

Central  
Bedfordshire  
Council  
Priory House  
Monks Walk  
Chicksands,  
Shefford SG17 5TQ



**TO EACH MEMBER OF THE  
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

23 June 2010

Dear Councillor

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Monday  
28 June 2010**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the report which was marked to follow on the agenda:-

**11. Joint Strategic Needs Assessment (JSNA)**

This report presents an Executive Summary of the Central Bedfordshire Joint Strategic Needs Assessment and how the findings of the JSNA are being used as an evidence base to support the Council's Commissioning process.

The Joint Strategic Needs Assessment is a statutory responsibility for the Director of Social Care, Health and Housing, the Director of Children Services and the Director of Public Health under the terms of the Local Government and Public Involvement in Health Act, 2007.

Should you have any queries regarding the above please contact Democratic Services on Tel: 0300 300 4032.

Yours sincerely

Martha Clampitt,  
Democratic Services Officer  
email: [martha.clampitt@centralbedfordshire.gov.uk](mailto:martha.clampitt@centralbedfordshire.gov.uk)

This page is intentionally left blank

<b>Meeting:</b>	<b>Social Care, Health and Housing Overview &amp; Scrutiny Committee</b>
<b>Date:</b>	<b>28 June 2010</b>
<b>Subject:</b>	<b>Joint Strategic Needs Assessment – Progress Report and Executive Summary</b>
<b>Report of:</b>	<b>Director of Social Care, Health and Housing</b>
<b>Summary:</b>	<p>This report presents an Executive Summary of the Central Bedfordshire Joint Strategic Needs Assessment and how the findings of the JSNA are being used as an evidence base to support the Council's Commissioning process.</p> <p>The Joint Strategic Needs Assessment is a statutory responsibility for the Director of Social Care, Health and Housing, the Director of Children Services and the Director of Public Health under the terms of the Local Government and Public Involvement in Health Act, 2007.</p>

Contact Officers: Celia Shohet, Consultant in Public Health Medicine  
[Celia.Shohet@bedfordshire.nhs.uk](mailto:Celia.Shohet@bedfordshire.nhs.uk)

Mark Janes, Interim AD, Commissioning, Social Care, Health and Housing

Public/Exempt: Public

Wards Affected: All

Function of: Joint function between the Council and the PCT.

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

The JSNA is underpinned by the following Council priorities:

- Supporting and caring for an ageing population and those who are most vulnerable
- Promoting health and reducing inequalities
- Keeping our communities safe

### **Financial:**

The JSNA makes no specific financial recommendations. However; the JSNA will inform commissioning decisions which should lead to greater efficiency in the delivery of services by the Council and its partners.

<b>Legal:</b>
The JSNA is a statutory requirement placed on Local Authorities by The Local Government and Public Involvement in Health Act (2007)
<b>Risk Management:</b>
Appropriate use of population needs analysis will support evidence based commissioning decisions which should reduce financial and reputational risk.
<b>Staffing (including Trades Unions):</b>
The JSNA will inform future commissioning of services. These may have workforce implications for development and training. A cross sector workforce strategy is being produced.
<b>Equalities/Human Rights:</b>
The JSNA, in assessing the needs of the community and how those needs are met considers issues of equity. It also considers equality issues particularly in relation to disability and deprivation and inequalities in health experience and outcomes for different groups.
<b>Community Safety:</b>
The JSNA will support strategic decision making intended to improve the safety of Older People and those who are most vulnerable in our communities.
<b>Sustainability:</b>
The JSNA is aligned to the Council's Sustainable Communities Strategy.

**RECOMMENDATIONS:**

1. **That the Committee considers and notes the use of the JSNA as a key source of evidence to guide Commissioning decisions and the priorities of both the Healthier Communities and Older People Partnership Board and the Children's Trust.**
2. **That the Committee considers and notes the availability of this body of evidence to support its work.**

**Background**

1. The Local Government and Public Involvement in Health Act (2007) requires local government authorities and NHS Primary Care Trusts to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The findings of JSNA should inform priorities and target setting for the Local Area Agreement (LAA) as well as act as an evidence base for commissioning priorities that will reduce health inequalities and improve outcomes for people.

Importantly, the JSNA is a joint analysis of current and predicted health and well-being outcomes, an account of what people in the local community want from their services (those provided by the statutory sector and the wider market) and a view of the future, predicting and anticipating potential new or unmet. It also identifies important areas for change.

Joint Strategic Needs Assessment is an on-going process and will be refreshed so that it continues to reflect the key issues for Central Bedfordshire.

