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Joint Strategic Needs Assessment

Executive Summary for Central Bedfordshire 2016/17

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

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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 in order to inform commissioning decisions and strategy development. The production of a JSNA is a statutory requirement for the Health and Wellbeing Board.

Central Bedfordshire's JSNA is a living document. It is published in its entirety at: www.jsna.centralbedfordshire.gov.uk – with over 50 chapters, each covering a different aspect of health and wellbeing and the many contributing factors. The chapters are refreshed annually, on a rolling basis, when new information becomes available.

Wherever a phrase appears as a [hyperlink](#), the dedicated chapter can be found on the website with all the relevant statistics, evidence and detailed recommendations.

The Executive Summary

The executive summary distils the key issues from the JSNA and highlights the top priorities for Central Bedfordshire.

In producing this document the JSNA Steering Group was mindful of the need to minimise duplication with other complementary reports, such as the recent [Director of Public Health Report on Children, Young People and their Families](#). They also recognised that it was not feasible to summarise the JSNA in its entirety.

Consequently the Steering Group agreed to limit the scope of this executive summary to those areas and topics that demonstrated a significant change, positive or negative; or where there has been a continuation of an upward or downwards trend in key demographics, wider determinants or health and wellbeing outcomes.

Call for input

The JSNA can only be as good as the contributions it receives. If you or your organisation feels that there are gaps or errors in any of the chapters on the website, or you would like to be involved in producing the next version, we would like to hear from you. Please email: sion.james@centralbedfordshire.gov.uk

2.0 Population and Place

Central Bedfordshire, a predominantly rural area in the East of England, is considered to be a highly desirable place to live and work. As a consequence the [population](#) is growing, rising from 254,400 in 2011 to approximately 274,000 in 2015. Further estimated growth of 20% will see the population rise to 333,000 by 2031.

The population is aging as well as growing. Between 2015 and 2021 the number of people aged 65 and over is forecast to increase from 47,100 to 74,400, a 58% increase.

The main drivers of population growth are:

- Increasing life expectancy
- A rising [birth](#) rate, which exceeds the mortality rate
- A net [migration](#) gain due to more people arriving in the area than moving away

Life expectancy

Life expectancy at birth provides a good overall indicator of health and wellbeing.

In Central Bedfordshire:

- Life expectancy for men (81.7 years) and women (83.7 years) continues to remain significantly better than the England average.
- Life expectancy is increasing at the rate of about 4.0 years for men and 2.1 years for women each decade.

The slope index of inequality in life expectancy at birth is the average difference in life expectancy between the most deprived and the least deprived deciles.

In Central Bedfordshire:

- The gap in male life expectancy is reducing, now 4.8 years compared to 6.0 years in 2011-13.

- The gap in female life expectancy has increased slightly; now 5.7 years compared to 5.2 years in 2011-13.

Many deaths before the age of 75 years are avoidable, with the most common causes being [cancer](#) (particularly lung cancer), [heart disease](#) and [stroke](#), and lung diseases (predominantly [chronic obstructive pulmonary disease](#)).

Healthy life expectancy

Healthy life expectancy refers to the number of years lived in 'good' health, which is driven largely by health behaviours and 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.

In Central Bedfordshire:

- Male healthy life expectancy decreased from 65.8 years in 2009-11 to 64.7 years for 2013-15.
- Female healthy life expectancy fell from 64.8 in 2009-11 to 63.1 years for 2013-15.
- The inequality in healthy life expectancy at birth was 7.7 years for males and 7.2 years for females. This means that on average those in the least deprived 10% live for 7 more years in good health compared to those from the most deprived 10%.

These figures place Central Bedfordshire in the top 10% in England, i.e. among those areas with the smallest gap.

3.0 The wider determinants of health

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. Understanding the local impact of wider determinants 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. Wider determinants are cited throughout the JSNA Executive Summary, but here we describe the impact of:

Air Pollution

Poor [air quality](#) is a significant public health issue. Long-term exposure can contribute to the development of chronic diseases, risk of respiratory illness and premature deaths.

In Central Bedfordshire:

- Air quality is generally good.
- In 2015, the fraction of all cause adult mortality attributable to particulate air pollution was 4.9% and has been falling since 2013.
- Air Quality Management Areas must be established where national air quality objectives are being or are likely to be exceeded. There are three Air Quality Management Areas in Central Bedfordshire:
- Dunstable Town Centre
- Ampthill Town Centre
- Sandy (adjacent to the A1)

Areas for focus:

- Quantifying the health impacts of air pollution in the Central Bedfordshire Air Quality Management Areas, tackling them proportionately and developing a comprehensive air quality strategy, with strong links to the green space and climate change strategies.

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 concerns are higher.

In Central Bedfordshire:

- Hotspot areas continue to be the town centres, with
- Dunstable Town Centre remaining the largest generator of incidents.

Between November 2015 and October 2016:

- Levels of serious acquisitive crime rose by 233 offenses, from 3,096 to 3,330, representing an increase of 7% compared to the previous year.
 - Domestic burglaries rose by 222 offenses, from 825 to 1,010, representing an increase of 22% compared to the previous year.
 - Antisocial behaviour has fallen by 301 offenses, from 7,847 to 7,546, representing a decrease of 4% compared to the previous year.
- Reported domestic abuse incidents have remained stable at 3,370, whilst domestic abuse incidents noted to have a child resident at the location account for 48% of all incidents.

Housing

[Housing projections](#) for Central Bedfordshire take into account factors including migration and demographic change:

- Based on long-term migration trends and local demography issues, between 20,000 - 30,000 homes are needed to meet local demand up to 2031.
- Based on current employment trends, projected growth of the economically active population and projected change in job numbers, total employment in Central Bedfordshire will increase by 26,700 jobs between 2011 and 2031.
- The demand for predominately family housing (2, 3 and 4 bedroom homes) is expected to continue.
- Based on the current unmet need for affordable housing future household projections and existing households living in unsuitable

housing, a total of 7,278 affordable homes are required to meet local demand up to 2031.

- This equates to an annual requirement of 364 affordable homes per annum.

Areas for focus:

- Taking account of commuting patterns, changes to the employment rate and demographic projections, there is a need to increase housing delivery to ensure that there will be enough workers for the likely increase in jobs in the area.
- Future investment should focus enabling younger people to access affordable housing, and supporting people with specific health & mobility should be emphasised.

Income

Income deprivation increases financial pressures and impacts on a Resident's lifestyle, eating habits and mental health.

In Central Bedfordshire:

- 9.3% of the population experience [income](#) deprivation relating to low income compared to 14.5% in England.
- Tithe Farm (21%), Dunstable Manshead (19.9%) and Parkside (19.8) experience the greatest income deprivation.

Skills and Employment

Central Bedfordshire has a growing [economy](#) of £5.4 billion with over 11,500 businesses employing almost 92,000 people.

In Central Bedfordshire:

- Skills attainment is generally high. In 2016, 75.4% of people in Central Bedfordshire had achieved at least Level 2 qualifications, compared to 73.4% in England. The percentage of people with no qualifications (6.9% in Central Bedfordshire) was lower than the England average (8.4%).

- People in Central Bedfordshire (74.7%) are more likely to be economically active than the England average (69.9%). Economic activity includes both people in employment and those who are unemployed but actively looking for work.
- Unemployment is generally lower than the England average. In September 2015, 0.6% of the Central Bedfordshire population were claiming Job Seeker's Allowance, compared to the England rate of 1.2%.
- Central Bedfordshire residents earn more than the England average. The average weekly earnings of residents in 2016 (£545) is greater than the England average (£495).
- 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.

4.0 Starting Well

There are 65,200 children aged between 0-19 years in Central Bedfordshire 2015, an increase of 1,000 children since 2014.

A child's experience during the early years has a major impact on their future life chances and is crucial to reducing health inequalities throughout life.

