



Bedfordshire Clinical Commissioning Group

Appendix A

# Joint Strategic Needs Assessment

**Executive Summary for  
Central Bedfordshire, 2015/16**  
FINAL DRAFT



Published by the Central Bedfordshire JSNA Steering Group on behalf of Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group.

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## Contents:

<b>1.0 Introduction .....</b>	<b>5</b>
Common themes.....	6
<b>2.0 Population and Place .....</b>	<b>7</b>
<b>3.0 Starting Well .....</b>	<b>15</b>
Smoking in Pregnancy .....	15
Breastfeeding.....	16
Maternal Mental Health.....	17
Low income.....	17
Good level of Development.....	18
Under 18 conception.....	19
<b>4.0 Developing Well.....</b>	<b>21</b>
Pupil numbers.....	21
Improving education and employment.....	22
Vulnerable children and young people.....	29
<b>5.0 Living Well and Working Well in Adulthood .....</b>	<b>32</b>
The majority of early deaths could be avoided.....	32
Early identification and effective intervention .....	35
Mental health and wellbeing .....	39
Protecting the population from infectious diseases .....	40
<b>6.0 Ageing Well.....</b>	<b>42</b>
Social Isolation .....	42
Mental Health in older age .....	42
Falls .....	43
Excess Winter Deaths .....	45
Residential or Nursing Homes .....	46
<b>7.0 Particularly Vulnerable Groups – Adults.....</b>	<b>48</b>
Safeguarding Vulnerable Adults.....	49
Carers .....	49
Greater wellbeing for people with Learning Disabilities.....	50
Physical or Sensory Impairment .....	51
Autistic Spectrum Disorder & Asperger’s Syndrome.....	51
Statutory homelessness continues to rise.....	52

## 1.0 Introduction

### What is the Joint Strategic Needs Assessment?

The Joint Strategic Needs Assessment (JSNA) is a process by which the current and future health and wellbeing needs of the local population are described. The production of a JSNA is a statutory requirement for Health and Wellbeing Board.

Central Bedfordshire's JSNA is a living document. It is published in its entirety at: <https://www.jsna.centralbedfordshire.gov.uk>

Contributing chapters cover a range of health and social care topics, and are updated when new information, evidence and intelligence becomes available. New chapters are added over time as new issues and gaps in the JSNA are identified.

### Purpose of Central Bedfordshire's JSNA executive summary

The intelligence gathered in producing the JSNA is used to support the identification of local health and wellbeing priorities, inform commissioning to improve health and wellbeing, reduce inequalities and highlight areas for focus by commissioners.

This summary document is an outline of the refreshed JSNA in 2015/16, with commentary on existing and future needs, trends and the potential implications of changing needs.

In Central Bedfordshire the JSNA aims to:

- Identify and describe the issues that impact on the health and wellbeing of Central Bedfordshire residents and how these might change in future;
- Identify who is affected by particular health issues, including which population groups are disproportionately affected.
- Put into context how Central Bedfordshire's compares with other areas.
- Provide 'areas of focus' to address specific health and wellbeing issues.

This executive summary is a document of Central Bedfordshire's Health & Wellbeing Board. Consequently, the Board will expect progress to be made against these areas of focus.

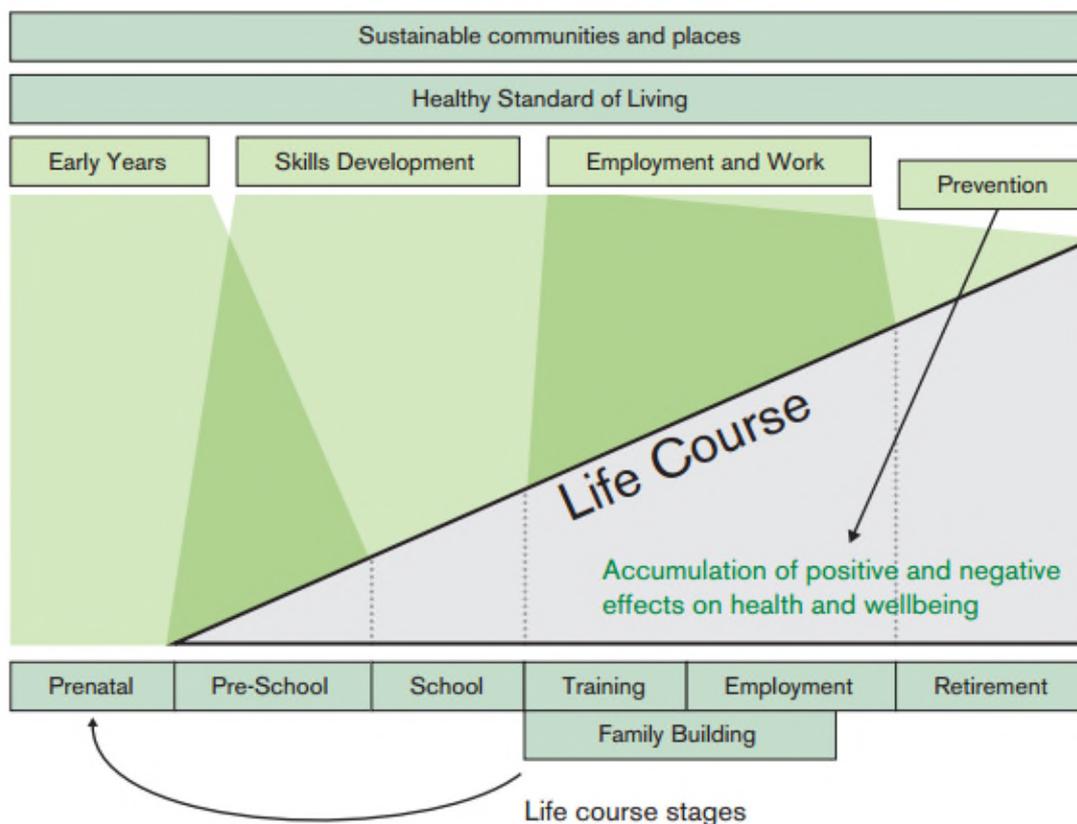
### Central Bedfordshire's JSNA executive summary approach

Central Bedfordshire's JSNA is structured on a life course model, describing the health and wellbeing experiences of our residents during pregnancy, early years, from children and young people, through to adults and older people.

The life course approach is based on the understanding, as the Marmot Review into health inequalities described that:

*“Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken”*

**Figure 1: Areas of action across the life course (Marmot Review 2010: Fair Society, Healthy Lives)**



### Common themes

There are a number of common themes which have emerged from the JSNA:

- The need to increase healthy life expectancy and promote independence by ‘mainstreaming prevention’. This is important to both local residents and to the local health and care system that will need to fund the consequences if healthy life expectancy does not improve.
- The need to reduce inequalities in health which can start from birth – so giving every child the best start in life is essential, as is minimising the impact of welfare reform.
- The need to give mental and physical health parity – there is no health without mental health
- The need to be ambitious – whilst outcomes in Central Bedfordshire appear better than average – they should be as it is a relatively affluent area – so we should aim to be among the best.

## 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 269,100 by 2014 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 September 2015 was 281,710.

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.

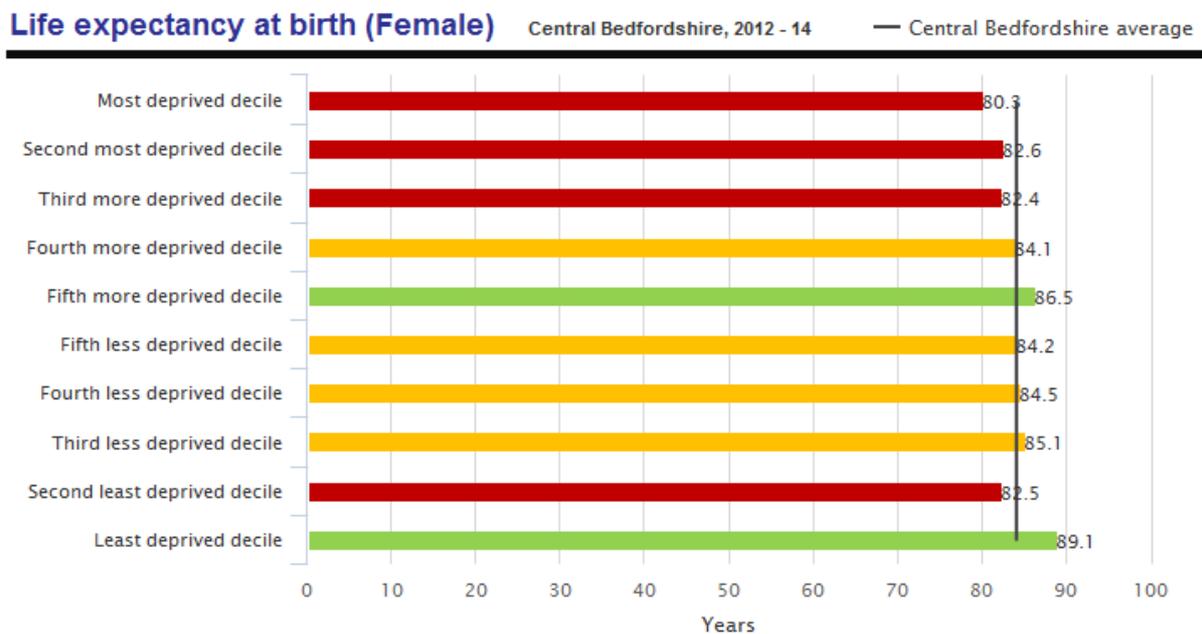
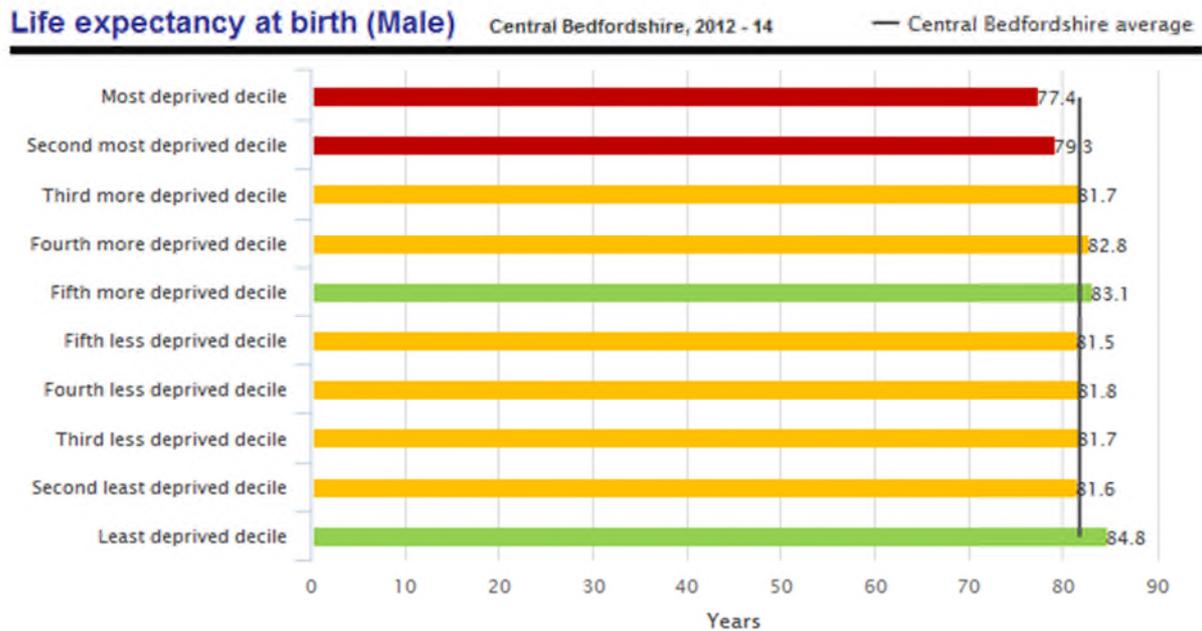
The main drivers of the rising population are increasing life expectancy, a rising birth rate and inward migration. There are significantly more births in Central Bedfordshire than deaths. A net migration gain due to more people arriving in the county than moving away is also playing an important role in the rising population. 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, but there is no clear evidence to identify what is driving migration.

### 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. During 2012-2014 life expectancy had risen in Central Bedfordshire to 81.5 years for men and had fallen very slightly for women to 83.8 years [81.0 years for men and 84.0 years for women 2010-2012] and both are better than the national average. Life expectancy is increasing at the rate of about 4.0 years for men and 2.1 years for women each decade.

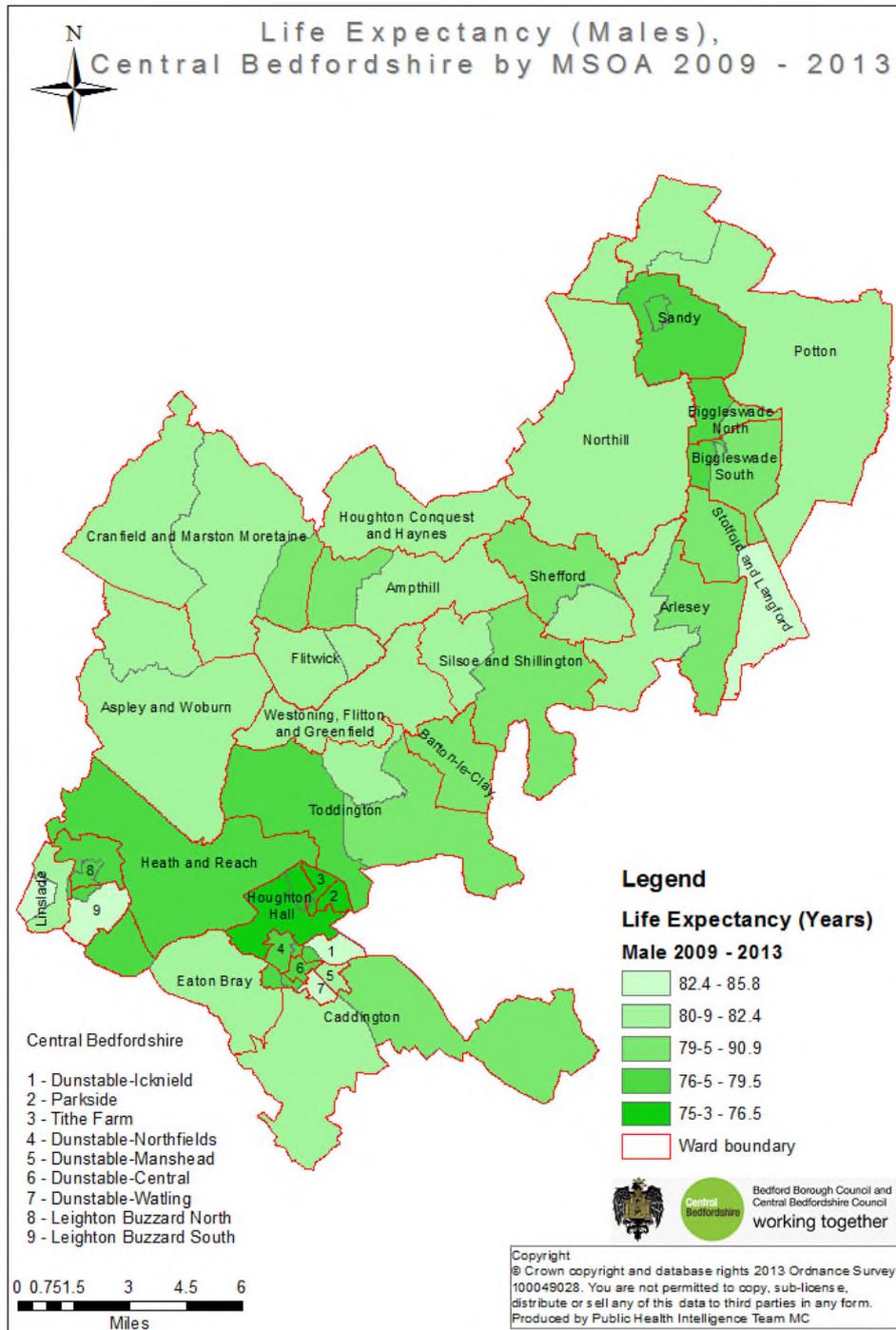
Geographically there is a range of life expectancy within Central Bedfordshire, there is a statistically significant gap between the most deprived 20% and the least deprived 80% of the population. Looking at life expectancy by dividing the area into ten groups from the most to the least deprived LSOAs shows a clear difference. There is one group that, in the present data, goes against the overall trend, this is female life expectancy in the second least deprived group which is significantly below the average for Central Bedfordshire.

