
Joint Strategic Needs Assessment

Summary for Bedford Borough

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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 annually, at different times throughout the year 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 2015 NHS Five Year Forward View and the local Sustainability and Transformation Plan (STP) emphasise the importance of prevention in helping to secure the health and wellbeing of the population in the face of sustained financial pressures.

Bedford Borough Council and Bedfordshire Clinical Commissioning Group, together with 14 other organisations across the Borough, Central Bedfordshire, Luton and Milton Keynes are part of the local STP. The aim of the STP is to ensure that health and care services are able to meet the changing needs of our population. The JSNA is being used to ensure that STP plans are place-based and address the needs of local people in Bedford Borough.

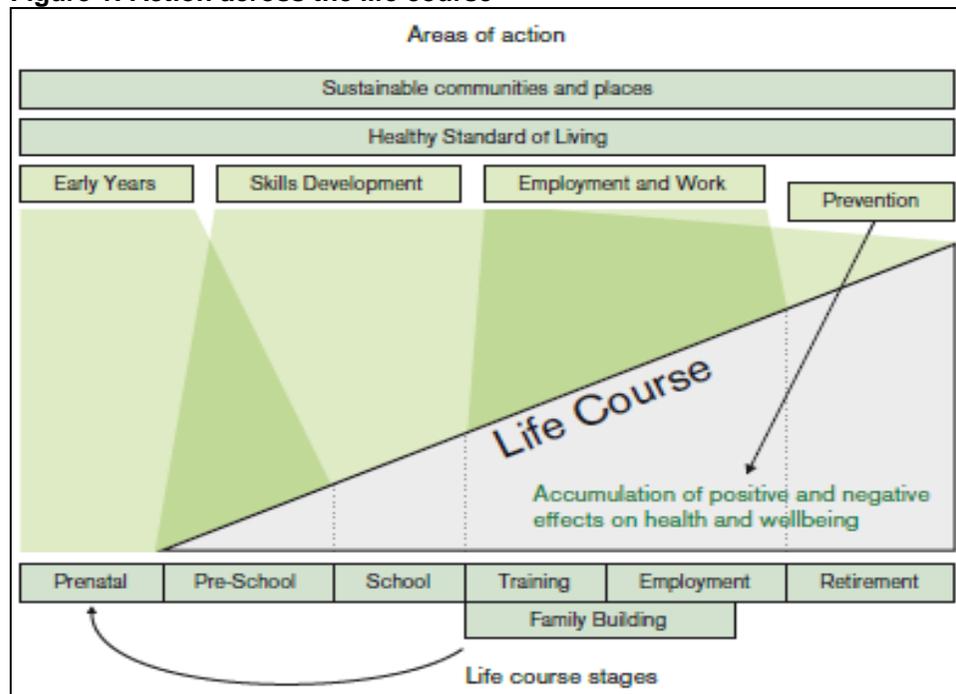
Common themes across the life course

The JSNA is structured along 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 Marmot in his [Review into health inequalities](#), 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 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 good 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: where children who are eligible for free school meals leave school with fewer GCSEs, or people with long term conditions find it hard 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.

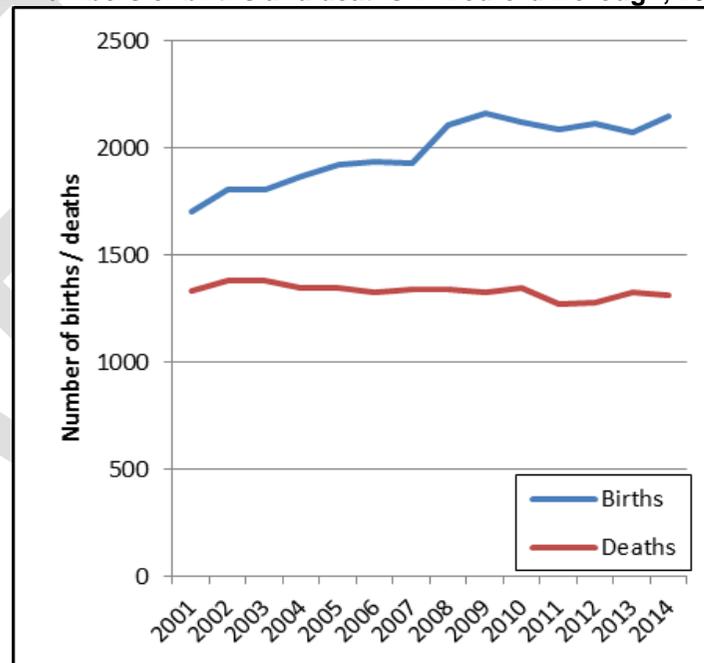
Bedford Borough's population - key messages

- 166,300 people live in Bedford Borough (ONS mid 2015).
- It is estimated that the population will increase to around 174,700 by 2021, with the fastest rise in adults aged 65 and over.
- Approximately two-thirds of the population live in the urban areas of Bedford and Kempston and one-third living in the surrounding rural areas.
- 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 83.5 years for women but there are large inequalities in life expectancy depending on where people are born.

The birth rate in Bedford Borough was 67.8 live births per 1,000 women aged 15-44 (General Fertility Rate), higher than England (62.2) and the East of England (64.1). It is the highest it has been in the last ten years.

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 2) means that Bedford Borough is seeing a net increase in the size of the population.

Figure 2: Numbers of births and deaths in Bedford Borough, 2001-2014



Source: National Statistics 2016

The location of where you live is an important factor in how many years you can expect to live 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 64 years, with an average life expectancy of 83 years.

Life expectancy in Bedford Borough is similar to the England averages, as described in Table 1 below.

