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# Joint Strategic Needs Assessment

Summary for Bedford Borough

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March 2015

[www.bedford.gov.uk/jsna](http://www.bedford.gov.uk/jsna)

## Acknowledgements

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Produced by Dr Helena Jopling, Barbara Wonford, Jackie Golding, Seana Perkins, Sue Burridge, Jago Kitcat, Randip Khangura and Susan Batley

With thanks to the following chapter authors and guest editors

### Contributing authors

#### People and Place

##### **Bedford Borough Council:**

Andrew Kyle  
Edmund Tiddeman  
Gill Cowie  
Janet Millar  
Jim Pollard  
John Molyneaux  
Julie Monk  
Patrick Lingwood  
Peter Bull  
Philip Green  
Simon Deards  
Simon Fisher

#### Starting Well

##### **Bedford Borough Council:**

Cara Umney  
Dr Annapurna Sen  
Randip Khangura  
Seana Perkins  
Wendy Beeton-Townsend

#### Developing Well

##### **Bedford Borough Council:**

Angela Stango  
Cara Umney  
Carrie Traill  
Dr Annapurna Sen  
Emma Sparrow  
Randip Khangura  
Seana Perkins  
Sue Burridge  
Sue Corbett  
Vicki Francis

##### **Public Health England:**

Feema Francis

##### **Bedford Borough Parent Carer Forum:**

Mrunal Sisodia

#### Living and Working Well

##### **Bedford Borough Council:**

Cara Umney  
Charlotte Jackson  
Dr Annapurna Sen  
Jago Kitcat  
Randip Khangura  
Vicki Francis

#### Ageing Well

##### **Bedford Borough Council:**

Dr Helena Jopling  
George Hunt  
Jackie Golding  
Randip Khangura  
Roslyn Harding

##### **Bedfordshire Clinical Commissioning Group:**

Drew Marchant

#### Vulnerable Groups

##### **Bedford Borough Council:**

Marek Zamborsky  
Roslyn Harding  
Vivien Reynolds

## Guest Editors

### Wider Determinants of Health

#### Bedford Borough Council:

Andrew Kyle  
Eleanor Marcham  
Gill Cowie  
Janet Millar  
Jim Pollard  
Julie Monk  
Patrick Lingwood  
Philip Green  
Simon Deards

#### Jobcentre Plus:

Joe Richardson

### Starting Well

#### Bedford Borough Council:

Amy White  
Wendy Beeton-Townsend

#### Bedford Borough Safeguarding Children Board:

Sally Stocker

#### Bedfordshire Clinical Commissioning Group:

Dr Mary Fenske

#### Voluntary Organisations for Children, young people & families:

Linda Bulled\*

#### Bedford Hospital:

Lynda Fitzgerald

### Developing Well

#### Bedford Borough Council:

Angela Stango  
Carrie Traill  
Frances Cox

#### Bedford Borough Safeguarding Children Board:

Sally Stocker

#### Bedfordshire Clinical Commissioning Group:

Dr Mary Fenske  
Raheel Anwar

#### Community Dental Services:

Sue Jordan

### Living and Working Well

#### Bedford Borough Council:

Cara Umney  
Dr Annapurna Sen  
Marek Zamborsky  
Natasha Farleigh

#### Bedfordshire Clinical Commissioning Group:

Jan Ferdinando

#### Community & Voluntary Service:

Ann Nevinson

### Ageing Well

#### Bedford Borough Council:

Roslyn Harding

#### Age UK:

Karen Perry

#### Bedfordshire Rural Communities Charity:

Justine Hunt

#### MIND:

Steve McNay\*

#### Sight Concern:

Susan Hoath\*

#### Bedford Health:

Sue Wilson\*

#### Bedfordshire Clinical Commissioning Group:

Jen Gough  
Karlene Allen  
Lianne Bowskill

### Vulnerable Groups

#### Bedford Borough Council:

Jodi Simpson  
Julie Edwards  
Marek Zamborsky  
Vivien Reynolds

#### Carers in Bedfordshire:

Helen Satterthwaite

#### Bedfordshire Clinical Commissioning Group:

Jen Gough

---

\*Healthwatch Bedford Borough Ambassador

## Contents

1.0 Introduction.....	5
2.0 Headline findings.....	5
3.0 Population and Place.....	7
4.0 The wider determinants of health.....	11
5.0 Starting Well (pre-birth to 2 years).....	14
6.0 Developing Well.....	17
7.0 Living and Working Well.....	23
8.0 Ageing Well.....	28
9.0 Particularly vulnerable groups.....	31
Appendix: JSNA Summary - Areas for Focus.....	34

## 1.0 Introduction

*The goal of the health and wellbeing system is to add years to life and life to years.*

The Joint Strategic Needs Assessment (JSNA) provides a comprehensive picture of what we know about the health and wellbeing of the people living in Bedford Borough.

It is a process that identifies the current and future health and wellbeing needs of the population by assembling a wide range of quantitative and qualitative data, including local views. It then seeks out the most up-to-date evidence of what works to address those needs and makes recommendations for action across the health and wellbeing system.

The JSNA is a living document. It is published in its entirety at [www.bedford.gov.uk/jsna](http://www.bedford.gov.uk/jsna) - over 80 chapters, each dealing with a different topic. The chapters are updated annually, at different times across the course of the year depending on when new information becomes available.

**This Summary aims to distil the key issues from the full JSNA and to present the headline priorities.** The recommendations it makes are higher-level than those in the individual chapters. Wherever a phrase appears in **bold**, the dedicated chapter can be found on the website with all the relevant statistics, evidence and the detailed recommendations listed in full.

### Call for input

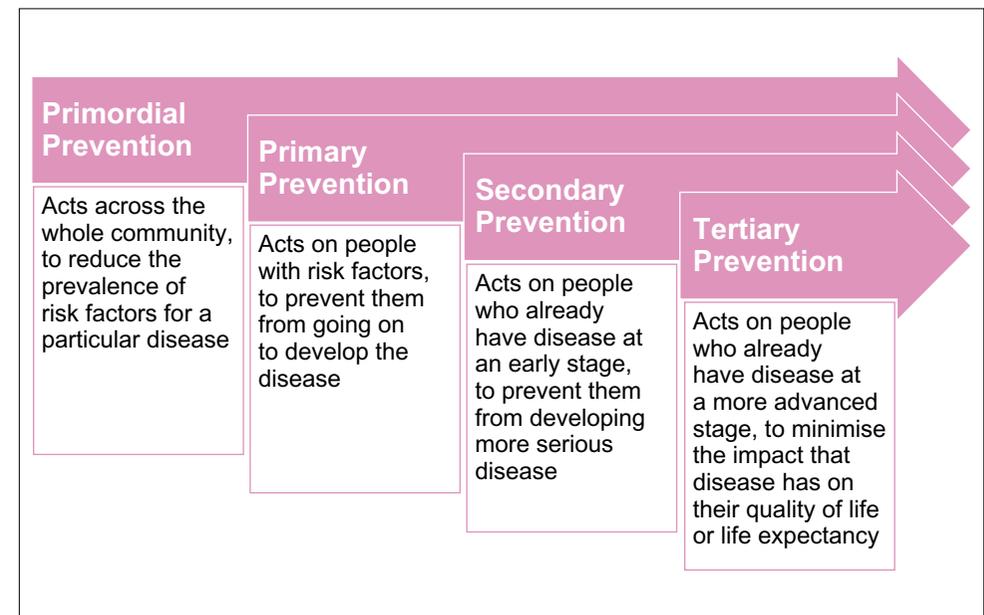
The JSNA can only be as good as the contributions it receives. If you or your organisation feels that there are gaps or errors in any of the chapters on the website, or you would like to be involved in producing the next iteration, we would like to hear from you. Please email [jsna@bedford.gov.uk](mailto:jsna@bedford.gov.uk)

## 2.0 Headline findings

### A focus on prevention

In the discussion of almost all topics in the JSNA there is a strong focus on prevention. The best way to add life to years and years to life is to help people not to get sick in the first place. The Health and Social Care Act 2012 and the Five Year Forward View for the NHS have made clear the need for more prevention to help secure the health and wellbeing of the population in the face of sustained financial pressure in the public sector.