**Figure 2: Life expectancy at birth from in most deprived to the least deprived areas of Central Bedfordshire** (Public Health Outcomes Framework Indicator 0.1ii, 2012-14, partitioned by LSOA deprivation deciles using IMD 2010)

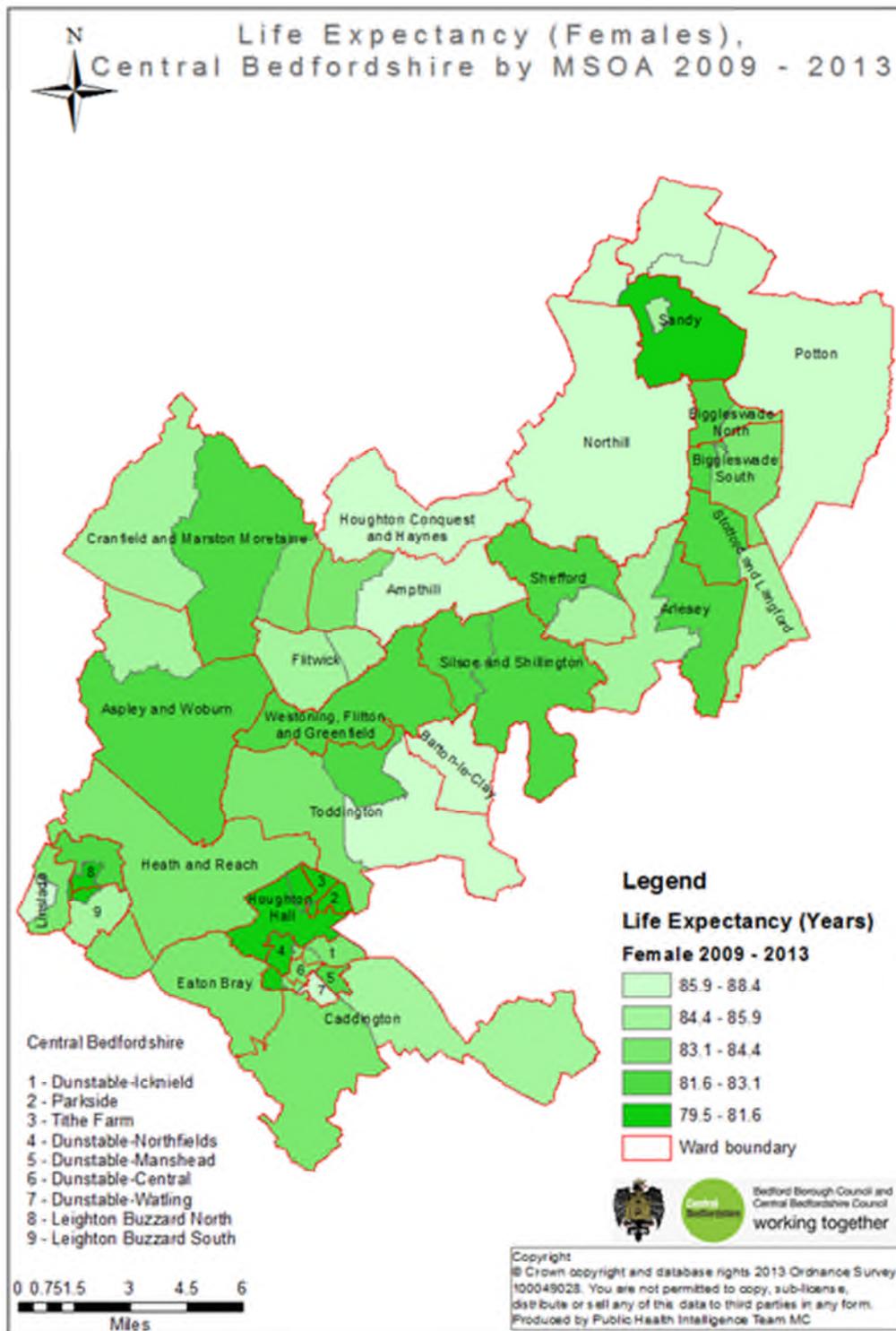


However, this gap appears to be reducing for both men and women in the most deprived areas (2011-2013). Life expectancy is now 6.0 years lower for men (6.6 years in 2010-12 and 8.0 years in 2009-11) and 5.2 years lower for women (5.4 years in 2010-12 and 6.3 years in 2009-11) in the most deprived areas of Central Bedfordshire compared to the least deprived.

**Figure 3a: Life expectancy at birth (years) in Central Bedfordshire at Middle Super Output Area (MSOA) level, Males 2009-13**



**Figure 3b: Life expectancy at birth (years) in Central Bedfordshire at Middle Super Output Area (MSOA) level, Females 2009-13**

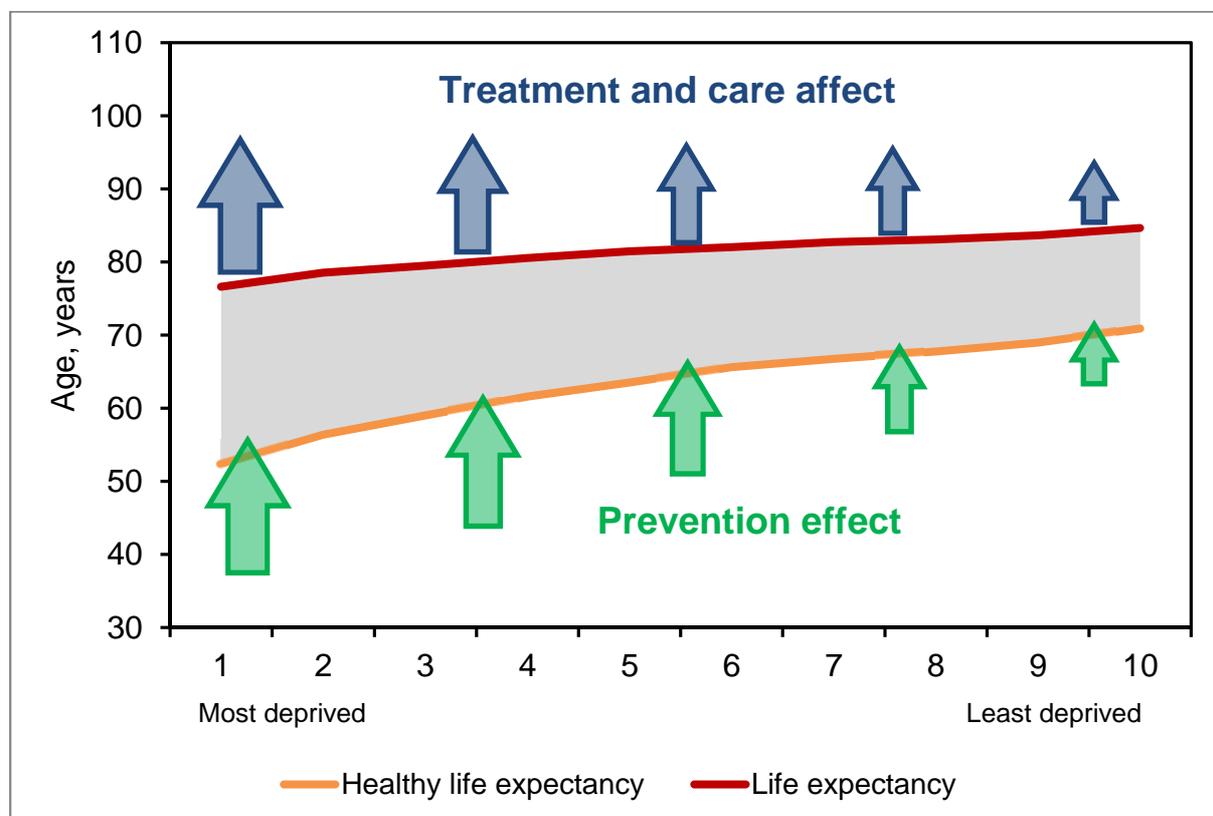


Many deaths before the age of 75 years are avoidable, so there is an increasing focus on reducing these, particularly in the more deprived areas and in vulnerable groups within the population. The biggest causes of deaths under 75 are cancer (particularly lung cancer), heart disease and stroke, and lung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

asthma and chronic obstructive pulmonary disease) (<http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E06000056/par/E92000001/ati/102/pat/>). This is covered in more detail in the living well section of this report.

In addition to life expectancy we should also consider healthy life expectancy. Healthy Life Expectancy is driven largely by prevention e.g. lifestyle and the wider determinants of health such as housing and employment. The gap between healthy life expectancy and total life expectancy is the period spent in poor health when people are likely to need more care and support. The period spent in poor health tends to be longer for those living in more deprived circumstances.

**Figure 4: Variation in healthy life expectancy and life expectancy by deprivation decile (national figures)**



In Central Bedfordshire Healthy life expectancy at birth was 66.9 years for males and 67.7 years for females in 2011 (this is based on data from the 2011 Census). The inequality in healthy life expectancy at birth, calculated using the slope index of inequality, was 7.7 years for males and 7.2 years for females. This means that on average those in the least deprived 10% live over 7 years in good health than those from the most deprived 10%. These figures place Central Bedfordshire in the top quartile nationally, i.e. in those areas with the smallest gap.

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.

## Income

A review to assess the impact of the welfare reforms on residents showed an impact on resident's lifestyles, eating habits and mental health, all attributable to increasing financial pressures. This is also driving growing demand for affordable / lower rent housing. The number of properties within Local Housing Allowance rates has plummeted from 19% in 2012 to just 0.04% in 2015; that is just 7 properties within the whole of Central Bedfordshire.

Income deprivation affects 11% of older people in Central Bedfordshire, compared to 16% in England, although in four small areas more than a quarter of older people are affected. Older people are also more likely to suffer from fuel poverty; with six areas in Central Bedfordshire in the worst 30% in England for fuel poverty. These include Old Warden and Southill; the area around Woburn; Cranfield and Brogborough; Parkside (in Houghton Regis); parts of Dunstable Central and Dunstable Northfields; and parts of Houghton Hall and Tithe Farm in Houghton Regis. Fuel poverty tends to be more of an issue in rural areas, and those areas with high levels of private rented accommodation.

## Housing

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 in private sector housing is Excess Cold, which is found in 7% of the private sector stock. Whilst the proportion of excess cold hazards fell 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 and Employment

Central Bedfordshire has a growing economy of £5.4 billion with over 12,000 businesses employing almost 92,000 people. Skills attainment is generally high in Central Bedfordshire. In 2014, 74.0% of people in Central Bedfordshire had achieved at least Level 2 qualifications, compared to 72.3% in England. The percentage of people with no qualifications (6.1% in Central Bedfordshire) was lower than the England average (8.6%).

58.3% of Central Bedfordshire pupils achieved 5 GCSEs A\*- C including English and Maths in 2015. This was below the statistical neighbour average (59.3%) but above the England average (53.8%).

People in Central Bedfordshire (85%) are more likely to be economically active than the England average (77%). Economic activity includes both people in employment and those who are unemployed but actively looking for work. Professional, scientific and technical occupations and manufacturing were the most common industries for people who work in Central Bedfordshire, followed by education and retail.

Unemployment is generally lower than the England average. In September 2015, 0.9% of the Central Bedfordshire population were claiming Job Seeker's Allowance, compared to the England rate of 1.6%. However, some areas have consistently high unemployment rates; these include Tithe Farm and Houghton Hall, both in Houghton Regis, as well as Dunstable Manshead. Similarly the female unemployment rate is consistently higher than the male and certain groups such as BME, people aged 18-24, and 50+ also experience relatively higher unemployment rates compared to the Central Bedfordshire average. These trends are all witnessed nationally.

Central Bedfordshire residents earn more than the England average. The gross average weekly earnings of residents in 2015 (£575) is greater than the England average (£533). Residents also earn more than people who work in Central Bedfordshire; the difference is about £96 per week. This is likely to be a result of better paid opportunities available to those who commute out of the area.

## Environment

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, with older people, people living in areas of higher deprivation, the sick, and the young, 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.

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. 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 are three Air Quality Management Areas. These are in Dunstable Town Centre; Ampthill Town Centre and Sandy (adjacent to the A1).

It is estimated that the effects of nitrogen oxide on mortality are equivalent to 23,500 deaths annually in the UK. The impact of exposure to particulate matter pollution is estimated to have an effect on mortality equivalent to nearly 29,000 deaths in the UK. The combined impact of these two pollutants represents a significant public health challenge.

Air quality impacts on respiratory disease so the impact of growth 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.

## Community Safety

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 increased, with 5% more crimes recorded between December 2014 and November 2015 when compared to the previous 12 months. Although overall SAC has increased, there has been a 21% decrease in domestic burglaries.

Between January and December 2015, there were 3,332 incidents of domestic abuse in Central Bedfordshire, an increase of 7% when compared to 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 (January to December 2015), 51% 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 directly the incident living in a home where domestic abuse is happening, it has a significant impact on children and young people.

### 3.0 Starting Well

In general, outcomes are good for the 64,200 children aged between 0-19 years in Central Bedfordshire, an increase of 1,500 children since the last executive summary in 2014.