Table 1: Life Expectancy in Bedford Borough, compared to England, 2013-2015

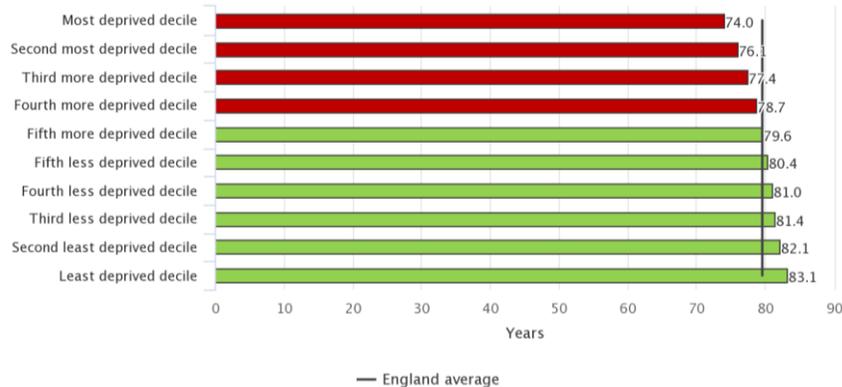
	Bedford Borough	England
Men: Healthy Life Expectancy	62.5 years	64.1 years
Men: Life Expectancy	79.9 years	79.5 years
Women: Healthy Life Expectancy	65.6 years	63.4 years
Women: Life Expectancy	83.5 years	83.1 years

Source: Public Health Outcomes Framework

The Challenge - Stark Health Inequalities

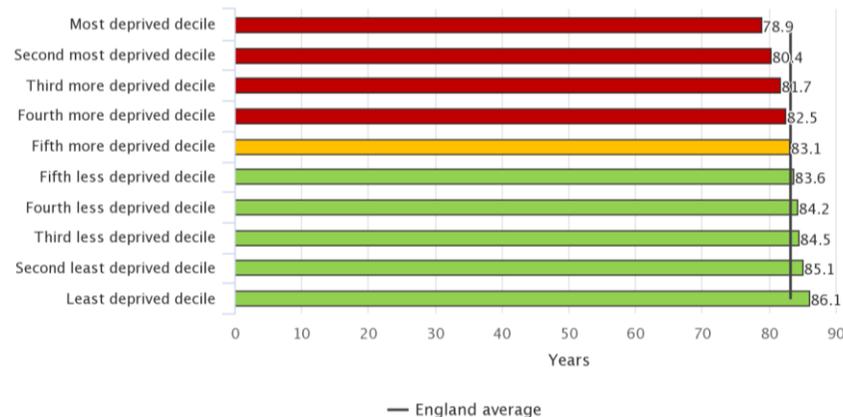
There remains a large gap in life expectancy between the most and least deprived areas, as demonstrated in Figures 3a and 3b. Using the 'Slope Index of Inequality' measure, women from the most deprived areas are predicted to live on average 7.8 years fewer than those from the least deprived. For men, the gap is 8.6 years. These gaps have narrowed for the past few years.

Figure 3a: Male life expectancy at birth, for the most and least deprived areas of Bedford



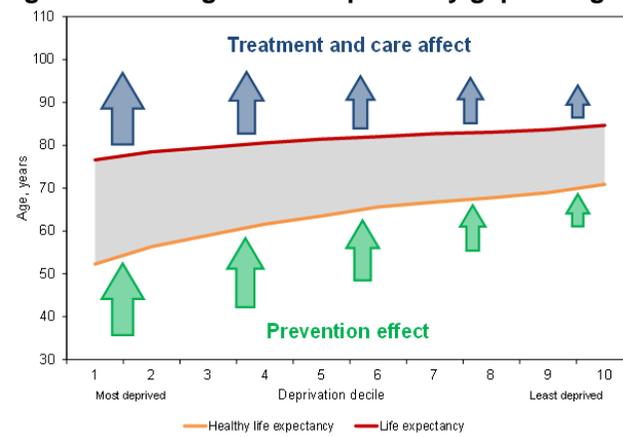
Source: Public Health Outcomes Framework Indicator 0.1ii, 2013-2015

Figure 3b: Female life expectancy at birth, for the most and least deprived areas of Bedford



People from more deprived areas have fewer years in good health. Figure 4 shows how prevention increases both the number of years lived in good health and overall life expectancy.

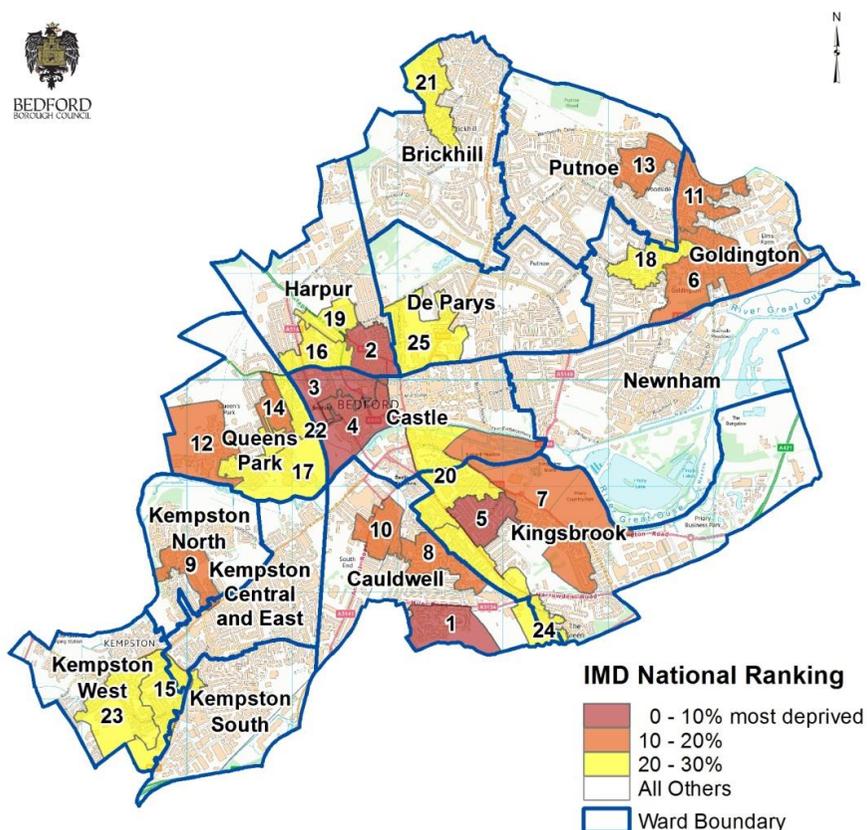
Figure 4: Closing the life expectancy gap in England



Source: Public Health Outcomes Framework

A greater focus on prevention, particularly for our most deprived areas has the potential to reduce the number of years lived in poor health, increase life expectancy and reduce the need for expensive health and social care services.