Prevention can be done by every partner in the health and wellbeing system. In the main, it is highly cost effective. It can be thought of as acting at four stages in the development of any disease:



For example:

### High cholesterol as a cause of heart disease

1. Healthy eating and physical activity messages at population level;
2. Healthy lifestyle advice to a man whose father has heart disease;
3. Statins for a man whose health check has shown he has high cholesterol;
4. Statins for a man who is recovering from having had a heart attack.

### Cervical cancer

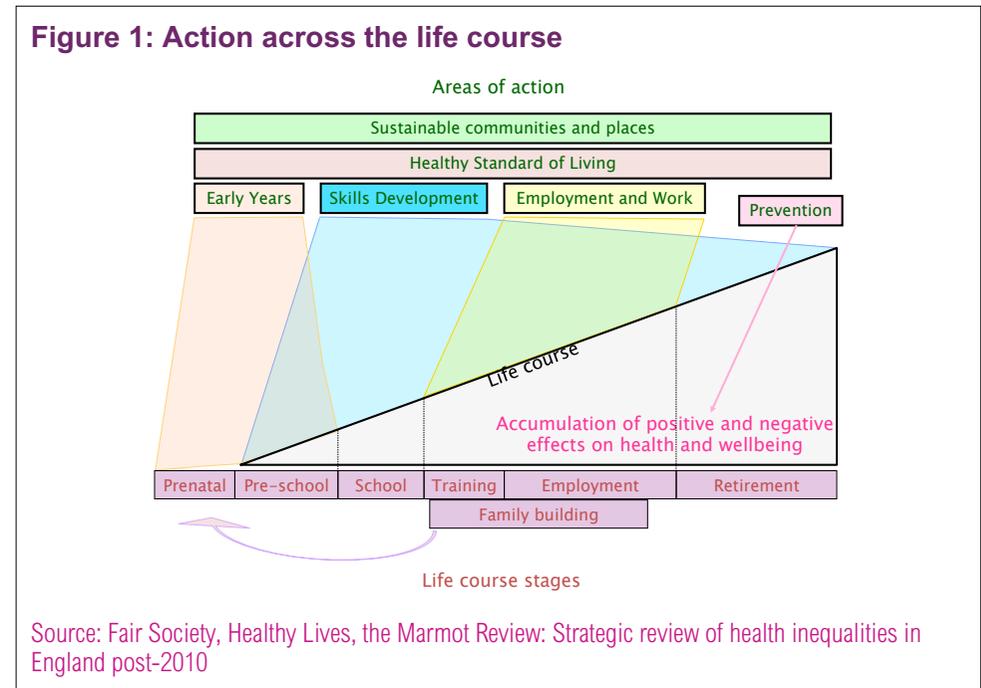
1. Contraception services and sex education in schools;
2. Human papilloma virus vaccine for teenage girls;
3. Cervical cancer screening and treatment for early forms of cancer.

### Common themes across the life course

The JSNA is structured along the life course, describing the health and wellbeing experience of our residents from cradle to grave. The life course approach is based on the understanding, as the Marmot Review into health inequalities described, that:

*“Disadvantages 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 shows how wide-ranging that action is.



In preparing this summary, a number of common themes emerged from the discussions around each stage in the life course:

1. Alcohol is having a negative effect on people of all ages - and the extent of the harm it is causing is generally not well understood. Reducing the impact that harmful alcohol use has, especially on our children and young people, is not just about visible ‘problem drinkers’. It is everybody’s responsibility and it will require a Borough-wide change in social norms.
2. Whatever age someone first experiences a mental health problem, for many their illness will persist and become a long-term condition, like diabetes or asthma. Better support is required at all stages to decrease the impact that mental ill-health has on quality of life, education, employment prospects and physical health.

3. Risk factors for poor health and wellbeing rarely exist in isolation. Unhealthy lifestyle factors such as smoking, harmful drinking, poor diet and physical inactivity tend to occur in clusters – if someone has one, they are more likely to have others. The same is true of the wider determinants of health – people who are living on a low income are also more likely to live in the poorest housing, in the most polluted streets and with the poorest access to healthy food, good schools, good healthcare and so on. Tackling the risk factors in clusters may reap greater benefits than tackling them in isolation.
4. People rarely exist in isolation either. Thinking about health and wellbeing at the level of the individual ignores the effect that a positive or negative household, family or community context has on that individual's experience. A more holistic approach to understanding the problems and finding their solutions may be more effective.
5. Finally, the pivotal importance of places of learning and employment became clear. Good education and good work are good for health and wellbeing, but not just because of the exam results or income they generate. Workplaces and schools can be healthy environments to spend time in, for example if good food is made available and walking and cycling is encouraged. They create opportunities for rich social relationships and are great places for health and wellbeing messages to be shared. They are also the setting in which the impact of many health inequalities is most evident – where children who are eligible for free school meals leave school with fewer GCSEs, or people with long-term conditions find it hard to get work that suits them. Schools and workplaces should be recognised as integral partners in the health and wellbeing system.

## 3.0 Population and Place

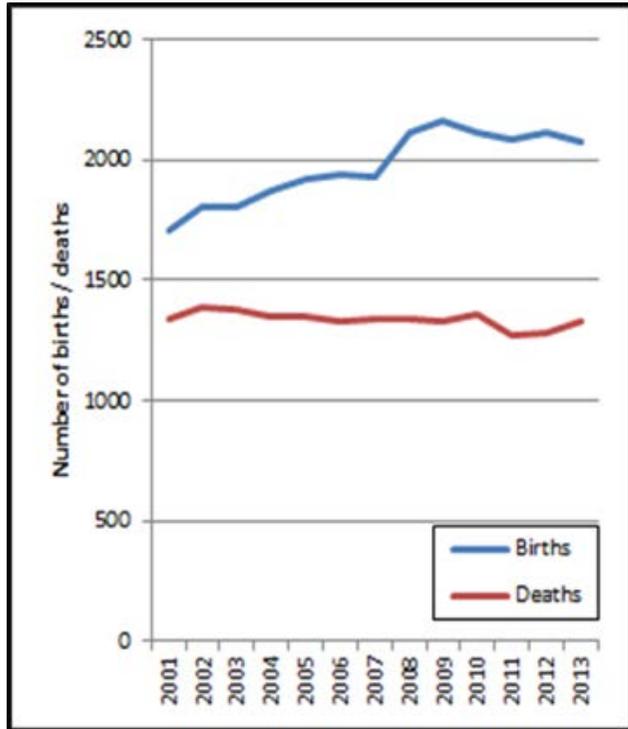
*The population of Bedford Borough is growing due to increasing life expectancy, a rising birth rate and inward migration.*

### **Bedford Borough's population - key messages**

- 161,400 people live in Bedford Borough (2013)
- It is estimated that the population will increase to around 174,700 by 2021
- Much of this rise will be in people aged 65 or older
- Up to 100 different ethnic groups live in Bedford Borough
- Over one in three people in Bedford and Kempston are from minority ethnic groups, compared to less than one in 8 in rural areas
- Average life expectancy in Bedford Borough is 79.8 years for men and 83.6 years for women but there are large inequalities in life expectancy depending on where people are born.

