

Joint Strategic Needs Assessment

Executive Summary for Central Bedfordshire





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Introduction

The Joint Strategic Needs Assessment (JSNA) brings together what we know about the health and wellbeing of the people living in Central Bedfordshire.

It is a process that identifies the current and future health and well-being needs of the population; assembling a wide range of quantitative and qualitative data, including local views. It leads to agreed commissioning priorities that will improve outcomes and reduce inequalities.

Although the JSNA has been in existence since 2007, it has been evolving, and it is now a central part of the Health and Social Care Act (2012). The JSNA has a key role in underpinning and informing Central Bedfordshire's new Health and Wellbeing Strategy.

The JSNA is an on-going process which requires regular updating and challenge regarding its fitness for purpose. This refresh has been underpinned by feedback from key stakeholders and recent JSNA guidance. It will be published electronically making it easier to use and update.

The JSNA has been developed jointly by a working group with membership from Central Bedfordshire Council, NHS Bedfordshire and was informed through the engagement of statutory and voluntary groups. In excess of 40 authors have contributed to its development.

The Executive Summary has been written using previously agreed criteria which identifies the main areas of success, need, inequalities and areas for development. The detail behind all of these will be published online.

Whilst the Executive Summary pulls out the key issues for Central Bedfordshire, there are some common themes emerging.

- Investing in early intervention and prevention (at all ages) will help increase lifetime opportunities for all, ultimately reducing the need for health and social care support in later life, particularly for frail older people
- There is no health without mental health, therefore improving mental health and wellbeing remains a high priority
- Improving educational attainment and all-age skills will have a significant impact upon a wide range of outcomes
- There needs to be a continued focus on reducing inequalities by improving the social determinants of health such as housing, employment and the built environment, to give residents greater control over their life choices.

Demography

Central Bedfordshire, a mainly rural location was, in 2010, home to about 255,200 residents an increase of 9.2% since 2001. Central Bedfordshire has a growing and ageing population which is expected to increase to 274,400 by 2016. The biggest increase of around 30% will be in the number of people aged 65 and over, which has implications for future health and social care needs.

Health care is commissioned by Bedfordshire Clinical Commissioning Group, which also covers Bedford Borough. It is organised by localities, as shown in the map opposite.

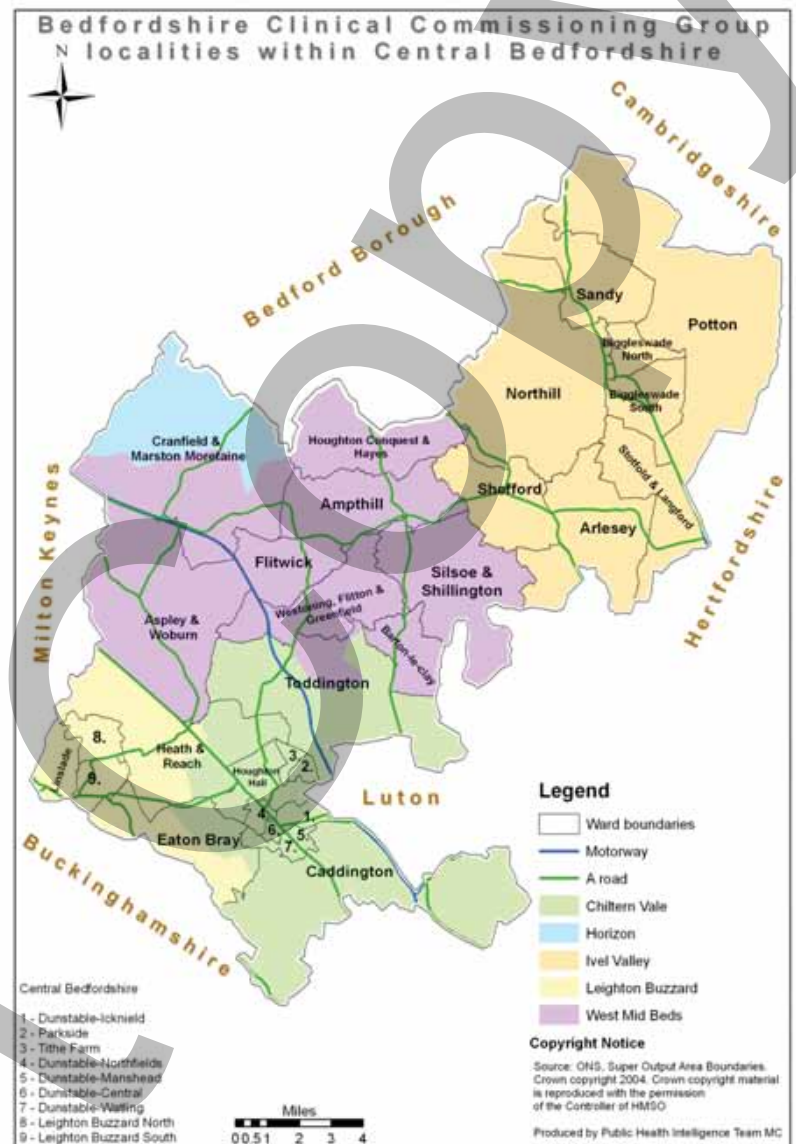
The population of Central Bedfordshire is growing due to increasing life expectancy, a rising birth rate and inward migration. The number of births in Central Bedfordshire increased steadily between 2002 and 2008, before falling back slightly in 2009. There were just fewer than 3,200 births in 2010.