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

#### Healthy mothers tend to have healthy babies

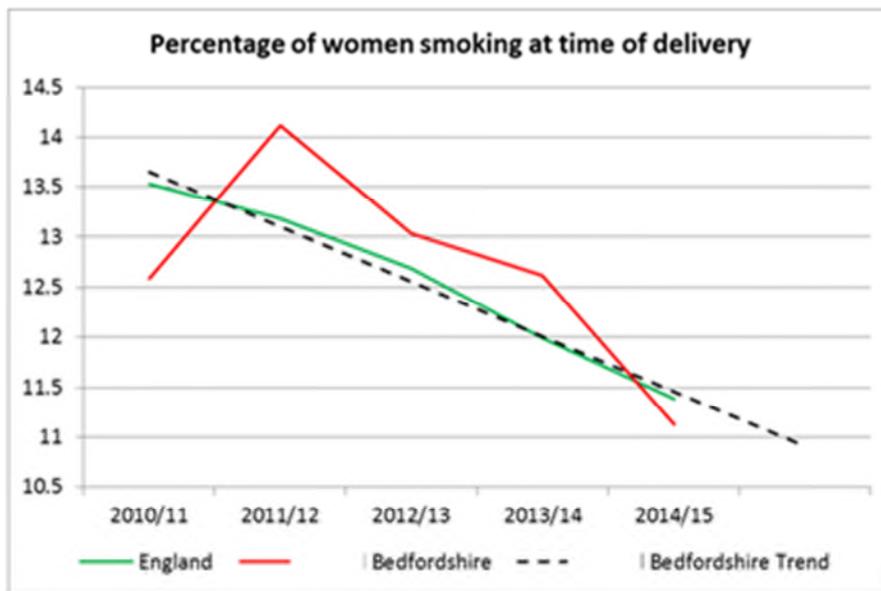
A mother who receives high quality maternity care through pregnancy is well placed to provide the best possible start for her baby. All women should be encouraged to access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy - to give them the full benefit of personalised maternity care and to improve outcomes and the experience for mother and baby.

Uptake is very good in Central Bedfordshire (with 94.5% of women up to Quarter 3 2014-2015 being seen by 12 weeks) however, identifying mothers in Central Bedfordshire who do not book early or maintain antenatal contact (usually vulnerable and socially excluded groups) and understanding their reasons are key to ensuring services are better able to address their needs.

#### Smoking in Pregnancy

Stopping smoking whilst pregnant is considered to be the single most effective step a woman who smokes can take to improve her own health and the health of her baby. Smoking during pregnancy can cause serious pregnancy related problems, including increased risk of miscarriage, stillbirth, and sudden unexpected death in infancy.

**Figure 5 : Percentage of women in Bedfordshire smoking in Pregnancy 2010/11 – 2014/15**



According to 2014/15 data, 11.1% of women in Bedfordshire (Bedfordshire CCG) were known to be smoking at time of delivery, lower than the England average of 11.4% and significantly lower than 2011/12 when rates were as high as 14.1%.

Locally, data is monitored and reported for Central Bedfordshire resident deliveries at individual hospital trusts. The data from 2014/15 highlights that women giving birth at Luton and Dunstable Hospital are much more likely to smoke at the time of delivery than those at Bedford Hospital; 18.6% and 9.2% respectively. This mirrors the national picture that smoking in pregnancy is more prevalent among those affected by social deprivation; as much as 50% higher in women in Routine and Manual groups than the population as a whole. Reducing smoking in pregnancy is central to any strategy to tackle infant mortality and reduce health inequalities.

Passive smoking significantly harms children’s health and life chances. Growing up in a smoky environment puts children at a major disadvantage and those exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease. Children born to mothers who smoke are much more likely to smoke themselves. In 2014/15, 16.7% of new born babies were living with a smoker in Central Bedfordshire.

## Breastfeeding

Breastfeeding promotes health and prevents disease in both the short and long term for both infant and mother and plays an important role in reducing health inequalities. Breastfeeding rates in Central Bedfordshire at initiation are better than the national average and have continued to improve since 2008 but there is a ‘drop-off’ in the number of mothers still breastfeeding 6 weeks later. Data from Quarter 1 2015/16 showed that the initiation rate for Central Bedfordshire women was 77.8% (above the regional average) but by 6-8 weeks after birth this had fallen to 48.1% which is better than the National and Regional averages but falls short of the 50% target.

Bedford Hospital has achieved Stage 2 Baby Friendly Accreditation with excellent results in staff knowledge and skills. Luton and Dunstable Hospital has achieved Stage 1 and both are working towards the next level. South Essex Partnership Trust (SEPT) Community Health Services, which incorporates the 0-19 Service, in partnership with children’s centres across Bedfordshire achieved the top level - Stage 3 of the Baby Friendly Accreditation in April 2013.

Progression to full ‘Baby Friendly’ accreditation by the Luton and Dunstable Hospital Midwifery Service is expected to increase breast-feeding initiation rates and have a positive impact on sustaining rates at 6 to 8 weeks. The number of antenatal visits by Health Visitors at 28-32 weeks has also been steadily increasing since 2014, which is expected to increase the breastfeeding rate at 6 to 8 weeks.

## Maternal Mental Health

For some mothers pregnancy and the happy arrival of a baby are overshadowed by mental illness. Maternal mental health disorders can impact the woman, the baby and the rest of their families. There are some gaps in current service provision when compared to NICE guidance.

**Figure 6: Local estimates of the prevalence of mental health conditions**

Condition	Estimated prevalence	Estimated number of women affected in Central Bedfordshire
Baby blues	80%	2,640
Postnatal depression	10-15%	330 - 495

Source: Royal College of Psychiatrists

Every child deserves the best possible start in life and needs to be ‘School Ready’

## Low income

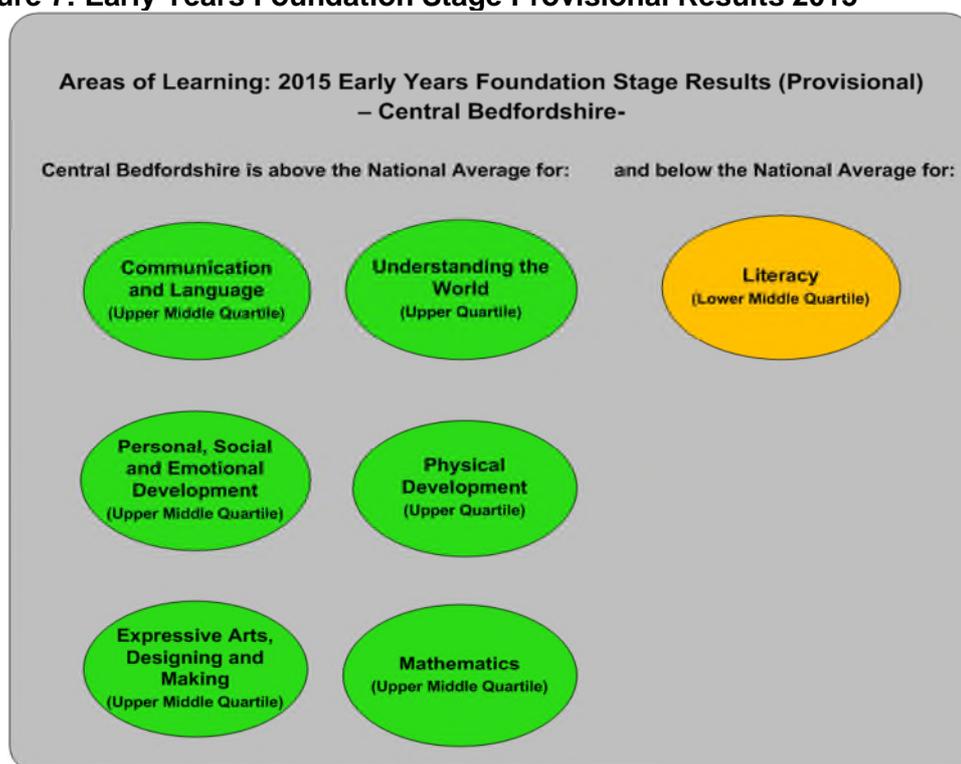
Poverty and life chances form an intergenerational cycle: a lack of income and material resources in the early years adversely affect early development which impacts on cognitive, emotional and behavioural capacities, and the ability of children and young people to achieve through their education. This in turn can put young people in a precarious position in the labour market. They are more likely to be unemployed and therefore bring their own children up in poverty, beginning the cycle over again.

As at August 2013, in Central Bedfordshire 12.1% of children were in low-income families. (England 18.0%). Free School Meals are often used as a measure of deprivation and the latest data for Central Bedfordshire (Spring 2015) showed that 4273 pupils were eligible for and claiming free school meals – out of a total of 42,009 pupils (10.2%).

## Good level of Development

The percentage of children classed as having a 'Good Level of Development' (Early Years Foundation Stage) Central Bedfordshire 2015 provisional result is 64%. This is an improvement from 2014 of 7%, but Central Bedfordshire remains in the third quartile and is ranked 9/11 against Statistical Neighbours. The best performing local authority at 78% is Lewisham.

**Figure 7: Early Years Foundation Stage Provisional Results 2015**



The percentage of pupils eligible for Free School Meals achieving a Good Level of Development in Central Bedfordshire (2015 provisional results) is 40%. (National average 51%.)

The gap between children eligible for Free School Meals and Non Free School Meals is now 25% and is 3% wider than our Statistical Neighbour gap and 7% wider than the National gap.

The Partnership Vision for Education 2015–19 provides a clear improvement strategy for educational outcomes for all children and includes action to improve 'School Readiness' such as determining key messages on school readiness to share with parents and professionals.

## Under 18 conception rates continue to fall but hotspot wards remain a priority

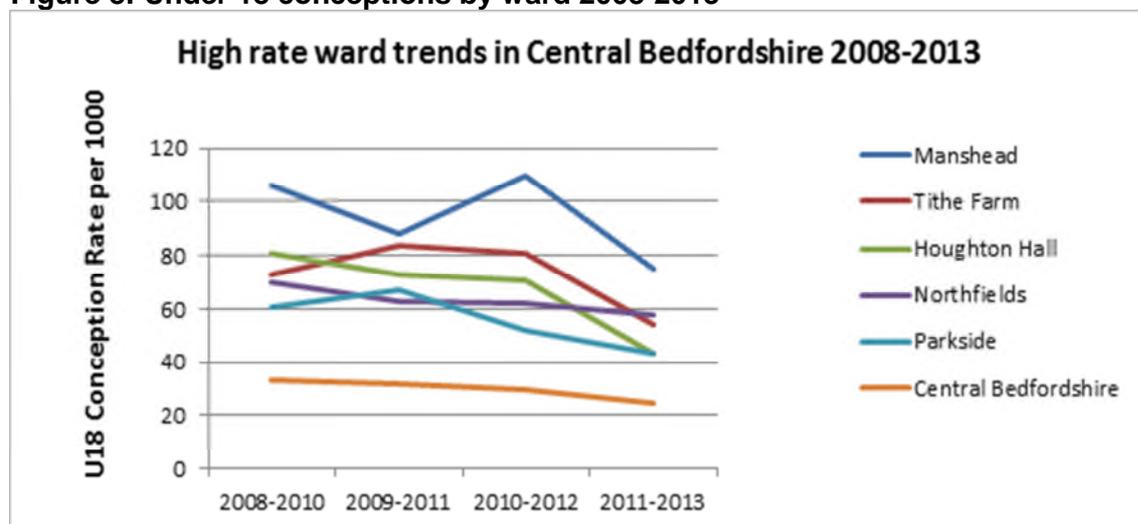
Giving birth as a teenager can be detrimental for the young mother as evidence suggests that she is more likely to drop out of school, to have no or low qualifications, to be unemployed or low-paid, to live in poor housing conditions, to suffer from depression, and to live on benefits. Furthermore, the child of a teenage mother is also more likely to live in poverty, to grow up without a father, to become a victim of neglect or abuse, to do less well at school, to become involved in crime, to abuse drugs and alcohol, and eventually to become a teenage parent and begin the cycle all over again (UNICEF, 2001).

There has been a downward trend in the under 18 conception rate in Central Bedfordshire since 2010, with the greatest reductions seen in the under 16s.

The most recent annual data (2013) shows a decrease in under 18 conception rates in Central Bedfordshire between 2012 (26.7 per 1000) and 2013 (19.9 per 1000).

Teenage pregnancy hot spot wards are those which fall within the highest 20% in the country. The latest three year aggregate ward level data for the period 2011-2013 showed a reduction in all of Central Bedfordshire's hotspot wards. Rates in Houghton Hall and Parkside (both in Houghton Regis) have reduced sufficiently for them to no longer be deemed hotspot wards. Central Bedfordshire now has 3 hotspot wards: Dunstable Manshead; Tithe Farm (in Houghton Regis) and Dunstable Northfields.

**Figure 8: Under 18 conceptions by ward 2008-2013**



### **Areas for focus**

- Identifying those mothers in Central Bedfordshire who do not book early or maintain antenatal contact, and understanding their reasons are key factors in ensuring services are better able to address their needs.
- Reducing smoking in pregnancy and increasing breastfeeding through targeted interventions and services.
- Transforming perinatal mental health services including:
  - Reducing waiting times for assessment and treatment.
  - Providing specialist perinatal mental health support.
- Parents and professionals are supporting children to be 'School Ready' and literacy at the Early Years Foundation Stage improves.
- Continuing to target work within teenage pregnancy high rate areas and among vulnerable groups by tackling the underlying risk factors such as educational attainment, persistent absence from school and low self-esteem.

## 4.0 Developing Well

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 and wellbeing of this age group.

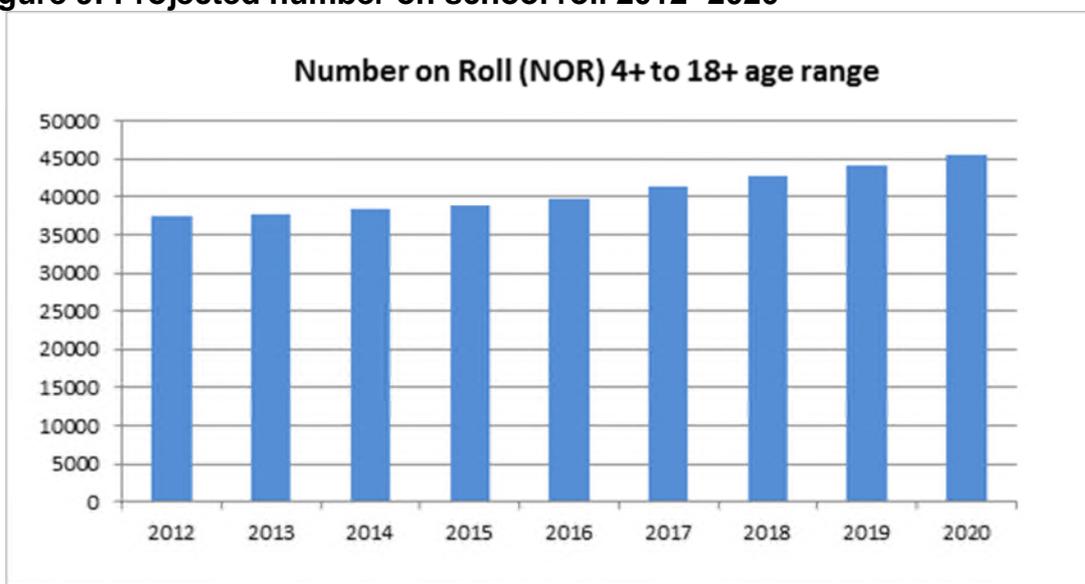
Adolescence brings its own set of challenges for young people as it's a time of rapid physical and emotional change. Issues faced by adolescents can include exam pressure, difficulties with family relationships, sexual problems (e.g. the risk of teenage pregnancy and sexually transmitted diseases), substance misuse, youth crime, and mental illness.