2. A life course approach has been used for the JSNA and each of the chapters looks in detail at the level of need in the population and how well current services are meeting those needs. It uses population projections to define future needs and priorities for commissioning. It also notes where further needs assessment work is needed. The views of service users and our providers are also an integral part of the JSNA.
3. A chapter of the JSNA looks at how social, economic and environmental circumstances in which people live impacts directly and indirectly on their health and well-being. It looks at the impact on those in our rural areas and most deprived areas, within Dunstable, Houghton Regis, Plantation, Northfields, Flitwick East and Sandy. For example, 27% of children in Central Bedfordshire live in low income households, rising to between 45 and 50% in parts of Houghton Regis and Dunstable. Some rural areas of Central Bedfordshire suffer from lack of access to adequate public transport which impacts predominantly on those pensioner households without access to a car.
4. The Chapter on Children sets out further priorities for improving children's health and wellbeing. These are based on the Every Child Matters priorities for children to:
  - Be Healthy
  - Stay Safe
  - Enjoy and Achieve
  - Make a positive contribution
5. The Chapters for Adults and Older People gives an overview of the demographic and health indicators for adults of working age in Central Bedfordshire. It sets out some of the key challenges for the health of our population and the importance of health promotion and adoption of healthy lifestyles. As well out setting out the priorities for improving health and wellbeing for adults and older people. The chapters highlights issues for vulnerable people, including income deprivation affecting older people, an issue which is linked to areas of deprivation in Sandy, Dunstable, Houghton Regis and Flitwick East. Key sections of this chapter focuses on priorities for :
  - Safeguarding of vulnerable adults
  - Making a positive contribution

- Achieving economic wellbeing

Key findings and the full priorities for action from the JSNA are contained in the Executive summary which is appended to this report. The full JSNA will be published on the council's website and made fully accessible to all.

### **Conclusion and Next Steps**

6. This JSNA is an important tool for understanding the health and wellbeing needs of Central Bedfordshire's population. It brings together a wealth of information on current needs and in key areas such as demographic changes and predictions of future health and social care needs. The predictions and modelling of future needs are particularly important given the financial climate predicted over the next few years which will impact upon organisations and the residents.

The recommendations contained within each chapter of the JSNA will be considered by the commissioners within the PCT and Central Bedfordshire primarily through the Healthier Communities and Older People Partnership Board and the Be Healthy Delivery Group.

The JSNA is an ongoing, iterative process that needs to be firmly embedded in the commissioning cycles of our respective organisations. This JSNA will provide accurate, relevant and up-to-date information for the Council's commissioning programme and will be updated on a regular basis.

### **Appendices:**

Appendix A – Executive Summary: Central Bedfordshire Joint Strategic Needs Assessment.

### **Background Papers:** (open to public inspection)

None

**Location of papers:** Priory House, Chicksands



# **Joint Strategic Needs Assessment**

## **Executive Summary**

## 1 Introduction

The main purpose of the Joint Strategic Needs Assessment (JSNA) is to provide commissioners with an analysis of data to show the health and wellbeing status of local communities, including where inequalities exist. Using local knowledge and evidence of effectiveness of current interventions, the JSNA helps identify gaps in service provision and informs effective commissioning of services and interventions which in turn, will achieve better health and wellbeing outcomes and reduce inequalities.

A JSNA should not be seen as a product but a process informing and commissioning, including the Sustainable Communities Strategy, Local Area Agreement, A Healthier Bedfordshire (NHS Bedfordshire's Strategic Plan), Children and Young People's Plan, Supporting People 5 year plan and the Healthier Communities Plan.

Bedfordshire's first JSNA was completed in 2008 at a county level and provided a comprehensive source of health and social care data to assess health and wellbeing. In April 2009 Central Bedfordshire Council was established and a decision was subsequently taken to refresh the JSNA to provide a more local focus.

A life course approach has been used for the JSNA and each chapter looks in detail at the level of need in the population, including projected need; current services in relation to the identified need; and priorities for commissioning and for further needs assessment. User and service provider views have similarly been integrated.

The development of the JSNA has been overseen by a multi-agency executive group and supported by a JSNA Programme Manager and Public Health Manager. In excess of 40 individual authors have contributed to its development

## 2 Demography

Changes in the population of Central Bedfordshire are driven by the increase in life expectancy, births and inward migration. Central Bedfordshire has a growing and ageing population, currently estimated to be 255,000 and expected to increase to 282,400 by 2021. The biggest increase is in the number of people aged 65 and above, with the number of people aged 85+ doubling by 2021.

Although Central Bedfordshire has a higher average life expectancy than England, (people live for a year longer than the England average), the more deprived areas of the Central Bedfordshire experience significantly lower life expectancy. There is a difference of 9 years for men and 17 years for women between the most deprived and most affluent wards, however numbers are small which can distort the difference. There is evidence that life expectancy is increasing at a faster rate than healthy life expectancy. If current trends continue, people are likely to spend a greater proportion of their life living with disability or long-term illness and therefore require health and social care support.



