harder to get work that suits them. Schools and workplaces should be recognised as integral partners in the health and wellbeing system.

3. Population and Place

The population of Bedford Borough is growing due to increasing life expectancy, a rising birth rate and inward migration.

Bedford Borough's population - Key messages

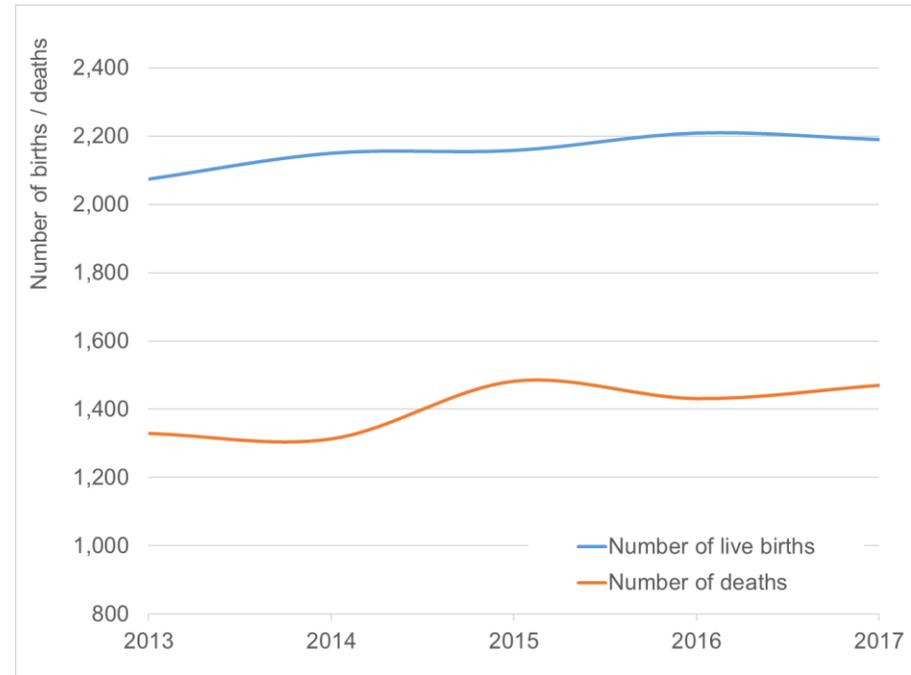
- 169,900 people live in Bedford Borough (ONS 2017).
- It is estimated that the population will increase to around 193,200 by 2030, with the fastest rise in ages 65 and over.
- 111,200 people live in the urban areas of Bedford (around two thirds) and 58,700 live in the surrounding rural areas (around one third).
- Up to 100 different ethnic groups live in Bedford Borough. More than 1 in 3 people in Bedford and Kempston are from minority ethnic groups, compared to less than 1 in 8 in rural areas.
- Average life expectancy in Bedford Borough is 79.9 years for men and 83.2 years for women but there are large inequalities in life expectancy depending on where people are born.

In 2017, the birth rate in Bedford Borough was 69.7 live births per 1,000 women aged 15-44 (General Fertility Rate), higher than England (61.2).

Mortality rates in Bedford Borough are lower than those in the East of England and England. The combination of a rising birth rate and a steady death rate (Figure 1) means that Bedford Borough is seeing a net increase in the size of the population.

Figure 2: The number of births and deaths in Bedford Borough (2013-2017)

Source: Office for National Statistics



Life expectancy

Where people live may have an important factor on the period people spend in good health. Currently in England, the average number of years a man can expect to live in good health is 63 years, compared with an average life expectancy of 80 years. Women can expect to live in good health for 65 years, with an average life expectancy of 83 years.

Table 1: Life expectancy in Bedford Borough, compared to England, (2015-2017)

Source: Office for National Statistics

| | Bedford Borough | England |
|--------------------------------|-----------------|---------|
| Men: Healthy Life Expectancy | 63.2 | 63.4 |
| Men: Life Expectancy | 79.9 | 79.6 |
| Women: Healthy life Expectancy | 65.0 | 63.8 |
| Women: Life Expectancy | 83.2 | 83.1 |

The challenge - stark health inequalities

There remains a large gap in life expectancy between the most and least deprived areas of Bedford Borough, as demonstrated in Figures 3 and 4. Using the 'Slope Index of Inequality' measure, women from the most deprived areas are predicted to live on average 7.0 years fewer than those from the least deprived. For men, the gap is 11.4 years. These gaps have fluctuated over the past few years but are not closing.

Figure 3: Male life expectancy at birth, for the most and least deprived areas of Bedford Borough (2015-17)

Source: Public Health Outcomes Framework Indicator 0.1ii, 2015-2017

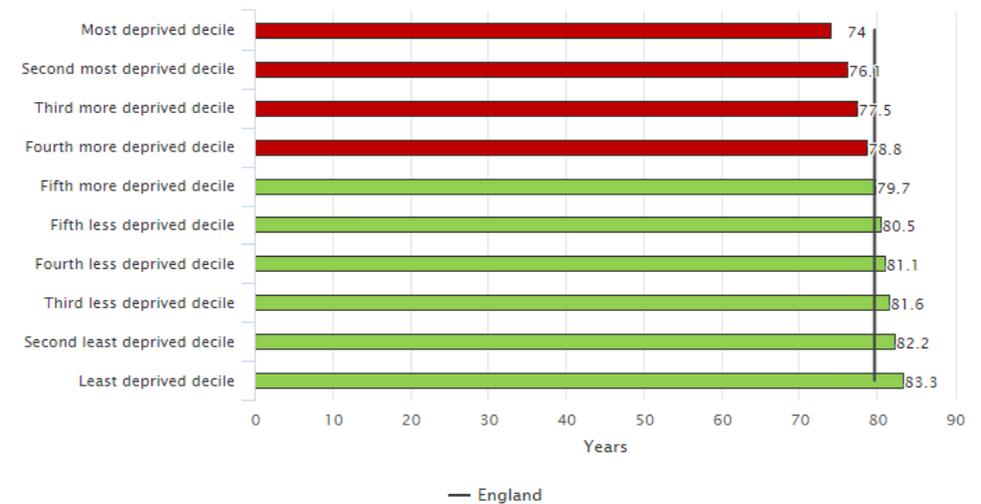


Figure 4: Female life expectancy at birth, for the most and least deprived areas of Bedford Borough (2015-17)

Source: Public Health Outcomes Framework Indicator 0.1ii, 2015-2017

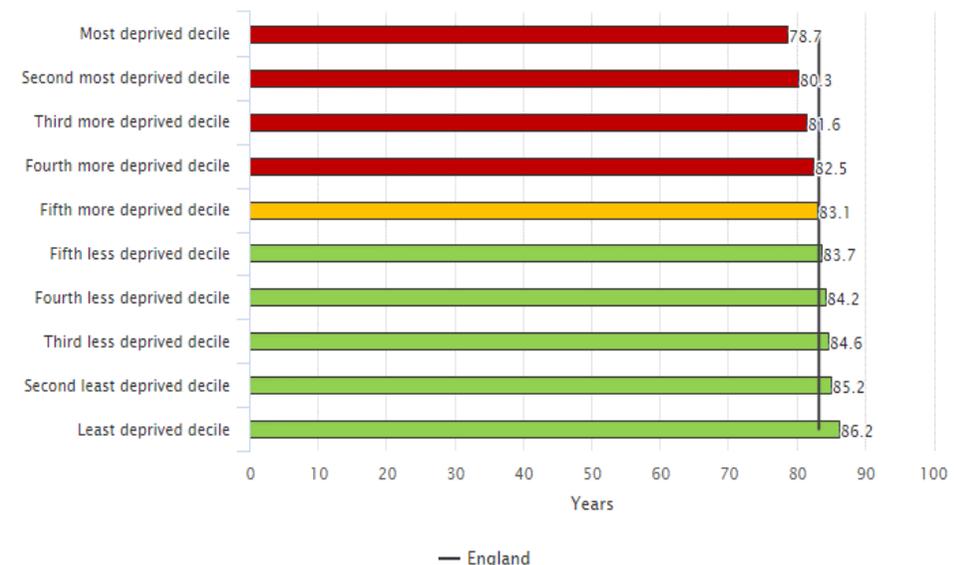
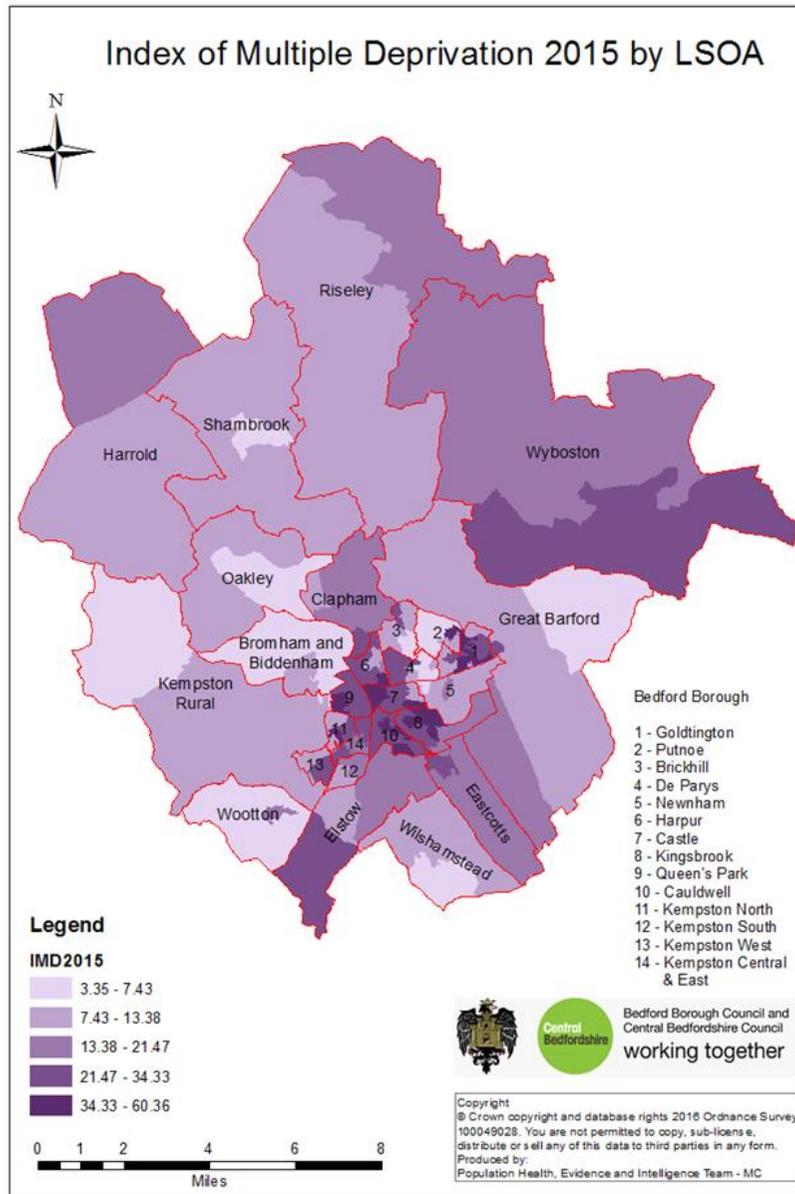


