

Central
Bedfordshire

great
lifestyles

Joint Strategic Needs Assessment Executive Summary for Central Bedfordshire, September 2014

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. These are all available on the Central Bedfordshire's Council website www.centralbedfordshire.gov.uk/jsna along with further relevant information. 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 264,500 by 2013 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 in early 2014 was 282,059.

The biggest increase will be in people aged 65 and over. Between 2011 and 2021 the number of people aged between 65 and 84 is forecast to increase by 32.7%, with a 52.1% increase for those aged 85 and over.

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 2010/12 life expectancy was 80.5 years for men (79.5 in 2008/10) and 84 years for women (83.6 in 2008/10), better than the national average. Life expectancy is increasing at the rate of about 3.5 years for men and 2.5 years for women each decade.

Geographically there is a range of life expectancy within Central Bedfordshire, with a statistically significant gap between the most deprived 20% and the least deprived 80% of the population.

However, this gap appears to be reducing for both men and women in the most deprived areas (2010-12). Life expectancy is now 6.6 years lower for men (8.0 years in 2009-11) and 5.4 years lower for women (6.3 years in 2009-11) in the most deprived areas of Central Bedfordshire compared to the least deprived areas.

Figures 1 and 2 show life expectancy across Central Bedfordshire for males and females.

Figure 1: Life expectancy at birth (years) in Central Bedfordshire at Middle Super Output Area (MSOA) level, Males 2008-12