### Pupil numbers are increasing

Central Bedfordshire continues to see an increase in the population of primary/lower and middle school aged children, and more recently secondary/upper school aged students. The growth is projected to increase, alongside a significant housing development programme.

The total number of pupils in Central Bedfordshire is expected to rise by approximately 6,757, from approximately 38,700 pupils in 2015 to 45,457 in 2020. New school places will continue to be provided in the areas of greatest basic need.

**Figure 9: Projected number on school roll 2012 -2020**



The forecast for children with special educational needs and disabilities also continues to rise and will require new special school places to be created. The Special Educational Needs schools in Central Bedfordshire are forecast to require investment to provide the additional places needed from the growth across the six existing school sites.

## Improving education and employment outcomes are key areas of focus

As at 31 August 2015, 85% of Central Bedfordshire schools were judged as good or better by Ofsted, which is above Statistical Neighbour and National averages (both 84% - overall effectiveness judgement).

However Central Bedfordshire attainment across Key Stages is mixed:

Central Bedfordshire is in the top quartile for Key Stage 1 (2015 provisional results) Level 2+: Reading (92%), Level 2+ Writing (90%), Mathematics (94%).

At Key Stage 2, the percentage achieving Level 4 and above in Reading, Writing and Maths 2015 (77%) is below National and Statistical Neighbour averages (both 80%). Central Bedfordshire is in the bottom quartile.

At Key Stage 2 the 2015 percentage point gap between Disadvantaged\* pupils and other pupils achieving Level 4 or above in Reading, Writing and Mathematics is 25 percentage points. The National gap is 15 percentage points and the Statistical Neighbour gap is 18 percentage points. (\*Disadvantaged Pupils include pupils known to be eligible for Free School Meals from Year 1 to Year 6, those who are looked after children or adopted from care).

At Key Stage 4 the final 2015 results for Central Bedfordshire show that 58.3 % of young people achieved 5 or more A\* - C grades at GCSE or equivalent including English and Maths. This is an improvement of 1.2% compared to last year. In 2014 Central Bedfordshire schools were ranked 72 out of 151 and these results rank Central Bedfordshire 57 out of 151. Central Bedfordshire is in the second quartile.

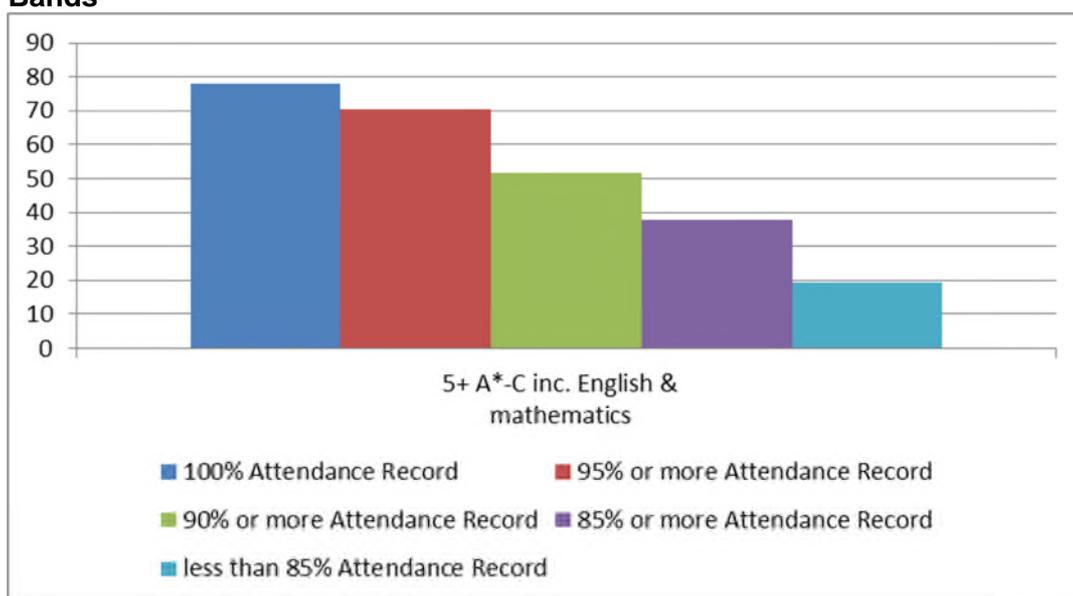
At Key Stage 4 the 2015 percentage point gap between Disadvantaged pupils and other pupils achieving 5 or more A\*-C grades at GCSE or equivalent including English and Maths is 30.5 percentage points (ppts); 3.1 ppts narrower from last year (33.6 ppts). The National gap is 28.2 and the Statistical Neighbour gap is 32.0.

At Key Stage 5 the 2015 revised results show that Central Bedfordshire pupils are taking on average 3.7 A Level qualifications and with an average grade of a C-. The Statistical Neighbour average is 3.6 A Level qualifications and with an average grade of a C. The National average is 3.6 A Level qualifications and with an average grade of a C+.

There are also inequality gaps in achievement for gypsy and traveller children.

Pupil absence in Central Bedfordshire is 4.6% 2013/14 (Academic Year) but remains higher than Statistical Neighbour (4.4%) and National (4.5%) averages. The graph below shows the impact pupil absence can have on results. A relatively small drop in attendance has a significant impact on the attainment results.

**Figure 10: 2014 Central Bedfordshire Key Stage 4 Assessments by Attendance Bands**



The Summer Reading Challenge is a national scheme led by the Reading Agency. The scheme is considered to have many benefits - such as boosting confidence and enriching speaking, listening, reading and writing. It also helps prevent the summer dip in literacy skills. In 2015 5,289 children joined the Summer Reading Challenge in Central Bedfordshire (this was a slight increase on 2014) 49,516 books were read throughout the summer holidays. The library with the highest number of children joining the challenge was Leighton Buzzard library (864 children joined – reading in total 8873 books) followed by Dunstable library (633 children joined – reading in total 5838 books).

For many children poverty can impact upon achievement at school. Children who grow up in poor families are four times more likely to become poor adults, and in turn the parents of the next generation of impoverished children.

The number of young people who are Not in Education, Employment or Training (NEET) in Central Bedfordshire continues to fall. 3.5% of young people aged 16-19 were NEET in Quarter 2 2015/16. This compares well to National (5.7%) and Statistical Neighbour (5.5%) averages. The NEET population has also decreased when compared to the same period last year - Quarter 2 2014/15 (4.2%).

Analysis of Central Bedfordshire's April 2015 NEET figures (3.8% - equating to 319 young people) highlighted:

- a significant ongoing rise in young people 'unavailable' to the labour market due to personal circumstances – with this group now making up around 33% of the NEET cohort. 82% of those unavailable to the labour market were female. This group also includes those who are pregnant or young parents.
- that a key driver for young people being 'unavailable' is emotional/mental health issues with 39 young people citing this as the main reason for being

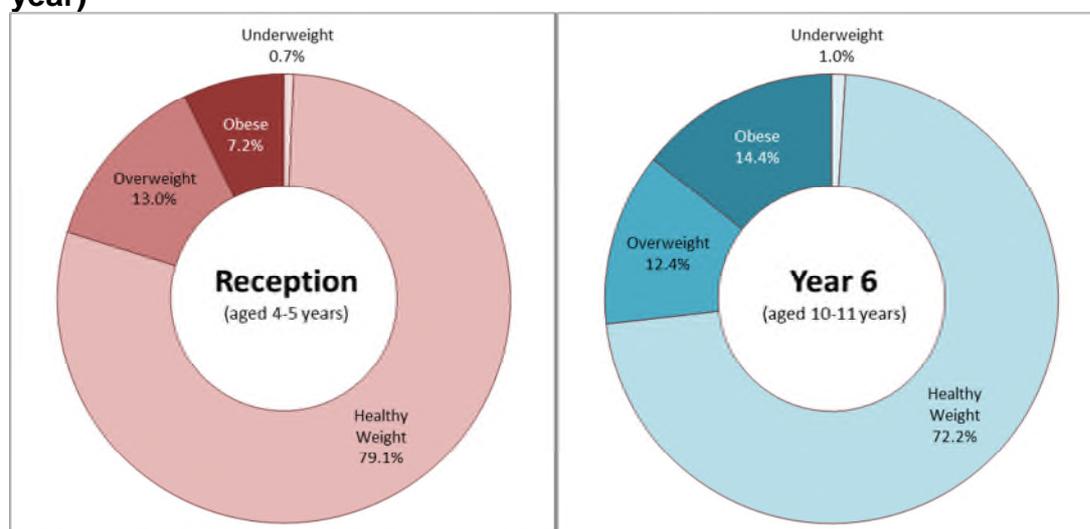
NEET. The range of emotional/mental health issues range from anxiety/depression to (in a small number of cases) in-patient treatment.

- 35% of Central Bedfordshire's NEET population live in Dunstable and Houghton Regis. However, the ward that consistently has the highest number and percentage of young people is Leighton Buzzard North (29 young people accounting for 9% of the overall NEET population).

Supporting children and young people to make **healthy lifestyle** choices – which will impact upon their health throughout life

Excess weight in children and young people can lead to poor health and emotional well-being.

**Figure 11: National Child Measurement Programme Data 2014/15 (academic year)**



Trend data over a 7-year period from 2008 shows a gradual downward trend for Year R and Year 6 for excess weight.

The current ward data available (2014/15) shows the wards with the highest levels of excess weight are:

- Year R: - Parkside (in Houghton Regis), Houghton Conquest and Haynes, Dunstable Central.
- Year 6:- Dunstable Manshead, Northill, Aspley and Woburn.

To support the reduction in childhood excess weight, collaborative working between school nursing teams with health reviews at Years R (4 -5 year olds) and 6 (10-11 year olds), and the National Child Measurement Programme, will increase the uptake of family weight management services.

In addition, Leisure Centre programmes include swimming lessons, children's holiday activity schemes and children's disability fitness classes. There is also a variety of community based activities which include bikeability for all ages, activities for looked after children and Xplorer sessions during the school holidays for families.

There are approximately 600 obese pregnant women in Central Bedfordshire each year. A new pathway is in development to provide easier access to weight management services.

The dental health of children in Central Bedfordshire is relatively good when compared to the England average. This has been evidenced in the national BASCD (British Association for the Study of Community Dentistry) survey of five- year-olds for 2007/08 and 2011/12. The dental health of twelve-year-olds for 2008/2009 also compares well to the England results. However, there are still substantial improvements to be made, as these figures mask oral health inequalities. Socially disadvantaged children experience disproportionately high levels of dental disease.

## Reducing Risky Behaviours

Risky behaviour can expose children to harm. Examples include smoking, drug or alcohol use, self harm, youth crime, sexual activity and teenage pregnancy.

CANYP offers a range of support to children under 18 years of age who use drugs and / or alcohol. Although alcohol is the most commonly used substance, it is the second most commonly cited problem substance for those young people entering treatment in Central Bedfordshire. The most commonly used cited problem substance at referral to CANYP is cannabis.

Young people who are particularly vulnerable to substance misuse include those who are frequent truants; excluded from school, young offenders and looked after children.

From April 2014 to December 2014, 63 young people were referred into the service, for support for their alcohol and / or drug problems. The majority of young people who engage early with specialist alcohol services and who leave in a planned way do not return to services.

Every year, children and young people aged 10 to 17 years and resident in Central Bedfordshire become known to the criminal justice system. In most cases, contact is brief, offending is of a low level and often occurs as a result of adolescent risk taking, peer pressure and use of substances, particularly alcohol. However, for some young people offending can become entrenched and in some cases serious and harmful to victims. Offending can be an indication of wider challenges within a family or community. Some children can pose a risk to their peers.

The number of First Time Entrants to the Criminal Justice System has fallen from 2012/13 to 2014/15.

The young people who come into contact with Bedfordshire Youth Offending Service are frequently characterised by complex lifestyles, challenging family environments and a lack of engagement with universal services. Access to general health provision remains inconsistent based on factors linked to where the child or young person may live, the involvement/ awareness of their family and their own lack of confidence, and poor knowledge of healthcare provision.

Young people aged between 15 and 24 years experience the highest rates of new Sexually Transmitted Infections (STIs). In Central Bedfordshire in 2014, 48% of diagnoses of new STIs made were in young people aged 15-24 years.

It is recommended that sexually active young people are tested regularly for all STIs particularly before any sexual activity with a new partner.

Chlamydia is the most common curable STI in the UK and often shows no symptoms, however, if left untreated, it can lead to infertility in both males and females. Free chlamydia screening is available through the National Chlamydia Screening Programme to all young people aged 15-24 years. The Chlamydia detection rate per 100,000 (15-24 year olds) for 2014 in Central Bedfordshire was 1,297 - a slight improvement on the rate for 2013 (1,215), although this is still significantly below the national target rate of 2,300 required to reduce prevalence. All services working with young people are encouraged to offer chlamydia screening, if appropriate, or signpost to sexual health services.

### 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.

The impacts of mental disorder in childhood and adolescence can include:

- Poorer health and lower levels of educational attainment
- Higher risk of self-harm and suicide
- Higher levels risky behaviour having an impact on health such as smoking, alcohol consumption and drug misuse
- Higher rates of antisocial and offending behaviour and violence
- An impact on happiness

3099 pupils took part in the 2014 Health Related Behaviour and Perception (SHEU) Survey. Results indicated that pupils in Central Bedfordshire were less likely to get high self-esteem scores compared to the wider SHEU sample:

- Central Bedfordshire Year 6: 35% (SHEU wider databank figures: 42%)
- Central Bedfordshire Year 8: 32% (SHEU wider databank figures: 38%)
- Central Bedfordshire Year 10: 28% (SHEU wider databank figures: 40%)

Further analysis showed that for Central Bedfordshire girls' scores were lower than boys':

- Year 6 (age 10 – 11): 28% girls, 42% boys had high self esteem scores
- Year 8 (age 12 – 13): 23% girls, 40% boys had high self esteem scores
- Year 10 (age 14-15): 16% girls, 40% boys had high self esteem scores

The Health and Wellbeing Strategy makes reference to the undertaking of a school-based survey to understand the local picture of emotional resilience in more depth and the actions required. Details are included below.

A total of 4326 Year 3 to Year 12 pupils participated in the emotional wellbeing survey between November and January 2015/16.

Causative factors suggest that:

- boys of all ages are happier with their lives than girls (happiness levels are similar to those measured in the SHEU survey in 2014).
- 3/4 pupils of all ages worry about a number of issues such as exams or tests, and friendships or relationships to the extent that around 11% of children find it hard to continue with everyday activities.
- between 10% and 17% of children do not get sufficient sleep,
- around 23% had been upset by something that someone had deliberately written or shown online
- 42% of primary pupils responded that they feel afraid of going to school because of bullying at least 'sometimes'.

Coping factors:

- young people responded that they would like to be more confident and brave, however self esteem scores were higher than in 2014. Results showed that children with higher self esteem scores were more likely to have stable friendships and feel happy to talk openly.
- Resilience is a measure of a child's ability to cope with adversity and the survey revealed that up to 1/3 of pupils had low resilience.
- The main sources of support for children and young people are parents and friends; however the survey revealed that for some issues such as sexuality, young people do not seek help from anyone or anywhere.

The results of the survey will help to inform the actions needed to improve young people's mental health.