Figure 5: Deprivation in Bedford Borough by LSOA

Source: Indices of Deprivation 2015



The age, geography, deprivation and ethnicity of our residents not only affect their health and social care needs but also how services should be designed and delivered in order to meet them.

Bedford Borough ranks 52 out of 152 local authorities in England for deprivation; however, this average ranking masks pockets of significant deprivation that fall within the 30% most deprived areas in the country (Figure 5). 31 Lower Super Output Areas (LSOAs) in Bedford and Kempston towns fall within the 30% most deprived areas with the greatest deprivation centred on Castle, Harpur, Cauldwell, Goldington, Kingsbrook and Queens Park wards. However, there is evidence to suggest that the Indices of Deprivation do not adequately highlight rural deprivation which, because it often occurs in small, isolated pockets, is hidden at LSOA level.

Areas of high deprivation in Bedford Borough tend to have a greater proportion of people from black and minority ethnic (BME) groups with 50% of the population of the 25 most deprived LSOAs being from BME groups compared to 37% across the urban area as a whole (and 13% in the rural area). Bedford Borough's BME population has increased substantially in recent years; from 19% in the 2001 Census to 29% in 2011.

4. The Wider Determinants of Health

Our health and wellbeing is determined by a complex mix of genetics, behaviour, social and environmental conditions and the healthcare we receive. The wider determinants of health include a range of social, cultural and environmental factors which can affect a person's health and wellbeing. Estimates vary but it is thought that the wider determinants account for more than half of ill health and early death (Figure 6).

Figure 6: Estimates of the contribution of various determinants on the health of the population.

Source: Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002

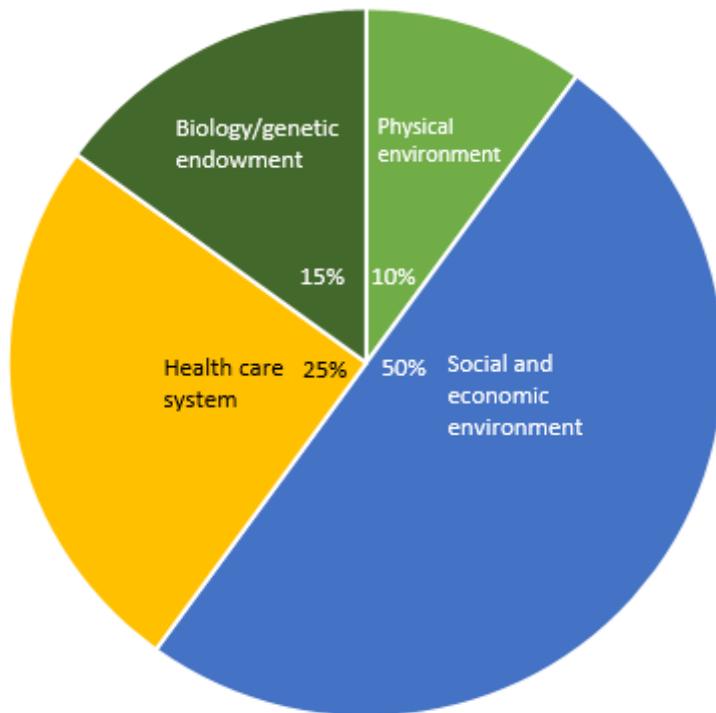


Figure 7 depicts the wider determinants as layers of influence around each individual, with each layer influencing the layers below it. For example, a parent may wish to make a healthy choice to walk their children to school but if there are no footpaths along the route they are less likely to do so. Many organisations can play a part in improving health and wellbeing, either directly or by making healthy choices easier. Local government has a particularly strong influence on the green layer, which is what this chapter will focus on.

Figure 7: The Wider Determinants of Health

Source: Dahlgren and Whitehead (1993),



Green space, biodiversity, air quality and climate change

Climate change has been named as the biggest threat to health in the 21st century. The health and wellbeing system has a duty to adapt to the effects of climate change, so the population is protected from predictable risks (through emergency preparedness) and services can continue to be delivered during times of increased demand (e.g. heatwaves) or when infrastructure is disrupted (e.g. flooded premises). The system has a responsibility to not only reduce its own resource footprint but also to advocate for lower energy consumption and greenhouse-gas emissions. Bedford Borough Council recently declared a climate emergency recognising the Council's responsibility to tackle climate change.

Access to the **natural environment and green spaces** encourages people to get outside and be physically active; it also contributes to good mental health and wellbeing and helps improve environmental quality including air pollution. Bedford Borough has many accessible parks and green spaces but these rich natural resources are not being made the most of. Use is particularly low amongst people from deprived neighbourhoods, from some minority ethnic groups and people who are disabled. These are the same groups of people who are already at risk of poorer health for many other reasons.

Our green spaces also support local biodiversity, help to improve air quality and reduce flood risk, and so it is essential we continue to protect and nurture these areas.

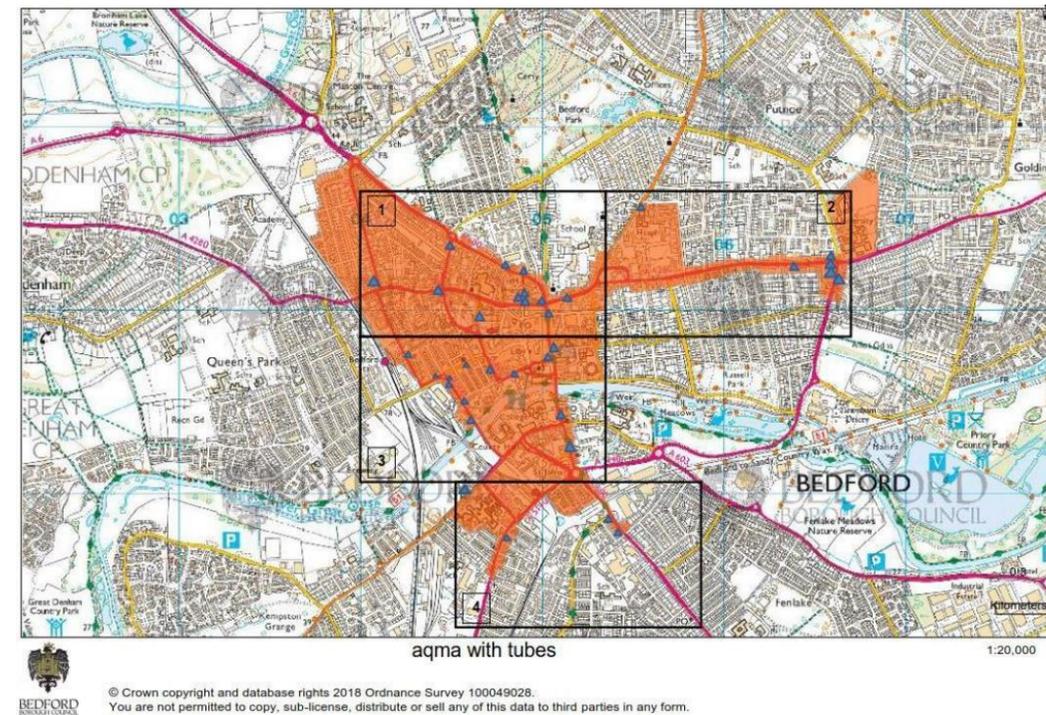
Some homes, businesses and services in the Borough are susceptible to the risk of **flooding** due to their location. Flooding can cause death and injury and its aftermath has a serious impact on mental health. Flooding and other extreme weather events are one way in which the health effects of climate change are being felt.

