

Central
Bedfordshire

great
lifestyles

Joint Strategic Needs Assessment Executive summary for Central Bedfordshire

A great place to live and work.



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1.0 Introduction

The Joint Strategic Needs Assessment (JSNA) provides a comprehensive picture bringing 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.

The JSNA has informed the development of the Joint Health and Wellbeing Strategy and the Children and Young People's Plan. The JSNA is a living document with sections updated at different times across the year depending on the availability of new information.

This executive summary highlights key issues from the main JSNA, which has over 80 detailed reports that are available on the Central Bedfordshire's Council website www.centralbedfordshire.gov.uk/jsna. This JSNA executive summary sets out the key priorities for health and wellbeing across the population of Central Bedfordshire, and importantly highlights where inequalities exist.

2.0 Population and place

Central Bedfordshire is an area of growth

Central Bedfordshire is a mainly rural location in the East of England (just over half of the population live in rural areas) and is considered to be a highly desirable place to both live and work.

One of the consequences of this is that the population is growing. In 2001 230,000 people lived in Central Bedfordshire. This had risen to around 255,600 by 2011 and is expected to increase further to 287,300 by 2021 (an increase of 12.4% since 2011). The number of people registered with Central Bedfordshire General Practices early in 2013 was 264,200.

The biggest increase will be in people aged 65 and over. Between 2011 and 2021 the number of people aged 65 and over is forecast to increase by about 35%. The population aged over 85 years is projected to increase from 4,800 in 2011 to 7,300 in 2021, which equates to a 53% increase.

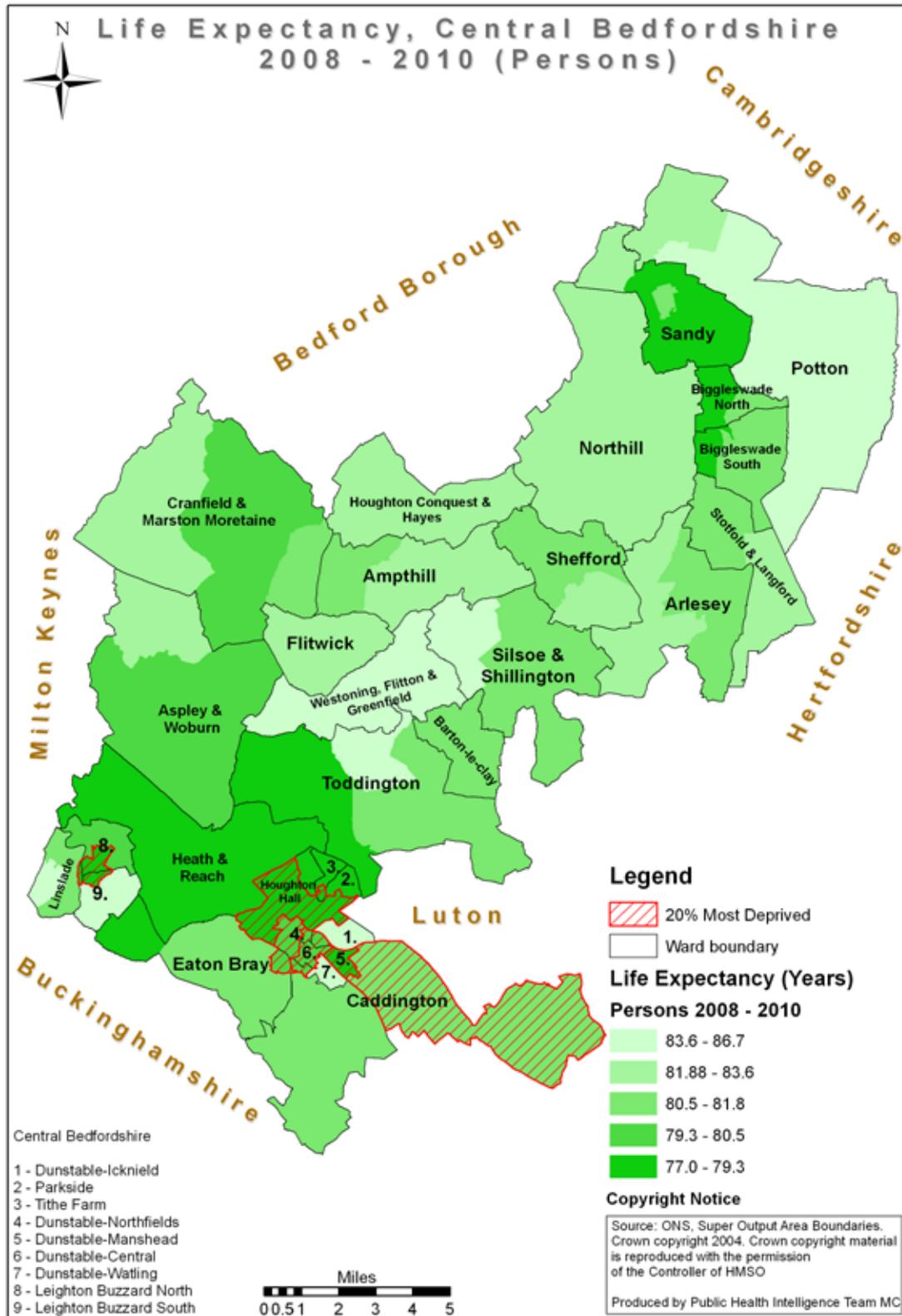
The main drivers of the rising population are increasing life expectancy, a rising birth rate and inward migration. There are significantly more births in Central Bedfordshire than deaths. A net migration gain due to more people arriving in the county than moving away is also playing an important role in the rising population.