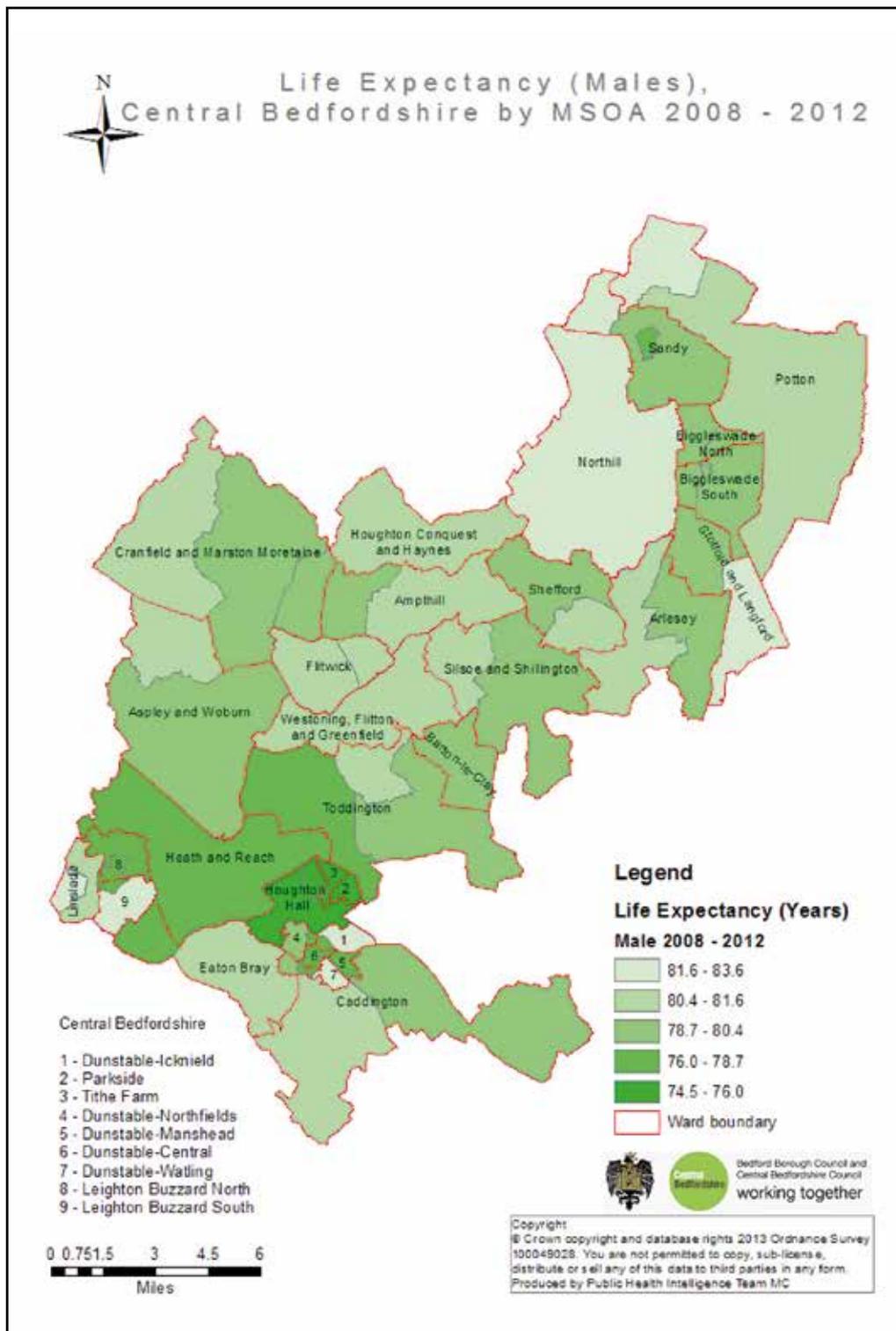
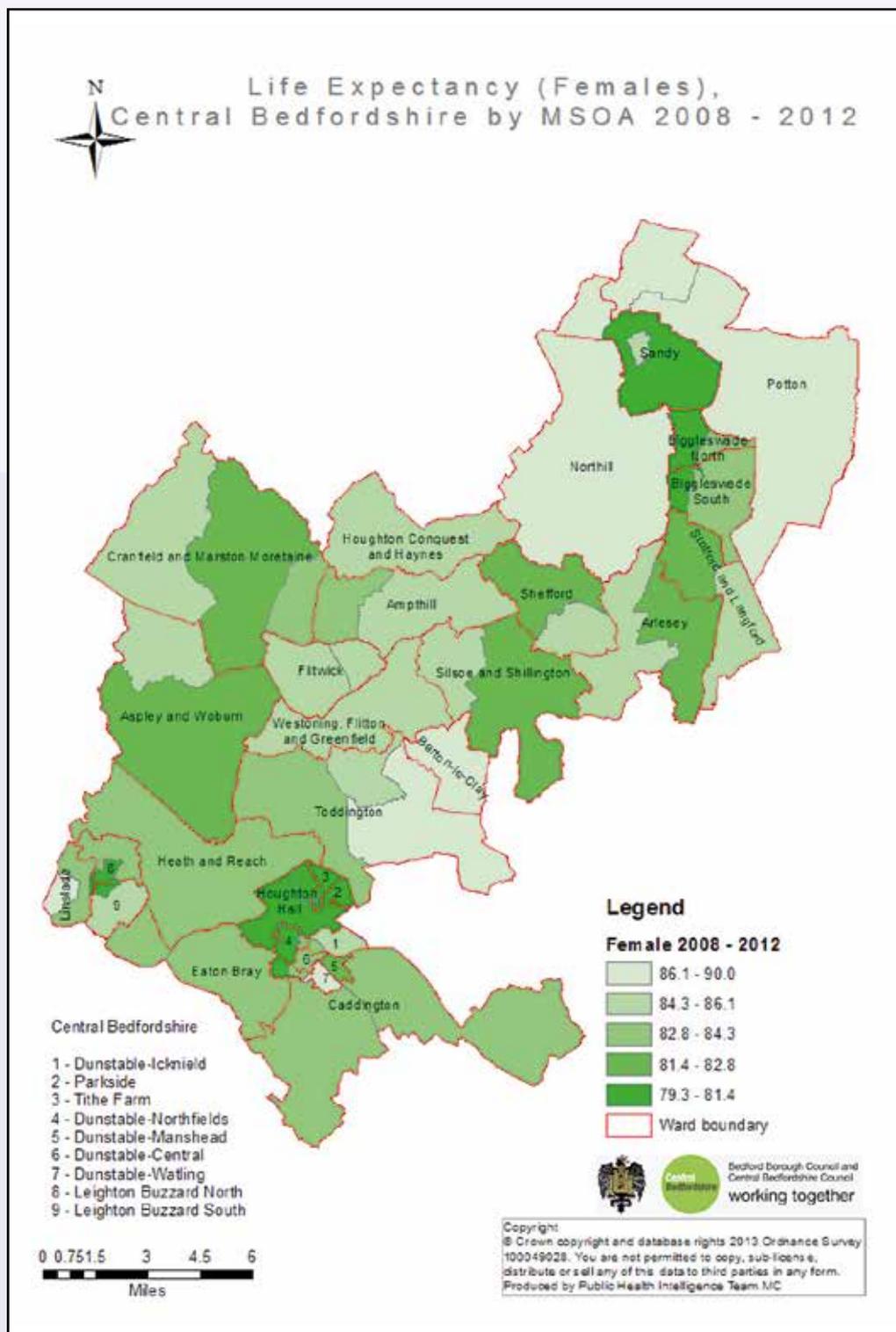