In Central Bedfordshire:

- There are around 3,200 **live births** each year with a significantly lower infant mortality rate compared to England.
- **Breastfeeding** initiation rates have fallen slightly but the rate of breastfeeding at 6-8 weeks after birth is now better than the national level (although there is some variation across wards).
- For most **childhood immunisations**, coverage is over 95%. Uptake of MMR (Measles, Mumps, Rubella) in 2 year old children and completion of two doses of MMR and DTaP (Diphtheria, Tetanus, Pertussis) given to children from the age 3 years 4 months until 5 years (preschool booster) remain a concern.
- In 2015/16, 13.9% of **babies lived in a household with a smoker** (a reduction from 16.7% in 2014/15).
- Trend data over an 8 year period (from 2008) shows a gradual reduction in excess weight for children in Year R and a small rise in excess weight for Year 6.

Areas for focus:

- Pregnancy: Midwifery services should identify vulnerable women and families as early as possible. Relevant information should be shared between professionals to ensure a co-ordinated response and prompt access to services. (Director of Public Health Report)

Poverty and Adverse Childhood Experiences: Mitigating the Risks

Research suggests that:

- **Mothers under the age of 20** are 22% more likely to be living in poverty at the age of 30 and less likely to be employed.
- **Young fathers** are more likely to have a poor education and have a greater risk of being unemployed in adult life.
- **Babies** born to mothers under 20 have a higher risk of a low birth weight, infant mortality and a risk of experiencing child poverty.

There has been a downward trend in the under 18 conception rate in Central Bedfordshire since 2010, with the greatest reduction seen in the under 16s. The most recent annual data (2015) shows a slight decrease in under 18 conception rates in Central Bedfordshire between 2014 (18.8 per 1,000, actual number 85) and 2015 (18.6 per 1,000 actual number 84). There were 2 higher rate wards in 2012-2014: Dunstable Northfields and Dunstable Manshead.

Compared to other parts of the country levels of deprivation in Central Bedfordshire are relatively low. However there are eight small areas in Central Bedfordshire where 34% to 40% of **children live in income deprived households**.

Central Bedfordshire Lower Super Output Areas (LSOAs) with the highest proportion of children living in income deprived households, 2015	
Central Bedfordshire LSOAs (in the most deprived 20% of England) and ID number.	% of children living in income deprived households (and approximate number of children in brackets)
Houghton Hall 580	40% (250)
Dunstable Northfields 595	39% (100)
Dunstable Manshead 594	37% (260)
Houghton Hall / Tithe Farm 618	37% (170)
Leighton Buzzard North 609	35% (150)
Parkside 601	34% (150)
Leighton Buzzard North 605	34% (130)
Tithe Farm 619	34% (210)
Central Bedfordshire average	14%
England average	20%

Source: DCLG Indices of Deprivations, Income Deprivation Affecting Children Index (IDACI) 2015.

Approximately 8.2% of Central Bedfordshire school children were known to be **eligible for free school meals** (January 2016 school census) compared to 14.3% in England. However, the rate varies widely – e.g. 18% of Houghton Regis school children received school meals, compared to 3% in Ampthill. (Free School Meals eligibility is often used as a measure of deprivation for schools and their pupils.)

‘The term **adverse childhood experiences (ACEs)** incorporates a wide range of stressful events that children can be exposed to whilst growing up. These include harms that affect the child directly, such as neglect and physical, verbal and sexual abuse; and harms that affect the environment in which the child lives, including exposure to domestic violence, family breakdown, parental loss, and living in a

home affected by substance abuse, mental illness or criminal behaviour.’

Areas for focus:

- Early Years: We need a highly skilled and motivated Early Years workforce capable of high quality assessment, and working in an integrated way. Professionals working with children and families must be able to recognise key risk factors including adverse childhood experiences, sharing information and referring to services where appropriate. (Director of Public Health Report)

Preventing ACEs for future generations could improve health outcomes, by reducing for example levels of substance misuse (cannabis, heroin, crack use), binge drinking, unintended teenage pregnancy and poor diet.

Often risk factors occur together; particularly children living in a family affected by domestic violence, substance misuse and parental mental illness.

Between November 2015 and October 2016, there were 3,370 **domestic abuse** incidents in Central Bedfordshire, which has remained stable compared to the previous 12 months. 48% were noted to have a child resident at the location of the incident. In Central Bedfordshire the Relay Project alerts schools to children whose parents have been involved in a domestic violence incident. This enables schools to consider the support required for the individual child in a family context. Following 1,066 incidents with school aged children in the household between April 2015 and March 2016, 1,767 notifications to schools for individual children were made. The current position is that the majority of schools have received at least one Relay notification.

Poor **maternal mental health** has important consequences on a child’s health. Women are at greater risk of developing their first

episode of mental illness during this time, with more than 1 in 10 women affected. In Central Bedfordshire an estimated 300-500 women are affected by mild to moderate depression during the perinatal period each year. Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

Areas for focus:

- Mental Health: Commissioners and providers must work together to ensure that a comprehensive perinatal mental health pathway is in place. Parents at risk of mental illness during the perinatal period (pregnancy to the first year following birth) should be identified and timely support offered, including for the infant and wider family where appropriate. (Director of Public Health Report).

In Central Bedfordshire it is estimated that 3,225 children aged 5-16 have a mental disorder, with a higher number seen in the 11-16 year old age group and in boys. Promoting resilience, emotional wellbeing and the good **mental health of children and young people** is a priority across Central Bedfordshire.

The biggest worries for 8-11 year olds reported in the School Health Education Unit (SHEU) Emotional Health and Wellbeing Survey 2015 were: being bullied, healthy eating, school work/exams and tests. 13% of pupils aged 8-11 years said that they find it hard to concentrate on anything due to worries.

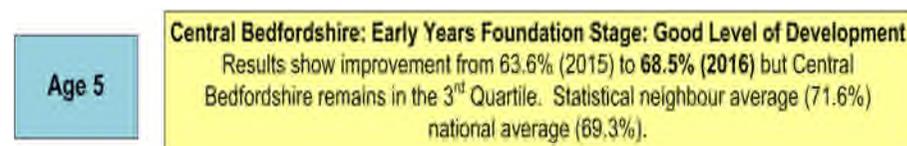
Areas for focus:

- The early years are important to children in ensuring they have a great start in life. Multi-agency integrated early intervention and specialist support for vulnerable families is a priority – this includes those parents who are very young, those experiencing domestic abuse, poor mental health or substance misuse, or families living in poverty and deprivation in some parts of Houghton Regis, Dunstable and Leighton Buzzard.

Educational Outcomes

A good education is essential to counter socio-economic disadvantage and to break the intergenerational cycle of poor achievement and poverty, and if a child arrives at school **ready to learn** they are much more likely to achieve the best outcomes. The early identification (and accurate assessment) of children with special educational needs and/or disabilities is also key to ensuring that every child is able to fulfil their potential.

In Central Bedfordshire children at the age of 5 are not doing as well as children nationally or as well as those living in similar areas. Although Good Level of Development results improved in 2016, Central Bedfordshire remains in the 3rd Quartile:



Literacy at the Early Years Foundation Stage was highlighted within the 2016 JSNA Executive Summary as an area of learning requiring improvement. There has been improvement from 69% to 73% - with Central Bedfordshire moving from a third quartile to a second quartile

position nationally, but performance in literacy still remains behind other areas of learning.