There has been a steady rate in the number of births within Central Bedfordshire between 2003 and 2008, similar to the trend shown nationally.

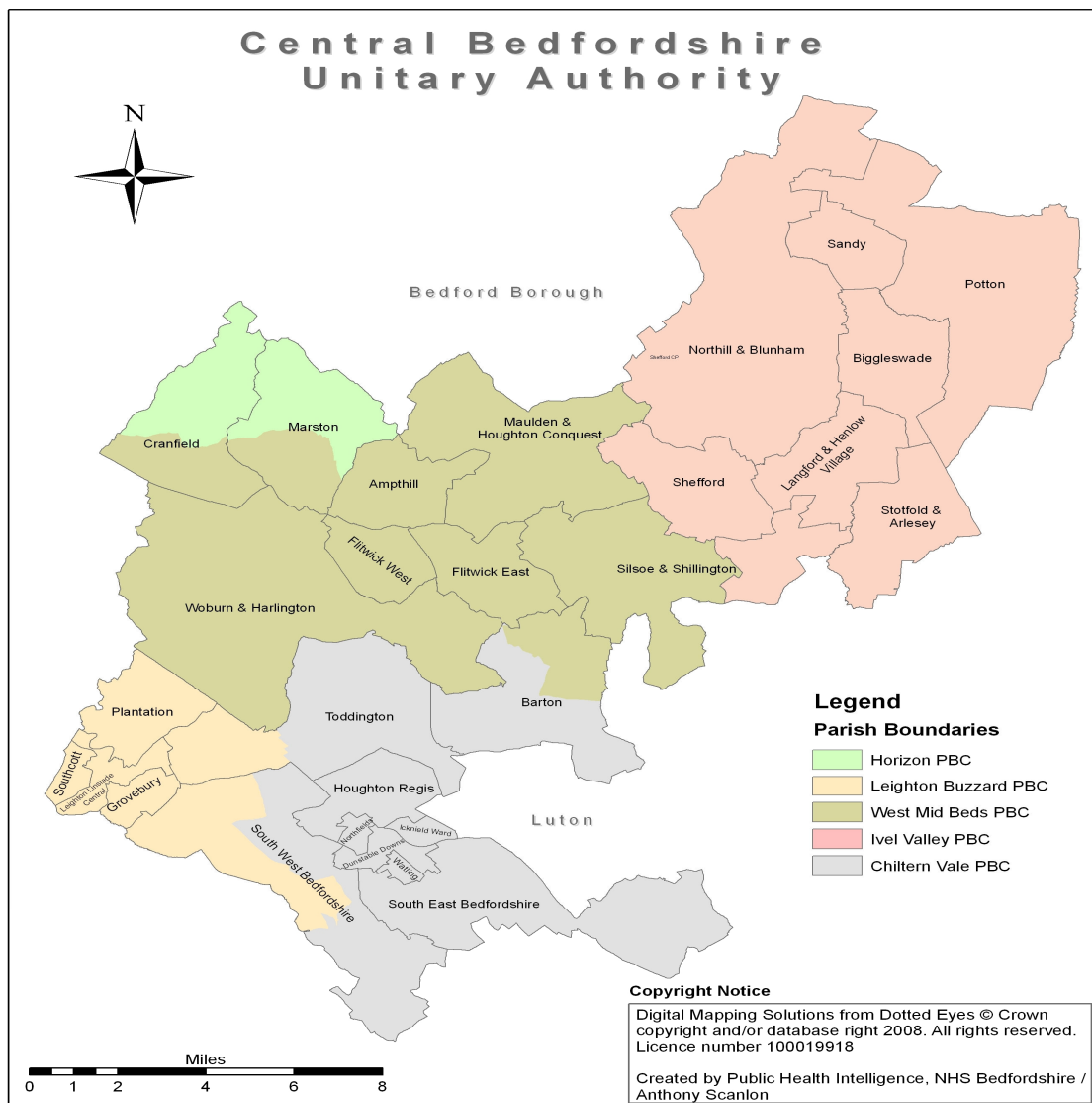
The population in Central Bedfordshire has a lower proportion of people from minority ethnic groups (BME) at 6.8%, compared to 13% nationally. The number of national insurance registrations to overseas nationals has increased in recent years from 430 in 2002 to 840 in 2008 of whom 40% were from the new EU accession countries, 19% from Asia and the middle east and 15% from Africa. The health and social care needs of this group are not well understood locally and work is underway to determine what these are.

DRAFT

### 3 Social, Economic and Environment

The social, economic and environmental circumstances in which people live impact directly and indirectly on their health and well-being.