Mental health disorders in children and young people are divided into a number of categories which include eating disorders. There are an estimated 55 children aged 5-10 years with an eating disorder, and 74 children aged 11-16 years (2004).

In 2013/14 there were 115 Accident and Emergency admissions (children and young people aged 10-19 years) for self-harm. In previous years, admissions were three to four times more common in girls than boys, consistent with national findings. In

2013/14 however the gap appeared to widen and admissions for self-harm were nearly eight times more common in girls than boys.

## Addressing the impact of **parental issues of domestic abuse, mental ill health and substance misuse**

Between April 2014 and March 2015 there were 3265 incidents of domestic abuse in Central Bedfordshire, a 21% increase on the same time period the previous year. 45% of incidents noted alcohol to be an influencing factor.

For the same period, 51% of the domestic abuse incidents were noted to have a child living in the household at the time of the abuse occurring. Although not all of the children may have witnessed the incident directly, living in a home where domestic abuse is happening has a significant impact on children and young people.

Central Bedfordshire Council is developing a Council Domestic Abuse Strategy and supporting action plan. The strategy and plan will set out how the Council will tackle abuse, supported by key partners within Central Bedfordshire. The Council has developed the strategy in conjunction with SafeLives, the nationally recognised charity working to stop domestic abuse, and make more victims safe.

In Central Bedfordshire the Relay Project supported by the local authority and Bedfordshire Police continues to alert schools to children whose parents have been involved in a domestic violence incident. Following 975 incidents with school aged children in the household between April 2014 and March 2015, 1747 notifications to schools for individual children were made. The current position is that the majority of schools have received at least one relay notification - with only 4 schools not having received one since the launch in June 2014.

When a parent becomes mentally unwell it can impact on the whole family and it is important that services support both the parent and their child.

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

Mental health illness affects many people across all ages and in 75% of people with a lifelong mental illness their symptoms started before their mid-twenties with 10% of 15-16 year olds experiencing mental health illness.

Children of parents who have problems with substance misuse are at increased risk of suffering from a number of specific harms which can impact on health and lifetime outcomes. Those children are more likely to experience neglect, domestic violence, separation from parents, accidental overdose, eviction or housing in temporary or unsuitable accommodation, all of which can contribute to behavioural and/or developmental problems. They are also at risk of developing substance misuse problems themselves. Children with a parent experiencing substance misuse problems may have to take on caring responsibilities, for their parents and/or

siblings. Where a parent is a problematic or high risk drinker during pregnancy foetal alcohol syndrome is a risk.

The percentages of clients in treatment for substance misuse who are living with children or pregnant are currently higher in Central Bedfordshire than nationally. Commissioners are therefore working with providers to identify the extent of the issues locally and ensure these families are well supported. Collaborative work with the treatment provider and Children Services is underway to ensure an effective and robust approach to working with families where substance misuse is an issue to deliver the best possible outcomes.

In Central Bedfordshire positive parenting intervention and support is offered which includes 1-1 parent support, evidence-based parenting and family focused programmes - supporting e.g. teenage parents, parents with substance misuse issues and parents with learning disabilities.

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

Abuse and neglect are the highest primary needs for those children referred to Central Bedfordshire Children Social Care.

In October 2015 there were 1315 Children in Need, 168 children subject to Child Protection Plans in Central Bedfordshire and 288 Looked After Children.

The number of Looked After Children increased from 269 in October 2014, however this increase reflects an increase in the number of unaccompanied asylum seekers coming into the area.

Health outcomes for Looked After Children in Central Bedfordshire are mostly good, but the percentage identified as having a substance misuse problem during the year in Central Bedfordshire is significantly higher than the England average.

The Strengths and Difficulties Questionnaire (SDQ) is a short behavioural screening questionnaire. Average SDQ scores for Looked After Children are also higher than the National figure, although lower than Statistical Neighbours. (Low is good).

Educational outcomes need to be improved and the Virtual School for Looked After Children has put in place rigorous tracking processes to ensure that Looked After Children in Central Bedfordshire make good progress.

Securing the most suitable placement for children, the stability of good placements and supporting the transition to independent living are key issues for Looked After Children.

New duties to reform the system of Special Educational Needs & Disability (SEND) support were introduced by the Children & Families Act in 2014 involving all

agencies that support children with SEND and their families. Actions within Central Bedfordshire include:

- Ensuring children, young people, are involved from the outset in the development of the Local Offer through co-production of services required to meet their needs.
- Ensuring the parents carer forum (SNAP) are involved from the outset in the strategic development of the Local Offer through co-production of services required.
- Enabling decision makers, professionals and families to work together to develop a 'Local Offer' based on clear analysis (resulting in needs led, appropriate services being commissioned).
- Ensuring partners work together to support universal and specialist services in identifying children's needs early, through transparent assessment processes.
- Implementing a single assessment process which will lead to a single education, health and care plan for every young person.
- Co-designing a multi-agency transition pathway that puts the young person at the centre of their planned, supported journey to adulthood.
- Development of the website to ensure that all information is transparent, clear, and accessible to all in one place (Local Offer).

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, those who are abusing drugs and alcohol and those involved in gangs. Poor mental health is associated with sexual abuse and exploitation in childhood.

During 2014/15 child sexual exploitation was identified as a factor in 72 assessments of young people, and 35 young people were referred to the Child Sexual Exploitation Panel. Boys are currently under represented and understanding the risks to boys and how they are identified for support will be an area of focus.

An external Pan Bedfordshire Review of Child Sexual Exploitation has been carried out by the National Working Group, an organisation very experienced in the field of preventing and tackling CSE. The recommendations made in this report are being addressed through the Pan Bedfordshire CSE Strategy and action plan, and the Central Bedfordshire CSE strategy and action plan. The Central Bedfordshire CSE Strategy group monitors progress against our action plans.

Inappropriate levels of caring impact on a child's own emotional and physical health as well as their educational achievement and life chances. The number of registered young carers in Central Bedfordshire is increasing (from 552 in June 2014 to 729 registered young carers February 2016). Work is taking place on the development of a 'Young Carers Offer' which will involve consultation with young carers to assist in

determining needs and to help shape the offer. The proposal is focused on 1:1 interventions, awareness raising with schools and sourcing support within localities.

### **Areas for focus**

- Improving educational attainment (including the achievement of vulnerable and disadvantaged children – especially those in receipt of free school meals and Looked After Children), and addressing the issues leading to pupil absences.
- Responding to the placement needs of current and future children in care and supporting the transition to independent living.
- Ensuring the effectiveness of support for children living with the consequences of domestic abuse, parental mental ill health and parental substance misuse.
- Helping children to become more resilient and increasing the identification of children who are at risk of poor mental health earlier and ensuring that they have access to appropriate services.
- Supporting young people aged 18+ who are NEET and where there may be a range of other barriers / issues such as mental health issues that would prevent them from learning.
- Tackling neglect, child sexual abuse and child sexual exploitation 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.

## 5.0 Living Well and Working Well in Adulthood

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 increasing poor health. On average people with all four of these unhealthy behaviours die fourteen years earlier than those with none of the behaviours.

As the adult population spend much of their time in employment, ensuring a healthy workplace, which promotes employee's wellbeing and supports healthy lifestyle choices, is also of great importance.

### The majority of early deaths could be avoided

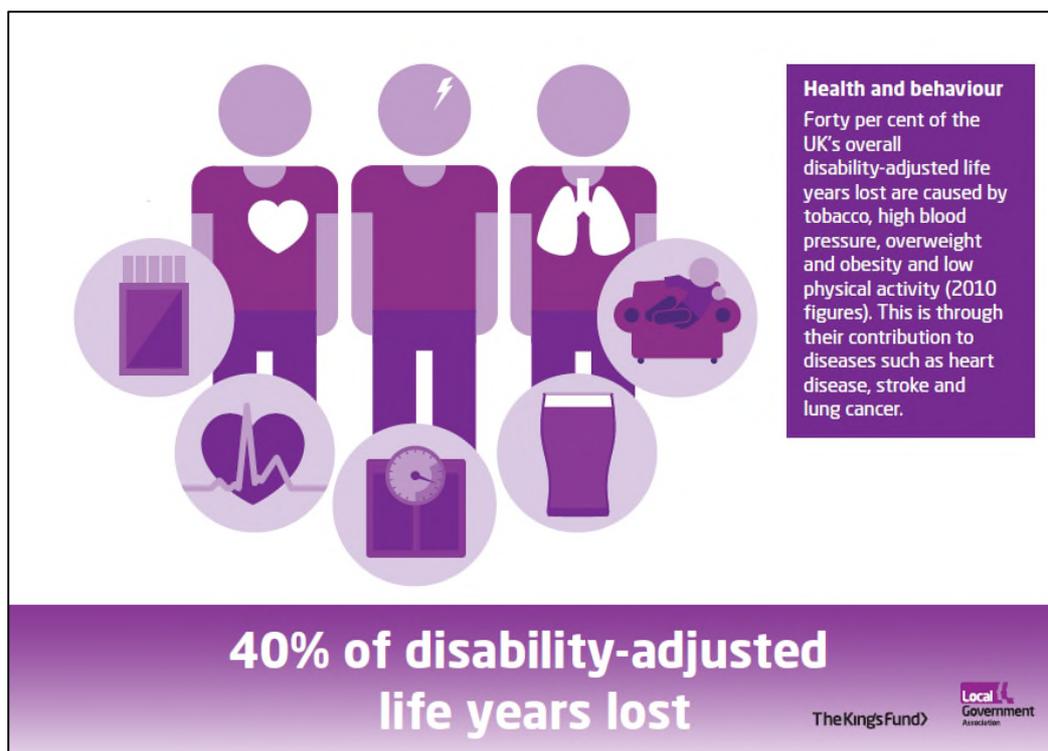
Premature mortality, or early death, refers to the death of an individual before the age of 75 years. Many of the leading causes of premature mortality are considered preventable, for example cancer, cardiovascular and respiratory diseases, and are strongly linked to lifestyle choices and the living and working environment.

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, from 392 people in every 100,000 in 2003 to 286 people in every 100,000 in 2013.

Central Bedfordshire is ranked 20<sup>th</sup> out of 150 Local Authorities in England for people dying prematurely from all causes. However, if you compare Central Bedfordshire with similar local authorities it has higher rates of premature mortality from cancer, heart disease and lung disease; stroke and liver disease are in the top half of our group of similar authorities.

Residents of Central Bedfordshire who lead a healthier lifestyle will reduce their risk of ill health, and the level of premature mortality, associated with cancer, heart disease, stroke, respiratory disease and liver disease. The graphic in figure 12 illustrates the impact that unhealthy behaviours have – measured by years of healthy life lost

**Figure 12: Years of Healthy Life lost due to lifestyle**



Source: Kings Fund & LGA

## Smoking

Smoking remains the single largest preventable cause of premature mortality in the UK and in Central Bedfordshire. Evidence identifies a causal relationship between smoking and lung cancer, as well as other respiratory related disease. It is also an established risk factor for other causes of premature death such as heart disease and stroke. 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. In 2014, 17.5% of the adult population of Central Bedfordshire were estimated to smoke, compared with 18.0% of the population nationally. Whilst smoking prevalence has been decreasing nationally since 2010, smoking prevalence in Central Bedfordshire has increased by 2.5% between 2013 and 2014, though these changes are not statistically significant.

Smoking accounts for half of the inequalities in health observed between the best and worst off sections of the community. At present 29.3% of the adult population from routine and manual groups smoke. Smoking has a hugely disproportionate impact on the health of most vulnerable communities, and particularly those with a mental health condition.

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.

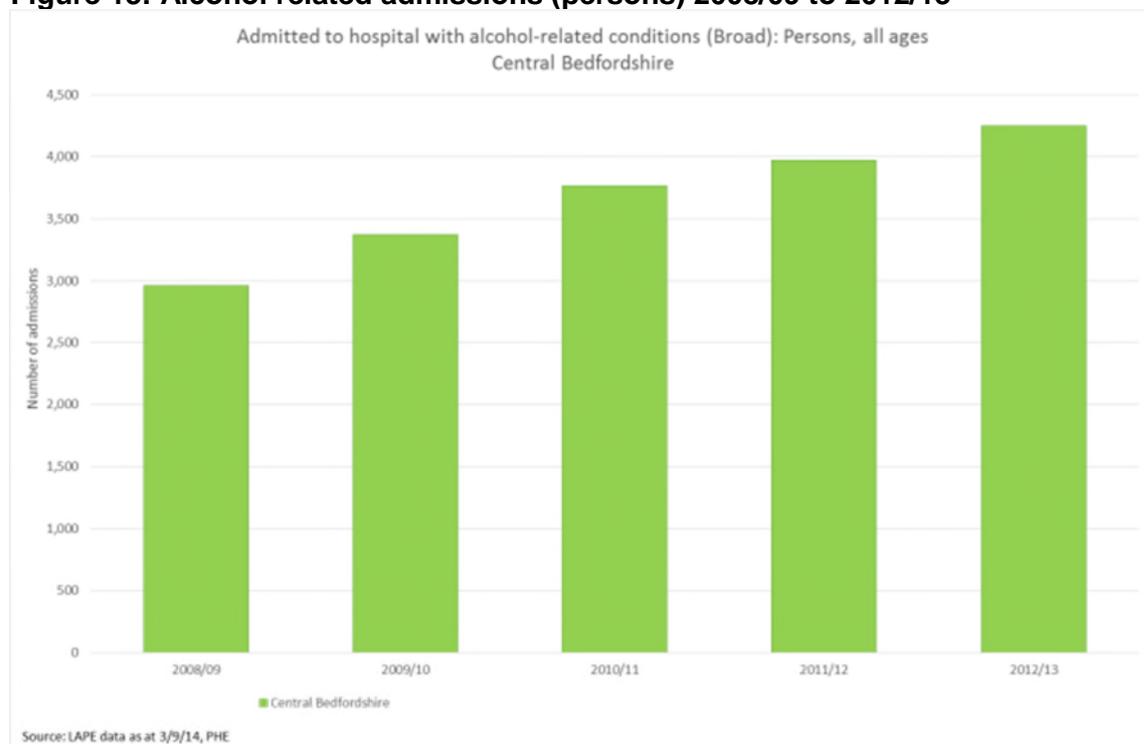
Evidence shows that Specialist Stop Smoking Services offering evidence-based behavioural support, alongside effective pharmacotherapy; provide smokers with

highly effective treatment for tobacco dependence, and more than triple abstinence rates in the long term compared with smokers who quit without support:

## Alcohol

The impact of alcohol misuse is far reaching and includes alcohol related harm and mortality, as well as other social impacts such as domestic abuse, violence, loss of workplace activity and increased risk taking behaviours. Rates of alcohol related hospital admissions and alcohol specific hospital admissions in Central Bedfordshire are lower than the England average, but are increasing in line with the national trend. There were 586 alcohol specific admissions and 1,494 alcohol related admissions for residents in Central Bedfordshire in 2012/13.

**Figure 13: Alcohol related admissions (persons) 2008/09 to 2012/13**



Although the rate of alcohol related mortality in Central Bedfordshire is also lower than the England average, reducing alcohol misuse in Central Bedfordshire remains a priority in order to minimise alcohol related harm and mortality as well as the wider effects seen to impact upon children, families and individuals e.g. domestic abuse.