Figure2: Life expectancy at birth (years) in Central Bedfordshire at Middle Super Output Area (MSOA) level, Females 2008-12



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 resident's experience

There are a number of factors which will impact upon an individual's health and wellbeing such as their income, employment, 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.

A review by Central Bedfordshire Council to assess the impact of the welfare reform on residents showed an impact on resident's lifestyles, eating habits and mental health, all attributable to increasing financial pressures. 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.

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. Fuel poverty tends to be more of an issue in rural areas, and those areas with high levels of private rented accommodation.

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. General "mould and cold" within damp homes in particular has been shown to increase the rates and severity of respiratory infections, asthma, allergic rhinitis and atopic dermatitis.

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 2012, 72.7% of people in Central Bedfordshire achieved Level 2 qualifications, compared to 71% in England. The percentage of people with no qualifications (9.6% in Central Bedfordshire) was similar to the England average (9.5%).

However, compared to the England average, a lower proportion of Central Bedfordshire pupils achieved 5+ GCSEs A*- C including English and Maths (2013 results).

People in Central Bedfordshire (79%) are more likely to be economically active than the England average (78%). Economic activity includes both people in employment and those who are unemployed but actively looking for work. Manufacturing is the most common industry for people who work in Central Bedfordshire, followed by retail then professional, scientific and technical occupations.

Unemployment is generally lower than the England average. In March 2014, 1.6% of the Central Bedfordshire population were claiming Job Seeker's Allowance, compared to the England rate of 2.8%. 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 2013 (£575) is greater than the England average (£521). Residents also earn more than people who work in Central Bedfordshire; the difference is about £97 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.

Furthermore climate change is already contributing towards a widening gap in health inequalities through its direct influence on food volatility and cost fluctuation. Recent heatwaves in America and droughts in Europe have contributed to food prices rising 12.6% above inflation over the past six years in the UK (Office of National Statistics). While the wealthy will be able to absorb such increases, the poor are likely to face severe constraints to access high quality food; resorting to cheap and unhealthy choices, increasing the incidence and burden of CHD, cancer, diabetes and obesity.

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 1,400 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 2013 and March 2014, there were 2698 incidents of domestic abuse in Central Bedfordshire, an increase of 11% in the same time period the previous year. Levels of reported domestic abuse incidents continue to be higher in Dunstable. Domestic abuse in the family home impacts upon the whole family and for the same period (April 2013 to March 2014), 41% of domestic abuse incidents in Central Bedfordshire were noted to have a child resident at the location of the incident.

Although not all of the children may have witnessed the incident living in a home where domestic abuse is happening, it has a significant impact on children and young people.