The number of migrant workers entering Central Bedfordshire more than doubled between 2002 and 2007 and then had a decreasing trend after this peak. There was a large increase in the number of migrant workers from the European Union (EU) Accession States between 2004 and 2008, although this decreased in 2009 and 2010.

Average life expectancy at birth in Central Bedfordshire is increasing and is currently 79.5 years for men and 83.0 years for women. These are similar to East of England and better than the England averages. Life expectancy is increasing at the rate of about 2.5 years for men and 1.5 years for women every decade.

Geographically there is a range of life expectancy within Central Bedfordshire: the gap between the most affluent and most deprived areas is on average 5.5 years for women and 7.4 years for men. Also, some disadvantaged groups have low life expectancy. People in the more deprived areas die earlier predominantly due to diseases of the circulatory system, especially coronary heart disease; cancers, especially lung cancer; diseases of the respiratory system, especially bronchitis, emphysema and chronic obstructive lung diseases; and diseases of the digestive system.

In 2009 an estimated 13% of people in Central Bedfordshire were from ethnic minority communities compared to 17% in England. The largest of these groups are Asian (3.9%); White Other (3.5%); Black (1.9%); and White Irish (1.2%). The black and ethnic minority (BME) populations have a higher proportion in younger age groups.



Wider Determinants

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

Overall, levels of deprivation in Central Bedfordshire are relatively low. However, when deprivation is assessed for the small areas known as Lower Super Output Areas (LSOAs), three LSOAs are in the most deprived 10-20% in England. These are within Dunstable, Parkside and Houghton Hall and a further six LSOAs are in the most deprived 20-30% in England.

Income deprivation affects 13% of older people in Central Bedfordshire, compared to 18% in England, but in 7 LSOAs over 30% of older people are affected. Older people are also more likely to suffer from fuel poverty; four LSOAs in Central Bedfordshire are in the worst 20% in England for fuel poverty.

Income deprivation affects 13% of children in Central Bedfordshire, compared to 22% in England. In three LSOAs, over 40% of children are affected and in a further nine 30% or more suffer income deprivation. Children who grow up in a low income household are more likely than others to become unemployed and to do low paid jobs – there is evidence of an intergenerational cycle of poverty.

In 2011 there were 108,162 dwellings in Central Bedfordshire, an increase of 11.6% from 2001. Compared to England and the East of England a larger proportion is privately owned. In Central Bedfordshire the average house costs about £170,000 and affordability remains an issue, as the average house costs 6 times the gross average annual earnings. Over 80% of homes are under-occupied.

Around 17% of the private sector housing stock poses serious health and safety issues to residents; more than half of these have an excess cold hazard, meaning health could be affected. 28% of private homes fail to meet the decent homes standard and 3.7% of dwellings do not have a central heating system.

The level of skills attainment at all levels has increased in Central Bedfordshire in each of the past four years. The percentage of people with Level 2 and above has increased from 63% to 73%. The number of those with no qualifications has almost halved from 14.3% in December 2006 to 8.7% in December 2010.