Breathing **polluted air**, either within buildings or while outside, can cause conditions including asthma and chronic obstructive

pulmonary disease, and heart disease. Traffic emissions are the main source of air pollutants. The air quality in Bedford Borough is generally very good. However, an Air Quality Management Area has been declared in Bedford town centre because the national target for NO₂ concentrations was exceeded in a small number of monitoring locations (Figure 8). On the whole, there has been an improvement in NO₂ concentrations from 2016 levels, and a small improvement in long term NO₂ across the last five years.

Figure 8: Map of the Air Quality Management area in Bedford

Source: Bedford Borough Council: 2018 Air Quality Status Report (ASR), <https://bbcdevwebfiles.blob.core.windows.net/webfiles/Environmental%20Issues/Bedford%20Borough%20Council%202018%20ASR.pdf>



Planning, housing and travel

Modern town planning originated in the nineteenth century in response to basic health problems. Recent concerns about levels of physical activity, obesity, asthma and increasing environmental inequality have put planning back on the health agenda and put health back into the planning agenda.

We are increasingly aware of how the built environment can impact our health, for example by discouraging walking or cycling, or by encouraging us to take the lift and not the stairs. The return of public health to local authorities in 2013 presented an opportunity to rebuild links between health and planning. Nationally it has been recognised that it is possible to 'design in' health to urban and rural environments. Positive **planning** promotes healthy communities; both on a large scale – such as the provision of good quality and affordable housing, new green spaces and travel infrastructure – and on a small scale – such as the inclusion of convenient cycle storage and cycle parking as part of new developments. The new Bedford Borough Local Plan 2030 underwent public consultation during the autumn of 2018 and has been submitted to the Planning Inspectorate for Examination during 2019.

Having warm, secure and safe **housing** is a prerequisite for health. All social housing in the Borough meets the Decent Homes standard, but there remain challenges in the privately owned and rented sectors. Cold temperatures are known to cause physical and mental illness and to exacerbate existing heart and lung disease. More than 6,700 households in the Borough find it too costly to heat their home properly – referred to as being in **fuel poverty**. Overcrowding also remains a problem, and in some neighbourhoods in the Borough 1 in 13 households are severely overcrowded, which can cause poor mental health and contribute to the spread of airborne infections for example tuberculosis.

Where housing is situated and how people move between home, work and other services also have strong impacts on health and wellbeing. One way to reduce traffic emissions is to encourage people out of their cars to **walk, cycle** or use the Park & Ride system. The proportion of adults who are physically inactive has increased to nearly 27% in the Borough, which is significantly higher than in areas with a similar level of deprivation. Physical inactivity is known to contribute to many common conditions including cardiovascular disease, cancer and poor mental health. Walking and cycling should also be encouraged for journeys to school and for leisure purposes. Walking and cycling are much cheaper than other forms of transport and help people meet the recommended 30 minutes of moderate physical activity five days a week.

Finally, the **local food environment** influences people's ability to make healthy choices in their diet. Easy access to healthy food at home and places of work and education, whether it is groceries or pre-prepared food, encourages healthy eating. In Bedford Borough two thirds of adults and one fifth of children age 11 are overweight or obese.

There are opportunities to consider how we can work with planning and environmental health colleagues to limit the availability of unhealthy food near schools and ensure local food businesses provide healthy choices.

4. Employment, Income and Economic Wellbeing

Good work can encourage good health, which in turn helps people to flourish at work; but people can find themselves locked in a vicious cycle of poor health that makes it more difficult to get and retain work, which in turn makes their health worse. A lack of employment has the potential to cause low self-esteem, anxiety and depression and is associated with unhealthy lifestyle behaviours – people who are out of work tend to take less exercise, smoke more and drink more alcohol.

In 2018, 4.42% of all people of working age in Bedford Borough were unemployed and seeking work. Out-of-work benefits claimant levels are higher in the more deprived wards; claimant levels in Castle and Harpur wards were both 6.6%, which is double the Borough average of 3.2%.

Many groups who are already at risk of poorer health are also more likely to be excluded from the labour market: people with disabilities or long term conditions, lone parents, people from minority ethnic groups, people over the age of 50 and people with lower levels of qualifications or from deprived neighbourhoods are also at risk.

While being in employment does have broad health and wellbeing benefits some work has the potential to cause harm through accidents, exposure to air pollution, occupational exposure to hazards or heavy and repetitive physical activity. Workplace injury rates are highest in the manual occupations and more men are affected than women. Work-related stress is most common in people in managerial or professional occupations and is more frequent in women than in men. Musculoskeletal disorders, especially back pain and upper limb problems, are also common. Healthy workplaces nurture a healthy culture, value their employees as people and support the ongoing development of healthy behaviours, which support mind and body. A key foundation of this approach is protecting workers from harm. A healthy workforce strategy can

include encouraging active travel for journeys to and from work and the use of sustainable modes of transport for short trips made in connection with work.

From a health and wellbeing perspective, the best work is secure employment in a good quality, safe job with an adequate income. Gross weekly full-time pay for Bedford Borough residents averaged £577 in 2018 but there is a pay gap between men and women: men who worked full time earned on average £594 per week, whilst women earned on average £537 per week. It is estimated that 1 in 5 jobs in the Borough (approximately 15,000 jobs) do not pay the living wage.

The Bedford Borough Jobs Hub provides bespoke careers advice and guidance to people of all ages to find work, training and business opportunities. The Jobs Hub works with partners to signpost clients to relevant services where health issues are identified.

In November 2018, there were 7,319 Housing Benefit claimants in the Borough, a reduction compared with 10,250 in November 2016.

Areas for Focus:

Seize the opportunity to improve the health of the population and enable them to make healthy choices more easily by:

- Embedding health within all partners' priorities including housing, planning, and the environment, to address the wider determinants of health through initiatives such as Healthy Workplaces and Local Food Awards.
- Creating a built environment which increases opportunities for health, such as facilitating active travel for shorter journeys and improving the local food environment.
- Using the parks and green spaces in Bedford Borough to encourage sustainable commuting, exercise and leisure, and understanding better why certain groups use them less.
- Working with partners in the private housing sector to improve living standards.
- Working with local businesses to promote workplace wellbeing and encourage inclusive employment practices that provide opportunities for everyone.

5. Starting Well

Giving every child the best start is crucial to preventing health inequalities in later life.

A number of factors influence a child's health and wellbeing. The early years in every child's life are a crucial period for setting them up to thrive, not just in school but beyond and 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.

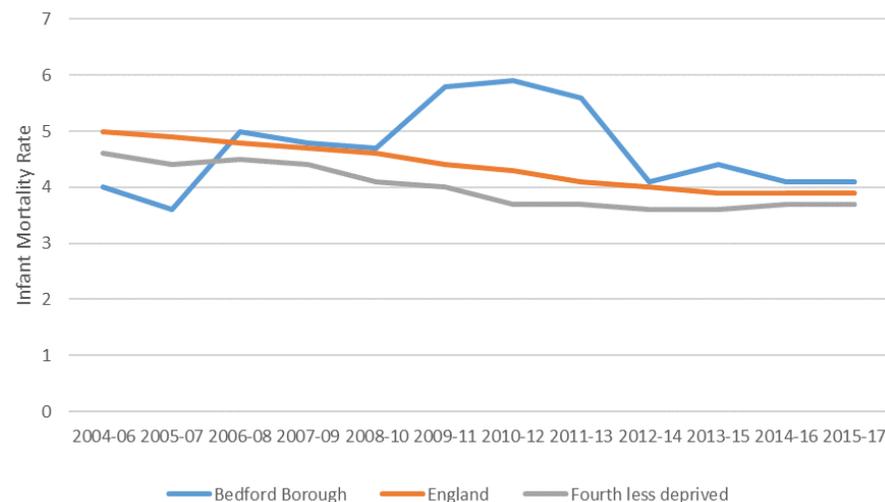
Approximately 2,190 babies are born each year in Bedford Borough. Sadly, a small number do not live to see their first birthday: twenty-seven babies died in the first year of life between 2015 and 2017. The resulting infant mortality rate of 4.1 per 1,000 live births means the rate is similar to the England average of 3.9 and the average of 3.7 in areas with a similar level of deprivation (Figure 9).