Figure 5: The 25 most deprived lower super output areas in Bedford Borough are in Bedford and Kempston Towns



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 148 out of 326 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). All 25 of these Lower Super Output Areas (LSOAs) are in Bedford or Kempston Towns, with the greatest deprivation centred on Castle, 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. The 2015 deprivation data suggests that the Borough has become more deprived, with 25 LSOAs among the most deprived 30% nationally compared to 22 LSOAs in 2010.

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. Much of the rise was due to migration from the new EU Accession countries, particularly Poland and Lithuania, as well as new migrant communities such as people from Afghanistan and Zimbabwe. More recently there has been an increase in migration from Romania and Bulgaria, with a higher number of Romanians issued with National Insurance Numbers than Polish nationals in 2015.

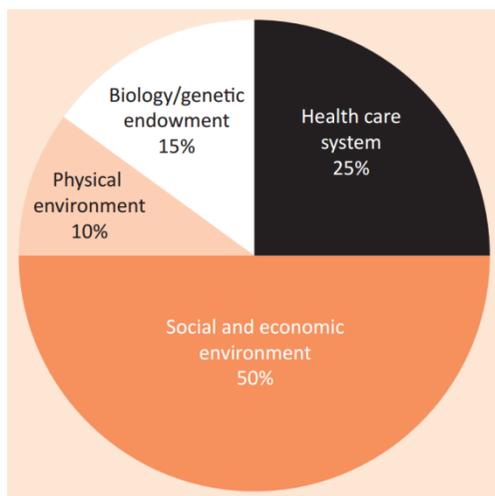
© Crown copyright and database rights 2016 Ordnance Survey 100049028. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form. Source: Department for Communities and Local Government, Indices of Deprivation 2015.

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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 may 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

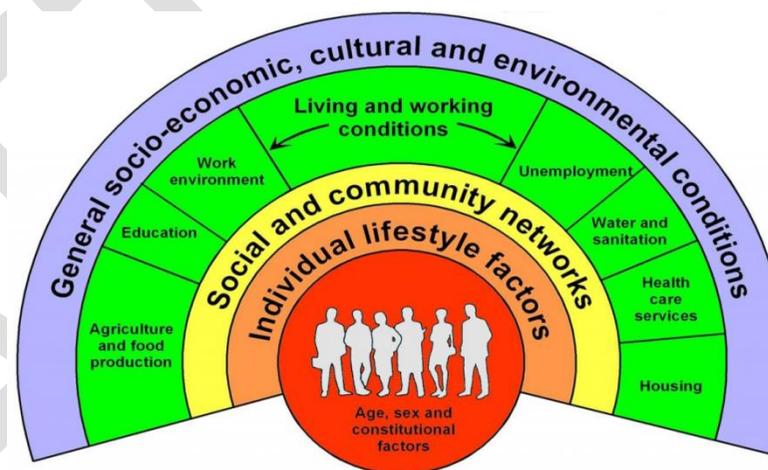


Source: Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002

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 (orange) but if there are no footpaths along the route

(green) 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, 1991

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.

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.

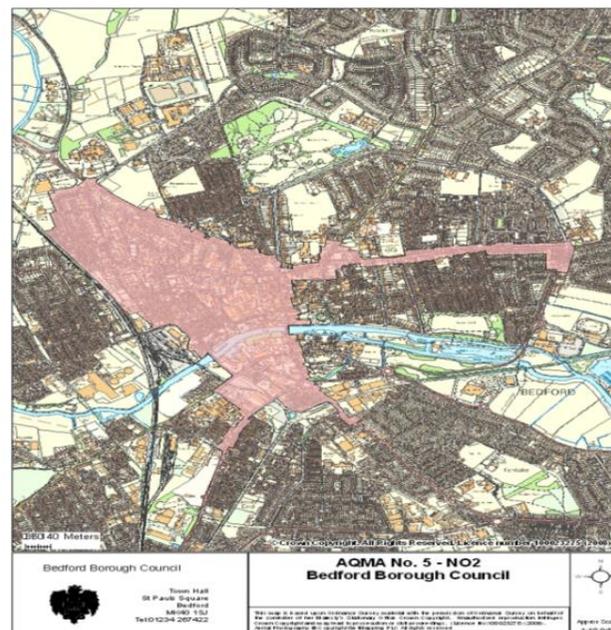
Our green spaces also support local biodiversity, help to improve air quality and reduce flood risk, and so it is essential we continue to protect and nurture these areas.

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. An Air Quality Management Area has been declared in

Bedford town centre because the national targets for acceptable levels of pollutants are not being met (Figure 8). In 2015 monitoring showed an **improvement** in air quality, with a reduction in NO₂ (Nitrogen Dioxide) concentrations compared to previous years: 20% of the monitoring locations exceeded the annual mean objective compared to 32% in 2014.

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



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 Bedford Borough Local Plan 2035 is currently in preparation.

Having warm, secure and safe **housing** is a prerequisite for health. All social housing in the Borough meets the Decent Homes standard. In contrast, nearly a quarter of privately rented dwellings fail – that is over 3,200 households. In some areas of central Bedford more than 40% of homes do not meet this standard. In Bedford Borough falls, either on a level or on the stairs, and excess cold are the most common reasons for failure. Cold temperatures are known to cause physical and mental illness and to exacerbate existing heart and lung disease. More than 6,000 households 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 20 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. Those who are physically inactive have increased to over a quarter in the Borough. Physical inactivity is known to contribute to many common conditions including cardiovascular disease, cancer and poor mental health. Every day 60% of commuters who live and work in Bedford and Kempston travel from one part of the urban area to another by car – that is 14,000 short car trips every day. Between 2001 and 2011 the percentage of journeys to work made by walking remained static and the percentage made by bicycle fell. 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 is an opportunity to work with **planning** to consider restrictions on the availability of unhealthy food near schools, and to broaden to role of environmental health officers to include advice on nutritional quality as well as food safety.