3.0 Starting and Developing Well

In general, outcomes are good for the 62,700 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. Overall, breastfeeding initiation rates have improved and the number of women accessing antenatal care early has increased. However, there is significant variation in access across the county; 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 although slightly 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 13.3% of its children living in poverty (March 2011). 9.9% of Central Bedfordshire's pupils were known to be eligible for free school meals (FSM), in 2012/13. This suggests financial hardship and corresponding pressures within families and whilst there is clearly a concentration of poverty and deprivation across parts of Dunstable and Houghton Regis, there is no ward in Central Bedfordshire that does not have some child poverty.

Annual under-18 conception rates in Central Bedfordshire have decreased slightly between 2011 and 2012, continuing the downward trend from 2010. Rates remain below the England average but higher than the East of England average. Conception rates in the under 16s fell by 38.7% between 2011 and 2012 and are below the England and East of England rate. 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 former wards in Central Bedfordshire and are Manshead, Tithe Farm, Houghton Hall, Parkside, Northfields and Planets (ONS 2009-11).

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

Early Years development is improving but lower than the England average

49% of children (2013 results) achieved a good level of development in the Early Years (0-5 years) Foundation Stage. The England average was 52%.

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 2013-18, as a result of rising birth rates and inward migration driven by housing growth. As at January 2014, 133 mainstream schools catered for a population of approximately 38,200 pupils aged 4+ to 18+. This is expected to rise by approximately 8,800 to 47,000 pupils in 2019, requiring at least 6,500 new schools to be created by 2018. It is expected that a further 50 pupils with specific needs (2013-18) 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 2013 was better than the national average and the statistical neighbours' average, maintaining a consistent upward trend. However at Key Stage 2, numbers achieving Level 4 and above in Reading, Writing and Maths in 2013 was below the national average and statistical neighbours.

In 2013, 57.7% of young people achieved 5 or more A* - C grades at GCSE or equivalent including English and Maths. This is an increase of 0.1% compared to last year and a drop of 23 places in the ranking of English local authorities (these results rank Central Bedfordshire as 114 out of 151). The highest average within our statistical neighbours group is 67.1% and the lowest is 56.7%. In 2014, early indications are that Central Bedfordshire schools looked like they held their own compared to the picture being reported in other authorities and nationally.

In 2013 the percentage of candidates achieving at least two Level 3 Qualifications equivalent to A level was 94.4% which is 2.1 percentage points above the national average of 92.3%. 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. In 2013 assessment at Key Stage 1 (7 year olds) shows that the gap between pupils eligible for free school meals and other pupils is wider than the national average (writing and maths) but is the same for reading.

2013 results for Key Stage 4 (5 or more A* - C grades at GCSE including English and Maths) show disadvantaged children (free school meals or children looked after) were below the national average.

Pupil absence in Central Bedfordshire has decreased from 2011/12 to 2012/13. Overall absence reduced from 5.4% (2011/12) to 5.3% (2012/13) but remains higher than Statistical Neighbours and England.

Action is being taken to reduce this further which includes issuing reminders to schools on managing absenteeism. Welfare Call was also introduced in 2012 to monitor the attendance of looked after children on a daily basis.

There has been an improvement in Ofsted judgements in 2013/14 with 87% of all schools graded "Good" or "Outstanding". The School Improvement Intervention Strategy underpins and defines support for under-performing schools and it is anticipated that the opening of Central Bedfordshire Academy (for Alternative Provision) will have an ongoing impact on improving outcomes and attainment. The Virtual School for Looked After Children has put in place rigorous tracking processes to ensure that our Looked After Children make good progress.

Using the average for November and December 2013, and January 2014, the percentage of young people who are not in education, employment, or training (NEET) in Central Bedfordshire is 4.3%. This places Central Bedfordshire just outside of the top quartile but performing better than both the national average (5.3%) and regional average (5.1%).



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.

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. This includes children living with parents where alcohol and substance misuse is an issue.