A healthy pregnancy and a healthy home environment are vital for a child's development, life chances and achievement. These aspects are explored in detail in the 2016 Director of Public Health's report: Aiming for the Best for Children, Young People, and Families in Bedford Borough.

Women who access maternity services late may have complex needs (e.g. young parents, drug/alcohol misuse, recent migrants) and miss out on the support available at this vital stage. In 2016/17 over 90% accessed midwifery care early in pregnancy (before 13 weeks). A small number (between 190 and 226 women each quarter) were not seen by a midwife until later in pregnancy.

Figure 9: Infant Mortality rate per 1,000 live births, compared to England average and similar areas, 2004 – 2017

Source: Office for National Statistics, from Public Health Outcomes Framework



Women are at risk of developing a first episode of **mental illness**, commonly depression, during pregnancy or in the postnatal period. In Bedford Borough an estimated 200-330 women are affected by mild to moderate depression during the perinatal period each year. Poor maternal mental health during pregnancy and the first year can affect attachment and bonding, and is associated with behavioural, social or learning difficulties as the child grows up. Both identification and timely treatment are crucial to minimising the impact on the mother, infant and family.

Antenatal and new-born **screening** is part of the routine maternity care pathway. It can help prevent infection of the new-born child and ensure appropriate care is made available. Bedford Hospital has robust screening programmes in place and has exceeded targets for the percentage of mothers and new-borns screened.

Uptake of **childhood immunisations** received in the first years of life generally reaches the national target of 95% in Bedford Borough. Uptake is lower for the pre-school vaccinations, however, including the second MMR vaccination and the pre-school booster (covering diphtheria/tetanus/pertussis and polio). One in ten children in Bedford have not received the recommended two MMR vaccinations by the age of five. Uptake of the seasonal flu vaccination in children aged 2-4 is also below the national target.

Stopping **smoking** in pregnancy is the single most effective step a woman can take to improve her health and the health of her baby. Maternal smoking during pregnancy is a major cause of illness and mortality in the foetus and the new born. In 2017/18, 184 mothers (8.5%) delivering at Bedford Hospital were smokers compared to 10.8% across England. Second-hand smoke inhalation can also affect foetal growth, increasing the risk of premature birth and causing respiratory disease, cot death, ear infections and asthma in the child.

Breastfeeding rates are measured in the first few days after birth and again at 6-8 weeks, and they continue to rise in Bedford Borough. Around half of mothers successfully breastfed their babies for 6 to 8 weeks in 2017/18 (55.1%). This reflects the progress made in implementing the Healthy Child Programme in Bedford Borough and the success of our maternity and community providers (including Children's Centres) in gaining full UNICEF Baby Friendly Accreditation. There are well documented health benefits to both the infant and the mother including fewer babies hospitalised, fewer cases of sudden infant death syndrome, a reduction in childhood obesity and protection against breast and ovarian cancer in the mother. Generally, lower rates of breastfeeding are found in the more deprived areas amongst lower socio-economic groups, those with lower educational achievement, and teenage mothers.

The effects of all these early factors, alongside the more general characteristics of the environment in which children grow up, are ultimately seen in the **Early Years Foundation Stage Profile** at the end of Reception year which provides an overall picture of a child's development at age 5. In 2017/18 there was a 4.4% increase in the number of pupils achieving a good level of development - with 69.6% reaching this level. This continues the trend of improvement over the last three years. Although Bedford Borough remains below both national and statistical neighbours, local performance is improving faster than nationally and the gap is closing.

There is a clear link between deprivation and attainment at Foundation Stage, showing how inequalities in health and social factors have affected children's development during their early years. The proportion of children eligible to receive free school meals that reach a good level of development is lower, at 54.4%. High quality support is essential to deliver better educational, health and social outcomes for disadvantaged children. The better start a child has in life, the less likely they are to become involved in harmful risk taking later in life and the more likely they are to achieve their potential.

The role of families is the most important influence on a child in the foundation years. Identifying those families who need help as early as possible will open opportunities to offer an evidence-based early intervention to support parents in their role as their child's first educator.

Areas for Focus:

Recognise the importance of achieving long-term reductions in inequalities through action in the early years, by:

- Strengthening integrated working and developing skills across early years and health to ensure vulnerable pregnant women, children and families are identified and offered support earlier.
- Ensuring that pregnant women and partners are referred to and can access appropriate health improvement services. Pregnant women should receive carbon monoxide tests and support with stopping smoking and excess weight.
- Continuing to promote the importance of early access to maternity care and ensuring prompt referral from GPs to community midwives.
- Understanding the broader impact of parental mental health on the health of the child and ensuring that the perinatal mental health service is able to offer prompt support and treatment for the mother, infant and family.
- Ensuring that teenage parents receive coordinated care that responds to their needs.
- Continuing to promote the benefits of breastfeeding throughout antenatal care, and targeting community-based support to engage mothers who are less likely to continue breastfeeding.
- Increase the uptake of pre-school booster immunisations and reduce the differences in rates in children and young people across the Borough.

6. Developing Well

After a good start, children and young people need continued support to grow, thrive and reach their potential.

That support includes:

- protecting them from infections, hazards and abuse of all kinds;
- encouraging them to make healthy choices and learn the behaviours that will set them up for a healthy life; and
- helping them achieve their potential at school and ultimately be ready to move into employment.

Throughout this section the impact of deprivation on a child's health, wellbeing and life chances is made clear. Deprivation, difficult family circumstances, abuse and risky behaviours tend to cluster together, often leading to poor mental health, poor educational attainment, offending and unemployment. Boys are at higher risk of not being in education, employment or training, and of committing a criminal offence. Agencies must recognise these links, share information and work together to intervene early.

Uptake of the HPV vaccination is good in Bedford Borough, with 93% of girls receiving two doses by age 13-14. Uptake of the schools-based flu immunisation programme increased in all year groups in 2018-19, ranging from 68% in year R pupils to 57% in Year 5. The national ambition is uptake of 40% to 65%.

Growing up in poverty is strongly associated with poor educational outcomes, and there is a clear attainment gap between the poorest children and those from more affluent backgrounds. One in five children in Bedford Borough are raised in income deprived households; however, child deprivation (IDACI) varies greatly by

area, ranging from 3.5% in parts of Sharnbrook ward to 32.8% in parts of Cauldwell ward.

Using eligibility for free school meals as a measure of deprivation, the achievement gaps between children who are eligible and those who are not are stark:

Table 2: Eligibility for free school meals and Key Stage 2 educational attainment in state funded schools in Bedford Borough, 2017/18.

Source: Department for Education

| Educational attainment in Bedford Borough at Key Stage 2, by free school meal eligibility, 2017/18 | | |
|---|--------------------------------|------------------|
| Indicator | Eligible for free school meals | All other pupils |
| Key stage 2 (Reading, Writing and Maths) - Percentage of pupils working at least at the expected standard | 28% | 55% |

Education is a major determinant of an individual's economic wealth and social wellbeing; a good education enables individuals to make informed lifestyle choices and achieve a degree of social mobility. Following Bedford Borough's move to a two tier system most schools are now Primary or Secondary, reducing transition and enabling head teachers to focus on progress and achievement across a whole key stage. In 2018 48% of Key Stage 2 children achieved the expected standard in reading, writing and maths, compared to the England average of 64%. However, one school had its test results annulled, and this had a negative impact on overall performance.

At Key Stage 4 (GCSE) 62.6% achieved grades 9-4 in English and Maths in 2018, compared to 59.5% nationally, and 40.4% achieved 9-5 in English and Maths, compared to 40.2% nationally.

Alongside children from income-deprived households, other groups of young people that generally have poorer attainment at school include boys, pupils from black and minority ethnic groups and pupils with special educational needs (though clearly there is overlap between some of these factors and the pattern of deprivation). In some schools the achievement gap is smaller than in others and in some there is no gap at all. The task is to identify and share good practice.

The ultimate measure of educational success is for young people to go on from school with good qualifications into further education, employment or training. In 2018/19 there were 171 16 and 17 year olds in Bedford Borough who were **not in education, employment or training** (NEET) or not known to the local authority. This represents a reduction of 9.8% from the previous year. More young men are affected than young women. A minority, around 10%, are limited in their participation by health or disability, including mental health issues. Other contributing factors include homelessness, living in care, having a caring role themselves, substance misuse, and coming from families with a history of unemployment. Being unemployed at a young age is a major predictor for unemployment later in life. There are a number of young people who are NEET “who are not available”, the majority of whom are ill or are teenage parents. Young people who are experiencing mild to moderate mental health issues continue to contribute significantly to the NEET group.