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 2015, 6.8% of all people of working age in Bedford Borough were unemployed and seeking work. **Out-of-work benefits** claimant levels are far higher in the more deprived wards, exceeding 12% of the 16-64 population in Castle and Harpur wards in February 2016 compared to the Borough average of 8.1%.

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 £588 in 2016 but there is a wide pay gap between men and women, which is increasing: men who worked full time earned on average £637 per week, whilst women earned on average £517 per week. The average is boosted from people commuting out of the Borough. It is estimated that 1 in 5 jobs in the Borough (approximately 15,000 jobs)

do not pay the living wage. Nationally, the proportion of workers not earning the living wage is higher among females (29%) than males (18%), and much higher among part-time workers. Within the Borough, there are huge disparities in income between wards. Average gross weekly household income in Bedford Borough 2013/14 (latest available modelled data) was £780. In Bromham and Biddenham ward (£1010) average weekly gross income was far higher than Harpur (£640), Kingsbrook (£640) and Cauldwell (£660) wards.

In November 2016, there were 9,810 Housing Benefit claimants in the Borough, a reduction compared with 10,532 in May 2015. Of these 6,995 (71.3%) were Social Rental and 2,813 Private Rental (28.7%). The proportion of claimants living in privately rented accommodation has increased from 28.3% in August 2009, which is in line with the growing share of the private rental market in the Borough's housing tenure mix.

Areas of 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.
- Describing the health impacts of air pollution in Bedford Borough and tackling them proportionately, alongside delivering the green space and climate change strategies.

5. Starting Well (pre-birth to two years)

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

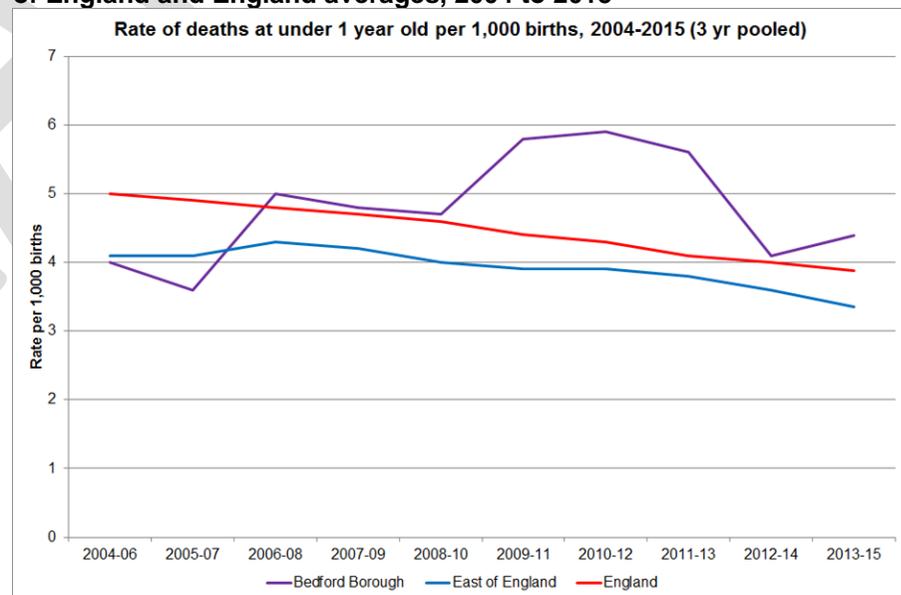
A number of factors influence a child's health and wellbeing. The early years in every child's life are a crucial period for setting them up to thrive, not just in school but beyond and throughout adult life. During pregnancy and up to the age of five, parental factors have a profound effect on child development. Giving every child the best start means ensuring parents are supported and prepared for their role.

Approximately 2,100 babies are born each year in Bedford Borough. Sadly a small number do not live to see their first birthday: twenty-eight babies died in the first year of life between 2013 and 2015. The resulting infant mortality rate of 4.4 per 1,000 live births means the rate has increased but is similar to the East of England average of 3.4 and the England average of 3.9 per 1000 live births (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 2014/15 most women (over 90%) accessed midwifery care early in pregnancy (before 13 weeks). A small number (between 42 and 71 women each quarter) were not seen by a midwife until later in pregnancy.

Figure 9: Infant Mortality trends in Bedford Borough, compared to East of England and England averages, 2004 to 2015



Source: Public Health Outcomes Framework. Indicator 4.01 Infant Mortality

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 200-300 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 newborn screening is part of the routine maternity care pathway. It can help prevent infection of the newborn 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 newborns screened. Screening rates for Hepatitis B have now reached 80% of eligible women within the required time frame, which is an improvement on the previous year, and is now within the national “acceptable” standard.

Uptake of **childhood immunisations** within Bedford Borough mainly reaches the target of 95%, except for the preschool vaccinations that include Diphtheria/Tetanus/Pertussis/Polio (DTaP/IPV) and Measles/Mumps/Rubella (MMR). The 2015 to 2016 winter season saw the successful roll out of the national childhood influenza vaccination programme to children in school years 1 and 2 (age 5 to 7 years).