Overall, Central Bedfordshire has relatively high employment rates 76.1% compared to 73.4% in the East of England and 70.4% in England. However, the area has seen growing levels of unemployment across all sectors, most notably women and young people, as a result of the recent recession. The highest levels of unemployment are in urban wards in Houghton Regis and Dunstable. Unemployment in Central Bedfordshire in 2010/11 was relatively low at 6.1%, compared to the region (6.7%), and England (7.7%). Unemployment is higher in those aged 16-24 years at 16%.

The gross average weekly earnings of Central Bedfordshire residents in 2010 (£550) compares well with the regional average (£523), however this has fallen from £558 in 2009. A major factor in Central Bedfordshire is the difference between what residents earn (£550) and what people who work in Central Bedfordshire earn (£457). The difference is £93.10 per week, much higher than the regional level of £34.60 and considerably higher than neighbouring local authorities.

Due to the general rural nature of Central Bedfordshire, there are relatively large areas where the availability of public transport is limited leading to poor accessibility to services and an increasing need to use cars rather than more sustainable or healthier forms of transport. This impacts predominantly on older people; of pensioner households 34.9% were without a car in 2001. Food shopping can then be a problem if the choice is limited and the cost high; currently 31 out of 69 rural parishes have no food shops at all.

Although Central Bedfordshire is predominantly rural, not everyone lives close to natural open spaces. To maximise health and wellbeing, it is recommended that everyone should live within 300 metres of a 2 hectare (Ha) or larger natural green space; only 26.5% of households in Central Bedfordshire are that close. It is also recommended that everyone live within 2km of a 20 Ha or larger natural green space; 89.6% of households in Central Bedfordshire attain this. Air quality in Central Bedfordshire is generally good although there are air quality management areas in Dunstable Town Centre, Sandy (near the A1), Chalton (near the M1) and Marston Vale (historical due to emissions from Stewartby Brickworks).

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. Levels of serious acquisitive crime have decreased, except for theft from motor vehicles. Between April 2011 and September 2011 there were 5,906 incidents of Anti-Social Behaviour reported to Bedfordshire Police. This is a 13% decrease on the number of incidents during the same time period in 2010. Hotspot areas within Central Bedfordshire continue to be the town centres with Dunstable Town Centre remaining the largest generator of incidents with a significant number of the incidents being related to the night time economy and are related to drinking alcohol.

Between April 2011 and September 2011 there were 1354 incidents of domestic abuse in Central Bedfordshire, 25% of these were in the Dunstable area.

In summary the social, economic and environmental circumstances in Central Bedfordshire are good compared to England averages. However further improving the social determinants of health will enable people to take greater control of their health and wellbeing, making positive choices rather than being passive recipients of support.



Children and Young People

The chapters of the Children's JSNA illustrate the range of interrelated factors which influence and determine children's health, wellbeing and life chances. Deprivation, education, family and health are all closely interlinked and for this reason the structure of the Children and Young People's Plan (CYPP) has been used here to describe the findings for Central Bedfordshire.

Emerging Common Themes

In general for children in Central Bedfordshire outcomes are fairly good, with a couple of notable exceptions. However, this masks variation across Central Bedfordshire and there appears to be a clustering of issues in areas of higher deprivation and in the most vulnerable groups of children.

The demands on children's services are going to increase with the numbers of children increasing and the likely effects of the economic downturn.

There are clear intergenerational patterns of health which require a family approach, and seamless services across child and adult services to break patterns of poor health and wellbeing.

PRIORITY 1: **Helping children and young people achieve more**

What are we doing well?

The performance target for young people Not in Education Employment or Training (NEET) was achieved in 2011 with the level (4.6%) well below regional, national and statistical neighbour averages.

Key stage 1 performance is better than the national average and similar areas in both 2010 and 2011 despite a fall of 1% this year in reading and writing.

2011 figures for the percentage of pupils in Central Bedfordshire achieving five or more A* to C grades at Key Stage 4, including maths and English were nearly ten per cent up on results recorded in 2009. The proportion of students achieving five or more GCSE grades at A* - C including English and mathematics improved by 5% this year, rising from 54% in 2010 to 59% in 2011 and placing Central Bedfordshire in line with the national average.

What needs to be improved?

In 2011, there was a 3 percentage points improvement in children achieving a good level of development in the Early Years Foundation Stage but Central Bedfordshire remains 3 percentage points lower than England and statistical neighbours.