In recent years, the birth rate has been much higher than previously, ranging from 59.8 to 66.9 live births per 1,000 women aged 15-44 (General Fertility Rate). Death rates (standardised mortality rate) in Bedford Borough are similar to those in the East of England and lower than in England. The combination of a rising birth rate and a steady death rate means Bedford Borough is seeing a net increase in the size of the population (figure 2).

**Figure 2: Numbers of births and deaths in Bedford Borough, 2001-2013**



Source: Office for National Statistics 2015

Men who live in the most deprived neighbourhoods die on average 11.3 years earlier than those who live in the least deprived neighbourhoods. For women, the differences is 9.1 years (table 1).

**Table 1: Life expectancy in the least deprived and most deprived areas of Bedford Borough, for men and women**

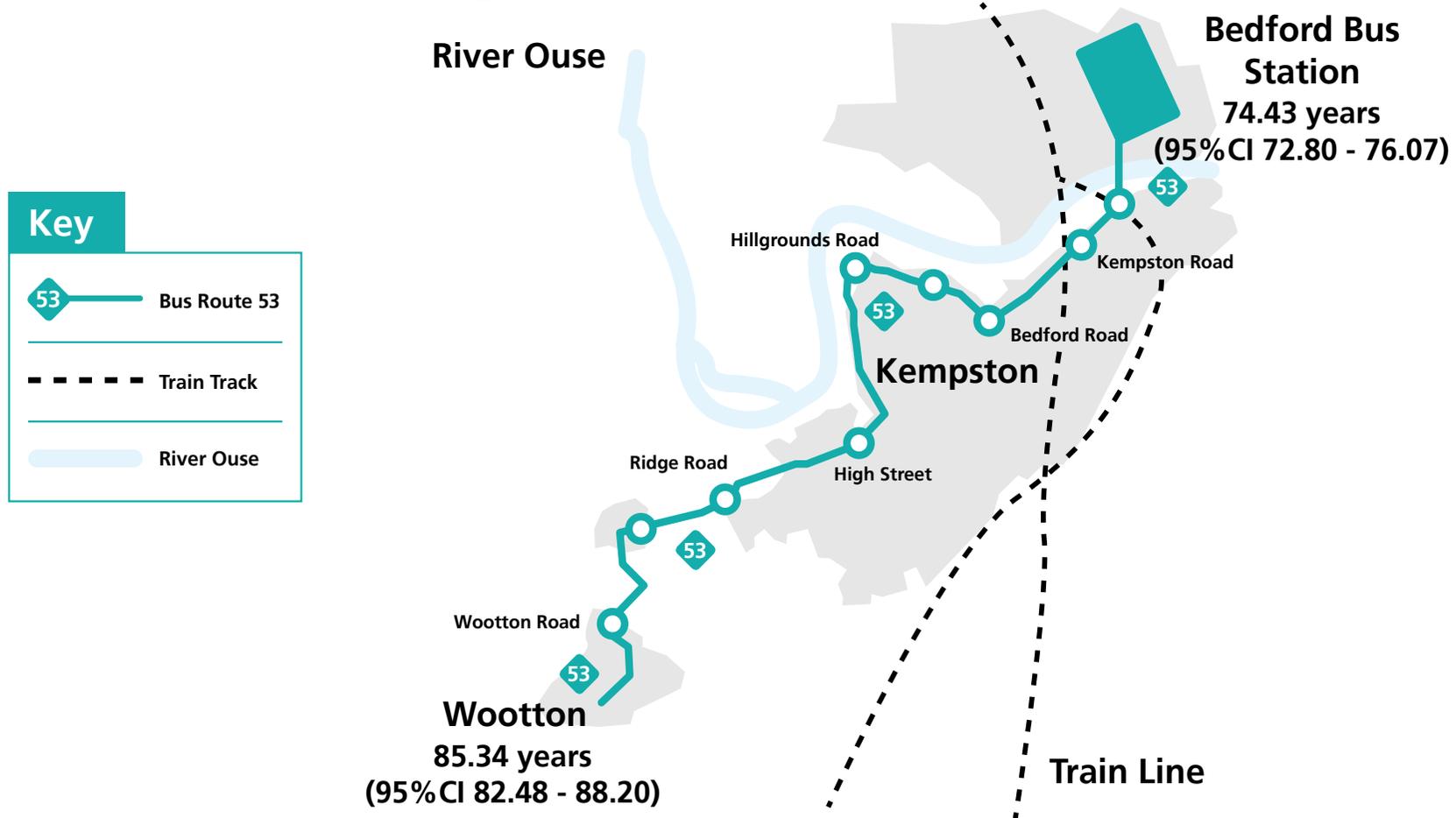
	Least Deprived	Most deprived
Men	83 years (95% CI 82.0- 85.4 yrs)	72 years (95% CI 70.7 – 73.5 yrs)
Women	87 years (95% CI 85.4 - 88.7 yrs)	78 years (95% CI 76.4 – 78.9 yrs)