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 newborn. In 2015/16, 238 mothers (8.3%) delivering at Bedford Hospital were smokers. This compares to

10.6% across England. However, nearly 1 in 5 (18%) newborns were recorded as living with a smoker. 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 2014/15. 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 is a strong financial case for investing in support for breastfeeding and well documented health benefits to both the infant and the mother including fewer babies hospitalised, fewer cases of sudden infant death syndrome, a 5% reduction in childhood obesity and protection against breast and ovarian cancer in the mother. Despite this, about one in five women do not breastfeed at all and a further 30% of mothers stop breastfeeding in the first 6 to 8 weeks. Generally, lower rates 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 2015/16 there was a 2.7% increase in the number of pupils achieving a good level of development - with 63.5% reaching this level. This continues the trend of improvement over the last three years but Bedford Borough remains below both national and

statistical neighbours and is ranked 10th against 10 statistical neighbours. 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. 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 pregnant women, children and families are identified and offered support earlier. This should include effective use of the Early Help Assessment and the Integrated Two Year review.
- Ensuring that pregnant women and partners are referred to and can access appropriate lifestyle services. Pregnant women should receive carbon monoxide tests and support with stopping smoking and excess weight.

- Extending our approach from a focus on the mother to encompass the whole family.
- 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 a comprehensive pathway is in place to identify mothers during the perinatal period and 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.
- Ensuring that families with the greatest needs are able to take up free early education places for 2 year olds.
- Ensuring parents are supported in their role as their child's first teacher through evidence-based support programmes including Parents as First Teachers and Triple P.

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, environmental 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
- 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.

All children and young people from birth to 19 years are offered routine **immunisations** to protect them against dangerous childhood illnesses. Uptake of childhood immunisations within Bedford Borough mainly reaches the target of 95%, except the preschool vaccinations that include DTaP and MMR. There is also a clear trend for lower uptake in poorer areas. The reasons for this need to be explored further, including the flexibility and ease of access to clinic appointments. During 2015/16 the Meningitis ACWY vaccine was first offered to teenagers, given by a single vaccination that protects

against four causes of meningitis and septicaemia (Meningococcal A, C, W and Y).

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 varies greatly by area, ranging from 52% in parts of Cauldwell ward to 3% in parts of Sharnbrook 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 educational attainment in state funded schools, 2014/15

Percentage of children achieving the attainment standard in Bedford Borough, by free school meal eligibility		
	Eligible for free school meals	Not eligible for free school meals
Key Stage 2: Level 4+ in reading, writing and mathematics	52%	77%
Key Stage 4: Five GCSEs grades A*-C	21%	56%

Education is a major determinant of an individual's economic wealth and social wellbeing; a good education also enables individuals to make informed decisions about lifestyle choices. All lower schools in Bedford Borough have been rated as good or outstanding by Ofsted; the challenge is maintaining that quality throughout a child's life. The Key Stage 2 measure changed for 2016: 42% of children achieved the expected standards, significantly below the regional and England averages. The headline measure of 5*A-C including English and Maths has been removed from Department for Education performance tables. A new set of measures have been designed for Key Stage 4 (GCSE), including Progress 8 and Attainment 8. Bedford Borough has seen a steady increase in pupil performance in 2016 in both English and Maths at Key stage 4.

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 January 2016 the number of 16-18 year olds in Bedford Borough who were **not in education, employment or training (NEET)** was 326, a reduction 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 2,200 children and young people aged between 5 and 16 years in Bedford Borough are estimated to have a clinically diagnosable mental disorder, and 1,100 young people aged between 16 and 19. 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.

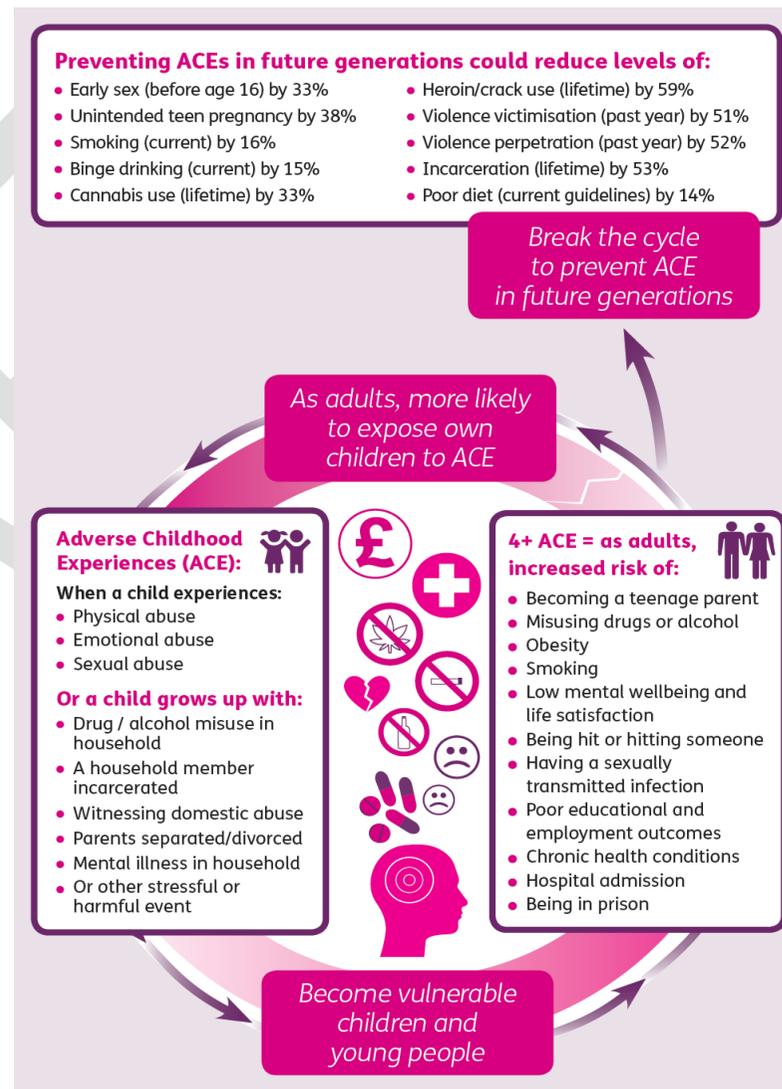
Areas for Focus:

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:

- 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.
- Increase the uptake of pre-school booster immunisations and reduce the differences in rates in children and young people across the Borough.
- Continue to improve the educational achievement of all children, with particular focus on those from most deprived backgrounds.
- Ensure all services “Think Family” and take a whole family approach when providing help to parents, children and young people.