At Key Stage 2 (achieving level 4 in English and Maths), results declined in 2011 by 7% to 66%. This was influenced by a large school not taking the SATs and the Department for Education publishing figures which included this school. This worsened the result by around 5%. The national average remained static at 74%. This means that the performance gap between Central Bedfordshire and the national percentage figure for this

indicator has changed from 1% below the national figure to 8% below the national.

A-level performance in Central Bedfordshire is about average and students complete a reasonable number of subjects to enter University or other progression routes. However, the percentage achieving A*-B grades appears to be lower than the national figure.

Inequalities identified

Deprivation is well known to have an impact on a pupil's attainment at school. Assessment at Key Stage 1 (7 year olds) shows that nationally Free School Meal pupils are on average 2 terms behind the attainment of their peers. For pupils living in Central Bedfordshire that difference is nearly a whole year.

There are inequality gaps in achievement for Looked After Children, Gypsy/Roma and travellers of Irish Heritage, those from a Black Caribbean background, pupils eligible for a free school meal and those with statements of Special Education Needs.

Young people in rural areas often do not have the same opportunities to access transport as those in towns and larger villages. This is a significant pressure for young people looking to access post 16 education or training.

There is a need to ensure volunteering opportunities are accessible to vulnerable young people including those who are looked after and those in the youth offending system.

Current actions for future benefits

Certain lower schools in areas of demographic growth are now full and children are being allocated places at the next nearest school with spaces available, often a rural school. This is increasing the number of pupils of lower school age for whom the Council must provide transport.

Consultation has identified further improvements such as increasing activities and opportunities for teenagers with disabilities including those designed to develop life skills and independence.



PRIORITY 2:

Protecting children and keeping them safe

What are we doing well?

The overall effectiveness of the Council's safeguarding services is rated as good and the Council's performance in protecting vulnerable children and young people is also rated as good.

What needs to be improved?

Health issues in young people who offend are prevalent, and frequently undiagnosed as a result of the chaotic lifestyles of the young person and their wider family.

Inequalities identified

33% of domestic abuse incidents in Central Bedfordshire were noted to have a child present at the time of abuse occurring (12 month period as August 2011).

A growing number of young children are now subject to Child Protection Plans.

While everyone is susceptible to obesity, levels are disproportionately higher in the lower socio-demographic, socially disadvantaged groups and some ethnic groups. Obesity is almost 4 times more common in Asian children than white children.

Sexual health problems affect all age groups, ethnicities and gender, however, those most at risk include young people, and vulnerable groups such as; black and minority ethnic groups, men who have sex with men and sex workers.

Current actions for future benefits

For children who are looked after, there is a need for more placement choice and also provision for adolescents and children with significant emotional or behaviour needs.

There is a need to continue to tailor support for children present at domestic abuse incidents, with specialist training for officers.

Action is required to break inter-generational paths to alcohol dependency through the delivery of family based interventions.

The uptake of seasonal flu vaccination by pregnant women has remained low. Variation in uptake between GP practices is very wide, indicating potential inequity in service provision, but potential causes of this variation need to be established.

Parenting support is needed for parents of children aged 14+ with challenging behaviour and additionally those young people displaying violence towards their parents.

PRIORITY 3:

Reducing child poverty and the effects on those living in poverty and improving early intervention and prevention

What are we doing well?

This priority is difficult to assess in the short term as this is a long term objective. Good progress has been made in implementing the plans to deliver the Child Poverty Strategy 'From Poverty to Prosperity: A Strategy to Reduce Child Poverty and alleviate its effects in Central Bedfordshire'.

What needs to be improved?

The proportion of children who live in relative low income households are lower compared to East of England and England. Central Bedfordshire has 13.1% of its children living in poverty (2009) and there are some high levels of poverty within particular areas.

Inequalities Identified

Whilst there is clearly a concentration of poverty and deprivation across the areas within Dunstable and Houghton Regis there is no ward in Central Bedfordshire which does not have some child poverty and levels of deprivation.

By the age of six, a less able child from a rich family is likely to have 'overtaken' a more able child from a poor family.

Current actions for future benefits

There are 4 main priorities within the Child Poverty Strategy (with both immediate and medium term actions to be identified) concerning getting families working; accessing income whilst seeking work; early intervention to raise aspirations and improving health and well-being for children and families in poverty.