Central Bedfordshire is predominantly rural with just over half of the population living in rural areas. In terms of deprivation, no areas are in the 20% most deprived nationally. However, if deprivation is assessed at a small area level (known as Lower Super Output Areas – LSOAs) and compared with the East of England, there are nine LSOAs which fall within the 20% most deprived regionally, these are within Dunstable, Houghton Regis, Plantation, Northfields, Flitwick East and Sandy.



Overall employment in Central Bedfordshire is high at 83.8%, compared to the regional average of 77.6%. Although economic activity rates exceed national

averages, Central Bedfordshire has been impacted by the recession with a total of 4,674 people claiming Job Seekers Allowance in March 2010, a rate of 2.9%. Unemployment is highest in the following Central Bedfordshire wards: Houghton Regis, (5.0%), Northfields, (4.9%) and Dunstable Downs, (4.3%).

Income deprivation affects people of all ages but a child born into poverty is more likely to die from an accident in childhood, have low educational achievement, turn to crime, be poor as an adult and raise their own children in poverty. 27% of children in the Central Bedfordshire live in low income households, rising to between 45 and 50% in parts of Houghton Regis and Dunstable.

In 2001 the proportion of school leavers across Central Bedfordshire going onto higher education was slightly above the England average of 24.3%. However, within Central Bedfordshire considerably lower rates were found in Tithe Farm (7.9%) Parkside (10.5%) Biggleswade Stratton (11.7%) and Sandy Pinnacle (12.8%). Whilst it would be reasonable to assume that rates have improved, there remains a significant cohort of people who have not obtained the higher and professional skills necessary to achieve Central Bedfordshire's vision of becoming an economic powerhouse.

Significant housing development is planned in the Central Bedfordshire area with 54,000 units planned between 2001 and 2031. However, the affordability of housing is an issue with average house prices being 5.3 times the average earnings in April 2009. For those with the lowest quartile earnings the gap is even greater. Lowest quartile house prices were 7.0 times greater than lowest quartile earnings, impacting upon demand for social rented housing. Poor quality housing and overcrowding are concentrated in the more deprived wards of Parkside, Tithe Farm and Sandy All Saints and in Cranfield due to the existence of the University. The rates of people classified as being statutory homeless fell in 2008/09 to 174 households from 275 the previous year.

Central Bedfordshire is a safe place to live and work, although as is common in all areas, it does have pockets where crime and community safety issues are higher. Parkside and Tithe Farm have higher rates of crime and antisocial behaviour and Arlesey / Stotfold also feature crime spikes and antisocial behaviour. Alcohol is considered to be one of the issues driving criminal damage and anti social behaviour, therefore, improving access and pathways to treatment in Central Bedfordshire is important.

Some rural areas of Central Bedfordshire suffer from lack of access to adequate public transport which impacts predominantly on those pensioner households without access to a car, 35% in 2001.

Central Bedfordshire's CO<sub>2</sub> emissions were estimated to be 6.3 tonnes per person in 2006, compared with the national average of 7.4 tonnes. However work to reduce this further is being undertaken. There are three areas within Central Bedfordshire where there are significant concerns about the air quality due to traffic congestion. These are in Dunstable Town Centre, Sandy (near the A1) and Charlton (near the M1)

## 4 Children

The vision for children and young people in Central Bedfordshire is that every child enjoys their childhood and has the best possible start in life, that they do well at school, make friends and build strong relationships with their family. By the age of 19 every young person should have the knowledge, skills and qualifications to give them the best chance of success.

### **What we know about children's health and wellbeing in Central Bedfordshire include:**

#### *Be Healthy*

Rates of infant mortality are similar to those in the East of England and England and whilst the majority of babies in Central Bedfordshire have a healthy start to life, there are exceptions. The number of newborn babies living in a smoking household is recorded at the 10 day infant check. Whilst numbers are relatively small and therefore prone to variation, data from the 1<sup>st</sup> six months on 2009/10 revealed that the wards with the highest rates are Arlesey, Biggleswade Ivel, Flitwick East, Northfields, Parkside and Sandy Pinnacle.

The number of baby's breastfed at 6-8 weeks overall in Central Bedfordshire is approximately 40%. At a ward, level rates are very variable and the wards with the lowest rates are Manshead, Dunstable Central, Northfields, Icknield, Watling, Chiltern, Parkside, Plantation, Biggleswade Holme, Tithe Farm, Houghton Hall and Sandy All Saints.

Rates of childhood immunisations in Central Bedfordshire are currently below optimal levels for population immunity.

The latest available data shows an improving position in relation to responsible decision making, with the percentage of young people aged 14-15 years who report to have taken drugs in the last month falling from 18% in 2004 to 14% in 2008. During the same period, patterns of alcohol consumption appear to be stable with 32% of young people reporting drinking between 4-20 units in 2004, and 33% in 2008.