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



Learning 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 2015/16 in Bedford Borough revealed that 13.2% and 8.1% of children are overweight and obese respectively at year R; and 14.1% and 19.9% of children are overweight and obese respectively at year 6. These percentages equate to approximately 8,118 overweight and obese children between the ages of 5 and 11 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 2011/12, a quarter of five year olds in Bedford Borough had tooth decay. By age 12, this rises to nearly a third of children. 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.

Tobacco remains a major cause of premature death in Bedford Borough; 80% of people who smoke start **smoking** as teenagers. Approximately 1 in 10 fifteen year olds in Bedford Borough smoke. Girls are more likely to smoke than boys and there is a strong link between smoking, alcohol and drug misuse. Smoking in childhood is also more common in children from deprived backgrounds. Numbers of under 18's accessing the local stop smoking service are low but have increased slightly.

Between 2012-13 and 2014-15 there were 25 alcohol specific admissions in under 18 year olds in Bedford Borough, which is a decreasing trend. The proportion of young people who drink alcohol has been falling in Bedford in line with national trends and the local rate is below both the national and East of England average. In May 2016, a survey carried out in Bedford Borough found that fewer than 6% of surveyed children said they drank regularly.

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.

In 2014 approximately 41 babies were born to teenage mothers in Bedford Borough. 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. Between 2011 and 2013 the highest rates of teenage conception were in: Kingsbrook, Castle and Eastcotts wards. Teenage pregnancy, deprivation and poverty are inextricably linked. The most recent data on deprivation shows that Castle and Kingsbrook have areas in the top 10 and 20% most deprived in England. The Shortstown area of Eastcotts appears in the 30% most deprived in England. 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 16-24 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 2015 over a quarter of the target age group were tested in Bedford Borough 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.
- Encouraging parents and carers to take their infants to see the dentist at the earliest opportunity.
- Continue 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. Early intervention is particularly important for these groups, to tackle emerging problems as soon as possible and prevent their situations becoming more serious.

It is estimated that each year more than 5,500 women and 2,700 men are victims of **domestic abuse** in Bedford Borough. Over 60% of children living with domestic abuse are directly harmed by the perpetrator of abuse, in addition to 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 in Children's Services and local schools. The scheme supports identification of vulnerable children and shares information between agencies, in order to support children in need. Since its launch, 1750 referrals have been made to 'Relay' leads in the Borough.

- 29.8% related to children aged 0-5 years
- 67.2% related to school aged children
- 3% related to young people aged 16-18 years

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 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 2016 there were 253 children looked after by Bedford Borough Council, which is similar to numbers in the previous year. 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 2015-16 there were over 6,200 contacts (information about a child living in Bedford Borough) received by children's social care team, an increase of over 60% compared with 2014-15. 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. During 2015-16 there were 1,275 referrals received by children's social care teams, this represents a notable increase compared to 2014-15, and is in line with previous years. 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 that 48 children and young people entered the criminal justice system as first time entrants in 2015. 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.

The number of children and young people with **special educational needs or disabilities** is predicted to grow as the population of Bedford Borough increases. This growth will place extra demand on mainstream and special schools. Inclusion rates in mainstream schooling for children and young people with special educational needs or disabilities are significantly lower than the national average.

Areas for Focus:

- 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 lives and spending a greater proportion of their life 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 they are more likely to also exhibit the others.

Lifestyle Factors

In Bedford Borough, 17% of adults are estimated to **smoke** tobacco. 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), an umbrella term that includes chronic bronchitis and emphysema.

The number of people using stop smoking services in Bedford Borough has decreased annually partly due to increasing numbers of smokers with complex needs and the rising popularity of e-cigarettes. Service uptake remains low in the most deprived wards, amongst some BME communities, and in people with long term conditions including mental health and COPD. The number of people using stop smoking services in 2015 in Bedford who indicated they had a mental health condition doubled since the previous year. 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 £31.9 million.

Obesity is considered to be a national public health crisis. In Bedford Borough the latest data modelling suggests an adult **excess weight** prevalence of 66%. This equates to approximately 27,000 obese adults and 45,000 overweight adults in the Borough. Poor diet has surpassed smoking as the leading contributor to excess weight. A number of targeted weight loss programmes are available locally, including exclusive groups for men, faith-based groups and pregnant women.

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 some protection against chronic diseases and an improved quality of life.

Almost 60% of the adult population in Bedford Borough achieve at least 150 minutes of physical activity per week in accordance with recommended guidelines on physical activity.

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 20% of adults drinking above the recommended guidelines, which increases the risk of damaging their health, and a further 6% drinking at very heavy levels which may already have caused detectable harm. 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.

In 2015, approximately 600 people in Bedford Borough were in treatment for opiate **drugs** of dependence, with 7% successfully completing treatment. The focus of drug treatment nationally and locally has shifted from harm reduction to successful completion of treatment.

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. Although the prevalence of STIs is decreasing, in 2015 the prevalence of human immunodeficiency virus (HIV) across Bedford Borough was 2.4 per 1000 (aged 15-59) giving a high prevalence. Between 2013 and 2015, 30 people were diagnosed with HIV at a late stage of infection representing 68% of the total infections diagnosed in that period. Late diagnosis is the most important predictor of morbidity and short term mortality among people with HIV, therefore increasing access and uptake of HIV testing remains a priority for Bedford Borough in order to improve health outcomes following diagnosis.

Keeping 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 both breast and bowel cancer screening are above the national target. Cervical screening coverage for women aged 25-64 years is below the national target.

An **NHS Health Check** has the potential to detect silent killers like high blood pressure, it also 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 40% of invited people attending their NHS Health Check, though uptake tends to improve with age. This may be accountable to 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 target for last three years (43% in 2015/16, compared to 45% nationally). The uptake of vaccination in pregnant women has dropped to 47%, compared to 54% the previous year.

Leading a healthy lifestyle will significantly reduce your risk of ill health and developing a **long term condition**. 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 of stroke, heart disease and the many other resulting conditions.