Age 7	<p>Central Bedfordshire Key Stage 1 2016 results are being reported under a new assessment framework.</p> <ul style="list-style-type: none">• Reading: 77% of pupils reaching the Expected Standard (Top Quartile)• Writing: 69% of pupils reaching the Expected Standard (2nd Quartile)• Mathematics: 76% of pupils working reaching the Expected Standard (2nd Quartile).
Age 11	<p>Central Bedfordshire Key Stage 2 Results 2016</p> <ul style="list-style-type: none">• 51% of children reached the expected standard of reading, writing and maths combined. Figures are not comparable to earlier years (due to curriculum changes) but these results are below the statistical neighbour (54%) and national (53%) averages. 3rd Quartile.• 29% of Central Bedfordshire Disadvantaged pupils* achieved the expected standard in Reading, Writing and mathematics – compared to 57% of other pupils (a 27 percentage point difference). This gap is wider than both the statistical neighbour average (24 pts) and the national average (21 pts). Bottom Quartile. <p>*Disadvantaged pupils are defined: those who were registered as eligible for free school meals at any point in the last six years; children looked after by a local authority and children who left care in England and Wales through adoption or via a Special Guardianship or Child Arrangements Order</p>

Improving educational outcomes at Key Stage 2 and for disadvantaged pupils remains an area of focus. Children at the age of 11 are not doing as well as children nationally or as well as children living in similar areas. Disadvantaged children in Central Bedfordshire are not achieving their potential and more than 70% do not achieve the expected standard in Reading, Writing and Mathematics at age 11.

Pressures at home such as family caring responsibilities can negatively affect a child's educational achievement and life chances. There is a consistent volume of requests for young carers support, and

between May 2016 and December 2016 145 referrals for young carers support were received. The majority of referrals were with respect to the need for 1-1 support; however, it has been noted that an increasing number of referrals and enquiries are coming from schools regarding young carers affected by parental mental health issues.

Areas for focus:

- Multi-agency integrated early intervention and specialist support for vulnerable families continues to be a priority as children develop. Children are not doing as well in school in Central Bedfordshire compared to children nationally and compared to children in similar areas. Children living in poverty and deprivation in particular are not achieving at school. Key risks in families need to be identified early and receive effective integrated support from a range of services.

5.0 Developing Well

Adolescence is recognised as the most significant time for establishing behaviours that can have long term health impacts, for example smoking, substance and alcohol misuse. Health during adolescence is strongly linked to educational attainment and employment.

- For under 18s, the hospital admission rate due to **alcohol specific conditions** is 24.2/100,000 - significantly better than the national average of 36.6/100,000. (2012/13-2014/15).
- For 15-24 year olds, the rate of hospital admissions due to **substance misuse** is rising in line with the national trend, and is currently 90.2/100,000 - similar to the national average of 95.4/100,000 (2013/14-2015/16).
- In the local schools' survey data (2014) 1% of 12-13 year-olds (Year 8) and 11% of 14-15 year-olds (Year 10) reported that they had 'taken an illegal drug in the last year'.
- 44% of new **sexually transmitted infection** diagnoses were for young people aged 15-24 years (2015). The Chlamydia detection rate per 100,000 for 2015 in Central Bedfordshire was 1,253 per 100,000, which is lower than England rate of 1,887 per 100,000. (Areas not achieving the recommended 2,300 detection rate should aim to increase their rate.)
- **Youth offending** is at a low level. There was a significant reduction in First Time Entrants in the 5 year period 2010-2015. Although there has been a small increase in 2015/16, Central Bedfordshire is still performing better than its Family Group, the South East Region and nationally. Central Bedfordshire's reoffending rate for 2013/14 (latest validated data) shows improvement from the previous year (27.8% 2012/13, 27.6% 2013/14). Historically, Central Bedfordshire has had low levels of

remand and custody rates but there has been an increase in recent years.

The Starting Well section references **Adverse Childhood Experiences** and provides examples of stressful events that children can be exposed to whilst growing up.

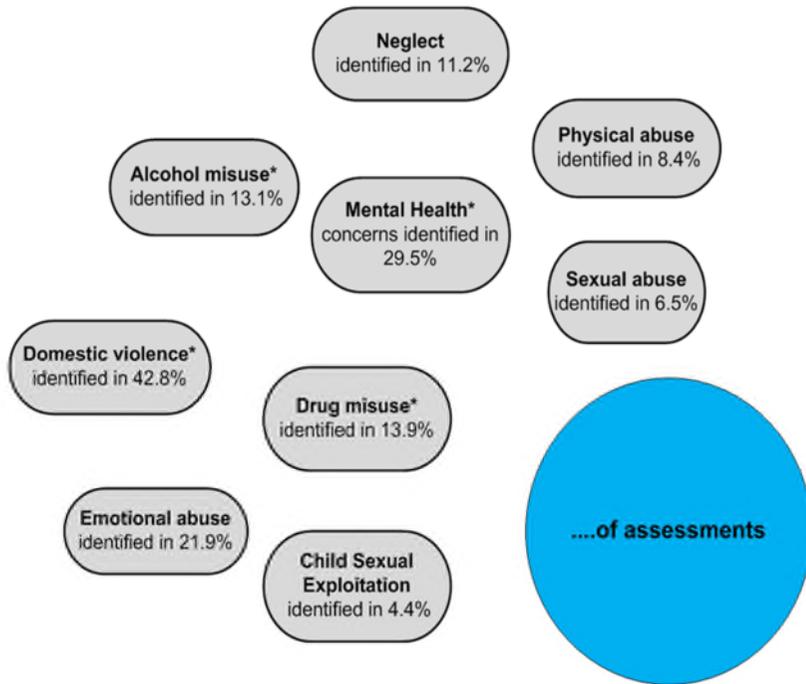
Individuals who experienced four or more Adverse Childhood Experiences have an increased risk of having poorer outcomes as adults e.g. educational and employment outcomes, mental wellbeing, involvement in recent violence and chronic health conditions, and are:

- 4 x more likely to be a regular heavy drinker or smoker
- 9 x more likely to be in prison
- 3 x more likely to be morbidly obese.

A third of children in need (which includes looked after children and children on a child protection plan) are aged 13 and over. Factors at assessment for Children in Need can provide insight into some of the stressful events that children can be exposed to:

March 2016: 1518 Children in Need in Central Bedfordshire

Central Bedfordshire: Details of some of the factors identified at assessment:



To note: a child may have more than one assessment.

* Factors that may relate to the child, family member, or carer.

Source: DFE Statistical First Release published 3 November 2016

For Central Bedfordshire the numbers of all **children in need** and **Looked After Children** are similar to this last time year. The number of **unaccompanied asylum seeking children** has increased from 12.7% (November 2015) to 19.1% (November 2016) of the total Looked After Children population.

There are two key cohorts that drive care entry (those aged 0-1, and those aged 14+ years). 'Abuse and neglect' is the highest primary need for those children referred to Central Bedfordshire Children Social Care.

Recently published national data 2015/16 for children who have been looked after continuously for at least 12 months shows that health measures for Central Bedfordshire's Looked After Children are mostly good (e.g. immunisations, annual health checks and teeth checked by a dentist). There has also been improvement with regard to placement stability, and care leavers engaged in education, training or employment. Educational outcomes for children in need and Looked After Children do however need to be improved.

Evidence from Looked After Children case reviews, and quantitative data suggests that there are a number of core issues that lead to family break down - notably domestic abuse, substance misuse, parental mental health, and disengagement of parents from the support offered and their capacity to effect lasting change. Criminality was also found to be a parental risk factor.

Any child in any community is vulnerable to child sexual exploitation. It is often hidden making prevalence data hard to ascertain.

Given the high national profile of child sexual exploitation, an increase in reporting would be expected in response to national cases e.g. those involving celebrities, or sports personalities coming forward with allegations of historical child sex abuse. Bedfordshire Police sample data suggests the following concerns for Central Bedfordshire:

- Peer on peer
- Older girlfriend / boyfriend model
- Group related child sexual exploitation
- Online grooming

Agencies have referred 21 children to the Child Sexual Exploitation Panel as being at risk of exploitation in Central Bedfordshire during

2015/16, and, to support prevention work there were 21 disruptions carried out by Bedfordshire Police and 5 abduction notices issued.

Areas for focus:

- Vulnerable Children and Young People: All professionals working with children, young people and families must use learning from reviews, audits and inspections to improve practice and outcomes. Progress should be monitored by the Local Children's Safeguarding Board. (Director of Public Health Report).

Mental health and wellbeing:

In Central Bedfordshire it is estimated that 1,640 16-19 year olds have a mental health disorder.