Performance in relation to young people not in education, employment or training is good, however there is a lack of vocational education opportunities, including apprenticeships, and young people need numeracy and literacy skills to be able to progress into the world of work. There are too few opportunities for young people to learn these skills in an applied way.



PRIORITY 4:

Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health

What are we doing well?

Childhood obesity remains stable and below regional and national levels, even with increase participation in our measurement programme. However 1 in 7 children in Central Bedfordshire are obese by 10-11 years of age.

90% of pregnant women access antenatal services before thirteen weeks of pregnancy.

There has been a continued upward trend in childhood immunisations with levels largely above national and East of England averages. Targets for HPV immunisation of over 90% of year 8 girls have been met for the second year.

What needs to be improved?

To help give children the best start in life more women should breastfeed their babies and fewer women should smoke during their pregnancy. This is a particular issue for women delivering at the Luton and Dunstable hospital.

Health outcomes for Looked After Children have been poor compared to statistical neighbours and the national average, although they are improving.

Although teenage pregnancies remain in line with the national average, they are higher than statistical neighbours. Children and young people who are already disadvantaged have an increased risk of teenage pregnancy. The links between teenage pregnancy, deprivation and poverty are inextricable with each of the teenage pregnancy hotspot wards falling within the 20% most deprived in Central Bedfordshire.

Inequalities Identified

Rates for breastfeeding are lowest amongst families from lower socio-economic groups, those with low educational achievement, and teenage mothers, who are half as likely as older mothers to initiate breastfeeding. Lower rates in these groups result in poorer health outcomes for the mother and child, adding to inequalities in health and continuing the cycle of deprivation.

Socially disadvantaged children experience disproportionately high levels of dental disease.

Some children are more vulnerable to mental illness including children who have one or more of the following factors: low income households/parents who are unemployed, looked after children, disabilities, Black and other ethnic minority, lesbian/gay/bisexual or transgender, those in the criminal justice system, those who have a parent with mental health problems, refugees and asylum seekers, gypsy and other traveller communities.

The proportion of children, who are obese, come from families where a parent smokes, and or have a parent with a mental health problem are higher in the most deprived areas.

Current actions for future benefits

Increasing the focus on all the opportunities for early intervention in mental health issues, such as recognising eating disorders early on, diagnosing and treating postnatal depression consistently, providing a co-ordinated multi-agency approach to behaviour problems and focused support for looked after children.

Prevention work with vulnerable children has been shown to be cost effective in preventing later alcohol issues.

There is good evidence that work to support improving aspirations and opportunities for education, employment and training can reduce teenage pregnancy.

There is a need for a significant increase in the places available in day care providers and child minders (particularly in our most disadvantaged areas) in order to extend the offer of 15 hours of free early education a week for disadvantaged two year olds. This equates to approximately 500 two year olds from September 2013 rising to 1,000 in September 2014.

The problem of substance misuse among certain groups of the population including young people, together with their treatment needs and engagement with services, is not yet fully understood locally.

Major Demographic Changes that will impact upon demand for services

The population of children in Central Bedfordshire is expected to increase by 6% by 2016.

With an average of 2,000 new homes expected to be completed each year over the next ten years, forecasts for school planning show an increase in numbers each year both as a result of the naturally changing demographics with an increase in pre-school numbers and the impact of housing growth. At post 16 years, there has also been an increase.

There will be increasing demands on health and social care because of the growing population of children in Central Bedfordshire and the likely effects of the economic downturn on health and wellbeing. Historically there are higher levels of mental health problems and obesity during an economic downturn. Levels of domestic abuse could also increase.

Implications for future commissioning

The commissioning of services for children needs to focus resources proportionate to need, to ensure that we are reducing and not widening health inequalities, and taking a whole family approach.

There needs to be a focus on improving maternity services outcomes, particularly on reducing the number of mothers who smoke and increase breastfeeding rates at the Luton and Dunstable Hospital.

Services for disabled children and their families need to be accessible, consistent, focused on their needs and delivered more locally.

The Commissioning of services to address behaviour problems needs to be more co-ordinated, including parenting support.

There is a need for more vocational educational opportunities including apprenticeships.



Adults and Older People

The general health of adults and older people in Central Bedfordshire is similar to or better than England, however there is some way to go to match the healthiest parts of the country.