Alcohol has a social gradient, as income rises, so does the alcohol consumption. However, whilst people with lower socioeconomic status are more likely to abstain from alcohol, if they do consume alcohol they are more likely to have complex alcohol problems and dependency issues. As a result high admissions rates for alcohol specific conditions for both males and females are associated with higher levels of deprivation. People with mental health problems are also at increased risk of alcohol misuse.

## Drug misuse

Drug misuse is associated with a wide range of physical and psychological conditions, and the detrimental consequences of this behaviour are often far reaching across society. Evidence to support investing in interventions to reduce harmful drug use is high, with benefits seen to individuals, families and society. Central Bedfordshire has a significantly lower rate of drug misuse and drug related deaths compared with England.

In 2014, 51.7% of non-opiate users in Central Bedfordshire successfully completed treatment and left drug free compared with 39.2% in England. In the same period, 13.7% of opiate users successfully completed treatment, compared with 7.4% in England. The priority for locally commissioned services continues to be engaging the most vulnerable clients, improving the level of retention to treatment and ensuring ongoing support is sufficient to avoid relapse.

## Healthy Weight

Maintaining a healthy body weight in adulthood relies upon eating a healthy diet and being physically active undertaking a moderate and regular amount of physical activity. In Central Bedfordshire a higher proportion of adults (69.1%) are classified as being overweight or obese, compared with the England average (64.6%). The incidence of heart disease, cardiovascular disease, stroke, type 2 diabetes and some cancers increases when people are overweight or obese.

## Physical Activity

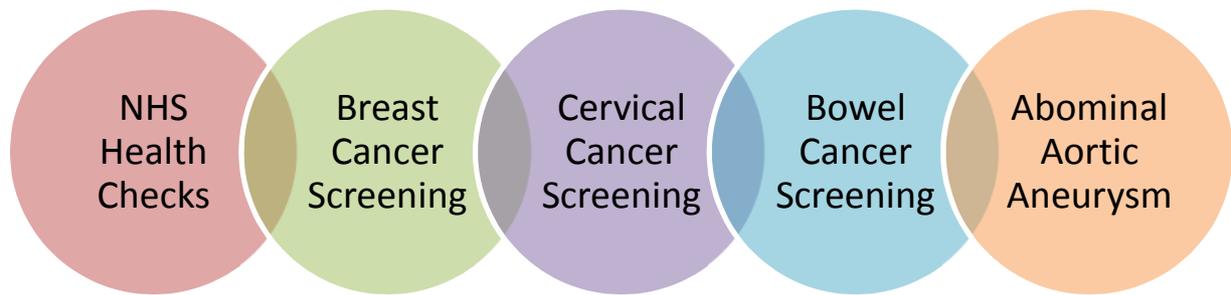
The benefits of being physically active are well evidenced to include the prevention of ill health, the reduction in the number of people dying prematurely, the enhancement of mental health, quality of life and self-reported wellbeing, the delay in the need for care in older adults (age 65+), and the reduction of health inequalities.

A slightly higher proportion of the adult population of Central Bedfordshire (60.9%) are classified as active, compared with the England average (57%). In Central Bedfordshire, the percentage of inactive adults is similar to the national average (26% compared to 27.7% nationally).

## Early identification and effective intervention is critical to reducing premature deaths

Improving the early detection of conditions associated with poor long term health outcomes and premature death, remains a priority. Conditions such as cancer, heart disease, respiratory diseases, liver disease and diabetes have better outcomes when detected early and managed appropriately.

A number of programmes run across Central Bedfordshire to support the earlier detection of a range of health conditions.



### Health Checks

NHS Health Checks provide an assessment of an individual's potential future risk of vascular disease, and referral on to preventative services for those a high risk or to treatment services for those with a diagnosis. The check is offered five-yearly to every person aged between 40-74 years who is not already on the high risk register or if they have an existing health condition, for example diabetes.

Between 2013/14 and 2014/15 a total of 47.3% of the eligible adult population of Central Bedfordshire were offered an NHS Health Check, compared with 37.9% nationally. During that period a total of 17,848, or 22%, of adults in Central Bedfordshire received a Health Check, compared with 18.6% nationally.

### Screening Programmes

National cancer screening programmes operate across Central Bedfordshire, with the aim of ensuring early detection of cancer of breast, cervix and bowel in adults.

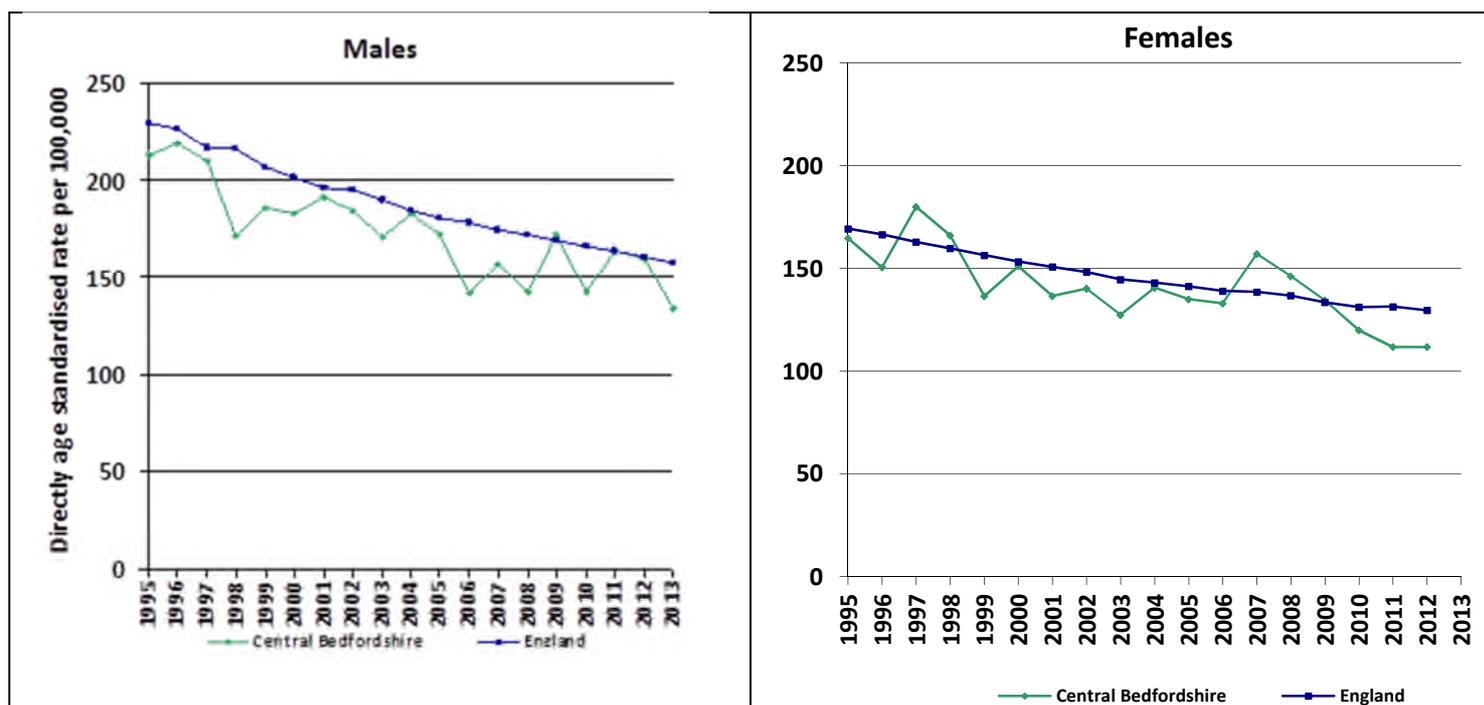
The screening uptake for Diabetic Eye Screening, Breast Screening and Bowel cancer screening were at the required national targets which are 80%, 70% and 52% respectively. The screening uptake for cervical cancer in women age 50-64 years has also achieved the required national target, which is 80%; however, there is a need to increase Cervical Cancer screening uptake for 25-49 year old women. Abdominal aortic aneurysm (AAA) screening programme commenced in July 2013. It showed 99.7% of eligible patients receiving an offer of bowel screening in 2014/15.

### Cancer

In 2013 a total of 718 men and 712 women had been newly diagnosed with cancer in Central Bedfordshire. The incidence is slowly increasing mainly as a result of our population ageing. In 2013 the main cancers were prostate (31%) and colorectal (12%) in men and breast (38%) and colorectal (13%) in women.

Central Bedfordshire had a premature mortality rate of 36.4 per 100,000, 2013, which is a decrease of 50% since 2003. Premature mortality (below the age of 75 years) from cancer in Central Bedfordshire fell between 1995 and 2013. Despite this fall cancer remained the main cause of premature deaths (46.1%) followed by circulatory diseases (22.9%) in 2013. The most common cancers resulting in death in those aged 75 years or under were lung, colorectal, oesophageal and prostate cancers for males and breast, lung and colorectal cancers for females.

**Figure 14: Mortality from all cancers in males and females under 75y 1995-2013**



Cancer survival rates are increasing in both Central Bedfordshire and England. Cancer awareness and early diagnosis are the most important factors to improving survival. In 2013, 54.2% of cancer diagnoses were made at an early stage in Central Bedfordshire, which was better than the rate in similar local authorities (42.2%).

### Cardiovascular Disease

In 2015 a total of 8,533 people (3.03% of the population) in Central Bedfordshire were registered with a diagnosis of Coronary Heart Disease. Deaths from coronary heart disease are three times higher among unskilled men than among professionals and around 50% higher in South Asian communities than in the general population. Premature mortality from Cardiovascular Disease is higher in Central Bedfordshire compared with statistical neighbours

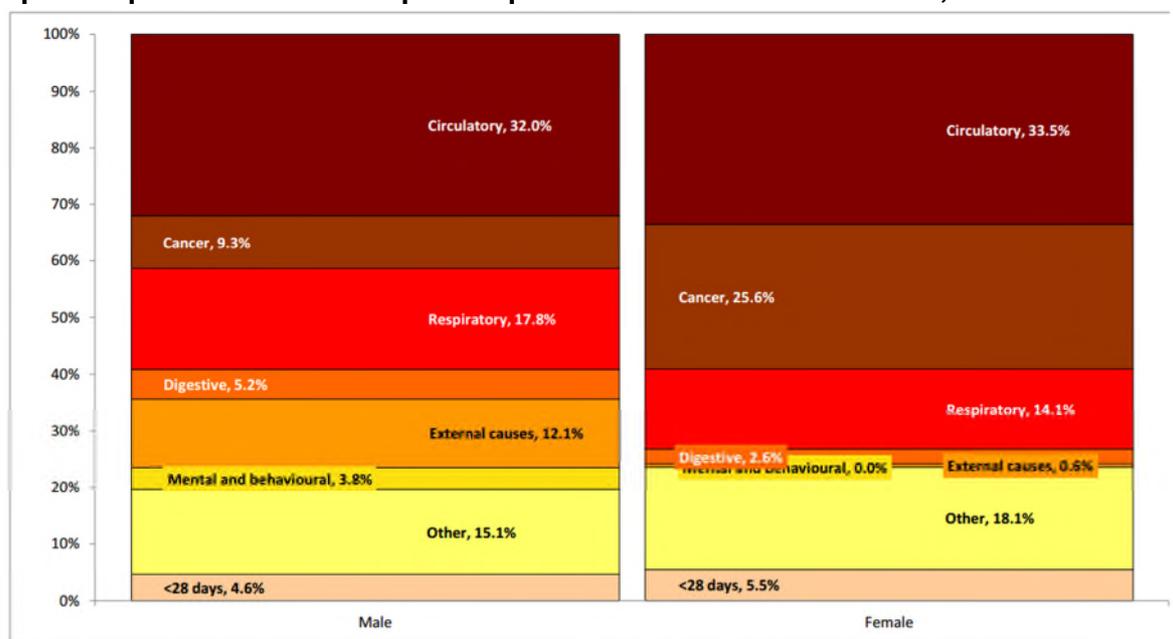
In 2016, 62,800 Central Bedfordshire residents were estimated to have hypertension; of whom 36,500 (58.1%) were diagnosed with hypertension, 29,900 (47.6%) of whom have their hypertension controlled and is better than our statistical neighbours (41.6%).

In 2015, the diagnosed prevalence of stroke was 4,292 (1.50%) in Central Bedfordshire. A total of 11% of those that had a stroke had a blood pressure of above 150/90mmHg, which is known to be one of the most important modifiable risk factors.

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term that includes chronic bronchitis and emphysema. This disease is predominantly caused by smoking and the prevalence is strongly associated with age. The prevalence of COPD in Central Bedfordshire was 4,744 (1.7%) in 2014/15, an increase since 2009. The increase in prevalence is mainly due to the ageing population, as COPD is strongly associated with age.

In Central Bedfordshire the prevalence of diagnosed adult diabetes in adults aged 17 years and older is 6.0%. The latest QOF data shows poorer performance in the proportion of people meeting treatment targets, these are likely to impact on longer term outcomes and need for acute care. Estimates suggest that there are approximately 2,200 undiagnosed people with diabetes in Central Bedfordshire. If current trends in the size of population and levels of obesity continue the total prevalence of diabetes is expected to rise to 7.3% by 2020 and 8.3% by 2030. Diabetes prevalence is higher in areas with higher deprivation. It is also known that people from Asian and Black ethnic groups are more likely to have diabetes and tend to develop the condition at younger age.

**Figure 15: Breakdown by disease of the life expectancy gap between the most deprived quintile and least deprived quintile of Central Bedfordshire, 2010-2012**



Footnote: Circulatory diseases include coronary heart disease and stroke. Digestive diseases include alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease.

**Source: Public Health England Segment Tool, 2015**

Figure 15 shows which diseases are responsible for the life expectancy gap between the most and least deprived areas in Central Bedfordshire. Circulatory diseases (i.e.

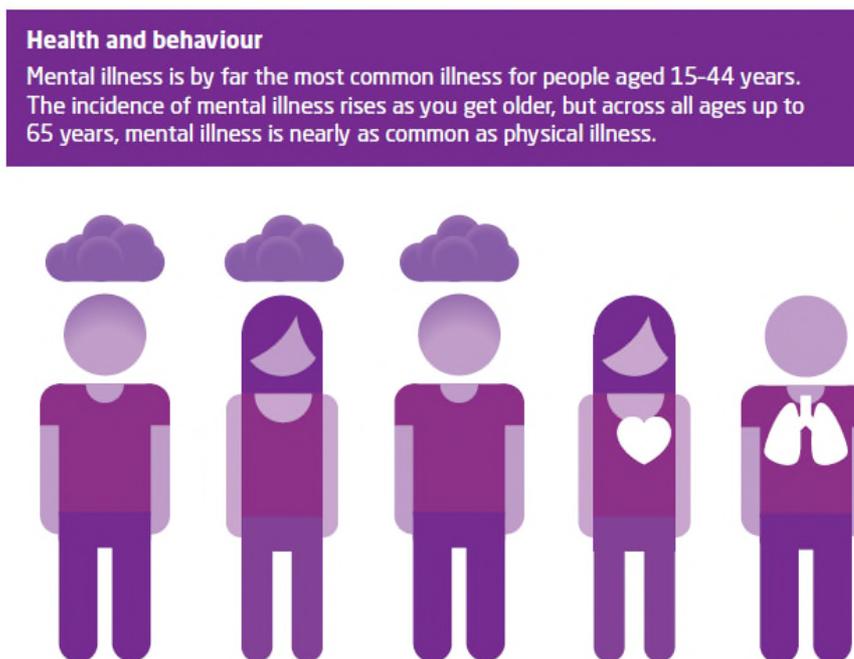
heart disease and stroke) are the biggest cause for men and women, followed by respiratory diseases (e.g. COPD) for men and cancer for women.