Source: Office of National Statistics

### The Big Challenge - Stark Health Inequalities

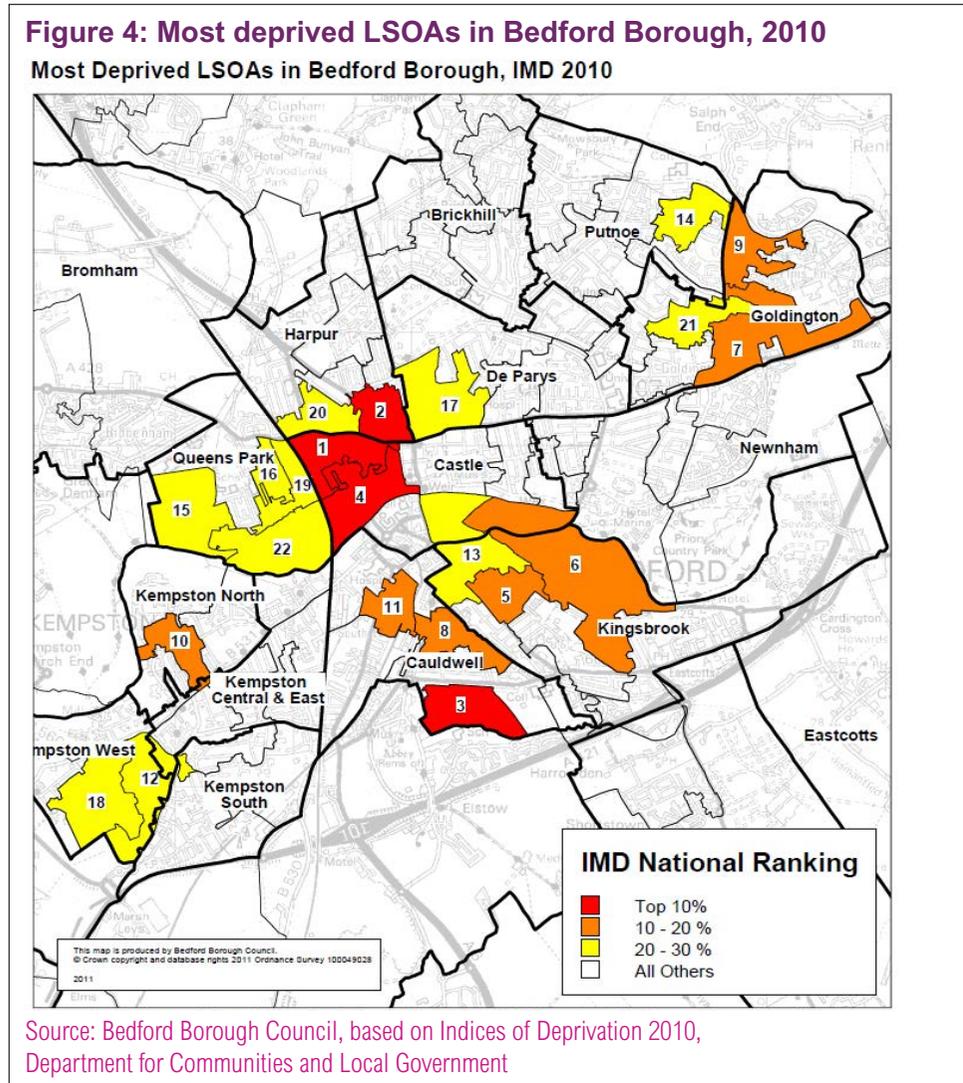
These inequalities are stark, all the more so because they occur within a relatively small geographical area. Figure 3 demonstrates that communities just a few miles apart have vast differences in life expectancy: each stop along the route of the number 53 bus from Wootton to the Town Centre represents one year of life expectancy lost. Premature mortality, that is deaths in people under the age of 75, has a large impact on life expectancy. The pattern of premature mortality across the Borough confirms that health is worst in the most deprived areas.

# Differences in Life Expectancy for persons across Bedford Borough (2008-2010)



Medium Super Output Areas (MSOAs) within Bedford Borough and just a few miles apart geographically have differences in average life expectancy at birth. Travelling on the bus, from Wootton to the Town Centre each stop represents approximately, an average shortened life expectancy of 1 year. Diagram produced by Bedfordshire Public Health Directorate Feb 2013, data source ONS.

Nationally, Bedford Borough ranks 159 out of 326 local authorities in England for deprivation. This average rating masks pockets of significant deprivation that fall into the 10% and 20% most deprived areas in the country (figure 4).



All 22 of these LSOAs are in Bedford or Kempston towns, with the greatest deprivation centred on Castle, Cauldwell, Goldington and Kingsbrook wards. However, there is evidence to suggest that the Indices of Deprivation do not adequately highlight Rural Deprivation which, because it often occurs in small, isolated pockets, is hidden at LSOA level.

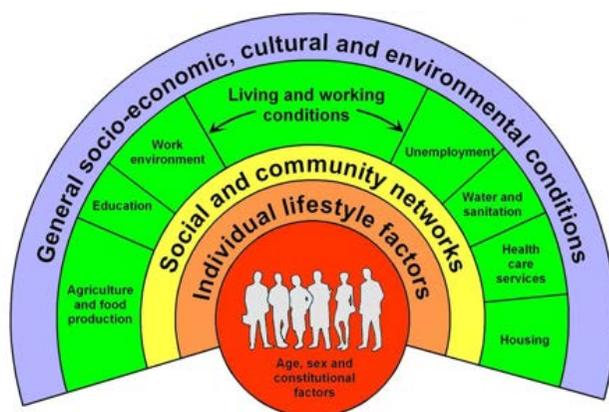
Areas of high deprivation generally have a higher proportion of people from black and minority ethnic (BME) groups than the Borough as a whole. In Bedford and Kempston 37.2% of the population is from minority groups compared to 12.7% in rural areas. Bedford Borough's BME population has increased substantially in recent years; from 19.2% in the 2001 Census to 28.5% in 2011. Much of the rise was due to immigration from countries new to the EU, particularly Poland and Lithuania, as well as new migrant communities such as people from Afghanistan and Zimbabwe.

The age, geography, deprivation levels and ethnicity of our residents not only affect their health and social care needs but also how services should be designed and delivered in order to serve them.

## 4.0 The wider determinants of health

The wider determinants of health are a range of social, cultural and environmental factors which can affect a person's health and wellbeing. A helpful way to think about them is to imagine layers of influence around each person like the colours of a rainbow (figure 5). Each layer holds sway over the ones below. For example, a parent may wish to make a healthy choice to walk their children to school (orange) but if there are no footpaths along the route (green) they are less likely to do so. An older person who becomes frail as they age (red) will live for longer and with a better quality of life if they have friends and relatives to provide companionship and practical help (yellow). In times of recession (purple), the threat to employment and the provision of services (green) has a knock-on effect on people's health. Many organisations can play a part in improving health and wellbeing, either through direct impact or by making healthy choices easier. Local government has a particularly strong effect on the green layer, which is what this chapter will focus on.

Figure 5: The wider determinants of health



Source: Dalgren and Whitehead, 1991

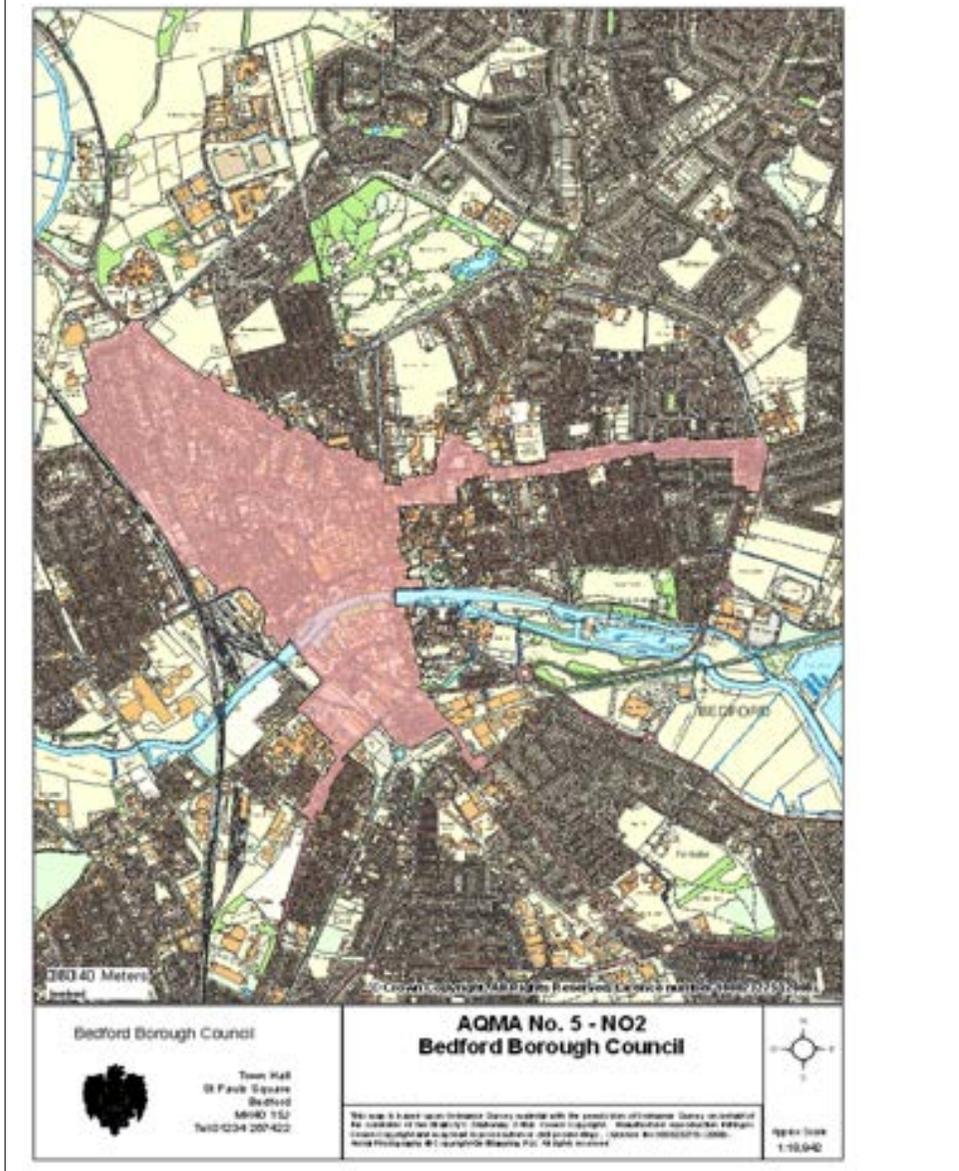
### Housing, travel, and the natural environment