Central Bedfordshire is generally a great place to live but there are differences in people's experience

Life expectancy at birth provides a good overall indicator of health and wellbeing. In Central Bedfordshire this is increasing and in 2008-2010 life expectancy was 79.5 years for men and 83 years for women; better than the national average. Life expectancy is increasing at the rate of about 2.5 years for men and 1.5 years for women each decade.

Geographically there is a range of life expectancy within Central Bedfordshire; there is a statistically significant and growing gap between the most deprived 20% (and the least deprived 80% of the population. Health inequalities are widening because life expectancy in the deprived 20% is static, but in the other 80% of the population it is improving year on year. This is true for both males and females. Figure 1 shows life expectancy across Central Bedfordshire,

Figure1: Life expectancy at birth (years) in Central Bedfordshire at Medium Super Output Area level, 2008-10



Many deaths before the age of 75 years are avoidable, so there is an increasing focus on reducing these, particularly in the more deprived areas and in vulnerable groups within the population. The biggest causes of deaths under 75 are cancer, heart disease and stroke.

This is covered in more detail in the living well section of this report.

The wider determinants of health help explain some of the differences in experience

There are a number of factors which will impact upon an individual's health and wellbeing such as their income, employment, home, education and the place in which they live. Therefore understanding the local position and what needs to be done is crucial to improving health and wellbeing across Central Bedfordshire. This is particularly important for those areas and populations that are more deprived.

The current welfare reforms are likely to increase financial pressures on some residents, particularly those in the most deprived areas. Possible increases to the already high rates of migration into the area, and increases in demand for smaller, cheaper, housing, will also have an impact on demand for services. Further analysis of the impact of welfare reform is currently being undertaken by Central Bedfordshire Council.

Income deprivation affects 13% of older people in Central Bedfordshire, compared to 18% in England, although in some of the more deprived areas over 30% of older people are affected. Older people are also more likely to suffer from fuel poverty; with four areas in Central Bedfordshire in the worst 30% in England for fuel poverty. These include part of Cranfield (including the University), the area around Woburn, Southill and Old Warden, and Studham and Whipsnade.

People's homes are an important factor in their health and well-being. Poor housing quality leads to a higher risk of accidents, as well as a greater likelihood of illness related to cold and issues such as damp, mould and poor hygiene. Around 15% of the private sector housing stock in Central Bedfordshire poses serious health and safety issues to residents although this increases to 20% in the private rented sector. The most common hazard found are fall hazards (all types), with 8% of the private housing stock containing a category 1 fall hazard. This has potential health impacts for those at higher risk of falls. The next most common hazard is Excess Cold, which is found in 7% of the private sector stock. Whilst the proportion of Category 1 Excess Cold hazards has fallen from 11% since 2010, the incidence of fuel poverty has grown due to higher fuel costs. The proportion of dwellings without central heating has fallen from 3.7% in 2001 to 1.7% in 2011 but high cost of fuel can make heating to a safe level unaffordable to a growing proportion of households.

Skills attainment is generally higher in Central Bedfordshire than in England. In 2010, 73.0% of people in Central Bedfordshire achieved Level 2 qualifications, compared to 67.0% in England. The percentage of people with no qualifications (8.7% in Central Bedfordshire) was similar to the England average (11.1%). However, compared to the England average, a slightly lower proportion of Central Bedfordshire pupils achieved 5+ GCSEs A*- C including English and Maths and given that Central Bedfordshire is one of the more affluent areas in England, educational attainment should be well above the National Average.

The percentage of people with no qualifications (8.7% in Central Bedfordshire) was similar to the England average (11.1%).

Already mentioned above, people in Central Bedfordshire (75%) are more likely to be economically active than the England average (70 %). Economic activity includes both people in employment and those who are unemployed but actively looking for work. Retail is the most common industry for people who work in Central Bedfordshire, followed by education and manufacturing.



Unemployment is generally lower than the England average. In May 2013 2.3% of the Central Bedfordshire population were claiming Job Seeker's Allowance, compared to the England rate of 3.6%. However, some areas have consistently high unemployment rates; these include Dunstable Manshead, Tithe Farm, Parkside, Houghton Hall and Dunstable Northfields.

Central Bedfordshire residents earn more than the England average. The gross average weekly earnings of residents in 2012 (£560) is greater than the England average (£513). Residents also earn more than people who work in Central Bedfordshire; the difference is about £102 per week. This is likely to be a result of better paid opportunities available to those who commute out of the area.