### Promoting and supporting mental health and wellbeing is a priority

One in four adults will experience mental health illness at some stage in their life, with one in six suffering mental illness at any given point in time. Mental wellbeing is a fundamental component of overall health, and it is fundamentally related to physical health. For example suffering from depression increases an individual's risk of mortality by 50% and doubles their risk of heart disease. Compared with people with no mental health problems, men with mental health will live 20 years less and women 15 years less. A combination of lifestyle risk factors such as higher rates of smoking, poor diet, increased rates of suicide and accidents all contribute to the increased risk of premature mortality associated with mental ill health.

Approximately 26,370 residents in Central Bedfordshire are estimated to suffer with a common mental health disorder (anxiety, depression, obsessional compulsive disorder) and 11,799 are estimated to suffer with two or more mental health disorders.

**Figure16: Incidence of mental and physical ill health**



Source: Kings Fund and LGA

## **Protecting the population from infectious diseases reduces the burden of ill health**

### **Sexual health**

Good sexual health is important to individuals and to society. The prompt diagnosis and treatment of individuals with a sexually transmitted infection (STI), and the identification and treatment of infected sexual partners, reduces the duration of infection, onward transmission and the possible complications of untreated infections. Overall rates of newly diagnosed sexually transmitted infections fell in Central Bedfordshire between 2013 and 2014. The rate of newly diagnosed infections in 2014 was 477.1 compared with 797.2 in England. However the overall fall in diagnoses does mask an increasing trend in diagnosis of specific infections, including Chlamydia, Gonorrhoea and Syphilis, although rates for each of these infections still remains well below the national rates.

In Central Bedfordshire the diagnosed HIV prevalence is 1.3 per 1000 (aged 15-59 years), which is lower than the national rate of 2.1 per 1000. HIV infection diagnosed at an early stage has improved health outcomes for the individual and is associated with lower transmission rates and lower treatment costs. Between 2012 and 2014, 45.7% of HIV diagnoses in Central Bedfordshire were made at a late stage of infection, compared with 42% of diagnoses in England.

### **Respiratory Infections**

There has been a slight decrease in the number of new cases of Tuberculosis in Central Bedfordshire (3 year rolling 2012-2014). Incidence of Tuberculosis has also gone down and is significantly lower than the national average (2013/14). 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 except in pregnant women remained stable but just below the target in recent years; however uptake in pregnant women has shown a significant improvement.

## Areas for focus

### Smoking:

- Help smokers to quit and prevent young people from starting by reducing the supply and demand of illicit tobacco.
- Provide more flexible interventions which encourage smokers to gradually cut down before quitting rather than quit abruptly
- Implement Public Health Plans and support the temporary abstinence for inpatients in Acute and Mental Health settings with the long term aim of stopping smoking all together.

### Weight Management:

- Reduce the proportion of the population who are an unhealthy weight by encouraging people to move more and eat better, as well as providing timely and effective management programmes for adults with excess body weight.

### Alcohol:

- Promote the revised guidelines for alcohol and ensure effective pathways to treatment

### Mental Health:

- Continue to promote 5 ways to Wellbeing.
- Ensuring good access to healthy lifestyle support for people with poor mental health to improve their physical health.
- Encourage employers to provide a healthy workplace for those in employment and improve the understanding of mental health and wellbeing to reduce the stigma.

### Health Checks:

- Ensure that Health Checks are accessible to those of working age and targeted towards those likely to be at greatest risk.

### Hypertension:

- Increase the proportion of the population with hypertension who have been identified and then effectively managed.

### Diabetes:

- Increase the proportion of the population with diabetes who have been identified and then meet the treatment targets.

### Sexual Health:

- Increase the coverage and detection rate of Chlamydia
- To reduce the late diagnosis of HIV, testing needs to be increased in the community, particularly in primary care

## 6.0 Ageing Well

### What is Ageing Well?

Ageing is influenced in part by people's earlier lifestyles. Ageing Well is about helping older people to live active, healthy lifestyles and limiting deterioration and illness. Ageing well should also minimise the impact of ill health to enable people to remain in their own homes and independent for as long as possible, avoiding the need for acute treatment or social care.

The most recent (2014) mid-year population estimates from the Office for National Statistics (ONS) indicate that there are 98,310 people (36.5% of population) in Central Bedfordshire aged 50 and over, of whom, 45,710 people (17.0%) are 65+ and 5,200 (1.9%) are 85 and over.

The total population of Central Bedfordshire is set to increase by 19.6% between 2014 and 2031, between which the number of people aged 85 and over is forecast to increase by 119%.

An aging population, coupled with increasing average life expectancy in Central Bedfordshire will have major implications for health and social care services. Around 40% of NHS and social care budgets are spent on people over the age of 65.

### Social Isolation is a major issue

Social isolation can have damaging effects on physical health and mental wellbeing especially with age. Conversely, the prevalence of long term conditions, physical and mental frailty can lead to social isolation as people lose confidence and face deteriorating mobility. Unsuitable housing can further isolate people within their homes.

As over half of our population live in a rural setting this may increase social isolation as it can be harder to access local services or opportunities for social interaction..

Whilst recognising that social isolation in itself does not lead to loneliness, some people choose to be isolated and are content, others can be surrounded by people and still lonely, there is a strong correlation between the two.

### Mental Health is often under recognised in older people

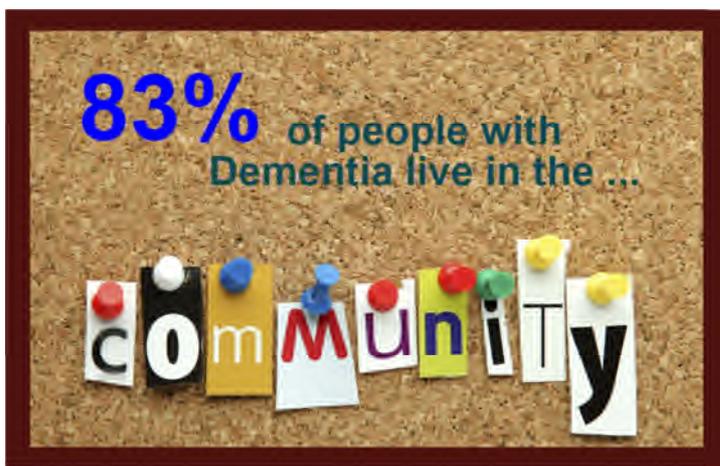
Mental health problems may be perceived by older people and their families as an inevitable consequence of ageing, and not as an issue which will respond to treatment. Under-detection of mental illness in older people is widespread, due to the nature of the symptoms and the fact that many older people live alone. Older people are at an increased risk of depression due to factors such as retirement, social isolation, bereavement and, long-term illness and disability. The two most significant mental health related issues for older people are Dementia and depression. Depression in people aged 65 and over is under-diagnosed and this is particularly

true of residents in care homes where symptoms of depression are present in between 20–50% of residents.

Mental health problems, particularly depression and dementia, are more common in the 60% of older people who have long term conditions.

Dementia is associated with a loss of general cognitive ability. There are many subtypes of this illness, with the most common being Alzheimer's disease. Although the prevalence of dementia increases with increasing age, dementia is not an inevitable part of aging.

In Central Bedfordshire there are estimated to be 3,010 people with dementia and almost one new case is diagnosed in the memory assessment clinic each day



It is expected that there will be 5,400 people over 65 living with dementia by 2030. Two thirds of people receive a formal diagnosis of dementia and there are now a range of community support services to help people learn about the disease and improve their independence as their condition progresses. There are almost 300 people under 65 with dementia, many of whom have specific needs related to their personal and family situation.

Dementia can affect anyone and a person's ability to manage their illness is greatly influenced by their support networks. This may include family, friends, formal support from carers and voluntary services. People living alone or with little support are most at risk of worsening health outcomes.

Mental health problems among older people exact a large social and economic toll on patients, their families and carers, and the statutory agencies. The direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease.

### **Rates of falls are increasing and becoming a major issue**

Falls are a common cause of loss of independence in older age. Although not an inevitable result of ageing, falls are more likely to occur as people get older and can be a symptom of an underlying health problem. Most falls do not result in serious

injury but in some cases the consequences of falling, or of not being able to get up after a fall, can be devastating.

Approximately 35% of people aged 65 years and over, living in the community, are likely to fall at least once a year, and this rises to 50% of adults over 80 who are either at home or in residential care. Half of fallers are likely to have a further fall within the next 12 months.

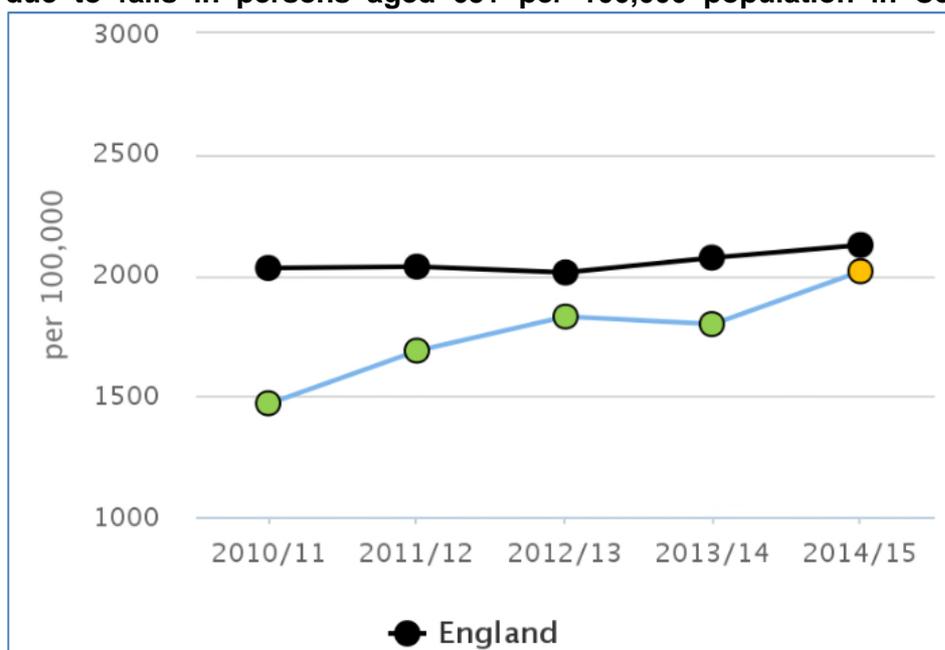
Some medical conditions increase the risk of falling e.g. circulatory disease, respiratory disease, depression, arthritis and Parkinson's disease. The needs of older people with dementia, who are all at increased risk of falling, are complex and need to be taken account of in an integrated falls service.

Osteoporosis increases the likelihood of serious injury: one in two women and one in five men over the age of 50 will fracture a bone, mainly due to poor bone health. A hip fracture remains the most common cause of accident related death; one in every twelve patients who sustains a hip fracture will die in the first month following injury and three in every ten will die within the first year.

In 2014, approximately 11,831 people aged 65 and over were estimated to have had a fall in Central Bedfordshire. It is important to note that this is the number of people and not the number of falls which is likely to be higher given that approximately half of these people will go on to have multiple falls.

Since 2010/11 injuries due to falls in people aged 65 and over in Central Bedfordshire have continually risen. Consequently, Central Bedfordshire has fallen from being significantly better than the England average to not being significantly better.

**Figure 17: Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population in Central Bedfordshire**



## Excess Winter Deaths continue to rise

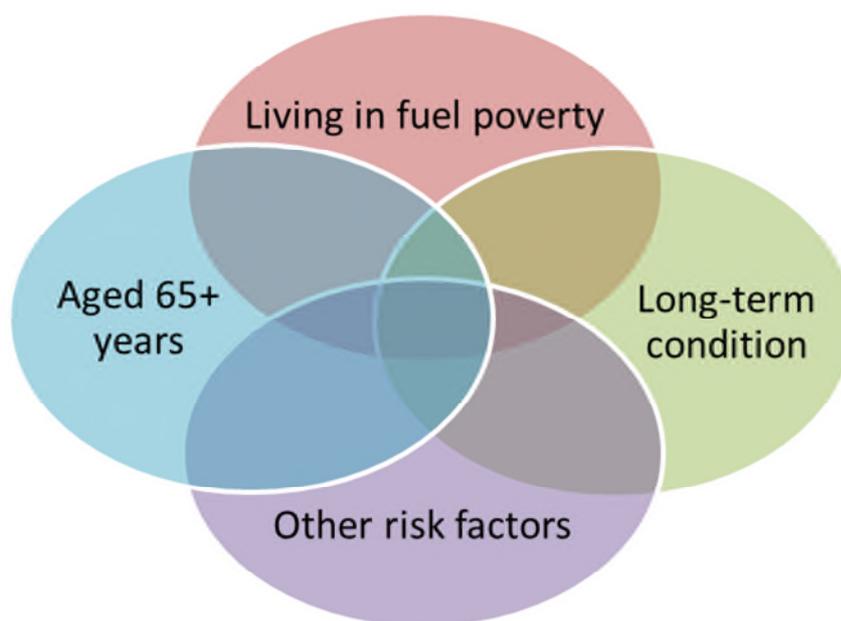
Excess Winter Deaths is a statistical measure which quantifies the seasonal peak in illness and death that occurs during the winter months. It can be expressed as the number of extra people who have died in comparison to the number of deaths that occur at other times of the year.

127 extra deaths occurred during the winter months of 2013/14 in Central Bedfordshire compared to the rest of the year, demonstrating a continual increase in excess winter deaths since 2010/11. Whilst currently above the national rate of extra deaths, Central Bedfordshire is not significantly different to the England average.

However, there is a correlation between deprivation and excess winter deaths. Generally, inequalities exist between the most deprived (13.5 deaths above that expected for that decile) and the second least deprived (10 deaths above that expected for the decile) in Central Bedfordshire.

The majority of excess winter deaths in Central Bedfordshire occur in the 65 to 84 age group, but people 85 years and over are disproportionately affected.

**Figure 18: Risk factors contributing to prevalence of excess winter deaths.**



The magnitude of risk increases with the number of categories an individual falls into. Other risk factors include people with disabilities, younger people who live alone and homelessness. Although fuel poverty is more likely to be experienced by people over pensionable age, various recent economic factors have extended the impact of fuel poverty to a wide range of other household groups.

Central Bedfordshire has a lower prevalence of fuel poverty (7.7%) than the national average (10.4%); however inequalities exist between the most deprived (14.2%) and the least deprived (7.7%) in Central Bedfordshire.

In the main, the excess winter mortality indices clearly show that while circulatory deaths are certainly more common in winter than at other times of the year (16.8%), it is respiratory illnesses in which the seasonal peak is most pronounced (49.7%). Analysis of weekly peaks in excess deaths coincides with cold snaps and high circulatory levels of respiratory viruses.