A significant proportion (56%) of young people aged 14-15 years reported that they have a parent, sibling or friend who smokes on most days. 16% of boys and 18% of girls reported that they smoke occasionally or regularly. Nationally 80% of all smokers start when they are a teenager.

There are a number of negative outcomes associated with teenage pregnancy and there are a number of wards in Central Bedfordshire where rates of teenage conception are high. These are Houghton Hall, Manshead, Tithe Farm, Parkside, Standbridge and Dunstable Central.

An estimated 4,500 children within Central Bedfordshire suffer from a diagnosable mental health disorder.

Rates of obesity in children aged 4-5 years were similar to the average for the East of England with 7.3% found to be obese and 13.3% overweight in 2008/09. Rates of

obesity in children aged 10-11 years were also similar to the average for the East of England, with 16.0% were found to be obese and 13.9% overweight.

### *Stay Safe*

Alcohol abuse within families remains a concern, being a contributory factor in domestic violence and crime which impacts directly upon children and young people within the families.

The majority of children in Central Bedfordshire feel safe. However 15% of boys and 13% of girls aged 14-15 years in 2008 said they had been the victim of violence or aggression in the last 12 months in the area where they live. The likelihood of being a victim of crime increases with age. The levels of bullying identified within the Tell Us survey are similar to statistical neighbours with 21% of respondents reporting bullying in the last year.

Domestic violence accounts for a quarter of all violent crimes and in Central Bedfordshire children's specialist services at least 35% of contacts were recorded as being on account of domestic violence.

The rate of children in the population assessed as being Children in Need is increasing but this is broadly in line with the reported position of statistical neighbours.

The rate of children in Central Bedfordshire subject to a child protection plan has increased by 34% during 2009/10 but appears to be in line with national and regional trends. There has been an increase in the percentage of children becoming subject to a child protection plan because of sexual abuse between 2007 – 2010 with neglect remaining the primary abuse concern.

The rate of children in the population who are 'looked after' is below that for England and statistical neighbours. This group remain a high priority given that the outcomes for these children are generally poor.

### *Enjoying and achieve*

The provision of early years education is assessed through formal inspections with 74.6% of settings assessed as good or better compared with 68.6% for statistical neighbours.

Achievement at key stage 1 is generally above national and statistical neighbours but progress between key stages 1 and 2 in maths are below national and statistical neighbour average. Pupils with Gypsy/Roma and of Irish heritage perform well below the average.

### **Priorities for further improving children's health and wellbeing include:**

#### *Be Healthy*

- Increasing the number of mothers who initiate and maintain breastfeeding, ideally exclusively breastfeeding their babies to 6 months

- Improving the uptake of immunisation and vaccinations
- Reducing the rates of teenage pregnancy and mothers who smoke in pregnancy
- Helping all smokers to quit by providing stop smoking services which are accessible and meeting the needs of younger people and their families
- Reducing exposure to secondhand smoke by promoting smoke free homes and cars
- Supporting the work of Bedfordshire and Luton multi agency smoke free alliance
- Working with the Healthy Schools coordinator to ensure that there is an evidence based approach in place to undertake tobacco education across each stage of the curriculum
- Providing consistent high quality sex and relationships education within schools and support the development of parenting programmes which enable parents of teenagers to effectively discuss sex, relationships, drugs and alcohol issues

#### *Stay Safe*

- Improving prevention, early identification and intervention including Think Family and the Common Assessment Framework
- Developing a locality based approach to delivering integrated services through development of team around the Child & Family and co-located multi-disciplinary teams
- There are also three specific Stay Safe priorities:
  1. Protecting children and young people from harm by providing a co-ordinated and effective safeguarding process
  2. Reduce the impact of domestic abuse on children and young people
  3. Reduce the incidence and impact of bullying on children and young people

- Developing and commissioning an appropriate range of services to respond to and reduce the impact of domestic abuse on children and young people
- The Corporate Parenting Panel to monitor Central Bedfordshire's Pledge to Looked after Children and to be firmly embedded within the authority
- Ensuring that family and parenting support is accessible and evidence based, demonstrating good outcomes for children and preventing those children on the edge of care becoming looked after
- Improving the framework to support family and friends to prevent care and achieve permanence from care and ensure that children and young people retain relationships with their families and communities. Appropriate services be delivered to support the child's return home
- Delivering a recruitment drive for Carers for Short-Term Breaks for disabled children, Carers and Youth Carers
- Developing a placement strategy based on a forecast-needs model
- Ensuring that children in care under 5 receive high quality early years provision