Poor **mental health** is associated with a range of risky behaviours in childhood and adolescence including smoking, drug and alcohol misuse. Over 2,238 (9.1%) children and young people aged between 5 and 16 years in Bedford Borough are estimated to have a clinically diagnosable mental disorder.

Most of the risk factors for poor mental health are linked to social inequality and the home environment, including:

- Parents’ substance misuse
- Low birth weight
- Poor parental mental health
- Social deprivation
- Abuse in the home

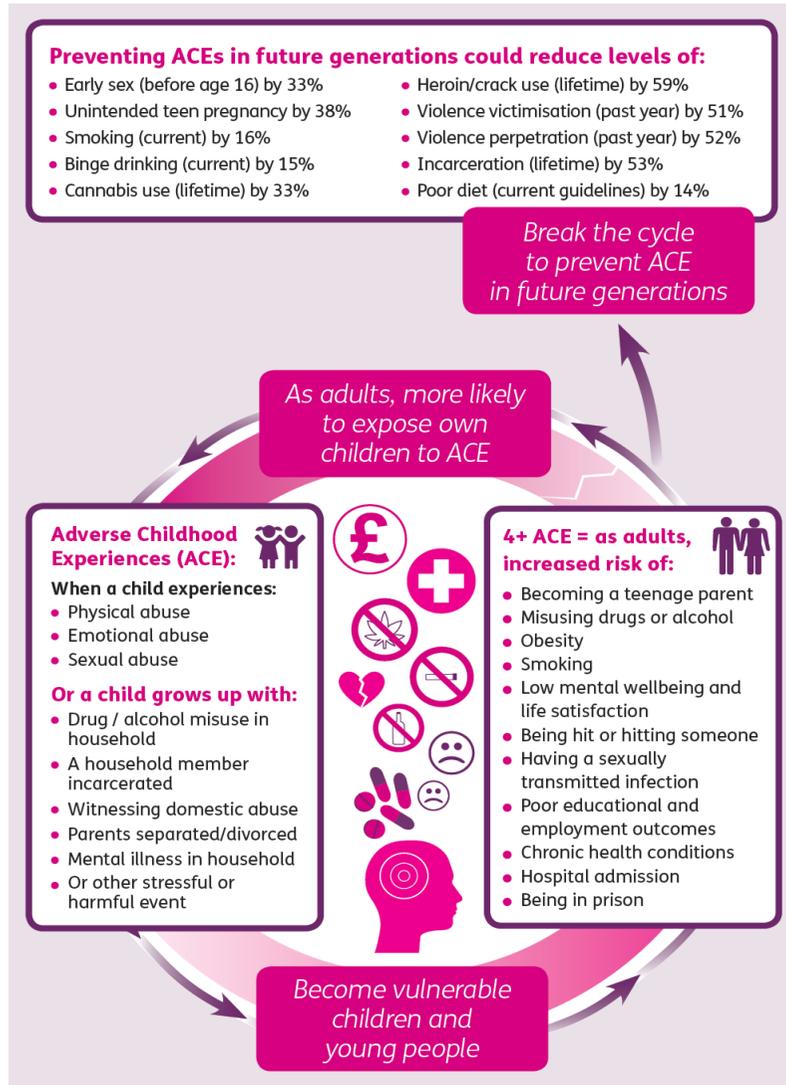
Several of the risk factors described above for poor **mental health** are considered to be “adverse childhood experiences”, that is experiences and events in childhood that have long term impacts on a child’s life chances. It is estimated that nearly half of all children in the UK are exposed to at least one of the adverse childhood experiences listed in Figure 10, and 1 in 12 are exposed to four or more. Adverse childhood experiences are more common in children from more deprived backgrounds, and are associated with risky behaviours including unintended teenage pregnancy; smoking, drug and alcohol misuse; violence and offending; and poor diet and low levels of physical activity.

Exposure to **domestic abuse** is considered to be an adverse childhood experience. Bedfordshire Police recorded 3,397 domestic abuse crimes and incidents in 2017/18, an increase of 6.8% on the previous year. Reporting of domestic abuse has steadily increased since 2013, with a 31% increase in the last five years. Over a third of victims were repeat victims. 78% were female.

Over 60% of children living with domestic abuse are directly harmed by the perpetrator of abuse, and all will suffer the harm caused by witnessing the abuse of others. Project RELAY was launched in Bedford Borough in 2015, and runs in partnership with the Police, the Early Help team and local schools. The scheme supports the identification of vulnerable children and shares information between agencies, in order to support vulnerable children.

Figure 10: Benefits of breaking the cycle of adverse childhood experiences

Source: Public Health Intelligence Team



Areas for Focus:

Stop the cumulative disadvantage suffered by children from deprived areas, families with social problems, and those with mental illness or addiction by strengthening early intervention and prevention through coordinated action across all partners working with children and young people. In particular:

- Promote ACE awareness among professionals working with children and young people.
- Work with schools to identify issues that will impact on a young person's education early in order to provide access to the right services at the right time and reduce negative outcomes, particularly for the most vulnerable.
- All partner agencies should work together to help parents, carers and families to develop emotional resilience in children and young people, and to support early identification and effective management of emotional and mental wellbeing issues.
- Continue to improve the educational achievement of all children, with particular focus on those from most deprived backgrounds and those with Special Educational Needs or Disability

Developing healthy behaviours

Most young people learn their health behaviours from those around them and most unhealthy behaviours seen in adults begin in childhood or adolescence.

The National Child Measurement Programme (NCMP) data for 2017/18 in Bedford Borough revealed that 11.4% and 9.7% of children are overweight and obese respectively at year R; and 13.6% and 20.7% of children are overweight and obese respectively at year 6. These proportions have remained relatively stable over the last five years.

Consumption of sugary foods and drinks, poor tooth brushing and lack of regular dental check-ups lead to poor **oral health** in children and young people. In 2016/17, nearly a third of five year olds in Bedford Borough (31.3%) had one or more decayed, missing or filled teeth. This is a significantly higher than the national average (23.3%). Like so many of the health issues highlighted in the JSNA, poor oral health is more common in children and young people from deprived backgrounds. Parents and carers should be encouraged to take their infants to see the dentist at the earliest opportunity; in order to detect problems early, ensure parents and children receive important advice, and establish a healthy attitude to oral hygiene.

Physical activity can help children and young people to maintain a healthy weight and has long term benefits for physical and mental wellbeing. There are also many social and developmental benefits to taking part in sport and clubs, and these are particularly important during formative years at school.

Between 2015/16 and 2017/18 there were 27 **alcohol** specific admissions in under 18 year olds in Bedford Borough, and while the rate of admissions has been falling in line with the national trend the decline has plateaued in recent years.

Alcohol misuse can lead to other risky behaviours such as unsafe sex, violence and other criminal behaviour, and can cause immediate and long term damage to health, for example alcohol poisoning, accidents and liver damage. Children from higher income households appear to be more likely to drink alcohol, probably due to a higher availability of alcohol in the home, but the young people at greatest risk of serious alcohol misuse include those who are absent from school, young offenders and looked after children. Children whose parents are dependent on alcohol are seven times more likely to become addicted themselves.

Sexual behaviour in young people is a complex issue. Many young people enjoy safe and healthy sexual relationships but there are risks of unintended teenage pregnancy and sexually transmitted infections.

Babies of teenage mothers are at higher risk of low birth weight, infant mortality and child poverty, and teenage mothers have higher rates of post-natal depression, poor mental health and are less likely to continue in education or employment. The rate of under 18 conceptions in Bedford Borough has been falling in line with the national trend, however in 2017 there were 61 under 18 conceptions, which was the highest number since 2014. It is not possible to determine from a single data point whether this represents a real change to the long term trend. There is a fully embedded support pathway for parents under 20, which identifies a young parent in the antenatal period and triggers an early help assessment.

Young people aged 15-24 account for more than half of all sexually transmitted infections (STIs) nationally. Chlamydia is the most commonly diagnosed STI and left untreated can cause infertility. Young people often don't know they have chlamydia but it can be detected with a simple test and treated easily. In 2017, 58% of new STI diagnoses were for young people in this age group. In 2017, over a quarter of the target age group in Bedford Borough were

tested for chlamydia and a correspondingly high number were treated and offered partner notification to prevent reinfection and onward transmission.

Areas for Focus:

Help parents, carers and families to teach their children the healthy behaviours that will continue in adult life, by:

- Ensuring that children and young people are informed of the effects of risky behaviours and are supported to make healthy choices, through a whole school approach, by promoting the development of Personal Social and Health Education, Sex and Relationships Education, and Physical Education.
- Ensuring that tackling childhood obesity is everyone's business through the delivery of the Bedford Borough Excess Weight Partnership Strategy.
- Reviewing the effectiveness of local interventions to improve oral health and encouraging parents and carers to take their infants to see the dentist at the earliest opportunity.
- Continuing to work in partnership with schools to understand the issues that are most important to children and young people and ensure that services are aware of and able to meet those needs.