Some geographical areas and disadvantaged groups experience much poorer health and greatly reduced life expectancy. To reduce these health inequalities requires tackling the wider determinants of health to enable people to have greater control and increased ability to make decisions about improving their life-style.

Healthy life expectancy is not increasing at the same rate as life expectancy with people spending more years at the end of their life in poor health which has significant consequences for those affected and demand upon health and social care. Consequently considerable emphasis is placed upon early intervention and prevention. Taking action now to promote physical and mental health and well-being throughout life will benefit the whole of society by maintaining adults and older people's social and economic contributions, minimising the costs of care and improving quality of life.

Three common themes emerged for adults and older people:

- The need to enable people to improve lifestyles choices and the early identification of risk factors for diseases which cause premature ill health or mortality
- The need to improve outcomes for frail older people through early intervention and prevention (which overlaps with improving lifestyle choices)
- The need to pay particular emphasis on improving the health of vulnerable groups

The executive summary for adults and older people is therefore structured around these themes.

Lifestyle and Early Identification

What are we doing well?

The prevalence of smoking in Central Bedfordshire is lower than the regional and national averages and has associated lower rates of smoking related mortality than England. This is likely to be a contributory factor to the falling mortality from all cancers in people aged less than 75 years. Cancer survival rates are also increasing although they still remain poor compared to other comparable countries.

Fewer people are being admitted to hospital as a result of drug use and we are doing better than others in meeting their housing needs.

The rates of sexually transmitted diseases have declined year on year for all infections apart from Syphilis which has very low rates of infection already.

The years of life lost due to premature mortality from stroke and overall death rates at all ages due to stroke are lower compared with the regional or national rates. In addition premature mortality in males from diabetes and from bronchitis, emphysema and other respiratory diseases is significantly lower than the rate in England.

What needs to be improved?

Rates of smoking are higher in the most deprived areas and are higher still in some vulnerable groups such as people with poor mental health and offenders.

Drinking to harmful levels is an issue with the rates of admissions to hospital as a result of alcohol are rising. In 2009/10 there were over 4,000 admissions to hospital as a result of alcohol related harm, an increase of by 13% compared with the previous year.

The rate of alcohol-related crime is higher than the national average. Heavy drinking is not confined to the young; 20% of adults aged 65 years and over were estimated to be heavy drinkers in 2008, which is higher than the regional average.

The prevalence of problem drug users aged 15-24 years is significantly higher than the regional average. Almost a third of the people in drug treatment live with children and unsurprisingly parental drug use is a factor for around one-third of the most troubled families. Levels of problematic drug use are higher in the more deprived areas, with the added risk that people living in poor accommodation are also more likely to share injecting equipment leaving them at higher risk of blood borne and other infectious diseases.

Although the rates of sexually transmitted infections are declining, the number of people diagnosed with HIV and seen for care is increasing year on year. In 2010 there were almost 200 people diagnosed with HIV and seen for care in Central Bedfordshire. The proportion of terminations of pregnancies undertaken before 10 weeks gestation is below regional and national rates.

Chlamydia diagnosis rates in Central Bedfordshire have increased over the years but are significantly lower than regional and national rates. Whilst this may relate to a lower underlying prevalence, it is also likely to reflect a greater proportion of undiagnosed Chlamydia infection.

It is estimated that in Central Bedfordshire about 24.8% or 49,000 adults are obese; the East of England average is 23.6%.

It is estimated that 27.8% of the population have hypertension but only 13.5% are currently diagnosed, leaving 47,500 people potentially unaware and untreated, therefore at increased risk of cardiovascular disease. There is also a gap between diagnosed and expected prevalence for atrial fibrillation, another risk factor for stroke. These gaps may help to explain the higher rates of admissions for stroke.

Diabetes has been diagnosed in 4.97% of the population aged 17 and above in Central Bedfordshire, however the expected prevalence is 6.03%, equating to 2,700 people potentially with undiagnosed diabetes. The prevalence of diabetes in Central Bedfordshire is expected to increase from 6% to over 8% within the next 20 years, driven partly by an ageing population and partly by rising prevalence of obesity.



Current actions for future benefits

Helping people to stop smoking is one of the most cost effective ways to improve healthy life expectancy and importantly to reduce health inequalities. It is never too late to stop smoking; stopping smoking at age 65 years can add 2-3 years to life expectancy. Each year in Central Bedfordshire the societal costs from smoking are approximately £61.6m driven primarily by reduced productivity and the costs of treating ill health.