The results of the 2015 Central Bedfordshire Schools' Emotional Wellbeing Survey tell us most children and young people are happy most of the time.

- 70% of male pupils and 50% of female pupils aged 12-16+ said they feel at least 'quite' happy with their life at the moment.
But:
- 4% of pupils aged 8-16+ said they are 'not at all happy' with their life at the moment.
- 10% of pupils aged 12-16+ said that they find it hard to concentrate on anything due to worries.

Around 38% of Year 8 and 10 males and 20% of Year 8 and 10 females had a high self esteem score in 2014. In 2015, this percentage increased to 47% and 25% respectively. The percentage of Year 8 females with a high self esteem score remained static over this time.

Areas for focus:

- School Years: Schools must be supported to achieve good health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach that includes high quality Personal Social & Health Education, Sex and Relationships Education and Physical Education. (Director of Public Health Report).

Areas for focus:

- Mental Health: Commissioners and providers must work together to ensure that all professionals working with children, young people and families are able to identify mental health issues and refer promptly to accessible, high quality mental health support at the appropriate level. (Director of Public Health Report).

Educational outcomes:

Health during adolescence is strongly linked to educational outcomes, including attainment and employment. Although more children aged 16-18 in Central Bedfordshire are in education, employment or training, they are not achieving the results of children in similar areas at the ages of 15 to 17. They are also not making the progress they should between key stages, and disadvantaged children continue to achieve much lower grades at these ages.

Age 15	<p style="text-align: center;">Key Stage 4</p> <p>2016 results are reported under a new assessment framework.</p> <p>The average Attainment 8 score per pupil is 49.3. This means in 2016 Central Bedfordshire pupils have achieved nearly an average 'C' grade for each of their Attainment 8 subjects.</p> <p>Central Bedfordshire is below the statistical neighbour average (50.7) and above the national average (48.5). 3rd Quartile.</p> <p>The average Progress 8 score per pupil in Central Bedfordshire is -0.07. Central Bedfordshire is statistically significantly below 0 (i.e. the national average). 3rd Quartile. Statistical Neighbour average -0.02.</p> <p>2016 Attainment 8 Score gap between Disadvantaged pupils and all other pupils is 13.4 points (difference of just under 1 ½ grades). Disadvantaged pupils are achieving just under a D grade per subject whereas other pupils are achieving on average just over a C grades per subject.</p> <p>Central Bedfordshire Disadvantaged children have achieved (Progress 8 score) on average of half a grade worse per subject than other pupils with the same prior attainment.</p>
Age 16-17	<p style="text-align: center;">Key Stage 5</p> <p>Average point score per entry for all Level 3 qualifications is 30.2; this equates to an average C Grade.</p> <p>Below statistical neighbour (31.2) and national (32.4) averages. 3rd Quartile.</p>
Age 16-18	<p>The percentage of children aged 16-18 who are Not in Education, Employment or Training* is 3.1% - better than the national (4.2%) and statistical neighbour (3.4%) averages. There has been continued improvement. Top quartile.</p> <p style="text-align: center;"><small>* Average Nov, 15., Dec 15 and Jan 16</small></p> <p>Supporting young people aged 18+ who are NEET remains a priority - including where there may be a range of other barriers / issues such as mental health issues that would prevent them from learning.</p>

Attendance at school has a statistically significant impact on attainment and children in Central Bedfordshire have more missed days of school compared to pupils nationally and those living in similar areas. Pupil absence in Central Bedfordshire is 4.7% 2014/15 (Academic Year) and remains higher than Statistical Neighbour (4.4%) and National (4.6%) averages. Key issues include authorised absence (which at 4.0% places Central Bedfordshire in the bottom quartile), absence in primary schools (which at 4.2% places Central Bedfordshire in the 3rd Quartile), and permanent exclusions in primary schools.

Work continues to improve attendance, and educational outcomes at each key stage – (with a particular focus on Key Stage 2 and disadvantaged pupils), and to reduce days lost due to exclusions.

6.0 Living and Working Well

Living well in adulthood is determined a number of factors including [wider determinants of health](#) (e.g. environment, housing, education and employment) and individual health behaviours, commonly described as 'lifestyle' factors. Such 'lifestyle' factors include smoking; poor diet, physical inactivity and excessive alcohol consumption, which all contribute to poorer health.

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

Premature Mortality

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 preventable, for example cancer, cardiovascular and respiratory diseases, and are strongly linked to health behaviours and the wider living and working environment.

In Central Bedfordshire:

- The premature mortality rate is lower than most other parts of the country (ranked 21st out of 150 Local Authorities) but higher than similar Local Authorities (ranked 14th out 15).
- The premature mortality rate has fallen year-on-year, from 425 per 100,000 in 2000 to 279 per 100,000 in 2014.
- Rates of premature mortality from cancer (lung, colorectal and breast), heart disease, and stroke and lung disease are higher in Central Bedfordshire than similar Local Authorities.

Smoking

[Smoking](#) remains the single largest preventable cause of premature mortality in Central Bedfordshire. Smoking causes lung cancer and other respiratory diseases. It is also an established risk factor for other causes of premature death including heart disease and stroke.

In Central Bedfordshire:

- The proportion of adults smoking is falling, with 10.3% of adults estimated to smoke in 2016, compared with 16.7% in 2015 and 18.5% in 2014.
- Large variation in smoking prevalence is observed within the population, with higher proportions of adult smokers in routine and manual occupations (28.1%) compared with the rest of the population.
- Each year the societal costs of smoking in Central Bedfordshire are estimated to be £65.6m, driven primarily by reduced productivity and the costs of treating ill health and subsequent care.

Areas for focus:

- Support the temporary abstinence for inpatients in Acute and Mental Health settings with the long term aim of stopping smoking all together.

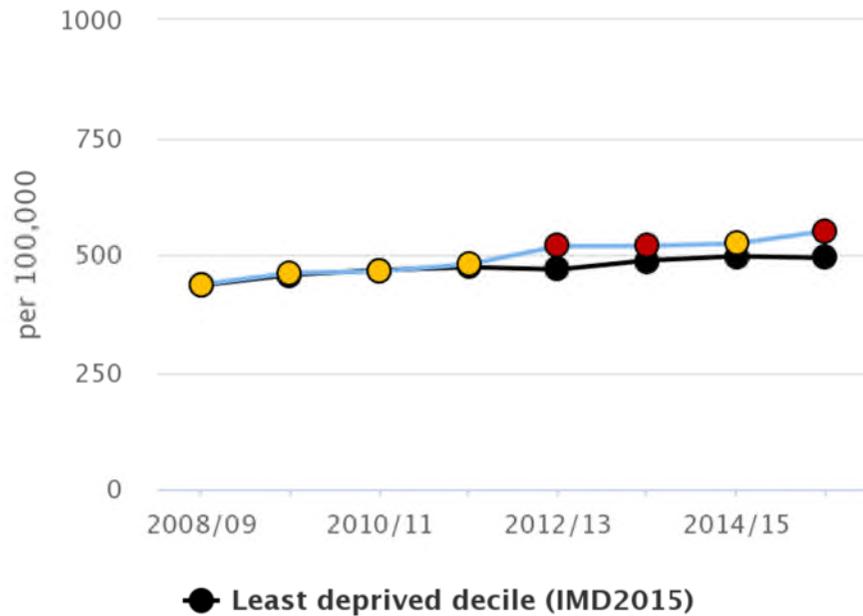
Substance Misuse

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, teenage pregnancy, lower productivity and increased risk taking behaviours.

In Central Bedfordshire:

- Alcohol related admissions continue to rise, with admission rates significantly worse than its statistical neighbours.

10.01 - Admission episodes for alcohol-related conditions (Narrow) (Persons) - Central Bedfordshire



- Using the narrow definition, alcohol-specific admissions increased from 1,019 in 2008/09 to 1,446 in 2015/16.
- Both alcohol-specific mortality and alcohol-related mortality in are significantly better than the England average.