Recognised as potentially the biggest threat to health in the 21st Century, recent climate change projections for Central Bedfordshire suggest that summer and winter temperatures will increase and more frequent extremes of flooding, heat-waves and drought will become more common. The impact of these severe weather hazards is likely to be felt the greatest amongst the socially vulnerable communities in Central Bedfordshire i.e. older people, people living in areas of higher deprivation, the sick, and the young, are being hit first, and the hardest. Climate change is already contributing towards a widening gap in health inequalities. The risks identified through recent climate projections reinforce the importance of a climate resilient health and social care system to minimise the risks of service failure with knock-on impacts for the population of Central Bedfordshire. This includes the quality of the local environment.

Proximity and accessibility of green spaces to residential areas is positively associated with increased overall levels of physical activity across all age groups and is therefore important in improving health and wellbeing. Although Central Bedfordshire is predominantly rural, not everyone lives close to natural open spaces.

Air quality in Central Bedfordshire is generally good, although there is an Air Quality Management Area in Dunstable Town Centre, and work is in progress to declare Air Quality Management Areas in Ampthill Town Centre and Sandy (adjacent to the A1). Air quality impacts on respiratory disease so the impact of growth (an expected 1,000 additional dwellings each year) on air quality will need to be carefully monitored. Efforts to decrease the impact, by encouraging more sustainable and active methods of transport, should be maximised.

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. Hotspot areas within Central Bedfordshire continue to be the town centres, with Dunstable Town Centre remaining the largest generator of incidents. Levels of serious acquisitive crime have decreased, except for theft from motor vehicles.

Between April 2012 and December 2012, there were 1858 reported incidents of domestic abuse in Central Bedfordshire; 41% of these were in the Dunstable area.

3.0 Starting and developing well

In general, outcomes are good for the 62,000 children aged between 0-19 years in Central Bedfordshire.

3.1 Starting Well

Every child deserves the best possible start in life and support to fulfil their potential

A child's experience in the early years has a major impact on their future life chances and is crucial to reducing health inequalities across the life course. Starting well is about meeting needs from pregnancy to birth and through the first few years of life

Infant mortality rates have been comparatively low but increased in 2011/12

Reducing child poverty, teenage pregnancy rates and improving immunisation uptake are important actions required to address infant mortality and improve antenatal care.

Healthy mothers tend to have healthy babies and a mother who receives high quality maternity care through pregnancy is well placed to provide the best possible start for her baby. Recent analysis indicates significant variation in mothers accessing antenatal care in Central Bedfordshire. Specifically in some areas, particularly in the southern part of Central Bedfordshire, fewer pregnant women access maternal obesity support; a higher percentage continue to smoke during pregnancy, and significantly lower numbers of women are still breastfeeding at 6-8 weeks. These are all crucial factors that contribute to infant mortality and the rate of infant mortality in Central Bedfordshire which, although lower than the national average, is increasing. The three wards with the highest number of deaths in children under the age of 1 are Leighton Buzzard North, Leighton Buzzard South and Houghton Hall.

Poverty and life chances form an intergenerational cycle; a lack of income and material resources in the early years adversely affects early development which impacts on cognitive, emotional and behavioural capacities, and the ability of children and young people to achieve through their education.

Central Bedfordshire is estimated to have 12.8% of its children living in poverty (August 2010). 8.9% of Central Bedfordshire's pupils were known to be eligible for free school meals (FSM), in 2011/12. This suggests increasing financial hardship and corresponding pressures within families and 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 any poverty and levels of deprivation.

Annual under -18 conception rates in Central Bedfordshire have decreased between 2010 and 2011 and are now lower than the national average. Children and young people who are already disadvantaged have an increased risk of teenage pregnancy. Each of the 'teenage pregnancy hotspots' fall within the 20% most deprived wards in Central Bedfordshire and are Manshead, Tithe Farm, Houghton Hall, Parkside, Northfields and Planets.

Levels of childhood immunisation and vaccination coverage in Central Bedfordshire are generally higher than both the national average and have shown a continuous upward trend over

Early years development is improving

In 2012, 63% of children achieved a good level of development in the Early Years (0-5 years) Foundation Stage; an increase of 8% from the previous year. There was also a reduction in the inequality gap in achievement.

This places Central Bedfordshire broadly in line with national outcomes in 2012. Central Bedfordshire, however, is one of the more affluent areas in England and levels of development should be well above the national average.

27% of children in Central Bedfordshire live in low income or workless families and overall levels of deprivation are far higher in the Dunstable, Houghton Regis, Flitwick and Sandy/Biggleswade areas. There is a widespread need for some level of parenting support for most parents, however the level of support is greater in our areas of highest deprivation as well as amongst families looking after a disabled child, or for those families where there is parental disability, or other specific challenges.



3.2 Developing well: 5 to 19 years

Developing well is about understanding the needs of the population between the ages of 5 and 19. This includes understanding the anticipated needs for children and young people in schools and colleges and the developing health of this age group.