Having **warm, secure and safe housing** is a prerequisite for health. All social housing in the Borough meets the Decent Homes standard. In contrast, nearly a quarter of privately rented dwellings fail – that is over 3,200 households. In some areas of the centre of Bedford more than 40% of homes are non-decent. The most common reasons for failure are excess cold, damp or mouldy homes, which are known to cause physical and mental illness and to exacerbate existing heart and lung disease. Over 6,000 households find it too costly to heat the home properly – a condition referred to as being in **fuel poverty**. Overcrowding also remains a problem in some areas; as many as one in every twenty households in certain neighbourhoods in Bedford Borough are severely overcrowded<sup>1</sup>.

Where housing is situated and how people move between home, work and other services also have a strong impact on health and wellbeing. Breathing **polluted air**, either within buildings in polluted areas or while outside, causes asthma, chronic obstructive pulmonary disease (COPD), Hodgkin's disease and heart attacks. Traffic emissions are the main source of air pollutants. An Air Quality Management Area has been declared in Bedford town centre because the national targets for acceptable levels of pollutants are not being met (figure 6).

1. Homes can be considered to be overcrowded if there is insufficient space within the dwelling for living, sleeping and normal family/household life for the number of people who live there. Severe overcrowding is defined as households which are deemed to have 2 fewer rooms than are required for the age, sex and relationship of the household residents.

**Figure 6: Map of the Air Quality Management Area in Bedford**



One way to reduce traffic emissions is to encourage people out of their cars to **walk, cycle** or use the Park & Ride system. Over a fifth of the Borough’s population (22%) is physically inactive. Physical inactivity is known to cause, or contribute to, many common conditions including cardiovascular disease, cancer and poor mental health. Every day 60% of commuters who live and work in Bedford and Kempston travel from one part of the urban area to another by car – that is 14,000 short car trips every day. Between 2001 and 2011 the percentage of journeys to work made by walking remained static and the percentage made by bicycle fell. Journeys to school and for leisure could also be done more actively; a move away from car use for short journeys in favour of walking and cycling could help most people meet the recommended 30 minutes of moderate physical activity 5 days per week. Walking and cycling are also much cheaper than using motorised transport.

Access to the **natural environment and green spaces** encourages people to get outside and be physically active; it also contributes to good mental health and wellbeing and helps improve environmental quality including air pollution. Bedford Borough has many accessible parks and green spaces but these rich natural resources are not being made the most of. Use is particularly low amongst people from deprived neighbourhoods, from some minority ethnic groups and people who are disabled. These are the same groups of people who are already at risk of poorer health

Some homes, businesses and services in the Borough are susceptible to the risk of flooding because of their position, along with the businesses and services nearby. **Flooding** can cause death and injury and its aftermath has a serious impact on mental health. Flooding and other extreme weather events are one way in which the health effects of **climate change** are being felt. Climate change has been named as the biggest threat to health in the 21st century.

The health and wellbeing system has a duty to adapt to the effects of climate change, so the population is protected from predictable risks (through emergency preparedness) and services can continue to be delivered during times of increased demand (e.g. heatwaves) or when infrastructure is disrupted (e.g. flooded premises). However, the system is also a big emitter of greenhouse gases, and has a responsibility to not only reduce its own resource footprint but also to advocate for lower energy consumption and greenhouse-gas emissions.

Finally, the **local food environment** influences people's ability to make healthy choices in their diet. Easy access to healthy food from the home and places of work and education, whether it is for groceries or for food which is already prepared, encourages healthy eating. Almost two in every three adults in Bedford Borough is overweight or obese (60.9%), as is one in every three children by the age of 11 (34.5%). Regulation of food outlets currently focuses on assuring hygiene to protect against food poisoning, but there is scope to broaden the approach to one of health improvement as well.

Explicit links between the **planning system** and health are being developed nationally with the recognition that it is possible to 'design in' health to urban and rural environments. Positive planning promotes healthy communities; it offers control over many of factors from the macro level – such as the provision of good quality and affordable housing, new green spaces and travel infrastructure – down to the micro level, such as the inclusion of convenient cycle storage and cycle parking as part of new developments. The Local Plan 2032 is currently being prepared.

### Employment, income and economic wellbeing

Being in work is good for health. A lack of **employment** causes low self-esteem, anxiety and depression and is associated with unhealthy lifestyle behaviours – people who are out of work tend to get less exercise, smoke more and drink more alcohol. In 2013/14, 6.4% of people of working age

in Bedford Borough were unemployed and seeking work. Many groups who are already at risk of poorer health are also more likely to be excluded from the labour market: people with disabilities or long-term conditions, lone parents, people from minority ethnic groups, people over the age of 50 and people with lower levels of qualifications or from deprived neighbourhoods are also at risk. People can be locked into a vicious or virtuous circle: good work encourages good health which in turn helps people flourish at work, while bad health makes it more difficult to get and retain work which in turn makes people's health worse.

Some work has the potential to cause harm though, through accidents, occupational exposure to hazards or heavy and repetitive physical activity. Workplace injury rates are highest in the manual occupations and more men are affected than women. Work-related stress is commonest in people in managerial or professional occupations and is more frequent in women than in men. Musculoskeletal disorders, especially back pain and upper limb problems, are also common. **Healthy workplaces** protect their workers from harm by adhering to health and safety legislation and good practice.

From the perspective of health, the best work is secure employment in a good quality, safe job with a wage that provides an **adequate income**. Gross weekly pay averaged £538.10 in 2014 but there is a wide pay gap between men and women: male residents of the Borough who work full time earn a median average of £562 per week, and female residents who work full time earn an average of £498. The average is also boosted by many people who earn more by commuting out of the Borough. Twenty percent of households (13,000) claim council tax benefit and 16% (11,000) claim housing benefit (August 2014). Unfortunately there is a mismatch between the jobs which are available and the skills which unemployed residents can offer.