The risk factors for winter illnesses and deaths are preventable using simple measures such as protective behaviours such as adequate clothing, eating well, staying active, home insulation and adequate heating, flu vaccination and alertness on the part of people and their carers to the increased risk of becoming unwell and the need to seek medical help early.

### **Residential or Nursing Homes**

Even with an increased focus on community-based support and specialist accommodation where older people can live independently, for some care in a residential or nursing home will be required.

Central Bedfordshire currently has around 1200 places in 31 care homes for older people. Around 17% of these places are provided by Central Bedfordshire Council in six homes that it owns and operates. The remainder is delivered by a range of independent providers, mainly small and medium-sized organisations.

Population-based demand estimates indicate that the area currently has sufficient supply of care home places, although their distribution is uneven with excess capacity in the Chiltern Vale locality and a shortage in West Mid Beds. There is also evidence of greater difficulty obtaining appropriate local placements for people who require nursing care rather than residential care.

During the period to 2021, notwithstanding a focus on the development of alternatives to residential care, it is expected that around 100 additional care home places will be required to meet the needs of a larger population of older people.

During the period to 2021 the strategic priority is therefore to maintain the existing number of care home places and to facilitate a reconfiguration within this provision to:

- Replace outdated homes owned and operated by Central Bedfordshire Council.
- Increase care home capacity in the West Mid Beds locality.
- Increase the number of care home places available for people who require nursing care.

## **Areas of focus:**

### **Social Isolation**

- To continue to increase the number and scope of Good Neighbour and Village Care Schemes especially in urban areas, to develop wider opportunities for community involvement, befriending and volunteering and to maximise the use of local sheltered housing and new independent living schemes communal facilities.
- To ensure that support organisations such as the silver line are aware of local resources and sign post vulnerable people to these.

### **Mental Health**

- Review equity of access to psychosocial interventions for older people
- The development of a system wide model for liaison psychiatry in the hospital setting in order to recognise and treat mental health problems alongside physical health ones.

### **Falls**

- Ensure that the falls pathway adequately reduces the rate of falls in Central Bedfordshire and that the benefits of a Fracture Liaison Service, and strength and balance exercise programme(s) are considered.
- Actively promote messages to reduce the risk of falls and fractures in later life

### **Dementia**

- Ensure that information, support and training is available throughout the dementia pathway.
- Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group can be a catalyst for dementia friendly communities. This could include:
  - Increasing awareness of preventive measures e.g. linking dementia to existing key public health campaigns and services.
  - Increasing awareness of dementia across public services and with private organisations.

### **Excess Winter Deaths**

- Frontline workers in general practices and Central Bedfordshire Council should apply the principle of Making Every Contact Count to the issues of fuel poverty and flu vaccination with all their vulnerable clients.
- Increase flu vaccination uptake

## 7.0 Particularly Vulnerable Groups – Adults

Some adults are more vulnerable to poor health or outcomes than others. Evidence suggests that some groups and communities such as those depicted below in Central Bedfordshire have a greater vulnerability to poor health. This poor health may arise for a variety of reasons, including the effects of deprivation and difficulty accessing services.



The health and social care needs of vulnerable groups are often complex and require a co-ordinated and flexible response from services given such needs often overlap and can be highly specific. Hence, it is easy for clients to fall into the gaps between different services leading to unplanned care and the risk of clients revolving through the system.

*But what do we mean by vulnerability?*

Vulnerability is fluid, often depending on circumstances and can change through time. It is more to do with a mixture of characteristics and conditions which increases susceptibility to poorer health and difficulty accessing services. People who are vulnerable often experience multiple, complex problems and enduring disadvantage.

A more sophisticated way of tackling vulnerability is required. Targeting a whole vulnerable group or a whole geographical area is not sufficient and can also lead to victim blaming and focusing on the symptoms of vulnerability. Focusing on the causes of vulnerability and ensuring the whole health and social care system

provides equitable care focused on the individual will be the most effective ways of reducing inequalities in health.

## **Safeguarding Vulnerable Adults**

Central Bedfordshire Council adopts a zero tolerance approach to abuse or neglect.

Central Bedfordshire Council received 1,100 safeguarding alerts during 2014/15, a decrease of 251 from the previous year. Of these safeguarding alerts, 238 were referred for a safeguarding investigation, a decrease of 33% from the previous year. Since 2010/11, there continues to be a downward trend in the number of safeguarding alerts and referrals to safeguarding investigations received. This is as a consequence of the external case file audit which prompted the Council to review its use of the safeguarding process and ensure that decisions made to initiate the process were proportionate.

The majority (85%) of safeguarding alerts and referrals received during the year relate to White British people, with the majority of those at risk being female. This broadly reflects both the demography of Central Bedfordshire and the proportion of people using care services.

In Central Bedfordshire the majority of referrals in 2014-15 relate to incidents where the person causing harm was from Social Care Support or Services paid, contracted or commissioned and accounted for 45% of all incidents, particularly for people aged 85+. This is a change from 2013-14 where most incidents involved a person known to the individual.

Central Bedfordshire Council has a high number of safeguarding alerts compared to England and its comparator group. A high number of alerts may indicate good awareness or poor understanding of safeguarding. Central Bedfordshire Council's triaging process and monitoring of activity would suggest that there is good awareness within the health and social care system.

## **Carers**

Carers are people who spend a significant proportion of their life providing unpaid support to relatives, partners, friends or neighbours who are ill, frail, disabled or who have mental health or substance misuse problems. Carers are also parents or guardians of children with a disability as well as older people.

Many carers view themselves as parents or children doing what anyone would do for a loved one rather than seeing themselves as carers. This means there is a real challenge to make carers aware of the information and support that is available to them.

The 2011 census reported there were 25,800 unpaid carers in Central Bedfordshire, approximately one in ten of the household population, though this is likely to be an underestimate because many carers do not recognise their caring role. The number

had increased by nearly 21% since 2001 and much of the increase was in carers providing more than 20 hours of care a week. Allowing for population growth since 2011, the number in 2016 will have increased again.

As many as 40% of carers will suffer from depression at some stage; indeed 72% of carers in Central Bedfordshire who applied for a carers' break in 2014/15 were suffering from stress, anxiety or depression. Carer breakdown is a major trigger for the cared-for going into long-term care.

With insufficient support for their own mental health and wellbeing, carers may have to stop their caring role, and this in turn will impact on health and social care services replacing the carer's role with paid carers. The 2014 Care Act, which came into force on 1 April 2015, reinforces the rights of carers and gives all local authorities a duty to assess a carer's own need for support.

## Greater wellbeing for people with Learning Disabilities

There is no single accepted definition of learning disability; however Valuing People (2001) provided the following definition: *"A significantly reduced ability to understand new or complex information, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development"*.

A learning disability often occurs before, during or in the early years after a child's birth. Therefore long-term assessment, need identification and support interventions are required throughout early year's development, particularly as children begin school and move in and out of different learning and care environments. A person's learning disabilities may be severe or profound, or mild/moderate. Those with profound and multiple learning disabilities need assistance with many aspects of their day to day lives such as eating, drinking, washing and dressing.

Calculating the precise number of people with a learning disability is always problematic at both local and national level. Figures vary based on definitions, data sources and any adjustments made for increased longevity. Nevertheless, using the British Institute of Learning Disability (BILD) calculations, it is estimated that 5,568 people with a learning disability are likely to live in Central Bedfordshire by 2016.

The proportion of working-age learning disabled clients who are living in their own home as a percentage of working-age learning disabled clients (aged 18-64) in Central Bedfordshire is lower when compared nationally. However, Central Bedfordshire has seen a continual rise in adults with a learning disability who live in stable and appropriate accommodation from 66.5% in 2011/12 to 72.9% in 2013/14.

New duties to reform the system of Special Educational Needs & Disability (SEND) support were introduced by the Children & Families in 2014, which included single assessments from the age of 0-25 and joint commissioning of support across Health, Children's services and Adult Social Care. Within this change it is widely recognised that young people with learning disabilities need additional support to prepare for adulthood and make a smooth transition between different types of support. This is

particularly important for health and social care settings where available treatments and support options change significantly once a person turns 18 and becomes an adult. Future joint commissioning priorities will need to respond to this issue and stimulate the development of seamless support services to improve the experience of young people and adults with learning disabilities and secure better outcomes in relation to wellbeing and independence.

## Physical or Sensory Impairment

The term 'Disabled' covers people who are wheelchair-reliant, people who are wheelchair users, blind people, deaf people, and people with long-term progressive conditions such as: Multiple Sclerosis, HIV /AIDS or cancer from the point at which adverse effects emerge, as well as people with impairments such as back pain and mental health problems.

In 2014 there were an estimated 13,158 Central Bedfordshire residents aged 16-64 with a moderate physical disability and 3,920 with a serious physical disability. The numbers are likely to increase in line with the ageing population. It is also estimated that there are people living with a long term disability which was a result of acquired brain injury (ABI). The causes of this include traumatic brain injury, stroke, brain cancer and meningitis. Planning services to meet all the needs of people with an ABI is problematic, particularly as the number of new cases each year is difficult to predict.

Approximately 6,800 people in Central Bedfordshire have a moderate, severe or profound hearing impairment, of which some people are registered as deaf or hearing impaired. The majority of people with an acquired hearing loss will be able to remain independent and socially included in their community with hearing aids. Rural areas generally have a higher proportion of older people and therefore are likely to have a higher proportion of people with a hearing impairment. The same is true of visual impairment, and the proportion of visually impaired people who are registered with services is also similarly low. In 2015, some people may be unaware of the register or may be choosing not to register.

Visual or Hearing Impairment is a significant issue for planning and co-ordinating service provision across agencies because a large number of people with a visual or hearing impairment will impact on their mobility, communication and access to information.

## Autistic Spectrum Disorder & Asperger's Syndrome

The terminology "Autism" is used as an umbrella term for all conditions on the Autistic Spectrum, including Asperger's Syndrome. The International Classification of Diseases (ICD-10) classifies Autistic Spectrum Disorder as:

*"A pervasive developmental disorder defined by the presence of abnormal and/or impaired development that is manifest before the age of 3 years, and by the*

*characteristic type of abnormal functioning in all three areas of social interaction, communication, and restricted, repetitive behaviour. The disorder occurs in boys three to four times more often than in girls.”*

The estimated number of people with autism nationally is increasing as a result of better understanding and diagnosis of autism.

Local data shows that the current total number of adults with autism in Central Bedfordshire is approximately 2,000; this figure is estimated to increase to 2,500 by 2030. The biggest increase between 2014 and 2030 is estimated to come from people who are 75 and older.

### **Statutory homelessness continues to rise**

Homelessness describes a wide range of circumstances where people have no secure accommodation. Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children residing for long periods in temporary accommodation.

Statutorily homeless households contain some of the most vulnerable and disadvantaged members of the community. Generally, households with children and single households who are vulnerable will be assisted into accommodation.

In 2014/15 statutory homelessness in Central Bedfordshire was 1.6 per 1,000 households, representing 177. Whilst this demonstrates an increase since 2013/14, at which time the rate was 1.1 per 1,000, it remains lower than the national rate of 2.4 per 1,000 households.

In 2014/15, the number of homeless households in temporary accommodation, awaiting a settled home, in Central Bedfordshire was 0.6 per 1,000 households, representing a total number of 66 households. There has been a relatively stable trend which reflects the national picture, and Central Bedfordshire continues to remain lower than the England rate of 2.8 per 1,000 households.

With local statutory homelessness increasing, there is significant pressure on emergency and temporary accommodation. In Central Bedfordshire the numbers residing in temporary accommodation increased by 41 households, a rise of 60% between March 2014 to March 2015. Between March 2015 and December 2015 numbers increased by 42% to 94 households.

A range of external constraints continue to impact on the ability of households facing homelessness to secure their own rehousing, and for the Council to move them on from temporary accommodation. A report prepared in November 2015 by Citizens Advice found that in Central Bedfordshire 32% of Letting Agents would accept tenants on housing benefit. And yet, at the time of the research only 1 property out of 176 properties for rent was advertised as willing to accept a tenant in receipt of housing benefit. The 2015 data shows that the number of properties within Local Housing Allowance rates has plummeted from 19% in 2012 to just 0.04% in 2015; that is just 7 properties within the whole of Central Bedfordshire.

To compound this issue further, Welfare reforms include a four year freeze on working age benefits, including Local Housing Allowance at a time when Private sector rents are increasing and predicted to rise by 17% over the next five years. There are a total of 1,591 current claimants in the Private Rented Sector with a rent that exceeds Local Housing Allowance, with an average weekly shortfall of £27.50 to pay, in addition to any income related shortfall.

Poor access to services such as health care negatively impacts upon the health of people who have been homeless. Compared to the general population, homeless people experience poorer health outcomes. Physical health, drugs, alcohol, mental health and wellbeing have been recognised a priority health issues among people who have experienced homelessness. However people who have been homeless generally experience difficulties with accessing health services; in particular people who have a history of sleeping rough do not commonly die as a result of exposure or other direct effects of homelessness, they die of treatable medical problems such as HIV, respiratory disease and acute and chronic consequences of drug and alcohol dependence.

Consequently, single rough sleepers are much more likely to die young than people who are not homeless. The average age of death of a homeless person is 47 years old and are over 9 times more likely to commit suicide than the general population.

The homeless are not a homogenous group. Their needs require different commissioning responses. People who are homeless, or at risk of homelessness, can include people with substance misuse problems, mental health issues or learning disability. Also included may be ex-offenders, those recently released from prison, older people, younger people (at risk, leaving care or teenage parents), migrants, refugees or asylum seekers and those experiencing or having experienced domestic violence. One person may fall into one or several client groups and move between groups.

## **Areas for focus**

### ***Safeguarding:***

- Ensure that safeguarding awareness is widely publicised to all sections of the population, and that reasonable adjustments are made where necessary to ensure that all information is made accessible

### ***Carers:***

- Identifying hidden carers and ensure that the physical and emotional needs of carers are assessed and supported
- Ensure carers are supported to continue in their caring role through the provision of a menu of flexible carers breaks
- Provision of accurate and timely information and advice

### ***Learning Disabilities:***

- Future joint commissioning priorities need to respond to the challenge of ensuring the young people with learning disabilities are readied for adulthood with seamless transitions between the differing types of support for young people into adulthood.

### ***Autistic Spectrum Disorder & Asperger's Syndrome:***

- Autism diagnosis via a trained professional and ongoing support offered throughout the diagnostic process
- Reasonable adjustments are made to ensure Autism friendly services

### ***Homelessness:***

- Ensure support for households in temporary accommodation to improve access to health, education and welfare benefits.
- Monitor and review the Housing Allocation scheme to ensure that homeless households do not spend long periods of time in temporary accommodation.
- Review models of accommodation to improve access to shared accommodation for single households under 35 dependent on housing benefit to reduce rough sleeping.
- Work with partners in health and the voluntary sector to ensure that the housing and on-going support needs of homeless people discharged from hospital are planned and met
- Strategic Commissioning priorities to recommission a range of supported accommodation for vulnerable adults that will be designed as a progressive model of support for vulnerable adults to achieve and sustain independent living.