In a school survey during the Spring term 2014 in Central Bedfordshire, 5% of year 6 pupils (ages 10-11) reported they have had an alcoholic drink in the last week. This figure increased with age; 20% of secondary school aged pupils (ages 12-15) had drunk alcohol in the last week and 2% were able to buy alcohol from an off-licence that should sell only to over-eighteens.

The number of young people under 18 admitted to hospital as result of a condition wholly related to alcohol (such as alcohol overdose) has reduced over the last three years and lower than the England average (2010/11-2012/13).

Also from the local survey, 32% of year 10 boys and 31% of year 10 girls said they had been offered cannabis, 7% had been offered other drugs. 2% of secondary school aged pupils reported that they had taken an illegal drug in the last year, 4% had taken one in the last month.

Research has indicated that there are growing links between offending behaviour and alcohol and drug taking by young people. Drug and alcohol problems themselves do not occur in isolation but are often tied in with other social problems. Evidence suggests that young offenders have higher rates of drug and alcohol use and misuse in comparison with the general public.

The number of first time entrants to the criminal justice system and the number of young people receiving custodial sentences in Central Bedfordshire has reduced and significantly better than the national average. A significant proportion of children and young people known to the Bedfordshire Youth Offending Service have unmet health needs. It is crucial that the progress that has been made both locally and nationally in addressing the health needs of young offenders is maintained, and in relation to general health needs particularly, extended.

Chlamydia diagnoses among the 15-24 year olds are below the diagnostic rate recommended by Public Health England. The level of positive results among all those testing for Chlamydia remains within the recommended range. This confirms an effective approach to screening locally, through targeting an appropriate cohort and retaining open access. While this approach is effective at detecting Chlamydia, the numbers screening in Central Bedfordshire must increase in order to raise the diagnostic rate.

Good mental health & wellbeing is critical

The mental health and 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, the National Health Service, education and social care.

There are an estimated 1,692 children (1,100 males and 595 females) aged 5-10 and 2,165 children (1,260 males and 910 females) aged 11-15 with a mental health problem in Central Bedfordshire. Hospital admissions for mental health conditions in children (0-17) are not significantly different from the England average.

It is imperative that we improve mental health and wellbeing for all children due to the long lasting negative impact of mental health illness. This requires action in three key areas; ensuring a good start in life, strengthening emotional resilience and wellbeing, and detecting and treating illness early.

The 2013/14 Tier 1 and 2 services review looked at the current provision in Central Bedfordshire and highlighted early prevention as an area that could be further strengthened. Increased support at early stages is important. It can prevent mental health illness from developing or reduce the severity of existing mental health illness by intervening early. This will both improve mental wellbeing of the population through acting early and also reduce costs associated with the need to treat more severe mental health illness.

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 also critical.

Vulnerable Children and Young People are at increased risk of poorer outcomes

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.

On 13 March The Children and Families Act (2014) received Royal Assent. It will reform the systems for adoption, Looked After Children, family justice and special educational needs.



The special educational needs and disabilities (SEND) reforms will implement a new approach which seeks to join up help across education, health and care from birth to 25. Help will be offered at the earliest possible point, with children and young people with SEND and their parents or carers fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

There has been an increase in the number of Central Bedfordshire children who are looked after in the last 4 years, from a total of 163 in March 2010, to 268 in March 2014.

Inappropriate levels of caring impact on a child's own emotional and physical health as well as their educational achievement and life chances.

As of March 2013, 369 young carers and siblings were registered. As at June 2014, the number of registered young carers in Central Bedfordshire increased to 552 (259 young carers, 293 sibling carers). Young carers and sibling carers look after someone in the family who has a disability, an illness, or is affected by mental health or substance misuse. For sibling carers this means a brother or sister and they may be supporting the adult primary carer in the care needs of their sibling.