It is estimated that the benefits of drug treatment outweigh the costs of treatment by 2.5 to 1. Therefore investing in effective services now should save costs associated with decreased crime, drug-related deaths and blood-borne disease transmission.

Over 750 staff within health and social care across Bedfordshire have been trained to deliver interventions and brief advice (IBA) to people with problem drinking. Evidence suggests that on average every person who receives IBA will make 0.5 fewer visits to A&E over the next 12 months. The evidence to support investing in interventions to reduce harmful drinking is high and benefits the individuals, their families and society in general through lower levels of crime and disorder.

Only 11% of adults in Central Bedfordshire are physically active enough to benefit their health. There is considerable evidence to show that increasing levels of physical activity benefits both physical and mental health.

It is estimated that each infection prevented would save between £280,000 and £360,000 in lifetime treatment costs.

Obesity in middle-age shortens life expectancy on average by 2-4 years, or by 8-10 years in those who become morbidly obese. This is as a result of the significant health risks associated with obesity such as diabetes, high blood pressure, cardiovascular disease and some cancers. It is estimated that in Central Bedfordshire there are nearly 9,000 adults who currently have high blood pressure, 4,000 with cardiovascular disease and almost 3,000 with diabetes as a result of obesity. Clearly reducing obesity now will have significant benefits to the health of our population, including our workforce. The national Foresight report suggests that without effective action and if current trend continues, almost nine in ten adults and two in three children will be overweight or obese by 2050.

NHS Health checks provide an assessment of an individual's future risk of vascular disease and referral on to preventative services or treatment for those at high risk. This check is offered 5- yearly to every person aged between 40 – 74 years who has not already been identified as at high risk e.g. because of diabetes. At present around 50% of the registered population in Bedfordshire do not take up this offer. However this provides an ideal opportunity to find those who have undiagnosed hypertension and those with undiagnosed diabetes. Early identification and treatment will prevent or delay the consequences of disease.

Implications for future commissioning

The redesign of sexual health services over the last four years has improved access and outcomes. The responsibility to commission sexual health services will be shared across a range of commissioning bodies from 2013 and it will be crucial to develop strong local arrangements across these bodies to best meet the needs of the population.

Public sector employees can help support people to improve their lifestyles by Making Every Contact Count, which equips health and social care staff to provide very brief interventions and signpost onto a range of relevant services and support. Workplaces therefore need to be exemplars by encouraging employees to adopt healthy lifestyles.

It is likely that the capacity for weight management programmes across Central Bedfordshire will need to be increased, particularly in the most deprived areas.

Frail Older People

What are we doing well?

We are helping frail older people to retain their independence in a number of ways, for example by enabling more people to return to their home following a health or social care crisis through a 'Step Up Step Down' scheme based at Greenacres home in Dunstable. The scheme provides people with intensive care in a homely environment for up to six weeks while they regain their independence by building their confidence and mobility.

Evidence is also demonstrating that the Reablement Service is maintaining people's independence to a high level and a good percentage of customers leave the service with either no requirement for an on-going care package or a greatly reduced package of care.

Thankfully the rate of Clostridium difficile infections has continued to fall and the latest data shows a significant drop in the number of excess winter deaths over the past two winters, compared with the previous five years. This is now significantly lower than the England average.

An increased proportion of people at the end of their life are now dying in their usual place of residence.

What needs to be improved?

There are 17.6 care home places per 1,000 people aged over 65 in Central Bedfordshire, compared with a regional average of 41.9 places. The demand for places exceeds supply primarily in Ivel Valley and the West Mid Beds area.

Although the uptake of seasonal flu vaccination for people aged 65 and over has been maintained for the previous 4 years, it remains below the England average and shows wide variation between GP Practices.

There are estimated to be over 14,000 people aged 65 years and older living alone in Central Bedfordshire and at higher risk of social isolation which can lead to a deterioration in health. This number is likely to increase as the population ages and transport costs rise. In 2011 there were an estimated 3,500 people aged 65 and over suffering with depression, expected to rise to almost 4,000 people by 2015.