Particularly vulnerable children and young people

There are small groups of children and young people who are particularly vulnerable to worse outcomes with regards to health and education, including those with **Special Educational Needs or Disabilities, Looked After Children** and those in the youth justice system.

The number of children and young people with **special educational needs** or disabilities (SEND) is predicted to grow as the population of Bedford Borough increases. This growth will place extra demand on mainstream and special schools. Bedford Borough Council and Bedfordshire CCG are committed to working together with families and carers to ensure that all of our children and young people with SEND have the opportunity to lead happy, healthy and fulfilled lives. The actions that are need to achieve this are set out in the Joint SEND Strategy 2019-22.

The majority of children who are in care are there because they have suffered abuse or neglect. **Looked After Children** have significantly higher levels of health and emotional needs than children and young people from comparable socio-economic backgrounds. Life opportunities for children in care are often more limited and poor health is a factor in this. As at 31 March 2018 there were 232 children looked after by Bedford Borough Council, which is similar to numbers in the previous year at 239. The need for appropriate placements for these children and young people is constantly under review in response to demand, including fostering, adoption and local residential placements. It has been recognised that there is a lack of availability of semi-independent and fully independent accommodation for young people 16+ leaving care. There is a need to innovate and look for new types of placements to meet the individual needs of children and young people. Specifically, this will include expanding a range of supported housing options for older young people.

If services are working well, the majority of children in Bedford Borough will be supported through universal services. Those that need additional input will be supported through a range of early help services. Where there are more complex needs, help may be provided under Section 17 of the Children Act (Children in Need), and where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local

authorities must make enquiries and decide if any action must be taken under Section 47.

During 2017-18 10,285 contacts (information about a child living in Bedford Borough) were received compared to 6,200 in 2015-16. Of these contacts, 3,138 had domestic abuse identified at the initial contact. For some children the level of concern or complexity of need requires more specialist social work intervention. If the concerns warrant social care intervention, the contact is treated as a "referral" and likely to be subject of a Single Assessment. Domestic abuse is the main cause, with most contacts being received through the police, but there are also increasing numbers of cases of child sexual exploitation being identified. Establishing early help has been a priority in Bedford Borough, from the multi-agency panel to assess children at risk of sexual exploitation, to the strengthening of the safeguarding referral process and communication between agencies.

The **Youth Offending** service data shows during 2018/19 there were 23 new entrants to the youth justice system, compared to 41 in 2017/18. This represents a 43.9% year on year reduction. The service has further developed its offer of early intervention, including a triage approach regarding children and young people in police custody.

A significant number of young people seen by the Youth Offending Team have unmet health needs, often caused by complex or chaotic lifestyles. They require access to care for their emotional and mental health and substance misuse issues, as well as routine healthcare they are less likely to have been receiving, such as dental and eye checks, and immunisations.

Young carers are children and young people who help to care for an ill, frail or disabled relative or friend who could not manage without them. Young carers may experience isolation, difficulties coping at home and problems at school. According to the Children's Society

there are an estimated 700,000 young carers (aged 4 to 17) in the United Kingdom, which suggests there may be 2,000 young carers in Bedford Borough. The Young Carers Team at Carers in Bedfordshire provides a range of support and events for young carers, but many young carers are hidden from view.

Areas for Focus:

- Deliver the objectives of the Joint SEND Strategy 2019-22.
- Ensure that a range of placements are available to meet the needs of looked after children, in the most effective and cost efficient way.
- Ensure that services and resources to support young people who come through the youth offending service with emotional, mental health and substance misuse issues are well established, and that those who need help are identified early.
- Work in partnership to identify young carers and ensure they are able to access support, advice and opportunities to improve their health and wellbeing, and enable them to reach their potential.

7. Living and Working Well

Improving health and wellbeing will help our residents to flourish: Living productive, rewarding, independent and spending a greater proportion of their lives in good health.

Lifestyle factors such as smoking, poor diet, physical inactivity and excessive alcohol consumption play a major part in determining poor physical and/or mental health. On average people with all four of these behaviours die 14 years earlier than those with none.

Mental and physical health are closely linked: not only are people living with long-term physical conditions more likely to develop mental illness over time, people with a first diagnosis of mental illness will also tend to have poorer physical health, partly for physiological reasons and partly because they are more likely to have unhealthy lifestyle behaviours. At least one in six people will experience a mental health problem in any one year and mental health illness is the leading cause of long term absence from work.

Figure 7 on the wider determinants (section 4) demonstrates that people's behaviour and choices are strongly influenced by the social, cultural and physical environments in which they live, including social norms and peer influence. Unhealthy lifestyles are often the result of living in families or communities where they are considered normal and behaviours frequently cluster – if a person has one of these behaviours they are more likely to also exhibit the others.

Health behaviours

In Bedford Borough, 16.2% of adults are estimated to **smoke** tobacco which is similar to the England average of 14.9%. Smoking is still the largest cause of preventable morbidity and health inequalities in England. It is the main cause of Chronic Obstructive

Pulmonary Disease (COPD), which includes chronic bronchitis and emphysema.

The number of people using stop smoking services in Bedford Borough has decreased in recent years, partly due to increasing numbers of smokers with complex needs and also because of the rising popularity of e-cigarettes. Service uptake remains low in the most deprived wards, amongst some black and minority ethnic communities, and in people with long term conditions including mental health and COPD.

Smoking cessation services are one of the most cost-effective interventions we can offer in health and social care; a point underlined by the estimate that every year in Bedford Borough, smoking costs society approximately £3.7 million.

Obesity is considered to be a national public health crisis. In Bedford Borough the latest modelled data indicates that 61% of adults are overweight or obese, which is similar to regional and national averages. Poor diet has surpassed smoking as the leading contributor to disability and premature death. A number of targeted weight loss programmes are available locally, but these can only support a small proportion of those who would benefit from losing weight. As described in the Excess Weight Partnership Strategy 2016-2020 a 'whole systems' approach to the complex challenge of obesity prevention is required, including coordinated actions across the system to promote healthier eating and physical activity.

Regular **physical activity** can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Even relatively small increases in physical activity are associated with protection against chronic diseases and an improved quality of life. An estimated 63.5% of adults in Bedford Borough achieve at least 150 minutes of physical activity per week, which is similar to other local authorities with a similar level of deprivation.

Alcohol now accounts for 10% of the UK burden of disease and death, making alcohol one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. Alcohol use is a contentious issue: nationally 90% of people drink alcohol and most do so within safe limits. Unhealthy alcohol use is estimated to be common in Bedford Borough with 35% of adults drinking above the recommended guidelines of no more than 14 units of alcohol each week, which increases the risk of damaging their health. Alcohol is a causal factor in more than 60 medical conditions and many people may not be aware of the links between their condition and alcohol.

Effective **drug** and alcohol addiction services improve health, prevents crime and support individuals on the road to recovery. In March 2019 749 people in Bedford Borough were receiving treatment for drug addiction (549 for opiates). 8.4% of opiate clients successfully completed treatment, which represents a significant improvement over time and top quartile performance nationally.

Good **sexual health** is important to individuals and society; access to the right support and services for STIs and unintended pregnancies and promotion of good sexual health is essential. The number of people accessing sexual health services locally is rising while the rate of new STI diagnoses is falling. This suggests that people are generally becoming more proactive about their sexual health.

The diagnosed prevalence of HIV in Bedford Borough has risen steadily in recent years, as people live longer healthier lives with effective treatment. In 2017 the prevalence of HIV was 2.6 per 1,000, which means that Bedford Borough is considered by Public Health England to be a high prevalence area.

Early diagnosis of HIV is important to prevent complications and onwards transmission of the disease. Between 2015 and 2017, 21 people in Bedford Borough were diagnosed with HIV at a late stage

of infection, which was 51.2% of all HIV diagnosed in that period. Whilst the proportion of late diagnoses has been falling this is still above the national target of 50%. Increasing access to and uptake of HIV testing remains a priority in order to improve health outcomes following diagnosis.

Homelessness and health

In 2018 Bedford Borough Council received additional funding from the Ministry of Housing, Communities and Local Government to tackle rough sleeping and undertook a [detailed needs assessment of homelessness and health](#). Homeless people are more likely to have poor physical and mental health, and people with physical and mental health problems are more vulnerable to becoming homeless. In Bedford Borough, several measures of statutory homelessness have increased and remained above national rates since 2010/11. The Borough has seen a steep increase in rough sleeping which peaked in Autumn 2017, and increases in both family homelessness and statutory homelessness that peaked in 2015/16.

Figure 11, the 'pyramid of homelessness' illustrates the size of the issue in Bedford Borough, using recent estimates of the numbers of households who experience different forms of homelessness, as defined by Crisis (Bramley 2017). The 'hidden homeless' and households at risk of homelessness are gaps for which there is no reliable local data available.