**Areas for focus:**

Seize the opportunity to improve the health of the population and make healthy choices easier by:

- Using the planning system to create a built environment which protects residents from hazards and maximises opportunities for health
- Working with partners in the private housing sector to reduce the number of non-decent homes
- Continue to support our most vulnerable residents to live in housing that meets their needs
- Encouraging and facilitating active travel for shorter journeys
- Promoting the use of the Borough's parks and green spaces to encourage sustainable commuting, exercise and leisure, and understanding better why certain groups use them less
- Quantifying the health impacts of air pollution in Bedford Air Quality Management Area and tackling them proportionately
- Exploring ways in which the local food environment can be improved
- Continue the existing initiatives to increase employment within the Borough, and continue to encourage workplaces to protect the health of their employees.

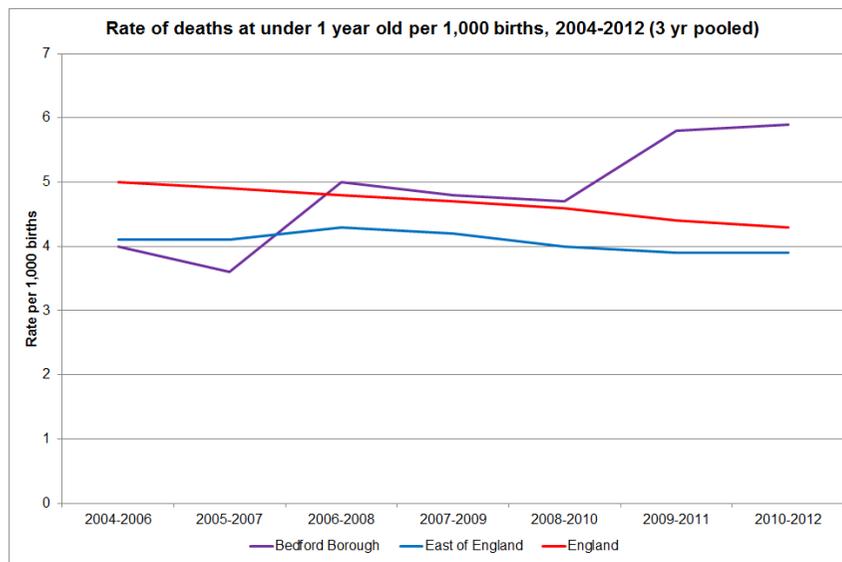
## 5.0 Starting Well (pre-birth to 2 years)

### *Giving every child the best start in life is crucial to reducing health inequalities across the life course*

A number of factors influence a child's health and wellbeing. The early years in every child's life are a crucial period for setting them up to thrive, not just in school but beyond and throughout adult life. During pregnancy and up to the age of five, parental factors have a profound effect on child development. Giving every child the best start means ensuring parents are supported and prepared for their role.

In 2013, 2,074 babies were born in Bedford Borough. Sadly a small number did not live to see their first birthday – thirty five babies died in the first year of life in the three years between 2011 and 2013. The resulting infant mortality rate – 5.6 per 1000 live births - has been increasing in recent years, such that it now surpasses both the East of England and England averages (figure 7).

**Figure 7: Rate of deaths at under 1 year old, per 1000 births:**



Source: Health & Social Care Information Centre

A healthy pregnancy and a healthy home environment are vital for a child’s development, life chances and achievement. Healthy mothers are more likely to have healthy babies. A mother who receives high quality maternity care throughout pregnancy is well placed to provide the best possible start for her baby. In 2013/14 over 90% of women accessed **midwifery care** early in pregnancy (before 13 weeks). Between 46 and 70 women each quarter were not seen by a midwife until later in pregnancy. The majority of these women were seen between 13 and 18 weeks but those who present later in pregnancy may miss key assessments in the antenatal care pathway. Women who present later often have complex needs, such as substance misuse issues, living with domestic violence, certain ethnic groups, migrants or younger mothers; they are exactly the women who stand to gain the most from accessing the help on offer.

Women are at risk of developing a first episode of **mental illness**, commonly depression, during pregnancy or in the postnatal period. In Bedford Borough an estimated 200-300 women are affected by mild to moderate depression during the perinatal period each year. Women with pre-existing mental illnesses are at a much higher risk of a worsening or relapse of their illness. Poor maternal mental health during pregnancy and the first year can affect attachment and bonding, and is associated with behavioural, social or learning difficulties as the child grows up.

**Screening for infectious diseases** is part of the routine antenatal care pathway. It can help prevent infection of the newborn child and ensure appropriate care is made available for the mother. Last year, 2013/14, Bedford Hospital exceeded the 90% target for the number of pregnant women screened for HIV, screening a total of 98.9%. Hepatitis B screening was much lower, however; only 66.7% of women were tested.

**Stopping smoking in pregnancy** is the single most effective step a woman can take to improve her health and the health of her baby. In 2012/13 the number of mothers smoking at time of delivery in Bedfordshire was 679 out of 5,210 total maternities (13%). In 2013/14 it decreased slightly to 12.6%. Almost a quarter of babies (23.3%) were living with a smoker. However, because another parent or adult in the household was smoking. Maternal smoking during pregnancy is a major cause of morbidity and mortality in the foetus and the newborn. Second hand smoke inhalation can also affect foetal growth, increasing the risk of premature birth and causing respiratory disease, cot death, ear infections and asthma in the child. The stop smoking service receives referrals direct from the maternity services.

**Breastfeeding** rates are measured in the first few days after birth and again at 6-8 weeks. They continue to rise in Bedford Borough – almost half of mothers successfully breastfed their babies to 6-8 weeks in 2013/14. This reflects the progress made in implementing the Healthy

Child Programme in Bedford Borough and the success of our maternity and community providers (and Children's Centres) in gaining Baby Friendly Accreditation. There are well documented health benefits of breastfeeding to both the infant and the mother including fewer babies hospitalised, fewer cases of sudden infant death syndrome, a 5% reduction in childhood obesity and protection against breast and ovarian cancer in the mother. Despite this, about one in five women choose not to breastfeed at all and nearly 30% of mothers stop breastfeeding in the first 6-8 weeks.

The effects of all these early factors, alongside the more general characteristics of the environment in which children grow up, are ultimately seen in the **Early Years Foundation Stage Profile** at the end of Reception year which provides an overall picture of a child's development at age 5. In 2013/14, 1,264 children (57.0%) in Bedford Borough achieved a good level of development<sup>2</sup> which was a huge improvement on the previous year's figure of 47.8%. Unfortunately it is still below the national average of 60% and means that 953 children were not "school-ready". There is a clear link between deprivation and attainment at Foundation Stage, showing how inequalities in health and social factors have affected children's development during their early years. High quality support is essential to deliver better educational, health and social outcomes for disadvantaged children. The better start a child has in life, the less likely they are to become involved in harmful risk taking later in life and the more likely they are to achieve their potential.

The role of families is the most important influence on a child in the foundation years. Wherever a need is identified, an evidence-based early intervention should be provided to support parents.

<sup>2</sup> In the Early Years Foundation Stage Profile, children will be defined as having reached a Good Level of Development at the end of the EYFS if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy.