[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.

In Central Bedfordshire:

- 8.5% of opiate users accessing treatment in 2015 successfully completed and left drug free, compared with 6.7% in England

- 28.1% of non-opiate users accessing treatment in 2015 successfully completed and left drug free, compared with 37.3% in England.
- Successful treatment rates for both opiate and non-opiate users have fallen since 2014, although the reductions have not been significant.

Areas for focus:

- Ensure people drinking at increasing or higher risk are identified and supported early by a systematic roll out of Identification and Brief Advice and NHS Health Checks (GPs, and frontline staff)

Healthy Weight & Physical Activity

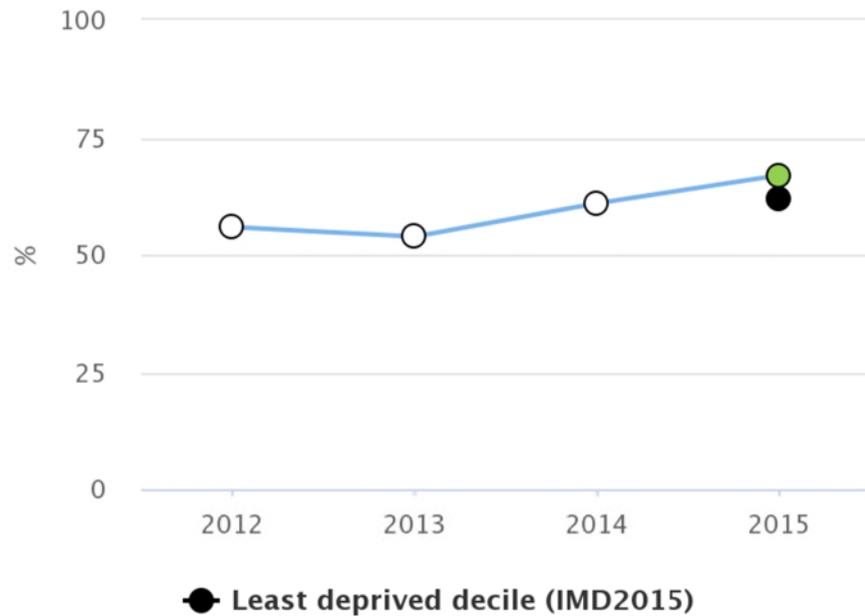
Maintaining a healthy body weight in adulthood relies upon eating a healthy diet and undertaking moderate and regular physical activity.

The additional benefits of being physically active include the prevention of ill health and premature mortality, improved mental health and self-reported wellbeing, the delay in the need for care in older adults, and the reduction of health inequalities.

In Central Bedfordshire:

- Between 2013 and 2015 a higher proportion of adults (67.1%) were classified as being [overweight or obese](#) compared with the England average (64.8%).
- A higher proportion of the adult population (66.9%) are classified as physically active compared to its statistical neighbours.
- However more than 1 in 5 adults do less than 30 minutes of physical activity per week

2.13i - Percentage of physically active and inactive adults - active adults - Central Bedfordshire



Areas for focus:

- Concentrate on increasing physical activity in groups that are less likely to be active including women and girls, people from lower socio-economic groups, older people, disabled people and those with or at greater risk of long-term health conditions.

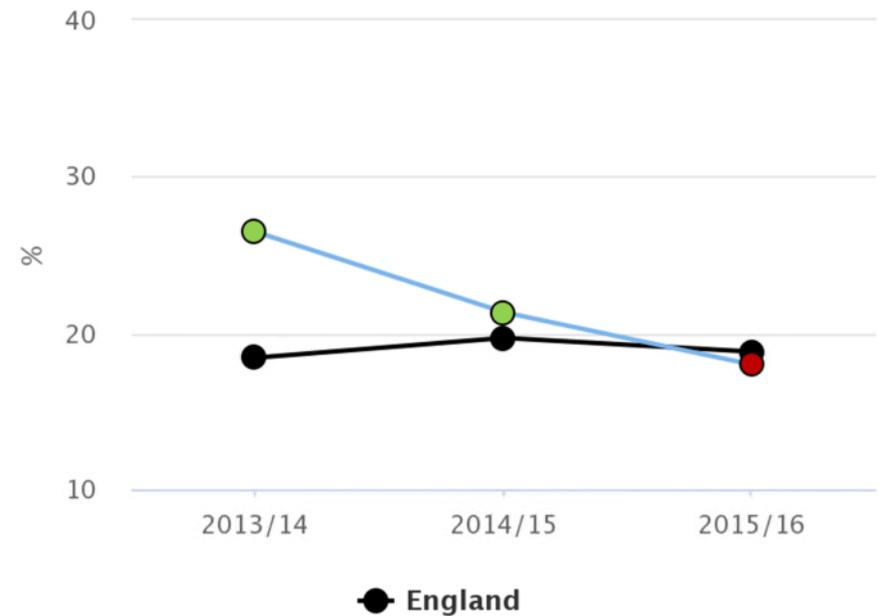
NHS Health Checks

The [NHS Health Check](#) programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

In Central Bedfordshire:

- The number of people invited for a NHS Health Check continued to fall in 2015/16 to 14,810 from 17,281 the previous year, and is now significantly lower than the England average.

People invited for an NHS Health Check per year - Central Bedfordshire



Areas for focus:

- Increase the accessibility of Health Checks to those of working age with a focus on those at highest cardiovascular risk and providing good quality and onward referrals to relevant lifestyle services.

Screening programmes

National [cancer](#) screening programmes operate across Central Bedfordshire, with the aim of ensuring early detection of breast, cervical and bowel cancer in adults.

In Central Bedfordshire:

- In 2015/16, screening uptake for Diabetic Eye Screening, Breast Screening, Bowel and Cervical screening in women age 50-64 years all met the required national minimum standards of 80%, 70% and 52% and 80 respectively.
- The abdominal aortic aneurysm (AAA) screening programme achieved 81.2% in 2015/16, meeting the required target 75%.

Areas for focus:

- Increase Cervical Cancer screening uptake among 25-49 year old women.

Cancer

Newly diagnosed cancers in Central Bedfordshire:

- A total of 686 men and 656 women were newly diagnosed with cancer in 2014.
- The incidence is slowly increasing mainly as a result of our population ageing.
- In 2014 the most common cancer diagnoses were prostate (30%) and colorectal (13%) in men and breast (29%) and colorectal (13%) in women.

Premature cancer mortality in Central Bedfordshire:

- Premature mortality from cancer in Central Bedfordshire is falling and 202014 was 140 deaths per 100,000 for men and 115 deaths per 100,000 for women.
- 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, ovary and colorectal cancers for females.

Cancer survival in Central Bedfordshire:

- Cancer survival rates are increasing in line with the national trend.
- In 2014, 57.9% of cancer diagnoses were made at an early stage, better than the rate in similar local authorities (51.7%).

Areas for focus:

- Increased awareness by the commissioners of those patients with poor health and disability as a result of side effects of cancer treatment
- Continued emphasis on the delivery of an effective stop smoking service

Cardiovascular disease and diabetes

[Hypertension](#) (high blood pressure) is an important risk factor for cardiovascular disease:

- In 2014/15 there were 35,150 people in Central Bedfordshire with diagnosed hypertension, but prevalence estimates suggest that there may be a further 24,570 adults with undiagnosed hypertension.
- In 2013/14 79.8% of patients with hypertension received lifestyle advice in the past 12 months, although this varied by GP practice, ranging from 63.5% to 98.2%.
- In 2015/16 80.7% of patients with hypertension had their blood pressure well controlled (<150/90 mmHg).

[Coronary heart disease](#) in Central Bedfordshire:

- In 2016 a total of 8,615 people (3.0% of the population) had a recorded diagnosis of Coronary Heart Disease (CHD).
- Premature mortality is higher compared with statistical neighbours.