Figure 11: Pyramid of homelessness in Bedford Borough

Source: Bedford Borough Council (2018) Homelessness & Health Needs Assessment



The needs assessment made a series of recommendations including improving awareness among local statutory organisations of the duty to refer, and the importance of timely referral; and improving the consistency of healthcare access for homeless people. The recommendations are being taken forward through the Healthy People Healthy Places Officer Group.

Staying well

National **cancer screening** programmes operate across Bedford Borough with the aim of ensuring early detection of cancer of the breast, cervix and bowel in adults. The uptake for all three programmes is significantly lower than the average across areas with a similar level of deprivation. Breast screening uptake is 73.7%, which exceeds the nationally-defined acceptable level of 70%. Cervical screening uptake is 71.1%, which is well below the acceptable level of 80%. Bowel screening uptake is 58.2%.

An NHS **Health Check** has the potential to detect silent killers like high blood pressure and provides an opportunity for health professionals to give advice to patients on making healthy lifestyle changes. The programme is for adults aged 40-74 without pre-existing heart disease, diabetes, kidney disease, stroke or vascular dementia. The NHS Health Check targets those who are not already under regular review by their GP. Uptake is low with only 48.3% of invited people attending their NHS Health Check compared to 50.3% across areas with a similar level of deprivation, though uptake tends to improve with age. This may reflect those of a working age finding it more difficult to make time to attend their GP practice.

Coverage of **seasonal influenza vaccination** remains a concern as uptake for patients aged under 65 years in an 'at risk category' has consistently remained below the national ambition of 55%. Provisional data for 2018/19 show that uptake in this group was 45.6%, down from 48.3% the previous year. The uptake of vaccination in pregnant women increased slightly from the previous year, from 48.4% to 49.0%.

Leading a healthy lifestyle significantly reduces the risk of ill health and developing **long term conditions**. Identifying the risk of disease early also gives the opportunity for early intervention to manage them with lifestyle changes and medication and prevent the more

serious effects such as stroke, heart disease and other serious conditions.

Premature mortality is defined as deaths occurring in individuals younger than 75. Between 2015 and 2017, 1,372 people died prematurely in Bedford Borough. The main causes were cancer, coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD) and diabetes. Compared with 15 other local authorities with similar socioeconomic profiles, Bedford Borough comes seventh.

There are more than 200 different types of **cancer**. In 2016-17, approximately 812 people were diagnosed with cancer in Bedford Borough. Cancer is the largest cause of premature deaths, with the most common types being prostate and colorectal in men and breast and colorectal cancers in women. Between 2015 and 2017, the under 75 mortality rate was 261 per 100,000 for women, and 389 per 100,000 for men; both area similar to the England average and areas with a similar level of deprivation. NHS Right Care data demonstrates that one-year survival for all cancers for Bedfordshire CCG patients could be improved based on similar peers, and is significantly low for lung cancer.

In 2017/18, 5,326 (2.9%) residents were known to have **coronary heart disease** (CHD) in Bedford Borough. A further quarter of the population are thought to be living with unrecognised or undiagnosed disease. One of the main risk factors for cardiovascular disease is high blood pressure (hypertension) and only about half of those living with hypertension have been diagnosed. Hypertension also puts people at increased risk of stroke; over 25,400 people (14%) in the Borough have a recorded diagnosis of hypertension.

Another important risk factor is **diabetes**; 10,208 adults are known to be living with diabetes and an estimated 2,400 people are undiagnosed. The National Diabetes Prevention Programme

supports identifies adults at risk of type 2 diabetes and provides intensive lifestyle support to reduce their risk and prevent diabetes.

The prevalence of **chronic obstructive pulmonary disease** (COPD) is increasing over time as COPD is associated with an ageing population. Non-elective admissions for respiratory conditions have been identified as an area for improvement by NHS Right Care. Data and evidence are used to shine a light on unwarranted variation in patient outcomes for a specific clinical area and used to support improvement in quality.

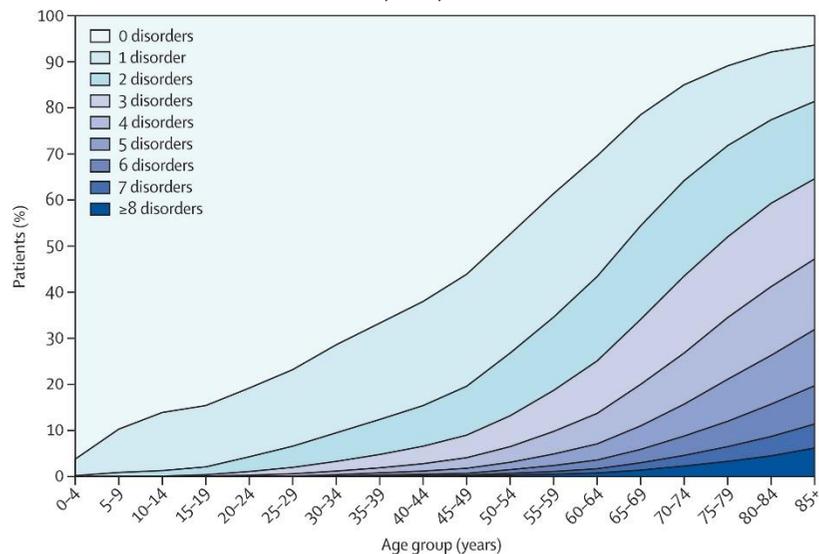
Promoting and supporting **mental health and wellbeing** is a priority. People with mental health disorder have poorer physical health and often are subject to discrimination and stigma.

At least one in four people (approximately 40,000 people in Bedford Borough) will experience a mental health problem at some point in their life and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. By breaking the stigma surrounding mental illness, promoting good mental health and intervening early we can help prevent mental illness from developing and reduce the impact when it does.

Long term conditions are often treated separately but we know that many people are affected by more than one condition. This is called multi-morbidity and it makes it more difficult to effectively manage individual conditions. Figure 12 shows that by the age of 65 most people have two or more long term conditions. People from the deprived neighbourhoods tend to develop multi-morbidity 10 years earlier than those from the least deprived areas.

Figure 12. Multimorbidity in a study of Scottish GP practices

Source: Barnett et al. 2012. *Lancet*, 380;37-43.



Areas for Focus:

- Support people to self-care and engage with the relevant preventative services including NHS Health Checks, flu vaccinations, Stop Smoking and sexual health.
- Ensure that services work effectively together to holistically address clustered social determinants of health, health behaviours and risk factors.
- Work together increase the uptake of cancer screening programmes (in particular cervical screening), and to detect cancer at earlier, more treatable stages.
- Continue to address variations in care and patient outcomes through local Health and Care Transformation Plans, recognising the need to manage multi-morbidity more effectively.

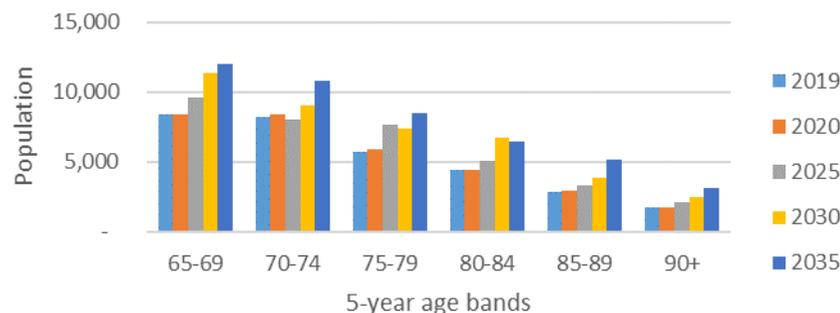
8. Ageing Well

Society is changing and advances in health and living conditions are helping people to live longer. The aspirations of older people are also changing with increasingly high expectations for life, diverse needs and views, and a desire to remain independent for as long as possible.

An estimated 65,100 people in Bedford Borough are over the age of 50, of whom 31,200 are over 65 and 4,500 are over 85 (ONS 2017). Most notably, the 85+ population is forecast to increase by around 20% by 2025. This will have major implications for health and social care services in the Borough.

Figure 13: Bedford over 65s population aged 65 and over, projected to 2030

Source: www.poppi.org.uk



The majority of older people wish to remain in their own homes for as long as possible. Good quality and timely access to social care can enhance health and wellbeing and provide better outcomes for older people. Some people may need support from social care to

remain at home, whilst others may have personal care and medical needs which require them to move into supported accommodation.

Approximately 35% of people aged 65 years and over living in the community are likely to **fall** at least once a year, and this rises to 50% of adults aged over 80. Fall rates among residents living in institutions are even higher. The incidence of falls is increasing at around 2% per year and this is expected to continue as the population ages. In 2019, approximately 8,335 people aged 65 and over are predicted to have a fall in Bedford Borough and this will continue to rise. It is important to note that this is the number of people and not the number of falls, which is likely to be higher given that approximately half of these people will go on to have multiple falls. In 2017/18 there was an increase from 146 to 178 hip fractures in the over 65s in Bedford Borough, though the rate per 1,000 population remained stable and similar to England.