Pupil numbers are increasing

An increase in pupil numbers is forecast for each year between 2012-17, as a result of rising birth rates and inward migration driven by housing growth. From the total housing allocations for this period, it is expected that a further 50 pupils with specific needs would need to be accommodated within our special schools or with the SEN designated provision in our mainstream schools.

Educational attainment and employment for young people needs to be an area of continued focus

Central Bedfordshire's Key Stage 1 performance in 2012 was better than the national average and the statistical neighbours' average, maintaining a consistent upward trend. At Key Stage 2, numbers achieving Level 4 and above in English and Maths in 2012 was better than the national average, but just below statistical neighbours.

However these encouraging results are not maintained at Key Stage 4. In 2012, 57.6% of young people achieved 5 or more A* - C grades at GCSE or equivalent including English and Maths. This is a drop of 1.8% compared to last year and a drop of 31 places in the ranking of English local authorities (these results rank Central Bedfordshire as 91 out of 151). The highest average within our statistical neighbours group is 65.8% and the lowest is 56.4%.

In 2012 the percentage of candidates achieving 2 or more passes at A Level (grades A-E) was 97.4% which is 3.8% above the national average of 93.6. The percentage achieving higher grades (AAB or more passes) is lower than the statistical neighbour average and national figure.

Deprivation is well known to have an impact on a pupil's attainment at school. This starts from when they are young. Assessment at Key Stage 1 (7 year olds) shows that pupils eligible for free school meals nationally, are on average one term behind that of their peers. The results for Key Stage 4 (5 or more A* - C grades at GCSE) when analysed by areas of deprivation, pupils entitled to free school meals and looked after children, are significantly poorer which impact upon inequalities in health.

Using the average for November and December 2012, and January 2013, the percentage of young people who are not in education, employment, or training (NEET) in Central Bedfordshire is 4.6%. This places Central Bedfordshire just outside of the top quartile but performing better than both the national average (5.8%) and regional average (5.6%). At ward level, areas known to have high levels of deprivation recorded rates as high as 8%.

Focused work is required to support children and young people to make healthy lifestyle choices as this will impact upon their health throughout life.

We know that lifestyle behaviours in early life will often be carried through to adult life. These behaviours include diet, exercise, alcohol and substance misuse and sexual health.

Compared to national averages, children and young people in Central Bedfordshire do lead healthier lifestyles. However, 1 in 6 children in Central Bedfordshire are obese by 10-11 years of age and levels are disproportionately higher in the lower socio-demographic, socially disadvantaged groups and in some ethnic groups.

Physical activity has both immediate and long term benefits for physical and psychological wellbeing. National physical activity statistics (2012) indicate, using self-reported data, that only 32% of all children in England between the age of 2 and 15 are meeting the recommendations for physical activity. There is currently no specific data for Central Bedfordshire, but children are likely to have a similar level of physical activity. A local survey conducted in Upper and Middle schools in 2012 found that on average, 8% of pupils are smoking by the time they are aged 15, with that figure rising to 23% in some areas of greater deprivation.

Alcohol and substance misuse is a growing concern for children and young people because of the profound affect it can have on their physical and emotional health, education and family life.

In the recent local survey, 25% of secondary school aged pupils (ages 12-15) said that they have had an alcoholic drink in the last week. This figure increased with age. 37% of Year 10 (14-15 years) pupils said that they had drunk alcohol, compared to 20% of year 8 (12-13 years) pupils.

Chlamydia diagnosis rates 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.

Vulnerable children and young people are at increased risk of poorer outcomes

Inappropriate levels of caring impact on a child's own emotional and physical health as well as their educational achievement and life chances. In September 2011, a Young Carers service had 120 young carers and siblings registered. As of March 2013, this has increased to 369. This includes 222 sibling carers and 147 young carers.

Children who are looked after are amongst the most vulnerable groups in society and are at an increased risk of poor health and education outcomes, both of which need to be improved in Central Bedfordshire. This includes timely access to appropriate health services, including specialist and mental health services; consistent access to appropriate health information and promotion, and ensuring appropriate arrangements are in place for the transition from child to adult health services. There has been a significant increase in the number of Central Bedfordshire children who are looked after in the last 3 years, from a total of 160 in March 2010, to 246 in March 2013, with numbers continuing to increase.



Child sexual exploitation is one of the biggest child protection issues and can result in poor mental health for the victims of abuse. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances.

However, some groups are particularly vulnerable. These include: children and young people who have a history of running away or of going missing from home; children who are looked after; ; those with special needs; migrant children and young people; unaccompanied asylum seeking children and young people; those who have disengaged from education and those who are abusing drugs and alcohol. Locally 23% of the victims known to the police were aged under 16.

Domestic abuse in the family home impacts upon the whole family and between April to December 2012, 36% of reported domestic abuse incidents in Central Bedfordshire were noted to have a child resident at the location of the incident. It is reported that of those children witnessing abuse, around 25% will go on to develop serious social and behavioural problems.

Good mental health and wellbeing is critical

The emotional well-being of children and young people is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Investing in services and support for young people not only reduces misery and loneliness, but saves millions in future costs to the criminal justice system, NHS, education and social care costs.