Stroke in Central Bedfordshire:

- In 2015/16, the diagnosed prevalence was 4,420 (1.5%).
- The proportion of patients with a diagnosed stroke whose blood pressure was above 150/90mmHg (a risk factor for further complications) has remained stable at 16%.

Atrial fibrillation (AF), a form of irregular heartbeat, is an important risk factor for stroke that can be treated effectively with medication.

- In 2013/14 there were 3,902 people in Central Bedfordshire with diagnosed AF, but prevalence estimates suggest that there may be a further 2,052 people

Areas for focus:

- Bedfordshire CCG is currently reviewing all clinical pathways scheduled for completion mid 2017. At which point, a full analysis of service provision, gaps and service needs will be summarised and shared with system partners.

Diabetes

Diabetes in Central Bedfordshire:

- The prevalence of diagnosed diabetes in adults aged 17 years and older has continued to rise and in 2015/16 was 6.0%.
- Estimates suggest there are 2,850 people with undiagnosed diabetes.
- The prevalence of diabetes is higher in areas with higher deprivation, and people from Asian and Black ethnic groups are more likely to have diabetes and develop the condition earlier.
- 67.9% of patients with Type 2 diabetes received the eight recommended care processes in 2015/16, which is higher than the national average (53.9%); but only 38.1% achieved the treatment

targets for blood glucose, blood pressure and cholesterol, which is lower than the national average (40.4%).

- 89.2% of patients with diabetes diagnosed in 2014 were offered a structured education course (compared to 81.3% nationally) and 17.0% attended a course within 12 months (national average 7).

Areas for focus:

- Improve the early identification of high blood pressure, atrial fibrillation and diabetes, including non-diabetic hyperglycaemia ('pre-diabetes').
- Increase the availability and participation in structured education programmes for the management of long term conditions.

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term that includes chronic bronchitis and emphysema. This disease is predominantly caused by smoking.

In Central Bedfordshire:

- The prevalence of COPD was 4,945 (1.7%) in 2015/16, an increase since 2010/11.
- This increase is mainly due to the ageing population, as COPD is strongly associated with age.

Mental health

One in four adults will experience mental 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.

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

In Central Bedfordshire:

- The number of men aged 18-64 who have a common mental disorder (e.g. anxiety, depression, obsessive compulsive disorder) is projected to rise from 10,075 in 2014 to 10,075 in 2030 – an increase of nearly 10%.
- For women the number is projected to rise from 16,115 in 2014 to 17,454 in 2030 – an increase of 8%.

Areas for focus:

- Continue to promote 5 Ways to Wellbeing.
- Ensure good access to healthy lifestyle support for people with mental illness to improve their physical 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.

As STIs are often symptomless and regular testing is important for individuals in higher risk groups. Early detection and treatment can reduce onward transmission and long-term consequences, such as infertility and ectopic pregnancy.

STIs in Central Bedfordshire:

- Rates of newly diagnosed STIs have continued to fall with 1,215 new sexually transmitted infections diagnosed in 2015.
- This represents a rate of 451.4 per 100,000 compared to the England rate of 767.6 per 100,000.

Gonorrhoea in Central Bedfordshire:

- While the overall rate of STI diagnoses has fallen the rate of gonorrhoea diagnosis has doubled since 2012: from 40 cases per 100,000 to 82 per 100,000.

- This remains similar to the East of England rate and significantly lower than the national rate, both of which have also increased over the same time period.

HIV in Central Bedfordshire:

- The number of prevalent cases of HIV in Central Bedfordshire has risen steadily from 177 in 2011 to 221 in 2015.
- The number of people newly diagnosed with HIV infection has fallen from 36 in 2012-2014 to 30 in 2013-2015, which is lower than the national average.
- The number of late diagnoses has decreased from 17 in 2012-14 to 15 in 2013-15; however, the proportion of cases diagnosed late has increased from 47.2% to 50%.
- HIV testing coverage (the proportion of people who access genitourinary medicine services who accept an HIV test) in Central Bedfordshire improved from 74.2% to 77.6% in 2015.

Areas for focus:

- Improve the accessibility of STI and HIV screening in Central Bedfordshire, with a continued focus on increasing the coverage and detection rate for chlamydia

Respiratory Infections

The [flu immunisation](#) programme offers protection against the effects of flu to as many eligible people as possible, particularly those at greatest risk of complications including: people aged 65 years and over (including care home residents), pregnant women and those aged under 65 with long term conditions.

Seasonal flu uptake in Central Bedfordshire:

- In 2015/16, all eligible groups had small but non-significant drop in uptake compared with the previous year.
- Central Bedfordshire is the best performing local authority in the East of England for all eligible groups except those aged under 65 with long term conditions.

- Mid-programme uptake in 2016-17 shows improvement in most categories, however there is significant variation between GP practices.
- This variation is independent of practice-level deprivation, and indicates inequality in the protection of groups of vulnerable patients against seasonal influenza.

Areas for focus:

- Improve the targeted delivery of vaccination for individuals at risk from seasonal influenza and also among front-line health and social care workers.

7.0 Ageing Well

What is Ageing Well?

Ageing well is about helping older people to live active, healthy lives and limiting deterioration and illness. Ageing well should also minimise the impact of and proportion of life spent in ill health to enable people to remain in their own homes and independent for as long as possible, reducing the need for acute treatment and social care.

Social isolation

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.

In Central Bedfordshire:

- Over half of the population live in a rural setting, which can increase social isolation and make it harder to access local services or find opportunities for social interaction.
- Since 2010-11, the percentage of adult social care users who have as much social contact as they would like has gradually increased from 38.6% to 44.9% in 2015-16.

Areas for focus:

- Review existing council-delivered day care services to enhance their ability to combat social isolation.
- Ensure that support organisations such as the Silver Line are aware of local resources and signpost vulnerable people to these.

Dementia

[Dementia](#) is a set of progressive symptoms associated with an ongoing decline of the brain and its abilities. This includes problems with memory loss, thinking speed, mental agility, language, understanding

and judgement. Under the age of 75 years, dementia mainly affects males, while over the age of 75 years females are most affected.

However, dementia is not just part of growing old. It is caused by diseases of the brain, the most common of which are Alzheimer's and vascular disease. According to the Alzheimer's Society one in three people over 65 will develop dementia, and two-thirds of people with dementia are women. The number of people with dementia is increasing because people are living longer.

In Central Bedfordshire

- In 2015, it was estimated that there were 3,000 people with dementia, including almost 300 people under the age of 65.
- Of these, 1,700 are predicted to have mild dementia, 1,000 moderate dementia, and 350 severe dementia.
- By 2030, it is estimated that there will be 5,400 people with dementia, an increase of 67%.
- It is estimated that 208 people are diagnosed with dementia via the memory assessment service in Central Bedfordshire every year.

Areas for focus:

- 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.

Under-detection of mental illness in older people is widespread, due to the nature of the symptoms, the belief that it is an inevitable consequence of aging, 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.

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.

Areas for focus:

- Review equity of access to psychosocial interventions for older people, ensuing support for those individuals with long term conditions and further increase integration with physical health care.
- Development 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 and hip fractures

[Falls](#) are a major cause of disability and the leading cause of injury related mortality in people aged over 75 years, and osteoporosis increases the likelihood of serious injury. Up to 10% of falls are likely to result in serious injury, of which 5% are fractures.