Child sexual exploitation is a major child protection issue for communities across the UK. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. 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, those in and leaving residential and foster care, those with special needs, migrant children and young people, unaccompanied asylum seeking children and young people, children and young people who have disengaged from education and those who are abusing drugs and alcohol and those involved in gangs. Poor mental health is associated with sexual abuse and exploitation in childhood.



3.3 Implications for commissioning

- Ensuring early intervention and prevention to tackle the underlying risk factors for infant mortality. Outcomes for maternal obesity, smoking in pregnancy and breastfeeding all need to be improved through targeted interventions and services.
- Ensuring that the Maternal Obesity programme recently launched at the Luton and Dunstable Hospital is offered to all pregnant women who have a BMI of 30+.
- Improving educational attainment with a focus on early years foundation stage, key stages 4 (GCSE) and 5 (A levels) and addressing the issues leading to pupil absences.
- Improving the achievement of vulnerable and disadvantaged children especially those in receipt of Free School Meals and Looked After Children
- Responding to the placement needs of current and future children in care and care leavers- in line with the Central Bedfordshire Council Sufficiency Strategy
- Increasing effective multi-agency, integrated working and delivery between health, local authorities and schools to deliver improved outcomes for children and young people, (for example the current exercise to recommission mental health services).
- Ensuring the early identification of poor maternal mental health, helping children become more resilient and increasing identification of children who are at risk of poor mental health early and ensuring that they have access to appropriate services. 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.
- Ensuring that domestic abuse in families with children and young people is identified as early as possible and improving support to the whole family to reduce repeat incidents and their 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 and 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 provision 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, developing social and emotional behaviour 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 Longer Lives analysis (June 2013) 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 alcohol within safe limits.

There has been an apparent increase in smoking prevalence in Central Bedfordshire although rates are similar to the England average. Smoking related deaths are significantly better than the England average.

Rates continue to be 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.

Evidence 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, 1,375 people were helped to quit in 2013/14 by GP practices, Children's Centres, schools, military institutions and Central Bedfordshire Council. This is a reduction compared to the previous year (2012/13) 1,854. 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 2011 there were about 607 men and 519 women diagnosed with cancer in Central Bedfordshire of all ages. The incidence is slowly increasing and the main cancers were: Prostate (33%) and Colorectal (14%) for men and Breast (33%) and Colorectal (13%) for women.



Premature mortality (below the age of 75 years) from cancer in Central Bedfordshire has been falling. The rate of deaths per 100,000 between 2010-2012 was 25th lowest (52nd in 2009-11), out of 150 local authorities. Cancer still causes the most premature deaths in Central Bedfordshire (44.8%) followed by circulatory diseases (21%).

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.

Central Bedfordshire has a greater proportion of its adult population classified as overweight or obese (69.1%) compared to England (63.8%) and its statistical neighbours. The reasons for this are likely to be multi-factorial and will require further action at many levels. 2014 was the first year that excess weight (rather than obesity) was measured nationally.

In the latest *Health Survey for England (2012/13)* 55.8% of adults in Central Bedfordshire reported undertaking at least 150 minutes a week of moderate exercise similar to the England average (56%). 28% of adults do not take part in any physical activity. The main benefit of physical activity to health is to maintain good cardio-vascular 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.

Drug and alcohol misuse is associated with a wide range of both physical and psychological conditions and consequences affecting the whole of society. Evidence to support investing in interventions to reduce harmful drinking and drug misuse is high and benefits the individuals, their families and society in general.

Drinking to harmful levels is increasing with rising rates of admissions to hospital as a result of alcohol. In Central Bedfordshire, there were 1,097 alcohol specific hospital admissions in 2012/13.

Central Bedfordshire has a significantly lower prevalence of drug misuse and drug-related deaths compared with England. Outcomes (measured by successful completions) are improving. However drug and alcohol misuse still has a substantial impact on crime, health and associated social care needs and services.

Evidence based drug and alcohol treatment leads to savings particularly in crime cost. For every pound invested in drug and alcohol treatment there are savings of £2.47.