### Areas for focus:

- Extending our approach from a focus on the mother to encompass the whole family
- Investigating why infant mortality rates are increasing and seek to reverse the trend
- Understanding which women do not access antenatal care early and why not, and addressing their needs
- Considering the broader impact of parental mental health on the health of the child and exploring comprehensive pathways to assess and refer both parents to evidence-based services, including early intervention and talking therapies
- Increasing the reach of the antenatal screening programmes and making sure the right care is available for the family in the event of a positive diagnosis
- Continuing initiatives to reduce smoking during pregnancy and postnatally, in all smokers in the household
- Quantifying how other risky lifestyle behaviours, especially alcohol use, impact on infant mortality, early development and parental mental health
- Continuing to promote the benefits of breastfeeding throughout antenatal care and doing more to support families with breastfeeding in the first 6-8 weeks
- Providing and promoting a range of strongly evidence-based parenting programmes.

## 6.0 Developing Well

*After a good start, children and young people need continued support to grow, thrive and realise their potential.*

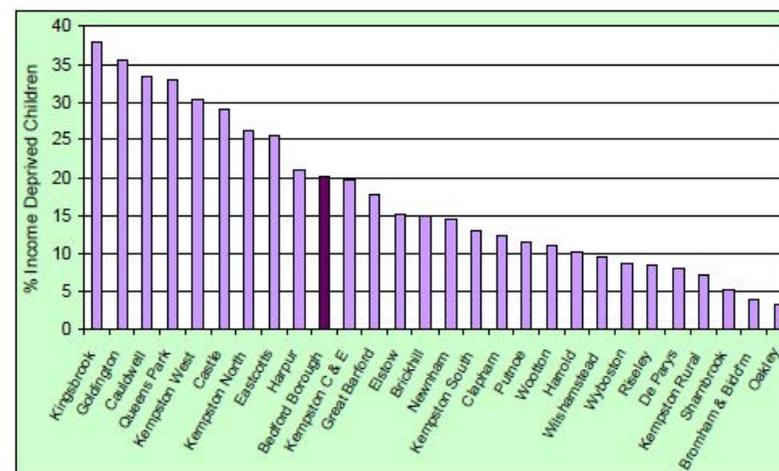
That support includes:

- Protecting them from infections and environmental hazards
- Encouraging them to make healthy choices and learn the behaviours that will set them up for a healthy adulthood
- Helping them achieve their potential at school and ultimately be ready to move into employment

All children and young people from birth to 19 years are offered routine immunisations to protect them against dangerous childhood illnesses. The schedule is set by the Department of Health. In Bedford Borough vaccine uptake is generally very good but there is a clear trend for lower uptake in poorer areas. The preschool boosters against diphtheria, tetanus, pertussis and polio (DTaP/IPV) and measles, mumps and rubella (MMR) have consistently failed to reach their targets. Further work is needed to understand the causes.

Growing up in poverty is strongly associated with poor educational outcomes; there is a clear attainment gap between the poorest children and those from better-off backgrounds. Around 20% of children in Bedford Borough are raised in **income deprived** households. In some areas the percentage is particularly high – for example Kingsbrook and Goldington wards have rates of 37.7% and 35.5% respectively (figure 8).

Figure 8: Income deprived households, by ward, 2010:



Source: Community Intelligence Team, Bedford Borough Council, based on Indices of Deprivation 2010 DCLG

Using eligibility for free school meals as a proxy indicator of deprivation, the achievement gaps between children who are eligible and children who are not are stark:

Table 2: Eligibility for Free School Meals, 2012/13

Percentage of children achieving the attainment standard in Bedford Borough, 2012/13, by free school meal eligibility		
	Eligible for free school meals	Not eligible for free school meals
Key Stage 2: Level 4+ in reading, writing and mathematics	58%	77%
Key Stage 4: 5 GCSEs grades A*-C	37%	65%

**Education** is a major determinant of an individual's economic wealth and social wellbeing; a good education also enables individuals to make informed decisions about lifestyle choices. All lower schools in Bedford Borough have been rated as good or outstanding by Ofsted; the challenge is maintaining that quality throughout a child's life. At key stage 2 (11 years old) in 2013/14, 74% of children in Bedford Borough achieved the recognised standard; at key stage 4 just over half of children left school with 5 GCSEs graded A\*-C (51%). Alongside children from income-deprived households, other groups of young people that generally have poorer attainment at school include boys, pupils from black and minority ethnic groups and pupils with special educational needs (though clearly there is overlap between some of these factors and the pattern of deprivation). In some schools the achievement gap is smaller than in others and in some there is no gap at all. The task is to identify and disseminate their effective practice.

The ultimate measure of educational success is for young people to go on from school with good qualifications into further education, employment or training. In April 2014 the number of 16-18 year olds in Bedford Borough who were **not in education, employment or training (NEET)** was 328. More young men are affected than young women. A minority, around 10%, are limited in their participation by health or disability. Other contributing factors are homelessness, living in care, having a caring role themselves, substance misuse, and coming from families with a history of unemployment. Being unemployed at a young age is a major predictor for unemployment later in life.

Great improvements have been made in **road safety** in recent years. Nevertheless 38 children suffered injuries as a result of an incident on the road in Bedford Borough in 2013. Fortunately there were no fatalities. Nationally there is evidence to suggest that children living in poorer areas are at higher risk of road traffic injury than others, partly because they have fewer safe places to play.

Poor **mental health and wellbeing** are associated with a range of problems in childhood and adolescence including smoking, drug and alcohol misuse. Nearly 2,400 children and young people aged between 5 and 16 years in Bedford Borough are believed to have a clinically diagnosed mental disorder, and 2,365 young people aged between 16 and 19 to have a neurotic disorder. Most of the risk factors are linked to social inequality and relate to the home environment:

- Parents' substance misuse and stress during pregnancy
- Low birth weight
- Poor parenting
- Poor parental mental health
- Parents with no qualifications or who are unemployed
- Social deprivation
- Abuse in the home

It is estimated that 26% of babies in the UK have a parent who is affected by at least one of the 'toxic trio' of mental illness, domestic abuse and substance misuse, each of which can have an impact on the parent's ability to bring their child up well. Conduct disorders are the most common type of disorder in children aged between 5 and 16, and child and adolescent conduct disorder is believed to be associated with 80% of crime.

### Areas for focus:

Tackle disadvantage by children from deprived areas, families with social problems and families with mental illness or addiction by strengthening early intervention and prevention through coordinated action across all partners working with children and young people.

In particular:

- Sustain and improve immunisation uptake rates, reducing differences in rates between different groups of children
- Gain a further understanding of the local community and of cultural differences that can impact on access to services
- Support children and young people's emotional and mental health and wellbeing
- Continue to support and improve the educational achievement of all children, and do so fastest for those from deprived homes
- Work with schools to identify issues that will impact on a young person's education early in order to access the right services at the right time and reduce negative outcomes. Pay special attention to those at risk of not being in education, employment or training after the age of 16
- Ask services that are treating parents with toxic trio conditions to "Think Family" - identifying the children who are affected and getting the family the help they need.

## Learning healthy lifestyles

Most young people learn their health behaviours from those around them and most of the unhealthy behaviours amongst adults actually begin in childhood or adolescence.