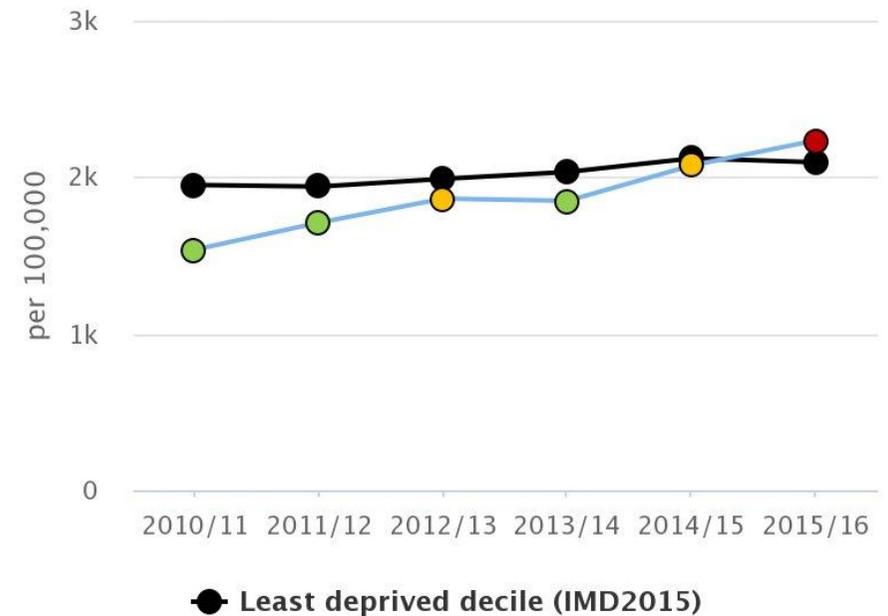
A hip fracture remains the most common cause of accident related death, with an increased 1 year mortality of between 18% and 33%. One in every twelve patients will die in the first month following injury; approximately half of hip fracture patients who were previously independent will become partly dependent; and one third will become totally dependent. Approximately 20% of older people that suffer a hip fracture enter long-term care in the first year after fracture.

In Central Bedfordshire:

- In 2015, approximately 12,205 people aged 65 and over were estimated to have had a fall. It is important to note that this is the number of people that fall and not the number of falls.

- Since 2010-11 injuries due to falls in people aged 65 and over have risen. Consequently, Central Bedfordshire has fallen from being significantly better than the England average to being statistically similar.

2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons) - Central Bedfordshire



Areas for focus:

- Ensure statutory and voluntary service providers work together to develop and implement falls and fragility fracture care pathways and initiatives that prevent, identify, assess and treat falls and fractures in a consistent and timely manner.

Excess Winter Deaths (including fuel poverty)

[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.

In Central Bedfordshire:

- 191 extra deaths occurred during the winter months of 2014/15 compared to the rest of the year.
- Whilst there has been a continual increase in excess winter deaths since 2010/11, this upward trend has been in line with the England average.

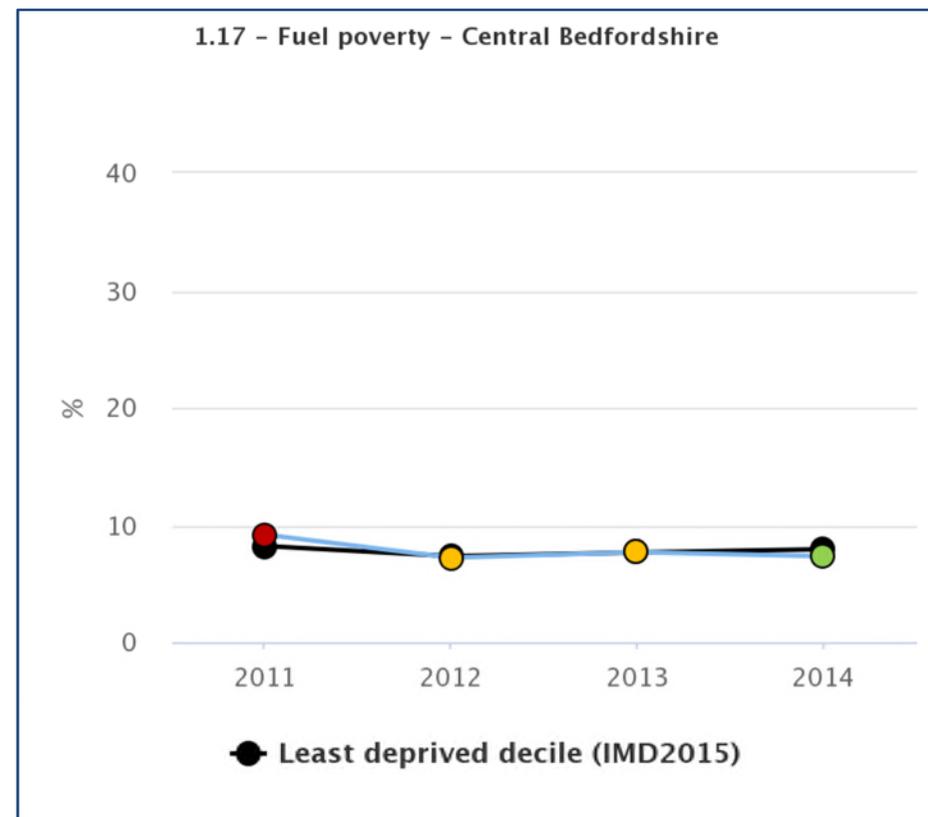
The majority of excess winter deaths in Central Bedfordshire occur in the 65 to 84 age group, but people 85 years and over are disproportionately affected.

Given that the over 65 population of Central Bedfordshire is expected to increase by 58% by 2021, it is reasonable to assume that the number of excess winter deaths will also increase substantially if action is not taken to address the root causes.

Fuel poverty is more likely to be experienced by people over pensionable age, though other risk factors include people with a disability, younger people who live alone and homelessness.

In Central Bedfordshire:

- 7.3% of households experience fuel poverty which is significantly better than its statistical neighbour.
- However, inequalities exist between the most deprived households (13%) and the least deprived.



[Flu vaccination](#) is another key preventative measure and yet in 2014/15 some 30,000 people who were eligible for the flu vaccination in Central Bedfordshire did not take up the offer.

Housing in Later Life

For an older person suitable housing can be a very significant contributor to ageing well. Homes in which older people have successfully raised a family can become a burden in later life but those who wish to move to more suitable homes (often referred to as 'downsizers') often struggle to find something suitable, especially if they are keen to stay in a particular locality in order to retain existing

social contacts. There is now good evidence that in later life unsuitable housing can contribute to physical and social isolation, the consequences of which can be an avoidable deterioration in both physical and mental health.

To address these and other issues, a range of solutions is required and during 2016 Central Bedfordshire Council published its [Investment Prospectus for Meeting the Accommodation Needs of Older People](#) which sets out for the first time the range of accommodation required in each locality in the period to 2020.

Areas for focus:

- Bring to fruition further extra care schemes in Central Bedfordshire
- Continue programme to modernise capacity in the care home sector in Central Bedfordshire

8.0 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.

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. 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

People with care and support needs relating to physical disability, mental ill health, learning disability or needs related to substance use, and are vulnerable to abuse or neglect because of these needs. They may not always be in receipt of services from adult social care or health services, and may be more or less vulnerable to abuse or neglect at different times in their lives. The number of people subject to a safeguarding enquiry at any one time accounts for less than 2% of those known to adult social care.

In Central Bedfordshire:

- During 2015/2016, there was a sharp increase of reporting of concerns about individuals.
- During 2015/16, there were 330 safeguarding investigations compared to 238 in the previous year, an increase of 92 enquiries.
- Furthermore, 2015/16 saw a reverse in the downward trend between the number of safeguarding alerts and referrals to safeguarding investigations received since 2010/11.
- The majority of incidents continue to occur in the person's own home. The proportion of incidents in 2015/16 increased to 58% from 57% in 2013/14.
- Incidents occurring in care homes also increased by 1% during 2015/16.

The majority (85%) of safeguarding alerts and referrals received during the year continue to 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.

Areas for focus:

- Consideration should be given to the availability of counselling or other post abuse support services that can be easily accessed by people with care and support needs
- The significance of social isolation and its potential to exacerbate people's vulnerability to exploitation and abuse by other members of the community should be considered by all commissioning organisations

Adults with Learning Disabilities

Learning Disability is a life-long condition with a wide spectrum of need, which can range from mild to very complex and profound, requiring continual care and support. A person with learning disability needs may also have a 'secondary diagnosis' which can include any

combination of mental health, autism, physical disability, sensory disability, or other complex health conditions such as epilepsy, and may require continual and ongoing care and support to live with these conditions throughout their life. Some people with a learning disability may display challenging behavior which can have a negative effect on them and their families.