Children born to mothers who experience antenatal stress, anxiety or depression are more likely to experience emotional difficulties themselves. The early identification of poor maternal mental health and provision of interventions is critical.

In Central Bedfordshire, 1 in 10 young people aged between 5 and 16 has a mental health issue or illness, which equates to over 3,500 young people. Self-harm is a very common problem among young people, with 10-13% of 15-16 year-olds having self-harmed.

Demand for services is increasing and is likely to reflect growing need.

3.3 Implications for commissioning

- Addressing the rising rate of infant mortality, particularly in the southern part of Central Bedfordshire. Outcomes for maternal obesity, smoking in pregnancy and breastfeeding all need to be improved through targeted interventions and services.
- Improving educational attainment with a focus on early years foundation stage, key stages 4 (GCSE) and 5 (A levels).
- Increasing effective multi-agency, integrated working and delivery between health, local authorities and schools to deliver improved outcomes for children and young people. This should include improved children's mental wellbeing and the recommendations of the review of CAMHS Tiers 1, 2 & 3 should be carefully considered.
- Ensuring the early identification of poor maternal mental health and improving the support available to children and young people with a mental health issue. There is a significant link between children and young people's mental health and parental alcohol or substance misuse; therefore services must be effective in supporting families affected by these issues.
- Reducing the prevalence of domestic abuse and its impact on children and young people.
- Tackling child sexual abuse by ensuring all agencies working with children and young people are aware of risk factors, signs of abuse and exploitation and what to do if they suspect that it is taking place.
- Ensuring that children are supported to make healthy lifestyle choices and reduce risky behaviours such as smoking, drug and alcohol abuse, early or unsafe sexual activity. This should include the provision of high quality PHSE teaching in schools, a comprehensive 5-19 Healthy Child Programme, delivery of early intervention programmes such as 'Kick Ash' and 'Aspire' and the re-commissioning of appropriate drug and alcohol services for children and young people.
- Provision of high quality and consistent training programmes for professionals working with young people, on reducing risky behaviours, building resilience and promotion of appropriate, local services.



4.0 Living well

Reducing avoidable premature deaths is key to living well

Living well in adulthood is determined by a number of factors including the lifestyle choices people make. Lifestyle factors such as smoking, poor diet, inactivity and excessive alcohol consumption all play their part in determining poor health. On average people with all four of these unhealthy behaviours die fourteen years earlier than those with none of the behaviours.

The recent Longer Lives analysis revealed that although the residents of Central Bedfordshire had lower rates of premature mortality (deaths under 75 years of age) compared with England, they were not as good as other relatively affluent areas. Consequently the main focus of the Living Well part of the JSNA focuses on reducing the avoidable, premature deaths.

A focus on prevention and early intervention

Underpinning the approach to living well there should be a greater emphasis on prevention and early intervention.

Prevention works at a number of levels:

- Primary Prevention - Preventing people from becoming ill or frail in the first place
- Secondary Prevention - Helping someone to manage a condition as well as possible and minimise long term impacts
- Tertiary Prevention - Providing active support to minimise deterioration and regain independence

Evidence suggests that people with a good level of wellbeing are able to make healthy life choices, manage their illness when they become ill, recover from illness more quickly, seek help and use services more effectively, when needed.

Primary care services are essential in reducing premature deaths, as their role spans prevention, early diagnosis and treatment. Identifying risk factors and ensuring proper case management of people's conditions and risks with timely referral to further treatment can help improve outcomes for people.

Premature mortality is falling in Central Bedfordshire but is higher than statistical neighbours

The Longer Lives analysis showed that people in Central Bedfordshire have a lower premature mortality rate compared to most other parts of the country. The rate of premature mortality has fallen year-on-year. In the period 2005/07, 274 people in every 100,000 of the population were dying prematurely; this dropped to 237 people in the period 2009-11.

However, when compared with the 10% most affluent local authorities in England, Central Bedfordshire has higher rates of people dying prematurely from all causes, than all but one local authority. Central Bedfordshire also has higher rates of premature mortality from cancer, heart disease and stroke, and lung disease. Only liver disease shows Central Bedfordshire has a lower rate of premature mortality than all but one area in the top 10% most affluent authorities.

Minimise the risk of developing a long term condition which could lead to premature mortality

Minimising the risk of developing a long term condition should help reduce these comparatively higher rates of premature mortality. This can be achieved by helping people to make healthy lifestyle choices such as not smoking, being physically active, maintaining a healthy weight and drinking within safe limits.

The prevalence of smoking in Central Bedfordshire is statistically lower than the regional and national averages and has associated lower rates of smoking related mortality than England. However, rates are higher in the most deprived areas and are higher still in some vulnerable groups such as people with poor mental health and offenders. Smoking accounts for over half of the difference in risk of premature death between the least and most well off.

There is a lot of evidence that identifies a causal relationship between smoking and lung cancer and other respiratory related diseases. Helping people to stop smoking is one of the most cost effective ways to improve healthy life expectancy, reduce avoidable hospital admissions and reduce health inequalities.