Premature mortality is defined as deaths occurring in individuals younger than 75. Between 2013 and 2015, 1,288 people died prematurely in Bedford Borough. The main causes are 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 2014, approximately 525 men and 429 women 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 2013-2015, the premature mortality rate was 124 per 100,000 for women, and 155 per 100,000 for men: both similar to the England average. NHS RightCare 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 2016, 5,230 (3%) 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 of all types 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**, which has affected over 27,000 people (14%) in the Borough.

Another important risk factor is **diabetes**; 9,700 adults are known to be living with diabetes and a probable 2,750 further people are undiagnosed. The forthcoming National Diabetes Prevention Programme will support diabetes detection and prevention.

Chronic obstructive pulmonary disease (COPD) affects 2,500 Bedford Borough residents (1.4%) and the prevalence is increasing over time, as COPD is associated with an ageing population. Non-elective emergency admissions for respiratory conditions has been identified as an area of improvement by NHS RightCare. NHS RightCare is a national programme that is being applied locally by Bedfordshire CCG. Data and evidence are used to shine a light on unwarranted variation in patient outcomes for a specific clinical area and used 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 promoting good

mental health and intervening early we can help prevent mental illness from developing and reduce its effects when it does.

In assessing health and social care needs, we tend to consider each of the long-term conditions individually, but many people are affected by more than one – referred to as **multimorbidity**. This often makes each individual condition more difficult to manage.

Areas for Focus:

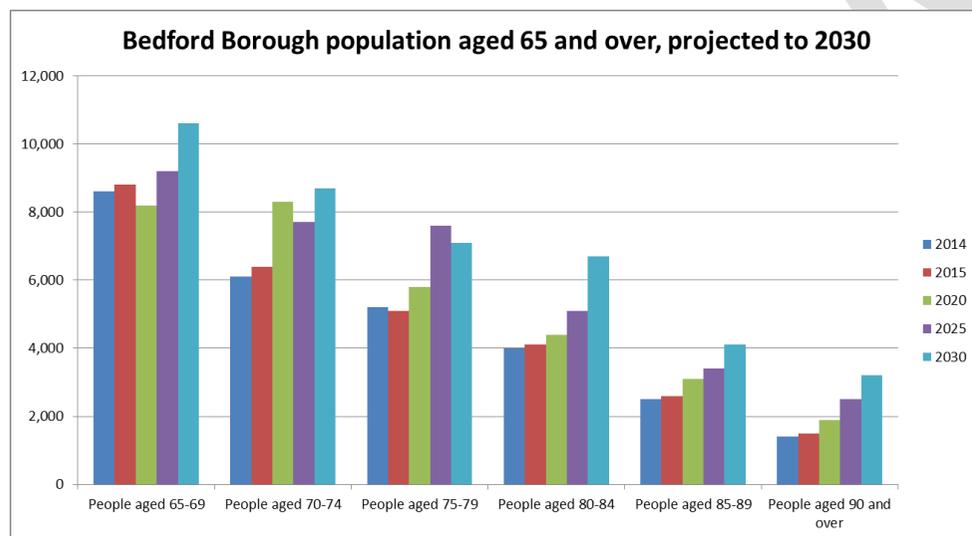
- Encourage people to self-care by leading a healthy lifestyle and engaging with all relevant preventative health services including NHS Health Checks, flu vaccinations, Stop Smoking and sexual health.
- Ensure that mainstream services link up to offer a multi-agency response where appropriate as unhealthy lifestyle behaviours often cluster together.
- Ensure the availability of preventative health services is proportionate to need to reduce health inequalities.
- Work in partnership to increase the uptake of cancer screening programmes (in particular cervical screening), and to detect cancer at earlier, more treatable stages.
- Apply the NHS RightCare approach to all clinical areas within Bedfordshire CCG, to identify areas to improve the quality of care and outcomes for patients
- Increase the identification of undiagnosed cases of cardiovascular disease and its risk factors and ensure that the best quality care is received by all those with a long-term condition.
- Continue to promote the '5 ways to Wellbeing': connect; be active; take notice; keep learning; and give.
- Help people with poor mental health to improve their physical health by ensuring good access to healthy lifestyle support.

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 58,400 people in Bedford Borough are over the age of 50, of whom 28,500 are over 65 and 4,100 are over 85 (ONS 2015 Mid-Year Population Estimates). Most notably, the 85+ population is forecast to increase by around 32% by 2021. This will have major implications for health and social care services in the Borough.

Figure 11: Bedford over 65s population, projected to 2030



Source: www.poppi.org.uk

The majority of the older population 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 annum and this is expected to continue as the population ages. In 2016, approximately 7,800 people aged 65 and over were 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. Nationally, falls data can be unreliable as the majority of falls are not reported to a health practitioner and when they are, it is common for only the injury and not the incident to be recorded. In 2014/15 there was an increase from 156 to 179 hip fractures in the over 65s in Bedford Borough.

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 an increased 1 year mortality 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. Approximately 20% of older people that suffer a hip fracture enter long-term care in the first year after fracture.

One of the risk factors for falling is poor eyesight. **Preventable sight loss** refers to those conditions which affect the eyesight of adults in older age such as age related macular degeneration, diabetic retinopathy, glaucoma and cataracts. Sight loss is strongly linked with ageing, certain medical conditions such as diabetes and dementia, economic disadvantage and low levels of education, and lifestyle factors including smoking, obesity, and diet. Evidence suggests that over 50% of sight loss is due to preventable or treatable causes. Over 80% of sight loss occurs in people aged over the age of 60. People from certain minority ethnic groups are at higher risk. Identifying people at risk of sight loss through encouraging uptake of regular eye tests, and raising awareness of the risk factors which may cause poor eye health, will help slow the increase in preventable sight loss conditions.

Excess winter deaths is a statistical measure which attempts to quantify the detrimental effect of the winter months in a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number that occur at other times of the year. The most recent data from March 2016 indicates that in the year from August 2014 to July 2015, there were 155 extra deaths during the winter, which was an increase of 35.6% compared to the average throughout the rest of the year.