Osteoporosis increases the likelihood of serious injury; one in two women and one in five men over the age of 50 will fracture a bone, mainly due to poor bone health – evidence suggests that 95% of hip fractures are due to osteoporosis. A hip fracture remains the most common cause of accident related death, with increased risk of death in the first year of between 18% and 33%. One in every twelve patients will die in the first month following injury; approximately half of hip fracture patients who were previously independent will become partly dependent; and one third will become totally dependent.

Excess winter deaths is a statistical measure which attempts to quantify the detrimental effect of the winter months in a given population. The most recent data indicates that in the year from August 2016 to July 2017 there were 128 extra deaths during the winter months, which was an increase of 58% compared to the previous year. The causes of excess winter deaths are multifactorial,

and can be attributed to respiratory disease, falls, road traffic accidents, flu and other viral conditions. Some groups of people are more vulnerable to excess winter deaths, including older people living on their own, people with long term illnesses, households on low incomes, and people living in poor housing or in rural areas. Young people on their own and people who are homeless are also at greater risk.

In March 2019 there were 1,300 people aged 65 and over in Bedford Borough with a diagnosis of **dementia**. This is thought to be about 60% of the true prevalence as dementia is underdiagnosed. The prevalence of diagnosed dementia is steadily increasing, although it is not clear to what extent this is due to national NHS policy aimed at increasing the diagnosis rate. A diagnosis of dementia can still attract stigma and may prevent people from seeking support at an early stage, particularly in some BME communities. To reduce stigma there needs to be more promotion of dementia friendly communities. Early diagnosis can help to slow its progression.

An estimated 2,667 people over the age of 65 have **depression**, the majority of them women. The range of mental health problems experienced later in life varies. The three main mental health disorders for which older people are admitted to hospital are delirium, dementia and depression. Older people are more vulnerable to factors known to cause depression such as widowhood, divorce, unemployment or retirement, physical disability or illness, loneliness and isolation.

Older people are at risk of being overlooked despite having a higher risk of depression due to the assumption that mental health problems are an inevitable part of ageing. Promoting healthy ageing will help slow the development of dementia and mental health conditions by focusing on the risk factors such as social isolation, alcohol, smoking, poor diet and physical activity. Within some BME

communities, dementia and mental health remains under reported, and this may be due to a culture of caring for older relatives at home.

In 2017, 1,417 Bedford Borough residents died and the age standardised mortality rate was similar to the national average. The mortality rate was falling nationally and locally until 2011 but both rates have plateaued since then.

People should be able to have a good death. This includes ensuring where possible that people are able to make an informed choice about where they will spend their last weeks and days. Compared to the national average, in Bedford Borough in 2016 a greater proportion of deaths occurred in care homes (24.8% vs. 22.4%) and a smaller proportion occurred at home (21.1% vs. 23.6%). This likely reflects the relatively large care home population in Bedford Borough.

The Bedfordshire Partnership for Excellence in Palliative Support (PEPS) works with local health and social care practitioners including nursing teams, hospices, GPs, hospital teams, voluntary services and ambulance service. The team arrange face to face specialist palliative care assessments and support, and facilitate rapid hospital discharge. Some BME communities and vulnerable groups such as people with learning difficulties and people with dementia, are less likely to take up the PEPS service.

Areas for Focus:

- Increase public awareness of the risk of falls and the importance of bone health later in life.
- Ensure statutory and voluntary service providers are engaged as part of the solution to falls prevention and supported to understand their local contribution in reducing the number of falls and subsequent injuries.
- Encourage older people and their families and carers to recognise the increased risk of becoming ill during the winter months and to take preventative action and seek medical advice at an early stage.
- Reduce the stigma of dementia by promoting dementia friendly communities and services.
- Promote healthy ageing initiatives to slow the development of dementia and other mental health conditions, and to help reduce social isolation.
- Ensure those nearing the end of their lives, including people from BME communities, are able to make timely and informed choices about their end of life care.

9. Particularly Vulnerable Groups

Health and social care services have a duty to safeguard children and adults from abuse and neglect. People using health and social care services have the right to never experience maltreatment, abuse and neglect.

Allowing for population growth and ageing of the population since the 2011 census, it is estimated that there are 17,100 unpaid **carers** in Bedford Borough in 2015, and that by 2020 this number will rise to 17,900. Not all carers are in receipt of carers' services, and many do not recognise their carer role, particularly when the carer is a husband or wife looking after a partner.

The 2014 Care Act requires that carers are offered a carers' assessment but there has been little increase in the number of carers' assessments. Only a small proportion of carers are known to services; there are many more in the community who are not accessing services, particularly older carers, BME, gypsy and traveller, and veteran carers. More needs to be done to raise awareness of the support available for carers as it is estimated that 71% of carers in Bedford Borough suffer from stress, anxiety or depression, and supporting carers early on in their caring role could prevent the development of both physical and mental ill health.

Everyone has a right to live a life which is free from violence, fear and abuse, to be protected from harm and exploitation and to have independence, which may involve a degree of risk. The Joint Multi Agency Adult Safeguarding Policy, Practice and Procedures for Bedford Borough and Central Bedfordshire is in place to achieve consistent and robust arrangements for **safeguarding vulnerable adults** and to implement effective safeguarding plans which

minimise the risk of harm and adopt a zero tolerance approach to abuse, maltreatment and neglect.

The Care Act 2014 states that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is or is at risk of being abused or neglected. As of September 2016, Section 42 Enquiries (previously known as referrals for investigation) have been undertaken by other agencies. S42 training has been offered to agencies to support them in this safeguarding role; audits are undertaken by the Bedford Borough Adult Safeguarding team to ensure a thorough and robust enquiry has been achieved.

Bedford Borough Council received a total of 2,702 contacts for 2017-18, which includes all safeguarding concerns, information sharing reports, referrals for social care or care management activity/involvement and concerns received by the team. This is an increase of 35% from 2016-17. Out of the 2,702 contacts, 212 (7.8%) led to a safeguarding referral/investigation.

Safeguarding abuse is divided into categories, and largest reported category of abuse is Neglect and Acts of Omission. This relates to serious medication error, inappropriate care or lack of care, missed domiciliary care calls and poor hospital discharge that has resulted in harm to the person. Within this category the highest proportion of referrals are for the 75 and over age group, who are most likely to be receiving support, residential care or hospital admission and highlights the vulnerability of this group.

It is likely that as the population grows and vulnerable groups such as people with disabilities living longer due to better care, the number of safeguarding concerns will continue to increase. This will also be due to greater awareness of safeguarding, along with requirements to assess people under the Mental Capacity Act 2005

Deprivation of Liberty Safeguards (DoLS) legislation including those in a domestic setting where care or support is provided.

Since the 2014 judgement of the Supreme Court in 2014 on the Deprivation of Liberty Safeguarding procedures a much greater number of people in care are now under deprivation of liberty and by law must now be assessed under the DoLS procedure.

Assessments under DoLS continue to be completed on a large scale compared to previous practice. In 2018/19 Bedford Borough Council completed 1,237 assessments.

It was estimated that in 2019 there were around 1,032 working age adults in Bedford Borough with **autism**. Many adults with autism will require support to find employment, training and education. There are an estimated further 293 adults with autism are aged 65 or older, and this number is predicted to increase in line with the ageing population. Many older adults with autistic spectrum disorders are likely to need the same additional care and support as their peers, but others with a dual diagnosis of learning disability and autism, or mental health with autism are likely to need more support.

There are an estimated 3,159 adults in Bedford Borough with a **learning disability**, including an estimated 293 adults aged 65+ with a learning disability. The numbers of adults with learning disabilities is expected to increase to 3,456 by 2030, and to 841 for those aged over 65. Improvements in general healthcare for adults have led to an increase in life expectancy, but there is an expected growth in complexity of disabilities due to factors such as improved maternal and neonatal care, increasing prevalence of foetal alcohol syndrome, and increasing numbers of adults from certain South Asian ethnic minority groups where prevalence of learning disability is higher.

The proportion of working age adults with learning disabilities living in settled accommodation is lower than the national average (72.4% in 2018/19 vs. 77.2% nationally in 2017/18). However, the number who were in paid employment was nearly double the national average (11.4% in 2018/19 vs. 6.0% nationally in 2017/18).

Areas for Focus:

- Increase safeguarding awareness among hard to reach groups, which includes some BME groups.
- Raise awareness around supported decision-making to enable vulnerable adults to make informed decisions about their future.
- Ensure that more carers are made aware of their entitlement to a carers' assessment under the Care Act, particularly those caring for a spouse who may not be aware of their caring status.
- Ensure that adults with autism are able to access to the services and support they need to live independently within the community.
- Continue to provide support and choices to people with learning disabilities to help them lead the lives they would like.