The Quit Benefits Model (QBM) has been developed to assess the health benefits of stopping smoking in a way that can be quantified. In Central Bedfordshire, 1854 people were helped to quit in 2012/13 by GP practices, Children's Centres, schools, military institutions and Central Bedfordshire Council. If half the quitters in one year (930) remain non-smokers for 10 years, about 37 patients will avoid a heart attack, lung disease (COPD) lung cancer and stroke in the first 10 years after quitting. Importantly this will save 44 life-years and a saving of around £231,750 in health care costs alone.

It is never too late to stop smoking; stopping smoking at age 65 years can add 2 to 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.

More than one in three people will be diagnosed with cancer in their lifetime. Much cancer is preventable and the main risk factors are using tobacco, being overweight, eating unhealthy diets and drinking excessive alcohol.

In 2010 there were about 345 women and 390 men per 100,000 diagnosed with cancer in Central Bedfordshire of all ages. The incidence is slowly increasing and the main cancers were: Prostate (28%), Colorectal (14%) and Lung (13%) for men and Breast (38%); Colorectal (13%) and Lung (8%) for women.

Although premature mortality (below the age of 75 years) from cancer in Central Bedfordshire fell between 1993 - 2010, the rate of deaths per 100,000 between 2009-2011 was only 52nd lowest out of 150 local authorities, and cancer still causes the most premature deaths in Central Bedfordshire (41.5%) followed by circulatory diseases (24.2%).

Obesity in middle-age shortens life expectancy on average by 2 to 4 years, or by 8 to 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 will have significant benefits to the health of our population. It has been modelled that about 49,000 (24%) adults in Central Bedfordshire are currently obese.

In the latest Health Survey for England only 10.9% of adults in Central Bedfordshire reported undertaking at least 150 minutes a week of moderate exercise (England average 11.2%). In addition almost half of adults (48%) are taking part in no physical activity. The main benefit of physical activity to health is to maintain good cardiovascular health. But as well as this, it has a role in sustaining healthy weight, has positive effects on mild to moderate mental health conditions such as depression and anxiety, can help fight some common diseases, and can play a significant part in helping individuals retain mobility and independence. There is also an inverse association between physical activity and risk of breast and colon cancer.

Drinking to harmful levels is increasing with rising rates of admissions to hospital as a result of alcohol. In Central Bedfordshire, there were over 4,800 admissions to hospital as a result of alcohol related harm in 2011/12. However the rate of alcohol-related crime is lower than both the national and regional averages.

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. Hence, we should further reduce the levels of harmful drinking.

Drug misuse has serious health risks and is associated with a wide range of both physical and psychological conditions and consequences, e.g. it is estimated that in England 90% of all cases of Hepatitis C and 6% of all HIV cases are caused by injecting drugs. The Home Office estimates that one in three people in England and Wales have used illegal drugs at least once in their life, with one in ten doing so in the past year. Drug misuse affects the whole of society. In addition to the effects on the physical and mental health of individuals who misuse drugs, it can impact negatively on their families' health and their relationships. A large proportion of acquisitive crime in the UK is drug-related. In addition to illegal drugs, a growing number of people misuse legal drugs, including prescription and over the counter medicines, and 'legal highs'.

The proportion of people successfully leaving drug treatment in Central Bedfordshire is currently below that of the statistical neighbours and improving outcomes is a high priority.

Identifying long term conditions early and managing effectively in primary care

Identifying long term conditions early through programs such as NHS Health Checks should reduce the risk of longer term consequences. This should be through the delivery of high quality primary care. Good blood pressure control and cholesterol control are important in patients diagnosed with Coronary Heart disease and Stroke patients. Good blood sugar control is important in patients diagnosed with diabetes.

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 five-yearly to every person aged between 40–74 years who has not already been identified as at high risk because of diabetes, for example. This provides an ideal opportunity to find those who have undiagnosed hypertension and diabetes. Furthermore, NHS Health Checks provide advice on staying healthy. At present approximately 42% of the registered population in Central Bedfordshire invited for a Health Check actually take up the offer.

It is estimated that of those with hypertension, about half have been diagnosed. This leaves almost 40,000 people potentially unaware and untreated and 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. Lower than expected prevalence may indicate a healthy population or that there is unrecognised disease in Central Bedfordshire.



Diabetes has been diagnosed in 12,000 (5.5%) of those that are aged 17 and above in Central Bedfordshire. However it is thought that the real prevalence is 6.5%, equating to about 1,700 people potentially with undiagnosed diabetes. The prevalence of diabetes 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.

Awareness and early diagnosis for cancer should be maximised, especially aimed at primary care. 'Be Clear on Cancer' was started in 2011 to raise awareness and early diagnosis of cancer locally, regionally and nationally of the symptoms of cancer. A campaign covering kidney and bladder cancer has been scheduled for autumn 2013. These follow pilot campaigns earlier in 2013 on breast cancer in the over 70s and ovarian cancer in over 50s.

There is no health without mental health

Currently about 26,000 people in Central Bedfordshire have common mental health disorders which includes such conditions as depression, anxiety and obsessive compulsive disorder. It is thought that this will rise to over 27,500 by 2020.