*Enjoy and achieve*

- Reducing levels of persistent absenteeism and improving levels of overall attendance at all three phases across Central Bedfordshire
- Reducing the levels of persistent absenteeism and improve attendance levels in targeted areas, namely Dunstable/Houghton Regis and Sandy/Biggleswade
- Developing strategies which can lead to improved attendance for identified vulnerable cohorts such as children on Free School Meals, Travellers and Children with SEN

*Make a positive contribution*

- Achieving a step change in improving performance in the proportion of pupils attaining L4+ in both English and mathematics so that it matches or exceeds the national average and closes the gap on statistical neighbours

- Reversing the recent decline in performance, measured by percentage of students achieving 2 levels progress between KS1 and KS2 in English
- Improving school target setting and the strategies used to achieve targets so that more pupils make expected progress (Fischer B or above)
- Continuing to improve the accuracy and reliability of periodic assessments in order to more rapidly and effectively intervene to support those pupils falling behind
- Improve continuity and progression of learning when pupils transfer from lower to middle schools
- Reversing the recent decline in performance measured by percentage of students achieving 5+ A\* - C (including English and mathematics), improving the progress made by students from Key Stage 2 and closing the gap on our statistical neighbours
- Addressing particular issues related to performance of identified groups of students
- Improving school target setting and the strategies used to achieve targets so that more make expected progress (Fischer B or above) and mid-year predictions are accurate enough to allow successful intervention to take place
- Creating a data recording system outlining young people's involvement in volunteering
- Promoting volunteering to young people (this will be part of the positive images campaign)

## **5 Adults**

### **What we know about adults health and wellbeing in Central Bedfordshire:**

The picture for adults' health and wellbeing in Central Bedfordshire is good, with life expectancy steadily increasing for both men and women. In the last ten years life expectancy has risen by 2.6 years for men to 79.1 years and by 1.4 years for women to 82.4 years. The main causes of death in 2008/09 were cardiovascular disease (31.7%) cancers (31.4%) and respiratory disease (11.4%).



Unfortunately some residents die prematurely (before the age of 75 years) with most of the years lost prematurely due to cancers (44%) circulatory disease (24%) and accidents (10%).

The prevalence of diabetes (3.6%) is lower than the England average (4.1%) but is predicted to rise to 5.28% if the rates of obesity continue to increase at the current trend.

There are approximately 3,500 people living in Central Bedfordshire who are recorded on GP registers as having survived a stroke. There are almost 16,800 people aged between 18-64 years with a moderate or severe physical disability in Central Bedfordshire and this is estimated to increase to 18,800 by 2020. Only a small proportion (790 people) was recorded as receiving services as part of a care plan in 2009.

Approximately 1,000 people are diagnosed with cancer each year in Central Bedfordshire of whom 70% are aged under 75 years.

The number of people with a mental health condition is predicted to rise primarily as a result of the changing population. An estimated 33,500 people within Central Bedfordshire will suffer from a neurotic disorder and almost 6,000 from a personality disorder by 2016.

Looking to the future there are a number of challenges facing the Central Bedfordshire. It is estimated that 29.1% of adults in the area are obese and only 1 in 7 adults are physically active with 50% of people report taking no part in any moderate intensity activity within the past 28 days. Across Bedfordshire there are 3,495 smoking attributable admissions per year costing £8 million.

People with a learning disability are likely to suffer from poorer health than the rest of the population and there are approximately 4,000 people aged between 18 and 64 years with a learning disability in Central Bedfordshire

### *Staying Safe*

From April 2009 to March 2010 the Safeguarding Team for vulnerable adults received a total of 974 alerts (a monthly average of 81). The monthly number of alerts had risen during the latter half of this period, which is partially attributed to increased awareness within several providers around what could constitute abuse and also how to report a SOVA alert.

### *Safeguarding of Vulnerable Adults*

The number of alerts that progressed to a SOVA referral and subsequent investigation was 225 during the period, (a monthly average of 19). This amounts to 23% of all alerts to the SOVA team which progress to safeguarding referrals.

2075 incidents of domestic abuse were reported to police in Central Bedfordshire in 2007/08 with significant impacts upon the abused.

### *Making a positive contribution*

Central Bedfordshire has a range of communities, rural, urban and some communities of interest who do not relate to a specific County boundary.

Measures of enjoying and achieving are generally positive with 44% of Central Bedfordshire's citizens regularly give up their time to get involved as volunteers in their community although a lower proportion of people in the area (24%) currently feel they can influence local decisions, compared to the national average of 28.9% for all local authority areas.

### *Achieving economic wellbeing*

Unemployment in Central Bedfordshire is relatively low at 5.2% with male unemployment (6.4%) higher than female (3.7%) in the period July 2008 - June 2009. More recent data looking at the percentage of the population claiming Job Seekers Allowance (JSA), shows that in March 2010 2.9% were claiming JSA compared with an England average of 4.3%.. People aged 18-24 years are particularly affected, with 6% of this age group unemployed.