In Central Bedfordshire:

- There were 4,885 adults estimated to have a learning disability, approximately 1.8% of the local population in 2015, which is below the national prevalence of Learning Disabilities of 2.4% per local authority.
- However, the Learning Disabilities prevalence is expected to rise to 5,796 by 2030 an estimated increase of 2.2%.
- Approximately 70 young people are expected to transition into adult services each year.
- The number of children and young people with severe and complex conditions who are surviving into adulthood is increasing and require support when preparing for adulthood and transitioning into adult services.
- 592 people with a Learning Disability in receipt of a paid service will have had an up to date health passport and will have had an annual health check completed by their GP.

To ensure a systematic method of identifying the unmet health and social care needs of people with learning disabilities, an updated Learning Disabilities' Health Needs Assessment is being undertaken.

Areas for focus:

- Prioritise local health and care services to reshape the profile away from residential care and reliance on secondary acute services to more community based and independent living options.
- Plan for young people with learning disabilities as they move from children's services to adult services

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 elderly people.

Central Bedfordshire Council offers a number of statutory services to carers, alongside Carers in Bedfordshire who offer a number of services to adult carers (including parent carers) and sibling carers.

In Central Bedfordshire:

- There are an estimated 28,000 carers and shows that the local carer population mirrors that of the national picture with approximately 10% of people being unpaid carers.
- In 2014/15, the number of carers supported locally by Central Bedfordshire Council (1,446) and Carers in Bedfordshire (3,421) totalled 4,867.
- Only 41% of carers reported that they had the social contact they would like. Although this represents a decrease since 2012/13, it remains similar to the national average

It is also very important to recognise "hidden" carers – those that are unknown to the NHS or Social Services. GP surgeries and/or hospitals are usually the first place that carers have contact with the NHS. Work has been undertaken to highlight help for carers in GP surgeries across the locality.

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. An area of increasing need is carers who are becoming older themselves. Older carers may be managing their own health issues and disabilities and they may also have care and support needs. This group, typically, provide more care hours per week than those in a younger age range.

More people born with disabilities and those surviving serious illnesses are living longer. This, together with an ageing population and longer life expectancies generally, is reflected in the rapidly growing number of people caring for others as well as a growth in the number of hours of unpaid care they provide

Areas for focus:

- Continue to identify hidden carers through awareness raising in the community and in GP practices.
- Support carers to consider their own health and wellbeing, to enjoy an active fulfilled life alongside their caring role and to be able to take regular breaks from caring.
- Increase information and support to enable older carers to plan for the future particularly when they are unable to care any longer

Physical Disabilities and Sensory Impairment

A disability and or a sensory impairment can significantly impact on an individual's daily living from requiring additional personal support to access issues.

The term disability covers a wide range of impairments. The World Health Organisation describes the term disability as "an umbrella term, covering impairments, activity limitations, and participation restrictions".

Physical disability in Central Bedfordshire:

- In 2015, there were an estimated 13,200 residents aged 16-64 with a moderate physical disability and 3,900 with a serious physical disability.
- These numbers are likely to increase in line with the ageing population. By 2030 these numbers are predicted to be 14,500 and 4,400 respectively.
- In 2015, an estimated 8,100 people aged 65 and over were unable to manage at least one basic activity on their own including going to the toilet and getting in and out of bed.

Sensory impairment in Central Bedfordshire:

- In 2016, an estimated 8,000 people (3.0% of the total population) were living with some degree of sight loss that had a significant impact on their daily lives, compared with 3.1% of the England population.

Hearing impairment in Central Bedfordshire:

- In 2015, approximately 19,000 people aged 65 years and over and 7,000 aged 18-64 had a moderate, severe or profound hearing impairment.

People with disabilities are more likely to experience a range of barriers including:

- Social prejudice and discrimination
- Unfair treatment at work and in the labour market
- Potential difficulties accessing services including public, commercial and leisure
- Difficulties with physical accessibility to buildings and transport

Also research suggests that people with disabilities are at an increased risk of developing other health problems such as mental health issues including depression and anxiety.

Areas for focus:

- Prioritise local health and care services to reshape the profile away from residential care and reliance on secondary acute services to more community based and independent living options.
- Work jointly with health services to reduce health inequalities for people with learning disabilities.
- Plan for young people with learning disabilities as they move from children's services to adult services.

Autistic Spectrum Disorder & Asperger's Syndrome

Autistic Spectrum Disorder or Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

In Central Bedfordshire:

- In 2015, 1,672 adults aged 18 to 64 are on the Autistic Spectrum, and set to increase by 3.9% to 1,737 by 2030.
- 139 people with Autism may also have a learning disability or mental health issue as an additional area of need.

In 2016, following an evaluation of all services available to people on the autistic spectrum through the Department of Health (DH) and Association of Directors of Adult Social Services (ADASS) Annual Autism Joint Self Assessment Framework process, key areas for improvement to our local services have been highlighted, these include:

- Improvement to the collection of data on older people with Autism, those in the BME community and women.
- Identification of unmet need particularly for people who have Autism without a learning disability or mental health issue.

To ensure a systematic method of identifying the unmet health and social care needs of people with Autism, an updated Autism Health Needs Assessment is being undertaken.

Areas for focus:

- Ensure adults with autism receive a timely diagnosis and the necessary post diagnostic support.
- Ensure the particular needs of women, the BME community and older people with Autism are taken into account.
- Ensure transition processes take into account the particular needs of young people with Autism.

Homelessness

[Homelessness](#) is not just a housing problem. It has a deep impact on health, employment opportunities, and educational achievement. For most people who become homeless their lack of accommodation is a symptom rather than a cause social exclusion. "The homeless" are not a homogenous group. In many cases, homelessness will be a phase in a person's life.

Despite this, 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 as priority health issues among people who have experienced homelessness. Such outcomes can lead to a cycle of repeat homelessness.

Statutory Homelessness in Central Bedfordshire:

- For those who meet the statutory definition of being in "priority need", the law provides a safety net so that they may not actually become roofless before accommodation has to be provided.
- Homelessness acceptances increased by 1.85% between 2014/15 and 2015/16 whilst the number of homelessness decisions fell by 3.5% during the same timeframe.
- Current indications for 2016/17 are that the number of decisions is likely to increase slightly whilst homelessness acceptances are likely to be lower than 2015/16.
- Over the past four years the number of cases where homelessness has been prevented has reduced year on year.

There is no requirement for the Local Authority to provide accommodation for those who are not in "priority need". Single people who are not vulnerable are at risk of having no accommodation and sleeping rough.

Temporary Accommodation in Central Bedfordshire:

Nationally the total number of households in temporary accommodation on 30 September 2016 was 74,630, up 9% on a

year earlier, and up 55% on the low of 48,010 on 31 December 2010. Following the national trend,

- Has seen increases since 2014/15 which mirrors the national trend.
- Increased throughout 2016 to an all time high of 101 cases by December 2016.

A strategy for purchasing good quality temporary accommodation remains a focus and has mitigated further increases. Numbers residing in temporary accommodation are anticipated to fall further with a number of purchases in the pipeline.

Rough Sleeping in Central Bedfordshire:

- Have increased from 10 in 2015 to 19 in 2016.
- Rough sleepers 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.
- 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:

- Work with Luton, Bedford Borough, & Milton Keynes to Implement the Government grant funded Rough Sleeper outreach service across the Sustainability Transformation area for 17/18 and 18/19. The funding is focused on addressing the link between rough sleeping and complex mental health issues.
- Follow enactment of the Homelessness Reduction Bill, ensure services are in place to meet the new duties for preventing and reducing homelessness, particularly for those who may not previously have been owed a rehousing duty under the current statutory provisions.



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