There is a strong association between mental illness and deprivation and also between mental ill health and reduced life expectancy. About 11,500 people have two or more psychiatric disorders. When the mix of conditions experienced includes both physical and mental health problems (multi-morbidity), the relation between them seems to be bidirectional; patients with severe problems such as chronic depression, dementia or psychotic disorder are at high risk of developing long term physical conditions and likewise the risk of mental health problems increases substantially in those with long term physical conditions.

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.

Suicide rates have remained relatively stable. Recent figures suggest more people committing suicide have a history of contact with mental health services than previously.

People with mental illness are nearly twice as likely to die prematurely as those without mental illness. This is partly due to suicide but also due to death from respiratory and other diseases. People with mental ill-health are also more likely than others to have strokes and coronary heart disease before the age of 55.

Protecting the population from infectious diseases

In 2010 there were 16 cases of Tuberculosis in Central Bedfordshire and the trend is rising slightly. Year on year Central Bedfordshire cases are accounting for a higher percentage of the total TB cases seen across the old NHS Bedfordshire area. They appear to be concentrated in Dunstable Downs, Icknield and Houghton Regis, and relate to immigration from high incidence TB countries

Nationally and regionally there has been an increase in Hepatitis B incidence since 2009 but the Central Bedfordshire specific data is not available to confirm local prevalence.

Flu vaccine uptake is particularly poor in some GP practices. This variation is independent of practice level deprivation, and indicates inequality in the protection of groups of vulnerable patients against seasonal influenza.

The number of measles cases in Central Bedfordshire has recently increased. This appears to be related to a historic low take-up in vaccination.

The rates of HIV infection in Central Bedfordshire are lower than the national average. The rate of late diagnosis in Central Bedfordshire is worse than the national average (50%) but even though it is not significantly worse, still needs attention.



4.1 Implications for commissioning

- Providing the right levels and types of universal and targeted support to help people live healthier lifestyles, including information and signposting through making Every Contact Counts.
- Ensuring a focus on prevention and early identification of ill health, in order to manage increasing demand.
- Improving healthy life expectancy and reducing rates of premature mortality by the early identification and effective management of the main causes - cancer, heart disease and stroke, lung disease and liver disease.
- Managing treatment effectively and reducing variation in Primary Care to optimise health outcomes.
- Commissioning services with a focus on reducing health inequalities and allocating resources in relation to identified need across the whole population
- Providing a range of effective mental health services, with clear pathways between partner agencies who are working with patients to address issues such as alcohol misuse and homelessness.
- Increased collaboration between teams and organisations who are working with vulnerable residents who have complex needs, to maximise resources for local residents – e.g. Troubled Families Initiative.
- Achieving better outcomes for those who are at risk from misusing substances, including alcohol.
- Improving the targeted delivery of vaccination for individuals at risk from influenza and for front-line health and social care workers.

5.0 Ageing well

Increasing population of older people

Central Bedfordshire has an ageing population with increasing levels of disability and frailty. Between 2009 and 2031 the number of people aged between 65 and 74 is forecast to increase by 69%, and those aged 75 to 84 will increase by 96%. For those aged 85 and over, the number is expected to increase by 230%, from 4,400 in 2009 to 14,500 by 2031. There will be similar increases in those suffering with dementia and complex needs.

Population forecast - people over 65.

	2012	2016	2021
Central Bedfordshire	41,828	48,900	55,500

As the population of older people continues to grow there needs to be an increasing focus on a range of prevention and early intervention to:

- prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability
- promote independence
- delay the need for more costly and intensive services

Meeting housing and accommodation needs

With numbers of older people rising more rapidly than the overall population, the need for suitable housing and accommodation for this group will increase. There will be a growing need for good housing, underpinned with timely and good quality support services to enhance older people's health and wellbeing and provide better outcomes for vulnerable people. Where older people cannot remain in their family home there is a need for accommodation that supports their personal care and medical needs.

Different degrees of care support and other needs mean the housing offer has to include of a range of suitable accommodation for older people.

Initiatives should include:

- Lifetime homes - to provide choice whilst allowing for ready adaptation as support needs increase.
- Extra Care accommodation will allow people to remain independent whilst providing on site care according to personal need and opportunities to socialise with others.
- A continued focus on moving people from institutionalised and hospital care to more appropriate community based services, to promote the principle of reablement and enablement.

Reducing the reliance on hospital services

Hospitals have experienced a 37% rise in emergency admissions over the last 10 years. People over the age of 65 account for 65% of all hospital admissions and an increasing number are frail or have a diagnosis of dementia. Many older people admitted to hospital have multiple and, complex needs. Hospital buildings, services and staff are not well equipped for such needs. People therefore find they are moved through a number of different wards which has been shown to add to the overall length of stay in hospital. The gaps in provision are exacerbated during the out of hours period where not all services are available or able to respond. Information sharing and joint management arrangements are not tools used systematically by providers to support people in their journey, providing commissioners with an opportunity to improve partnership working and communication.