3.2% of people are economically inactive as a result of a work-limiting illness, the main reasons being mental ill-health and musculo-skeletal disorders

A higher proportion of the working age population in Central Bedfordshire had at least NVQ qualifications compared to the East of England or England.

The gross weekly earnings of Central Bedfordshire residents (£558) compares well with the regional average (£509). However earnings for people working within Central Bedfordshire are lower, reflecting the higher paying jobs available outside the area.

### **Priorities for further improvement the health and wellbeing of adults include:**

- Developing a more person centred supported living housing options across the County, funded through a capital allocation from the Department of Health

- Reviewing of meaningful employment and day opportunities, so that people with a learning disability can be supported to have an increased take up of voluntary and paid jobs as well as broadening access to life-skills, learning and leisure resources
- Preventing premature deaths from cancer and circulatory disease by reducing smoking prevalence and decreasing obesity through healthy eating, sensible drinking and increased physical activity. In addition improve the uptake of cancer screening programmes and awareness of cancer symptoms to promote early diagnosis and treatment
- Implementing NHS health checks which will identify individuals at risk of cardio vascular disease and signposting them to appropriate interventions to reduce their risk
- Increasing physical activity opportunities and active travel especially in areas of high deprivation
- Implementation of the integrated model of care for diabetes which will include improved access to culturally appropriate education and ultimately improving self-care
- Maintaining improved access to psychological therapies, housing and support options and primary care mental health teams for people with mental health needs
- Improving the health and wellbeing of people with learning disabilities and their carers including an annual health check through their GP Surgery
- Supporting people with a physical disability to have maximum independence, choice and control
- Developing a joint Social Care and Health Prevention Strategy to promote support models which work to minimise the need for acute hospital admission, residential and nursing home admission and also maximise the opportunities for people to remain in their own homes. These models include: provision of telecare and telehealth equipment packages, community aids and adaptations and use of Third Sector services such as; Village Care volunteer handy person Schemes and “Bobby Van” home security police support

- Developing an aligned and integrated intermediate care and enabling home care service to enable maximisation of independence for people at risk of increased dependency
- Developing clear pathways for information and advice on services for all vulnerable people and carers
- Ensuring implementation of local response to the National Dementia Strategy which addresses the needs of people with a form of dementia aged under 65 years
- Developing of modernised day opportunities
- Ensuring that healthy living schemes which are being operated are fully implemented across the communities of Central Bedfordshire

**Priorities for developing services and opportunities to support with people being able to make a positive contribution:**

- Developing and implementing of the “Transforming People Lives” programme across all Service User and Carer adult and older persons groups
- Establishing clear pathways of information and advice for carers, service users and members of the general public
- Developing an integrated process through the Central Bedfordshire Healthier Communities and Older Persons Structure to ensure service users and carers are involved in the co-production of service development
- Continue to develop the relationship with providers of services to enable the transformation of services to more personalised models of care and build on and improve overall performance and quality of care delivered
- Continue to work with the new provider of specialist mental health services, South Essex Partnership NHS Trust(SEPT) as it improves quality and develops mental health services

## 6 Older People

### What we know about the older people in Central Bedfordshire:

#### *Be Healthy*

In the 2001 census, about 6% of Central Bedfordshire residents who were over 65 did not have central heating. This compares well with the proportion from East of England and both are statistically significantly below the percentage for England.

Falls are a major cause of disability and the leading cause of mortality in older people. In 2009, 9,800 adults aged over 65 were estimated to have had a fall in the past 12 months in Central Bedfordshire. By 2013, it is predicted that the increase in the number of falls in this age group is 15.2% and increase in falls related hospital admissions is expected to be 12.6%. These are both greater than in the East of England and in England. During 2008/09 there were 427 hip fractures in adults aged over 65 in Central Bedfordshire. Falls are not an inevitable result of ageing.

There are an estimated 2,420 people currently living with dementia and 1,055 people who develop dementia each year in Central Bedfordshire. Approximately 37% are known to services. About 925 people are estimated to be at level 4 care (e.g. care homes) in Central Bedfordshire; the prevalence of dementia will rise significantly with the ageing population.

57% of all deaths to patients occurred in hospital and just under 20% at home. This proportion of place of death is in line with the national average.

Amongst the 65+ age group, uptake of the influenza vaccine in Bedfordshire has exceeded 70% since 2003 and was 72% at the end of January 2010. Regionally across the East of England uptake ranged from 69.5% to 75%.