Current actions for future benefits

Falls are a major cause of loss of independence in older people with 10% resulting in an admission to care homes. The number of people aged 65 and over predicted to fall in Central Bedfordshire is forecast to rise from 10,500 in 2011 to over 12,000 by 2015. Secondary fractures are common with 50% occurring within 6-8 months of the first fall, the evidence base is strong for falls and fracture prevention. Telecare and community alarms, disabled facilities grants, training and information for care homes are all examples of initiatives to prevent falls in Central Bedfordshire.



Early diagnosis, appropriate treatment and supporting people to live in their own homes for as long as possible are cost effective in the longer term. It is estimated that investment is offset within 6 years through the delayed or avoided admission into care homes e.g. reablement services can reduce the long term costs of care by 15%.

Increasing the uptake of seasonal flu vaccination to 75%, the level recommended by the World Health Organisation will help reduce excess winter deaths.

Implications for future commissioning

It is estimated that additional extra care places need to be developed alongside lifetime homes and community based support.

The development of reablement services is expected to prevent 300 people being admitted to a care home and with increased extra care housing, this should reduce care home places required for this group of residents, from 469 to 163 by 2020. The available capacity could be used to meet the needs of the increasing numbers of people with dementia. An estimated 1,000 older people will develop dementia each year; who need access to early diagnosis and support in order to help them maintain their independence as long as possible.

It is expected that the number of people with sight loss will increase dramatically as the population ages. Older people with sight loss are almost three times more likely to experience depression than people with good vision, and will therefore be in a position to access the ageing well initiatives. These include developing community services and building capacity within local communities through the use of volunteering for older people, such as village care schemes, and meaningful day opportunities to help reduce the impact of social isolation. These themes have all been included in the Ageing Well Programme piloted within Ivel Valley.

The development of a fracture liaison service would assess those with a new fragility fracture or at high risk of a fracture in the future and then signpost them to falls prevention services.

It is critical that safeguarding remains a core component of services commissioned and provided.

Vulnerable Groups

What are we doing well?

Provision for carers has improved since the last JSNA with a new single point of entry for support and advice for carers. In addition, awareness of and knowledge of support for carers within primary care has increased significantly.

The number of safeguarding alerts made and the proportion subsequently being investigated has increased since the last JSNA from an average of 19 per month in 2010 to 35 investigations a month in 2011. This should be viewed as a measure of success in terms of raising the awareness of the safeguarding, providing the opportunity to then deliver a more preventative approach.

What needs to be improved?

It is estimated that less than 50% of older people who could be registered as blind, are actually registered in Central Bedfordshire.

Adults with learning Disabilities are more likely to suffer from inequalities driven by a lack of employment opportunities, social exclusion, difficulty accessing services and discrimination.

It is estimated that currently 26,000 people in Central Bedfordshire have common mental health disorders but this will rise to over 27,000 by 2020. There is a strong association between mental illness and deprivation, also between mental ill health and reduced life expectancy.

There are over 7,000 people in Central Bedfordshire with a physical disability who are permanently unable to work, therefore unlikely to have the same opportunities and level of income as those people in work.

Gypsy and traveller communities have a life expectancy of 10-12 years lower than average, poor educational attainment, poor access to services and difficulty in negotiating services once a health problem is identified.

Current actions for future benefits

The number of people with sight loss is expected to increase as the prevalence of diabetes increases, however with good diabetes care and importantly the reduction of the prevalence of obesity, this could be reduced.

Continuing to support carers now will minimise the number of breakdowns in care arrangements which can result in costs of around £460 per week.

Implications for future commissioning

To improve outcomes for people with Learning Disabilities they will need to have more choice and control over their lives, including where they live: have meaningful activities during the day and in the evenings, including having paid employment and being able to access support to improve their health and wellbeing.

1 in 4 adults experience mental illness at some point in their lifetime and 1 in 6 at any one time. There is a significant link between physical and mental health, therefore to increase healthy life expectancy, improving outcomes for people with poor mental health must remain a commissioning priority. This includes improving mental health through the social determinants of health, offering timely assessment and treatment and by maintaining people's mental health after treatment through better primary and community care services.

The supported housing strategy due for publication in September 2012 will identify the best possible mix of housing related support services including both accommodation-based support and floating support. This will include the needs of vulnerable groups such as Gypsies and Travellers as well as people in need of housing support due to ill health, disability or older age.



**If you require an excerpt of the document in a different format,
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