Joined up services

The lack of integration, communication and collaboration between the services provided for older people presents significant implications for both older people and for health and social care as resources become scarcer. Older people often struggle to know which services they need, whether they meet acceptance criteria or how to access them.

More integrated working between health and social care, as well the expansion of reablement services in the community are needed to help maximise independence, particularly when access to a range of services is required, either to recover from a health episode or respond to a change in circumstances.

Maintaining independence is critical to ageing well

Physical activity is important for maintaining older people's independence who should be encouraged to remain as active as possible and minimise time spent being sedentary.

Most people want to remain in their own homes as they grow older but very often this depends on support from family members or specialist services. Swift response to care needs can enable people to remain at home with some short term support and avoid an unnecessary and unwelcome stay in hospital. Timely and good quality care closer to home can prevent unnecessary hospital admission as well as support people when they are discharged from hospital.

Older people often find it difficult to access services. Shifting the balance of care from institutional to personal solutions and having joined up services which offer more effective support for people in their own homes, including widening the use of Telecare, extra care and specialist equipment to promote independence is central to this.

Social isolation and lack of support networks are damaging to the health and well being of older people communities play an important helping to reduce social isolation and providing support networks for older people. Initiatives that capture and utilise social capital, like the Village Care Scheme, are aimed at improving these local networks and helping communities find local solutions to common issues.

Preventing falls is important for frail older people

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged over 75 in the UK. As a consequence, the prevention and management of falls in older people is a key Government target in reducing morbidity and mortality.

Falls are estimated to cost the NHS more than £2.3 billion per year, therefore falling has an impact on quality of life, health and health care costs.



Most falls do not result in serious injury; however the consequences of falling, or of not being able to get up after a fall, can be devastating. 14,000 people die annually in the UK as a result of an osteoporotic hip fracture.

There are close links between falls, fractures and osteoporosis. Therefore, it is important to identify people both at risk of falling and at risk of osteoporosis.

Identifying those at risk and managing their conditions, and supporting older people to maintain strength and balance are effective interventions.

Most older people do not develop mental health problems, but those who do can be helped.

Mental health problems, particularly depression and dementia, are more common and have a worse outcome in the 60% of older people who suffer from long standing illnesses.

There are some significant cost implications; the direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease. Around 40% of NHS and social care budgets are spent on people over the age of 65. Older people living alone or in residential/nursing care and those with physical illnesses and/or disabilities are more at risk. Symptoms of depression are present in 20–50% of these residents. The management of behavioural and psychological symptoms of dementia presents a major challenge in this population.

Two significant mental health related issues for older people are:

- Alcohol - Up to 1/4 of older adults seen by health professionals have an alcohol problem. About 1 in 3 older people with alcohol problems only start drinking excessively in later life. Up to 30% of older people who abuse alcohol become depressed.
- Dementia - The prevalence of dementia across the UK is estimated at over 700,000 and predicted to reach 3,600 in Central Bedfordshire by 2020. Only one third of sufferers receive any form of formal diagnosis at any point in their care or during the progression of the condition. Evidence suggests that early diagnosis and treatment is vital and can improve the quality of life for people and increase their independence as the condition progresses.

Reducing excess winter deaths

Evidence suggests that many older people find it difficult to keep warm and so efforts to improve insulation in both new and existing accommodation is important. Fuel poverty has increased in recent years, mainly due to increasing fuel costs. Targeting practical help and resources at those most at risk, e.g. through Warm Homes Healthy People should continue. Activity to increase support and further target funding is needed to improve the warmth of older people's homes.

Although the uptake of seasonal flu vaccination for people aged 65 and over has been maintained for the previous 4 years, uptake remains below the England average and shows wide variation between GP Practices. Increasing the uptake of seasonal flu vaccination to 75%, the level recommended by the World Health Organisation, will help reduce excess winter deaths.

Supporting people at the end of their life is crucial, alongside support for families

It is very often difficult to predict when patients are about to die, but end of life care is intended to enable residents to have a 'good death' and for carers and families to feel comforted from their experiences. It is important to support local people to choose where they wish to die. This can often be achieved by supporting people to die at home. The proportion of people dying at home in Central Bedfordshire has gradually increased to just over 40%, although those from deprived areas are still most likely to die in hospital. The CCG Supporting Quality target is to reach 50% of deaths in usual home by March 2014. Best practice will need to be reviewed following recent questioning of the Liverpool Care Pathway.



5.1 Implications for commissioning

- Ensuring that there is a range of accommodation and support services to meet the varying needs of an increasingly older population.
- Making sure that where older people need acute health care the gaps between health and social care services are eliminated to provide a more seamless, cost effective and effective pathway for older peoples care.
- Providing people with real choice in the social care and services that they receive.
- Addressing the growing mental health problems being faced by older people, particularly in relation to dementia.
- Supporting people to stay more independent for longer in old age, including reducing falls and ensuring that people can stay in their own homes where they want to.
- Harnessing the resources that exist in communities to improve the offer of support available for older people where they live, such as to reduce social isolation.
- Increasing the quality and level of support for people at the end of their lives.



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