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 living in poor housing or in rural areas. Young people on their own and people who are homeless are also at risk. Just over 12% of excess winter deaths

occurred in the population aged 65 and under, compared with over 27% of excess winter deaths in those aged over 85.

In February 2015, 2,100 people were estimated to have **dementia**, of these 1,100 are predicted to have mild dementia, 680 moderate dementia, and 260 severe dementia. It is predicted that by 2030, 3,450 people will have dementia in Bedford Borough. Part of this increase may be attributed to key national policies in recent years which have been aimed at increasing the number of people diagnosed with dementia. Each week, two people are diagnosed with dementia by the memory assessment service in Bedford Borough.

Under the age of 75, dementia mainly affects males, while over the age of 75 females are most affected. 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.

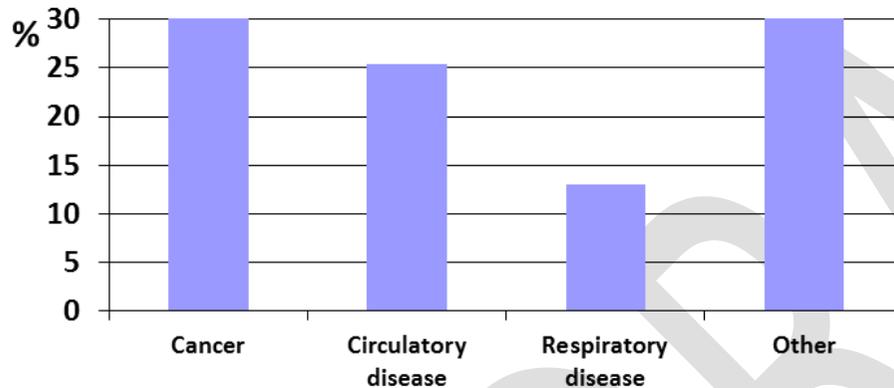
An estimated 2,400 people over the age of 65 were predicted to have depression in 2015, the majority of them women. The range of **mental health** problems experienced later in life varies. The three main mental health disorders for which older people are admitted to hospital are delirium, dementia and 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. Neurological changes associated with ageing may mean some older people develop depression, while prescribed medication for other conditions and genetic susceptibility also increase with age.

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 2014, 1,314 Bedford Borough residents died: 69% of deaths were from cancer, circulatory and respiratory diseases.

Figure 12: Underlying cause of death in Bedford Borough, all ages 2014



Source: Public Health England

Implementing national quality standards will ensure that people are treated as individuals, receive fair, co-ordinated care by all staff, but are able to make an informed choice about where they spend their **end of life**. The Bedfordshire Partnership for Excellence in Palliative Support (PEPS) works in partnership with local health and social care practitioners including nursing teams, hospices, GPs, hospital teams, voluntary services and ambulance service. The team is able to arrange face to face specialist palliative care assessments and

support, and facilitate rapid hospital discharge. Work is currently under way to encourage the use of PEPs for care home residents to ensure they spend the end of their lives in their place of residence if that is their wish. 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 the uptake of regular eye tests to maintain eye health in later life.
- 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 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 or neglect. Moreover, 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's role, particularly when 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 2,193 contacts for 2015-2016, 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 155 from 2014-2015. Out of the 2,193 contacts, 1,115 were progressed to a safeguarding response and 152 led to a safeguarding referral/investigation. There has been an ongoing increase in the levels of contacts to the team not requiring a safeguarding response, which has increased from 735 to 926. All of the inappropriate contacts were treated in other ways, such as complaints, or referrals for unscheduled assessments.

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.

Potentially as the population increases, in particular with the ageing population and in vulnerable groups such as people with disabilities living longer due to better care, 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 will now continue to be completed on a large scale compared to previous practice. In 2013/14, Bedford Borough Council completed 59 assessments, this increased to 872 requests in 2014/15, and 1123 in 2015/16.

There are several conditions which make working age adults more likely to need additional support or to have particular health and social care needs.

In 2015 it was estimated there were around 986 working age adults in Bedford Borough (between the ages of 18 and 64) with **autism**, including 355 adults with Asperger's Syndrome and 345 with Higher Functioning Autism. Many adults with autism will require support to find employment, training and education. A further 266 adults with autism are aged 65 or older, and this number is predicted to increase in line with the ageing population. Many older adults on the autistic

spectrum 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 3,000 adults in Bedford Borough with a **learning disability**, including an estimated 590 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, although there is steady progress being made towards providing better support for those living in the community, more needs to be done. In 2015 the number of people known to services who were in employment was 7% which is similar to the England average of 6%.

In 2016 there were an estimated 7,800 Bedford Borough residents aged 16-64 with a moderate **physical disability** and 2,300 with a serious physical disability. The numbers are likely to increase in line with the ageing population. It is also estimated that 630 people are living with a long term disability as a result of **acquired brain injury (ABI)**. The causes include traumatic brain injury, stroke, brain cancer and meningitis. Planning services to meet all the needs of people with an ABI is problematic, particularly as the number of new cases each year is difficult to predict.

In 2015, an estimated 16,000 people over the age of 18 in Bedford Borough had a moderate, severe or profound **hearing impairment**, only approximately 400 of whom were registered as deaf or hearing impaired. The majority of people with an acquired hearing loss will be able to remain independent and socially included in their community with hearing aids. In November 2016, 374 people in the Borough were certified as severely **sight impaired**/blind and 344 people certified as sight impaired/partially sighted 718 people were on the Adult Social Care register of people who are either severely sight impaired (blind) or sight impaired (partially sighted). Locally, 270 people are estimated to have a dual sensory impairment (deafblindness), but only 5 of these are registered to get help from statutory services. People may be unaware of the register or may be choosing not to register. Section 8 provides more detail on the causes and distribution of preventable sight loss, and the importance of regular eye testing to prevent sight loss.

Areas for Focus:

- Increase safeguarding awareness among hard to reach groups, which include 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.