#### *Staying safe*

From the Central Bedfordshire residents survey which was carried out in 2009 the three main anti-social and staying safe issues which were identified were:

- Teenagers hanging around the streets
- Vandalism, graffiti and other deliberate damage to property or vehicles
- Rubbish or litter lying around

Other areas identified was that 28% of residents agreed that the police and other local public bodies and services were successfully dealing with anti-social and safety issues in local areas. The proportion of residents who felt safe outside in their local area during the day was 89% this dropping to 54% after dark.

Regarding Social isolation it is estimated that there are 12,697 people aged 65+ who live alone in Central Bedfordshire in 2008. Of these roughly 70% are women. This social isolation can lead to deterioration in health. From 2008-2015 there is an expected increase of nearly 24% (15,720) of people who will live alone. In 2025 this will increase to 63% (20,700).

417 of the 974 safeguarding alerts received in 2009/10 were in respect of people aged 65 and over. The majority of these involved safeguarding issues related to residential/nursing and domiciliary care support.

In 2001 there were over 21,400 people providing unpaid care in Central Bedfordshire. 3,500 of these provided 50 hours or more of care each week. The number of unpaid carers is likely to increase significantly as Central Bedfordshire's population ages in coming years.

3,430 of household residents aged 65+ in Central Bedfordshire provided unpaid care, including 540 who described their own health as 'not good'. Just over half of those 540 provided care for 50 hours per week or more. Caring responsibilities are not confined to adults: 580 children aged 17 or under provided unpaid care, with 71 reporting that they provided 20 or more hours each week.

### *Making a positive contribution*

The Income Deprivation Affecting Older People Index (IDAOPI) shows that a part of Sandy ward is in the top 10% most deprived nationally for older people and four areas (Dunstable Downs (2 areas of), Houghton Regis and Flitwick East) are in the 10-20% most deprived.

In Central Bedfordshire the worst areas for fuel poverty are in Woburn and Harlington, Cranfield and the Northill and Blunham wards. These are rural wards with high levels of private rented accommodation.

There are approximately 7,840 claimants of Pension Credits in Central Bedfordshire. This is the main means tested benefits for people over 60. The rate of take up is lower than the national average.

Although access in Central Bedfordshire is generally good, the Bedfordshire Accessibility Strategy found that there are remote settlements where access is poor, particularly in the extreme east, west and south of the area.

### **Priorities for further improving older peoples' health and wellbeing include:**

Central Bedfordshire is working to ensure this is a good place in which to grow old. This will be achieved though working in partnership with key stakeholders to enable older people to achieve a healthier lifestyle and to live independently for as long as they are able. This will mean older people will:

- Have choice and control in their lives and support them feel safe
- Have easy and timely access to health, housing (to be discussed at away half day) and social services through an integrated approach
- Be supported to remain living in their own homes, should they wish to do so

- Have increased opportunities for remaining active and being involved in their local communities
- Completing the profiling work being undertaken across Central Bedfordshire to identify the projected population growth for people aged 65 years and over, so that informed commissioning decisions can be taken around changes to existing services and especially where new housing models of support need to be developed
- Ensuring that older people have access to grants to live and heat their homes efficiently. They should take advantage of seasonal influenza vaccination to help minimise excess winter deaths
- Making sure that information on falls and fracture rates is identified and develop falls groups and registers across Central Bedfordshire
- Ensuring that people can live well with dementia through early diagnosis and joint assessment. Improved community based support including carers and workforce education
- Delivering a comprehensive range of older people's intervention programmes and services based in the community in conjunction with other partner organisations to provide services for frail people. This is linked to the wider Prevention priority in the adults section of this summary
- Developing an accommodation strategy for older people which incorporates a range of support models such as Extra Care and review current Sheltered housing
- Ensuring decent homes standards are met for Older People
- Improving the proportion of people who die at home alongside the National Target, Gold Standards Framework, Advance Care Planning and Liverpool Care Pathway
- Improving the high levels of uptake across Bedfordshire, especially the uptake in the three GP practices identified as serving the 20% most deprived areas
- Providing services outside core hours, particularly in the evenings to give opportunities to work shifts, go to college and visit hospital

## 7 Next steps

This JSNA provides an important step forward in understanding the health and wellbeing needs of Central Bedfordshire's population. It brings together in one document a wealth of information on current needs and in key areas such as demographic changes, predictions of future health and social care needs. The predictions and modelling of future needs are particularly important given the financial climate predicted over the next few years which will impact upon organisations and the residents.

The recommendations contained within each chapter of the JSNA will be considered by the commissioners within the PCT and Central Bedfordshire primarily through the Healthier Communities and Older People Partnership Board and the Be Healthy Delivery Group.

The JSNA is an ongoing, iterative process that needs to be firmly embedded in the commissioning cycles of our respective organisations. This JSNA will provide accurate, relevant and up-to-date information for our commissioning for 2009/10.

The JSNA will be updated on a regular basis.

CBC JSNA Executive Group

June 2010