Identifying long term conditions early and managing them effectively in Primary Care

Identifying long term conditions early through programmes 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 and cholesterol control are important in patients diagnosed with Coronary Heart Disease and Stroke. 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 46% 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 12,570 (5.7%) of people aged 17 and above in Central Bedfordshire. However it is thought that the real prevalence is 6.5%, equating to about 2,200 people potentially with undiagnosed diabetes. The prevalence of diabetes is expected to increase from 7% 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.

Mental health and wellbeing continues to be an area of high focus

Mental health and wellbeing is important. Good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential.

There is a strong association between mental illness and deprivation and also between mental ill health and reduced life expectancy. Males with mental illness die on average 16 years earlier and women with mental illness die 12 years earlier than those without mental illness. Cardiovascular disease and cancer account for 75% of this reduction in life expectancy. Despite mental health problems affecting one in four people at some point in their lives people with mental health conditions are least likely out of all people with a long term condition or disability to be included in mainstream society. By promoting good mental health and intervening early across the life course we can help prevent mental illness from developing and reduce its effects when it does.

Approximately 26,200 residents in Central Bedfordshire are predicted to have a common mental health disorder (anxiety, depression, obsessional compulsive disorder) and 11,700 have two or more mental health disorders.

Improving outcomes for people with poor mental health must remain a commissioning priority. This includes improving the physical health of those with mental health illness by ensuring good access to healthy lifestyle support, supporting employers to participate in Workplace Health initiatives and to signpost to relevant resources, increasing understanding of mental health and wellbeing and reducing stigma of mental ill health.

Suicide rates in Central Bedfordshire are relatively low although rates have increased slightly from last year (2012/13). The majority were not known to services.

Protecting the population from infectious diseases

There has been a slight decrease in the number of new cases of Tuberculosis in Central Bedfordshire (3 year rolling 2010-2012). There is a rise in extra pulmonary Tuberculosis cases and actions are in place to address this. New entrant screening for latent tuberculosis has already been initiated in Cranfield parish.



Seasonal flu vaccination uptake in all eligible categories has improved, however it is falling short of the national aspiration of 75%. 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 rates of HIV infection in Central Bedfordshire are lower than the national average however, the number of persons diagnosed with HIV aged 15 years and older has increased (2010-12). Also, the count of lab confirmed Hepatitis C and Hepatitis B have increased.

The screening uptake for Diabetic Eye Screening and Breast Screening were also at the required national targets. However, there is a need to increase Cervical Cancer screening uptake for 25-49 years and for 50-64 year old women as it falls below 80% target. The uptake of Bowel Cancer screening has been 57.5% falling below the target of 60%. Abdominal aortic aneurysm (AAA) screening programme commenced in July 2013 and in the calendar year 2013 uptake data for the Bedfordshire programme was 80.53%.

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.
- Focusing work on excess weight and not only obesity. Where work is implemented to reduce obesity, this should be extended to those who are overweight as a matter of course.
- 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.
- Joint commissioning and planning/increased collaboration between teams and organisations who are working with vulnerable residents who have complex needs, to maximise resources for local residents – e.g. Supporting Families Programme.
- Continue to build on recent success and 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.
- Providing improved, more coordinated pathways of care for people with Hepatitis and HIV from initial diagnosis to specialist care and treatment and if appropriate develop clear, documented pathways of care to link primary, secondary and other relevant services.

5.0 Ageing Well

Increasing population of older people

Central Bedfordshire has an ageing population with increasing levels of disability and frailty. Between 2011 and 2021 the number of people aged between 65 and 84 will increase by 33%. For those aged 85 and over, the number is expected to increase by 52%, from 4,800 in 2011 to 7,300 by 2021. There will be similar increases in those suffering with dementia and complex needs.

Population forecast - people over 65			
	2012	2016	2021
Central Bedfordshire	40,300	48,300	54,400

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 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 as they 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 part in 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 is 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.



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. This will be further developed once the Health Needs Assessment on dementia is completed towards the end of 2014.
- 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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