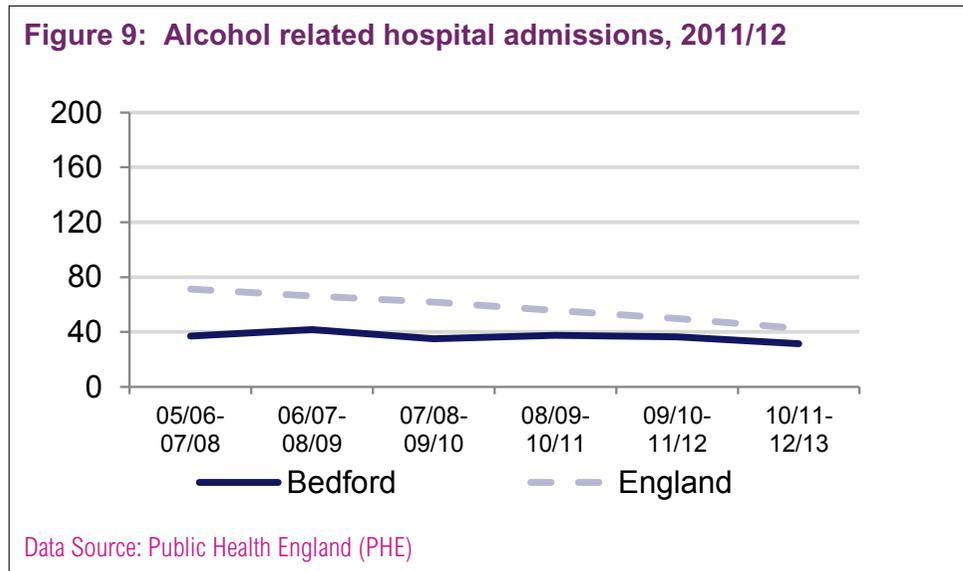
In Bedford Borough nearly a quarter of children are already overweight or obese by the age of five (482 children in 2012/13, 23.6%). By age 11, this has risen to one in three (581 children, 34.5%). At these ages, children's food choices are largely made by others on their behalf. Starting adulthood already **overweight or obese** puts people at a greatly increased risk of many long-term conditions. There are a number of programmes locally to address overweight and obesity in young people, including a family oriented prevention programme and a school based programme aiming to change attitudes and behaviours to both food and physical activity. Much more needs to be done, however, if the trend is going to be reversed.

**Physical activity** provides immediate and long term benefits for physical and psychological well-being, including promoting energy balance and helping to maintain a healthy weight. There are also many social benefits to taking part in sport and clubs, and these are particularly important during formative years at school. Measuring physical activity in children is difficult due to the nature of 'play based', opportunistic activity but the British Heart Foundation reported in 2012 that only a third of all children in England between the age of 2 and 15 were meeting the national recommendations.

Tobacco remains the main cause of premature death in Bedford Borough and we know that 80% of people who smoke start **smoking** as teenagers. The risk of a young person starting **smoking** is greatly increased if their parents are smokers. Girls are more likely to smoke than boys and there is a link between smoking, alcohol and substance misuse.

There is also a link between smoking and deprivation (as measured by eligibility for free school meals) which is common to most addictions. However, 75% of young people do not take up smoking. It would be helpful to know why they make that positive choice and learn from the findings.

In 2011/12 twenty people were admitted to hospital for a reason specifically caused by alcohol such as overdose.



This is only the tip of the iceberg of young people's alcohol use. According to one survey 13% of children aged 11-15 had drunk alcohol in the last week. Alcohol misuse can lead to other risky behaviours such as unsafe sex, violence and criminal behaviour and can cause immediate damage to health through alcohol poisoning and accidents. Injuries while drunk are a common cause of young people losing teeth. Children from higher income households appear to be more likely to drink alcohol overall, probably due to a higher availability of alcohol in the home, but the young people at highest risk of serious alcohol misuse include those who are

absent from school, young offenders and looked after children. Children of parents who misuse alcohol or drugs are 7 times more likely to develop an addiction themselves.

Smoking and alcohol also contribute to poor **oral health** in young people, though most of the damage is done earlier in childhood by poor oral hygiene, frequent consumption of sugary foods and drinks and infrequent visits to a dentist. A quarter of five-year-olds in Bedford Borough in 2011/12 had tooth decay (25.2%). By age 12, this had risen to 31.4%. Socially disadvantaged children are more likely to be affected.

Sexual behaviour in young people is a complex issue. Many young people enjoy safe and healthy sexual relationships but there is a risk of **teenage pregnancy** and sexually transmitted infection. In 2012 approximately 45 babies were born to teenage mothers in Bedford Borough. Babies of teenage mothers are at higher risk of low birth weight, infant mortality and child poverty and the mothers have higher rates of post natal depression, ongoing poor mental health and are less likely to continue in education or employment. The highest rates of teenage conception are in the most deprived areas: Kingsbrook, Castle and Harpur wards. Numbers have been dropping consistently over recent years and the Family Nurse Partnership Programme is a welcome addition to the services that are currently commissioned.

Young people aged 16-24 account for more than half of all **sexually transmitted infection (STI)** diagnoses nationally. Chlamydia is the most commonly diagnosed STI; young people often don't know they have it but it can be detected easily with a simple screening test. In 2013 over a quarter of the target age group were tested in Bedford Borough - higher than the national and regional uptake - and a correspondingly high number of people were treated and offered partner notification to prevent reinfection and onward transmission.

### Areas for focus:

Help parents and the wider community to teach their children the healthy behaviours that will set them off well in adult life, by:

- Developing a system-wide approach to tackling childhood obesity and increasing participation in physical activity
- Engaging better with young people to discourage smoking and provide a stop smoking service which meets their needs
- Raising awareness of the effects alcohol use can have on young people and in later life. Addressing the issue of alcohol consumption with a whole family approach.
- Promoting good oral health and regular dental checks and increasing understanding amongst health professionals of the implications of tooth decay
- Working in partnership with schools to promote strong and consistent personal health and social education (PHSE)
- Maintaining the successful early identification of chlamydia in young people by continuing to offer screening in a range of primary care and community settings

### Particularly vulnerable children and young people

In addition to the circumstances already discussed, there are small groups of children and young people who are particularly vulnerable to worse outcomes with regards to health and education. Early intervention is particularly important for these groups, to tackle emerging problems as soon as possible and prevent their situations becoming more serious.

The majority of children who are in care are there because they have suffered abuse or neglect. **Looked After Children** have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds. Life opportunities for children in care are often more limited and poor health is a factor in this. There has been a clear upward trend in Bedford Borough numbers of looked after children. On 31 March 2014, there were 268 children looked after by Bedford Borough Council, a 61% increase since 31 March 2010. The need for appropriate placements for these children and young people is constantly under review in response to demand, be they foster parents, adoptions or local residential placements.

If services are working well, the majority of children in Bedford Borough will be supported through universal services. Those that need additional input will be supported through a range of early help services. Where there are more complex needs, help may be provided under Section 17 Children Act (children in need) and where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authorities must make enquiries and decide if any action must be taken under Section 47.

During 2013-14 there were 7,541 Contacts (information about a child living in Bedford Borough) received by children's social care teams, a decrease of 8% when compared to 2012-13. For some children the level of concern or complexity of need requires more specialist social

work intervention. If the concerns are such that social care intervention is necessary, the contact is treated as a "referral". During 2013-14 there were 1,231 referrals, a decrease of 17% compared to 2012-13. Whilst the volume of contact referral activity had decreased during 2013-14 the actual number of children in need has increased by 7%. This suggests that thresholds for social care intervention are not clear and might indicate that there is insufficient support available providing early help to children and families. The biggest concern remains domestic abuse, with most contacts being received through the police, but there are also increasing numbers of cases of child sexual exploitation being identified.

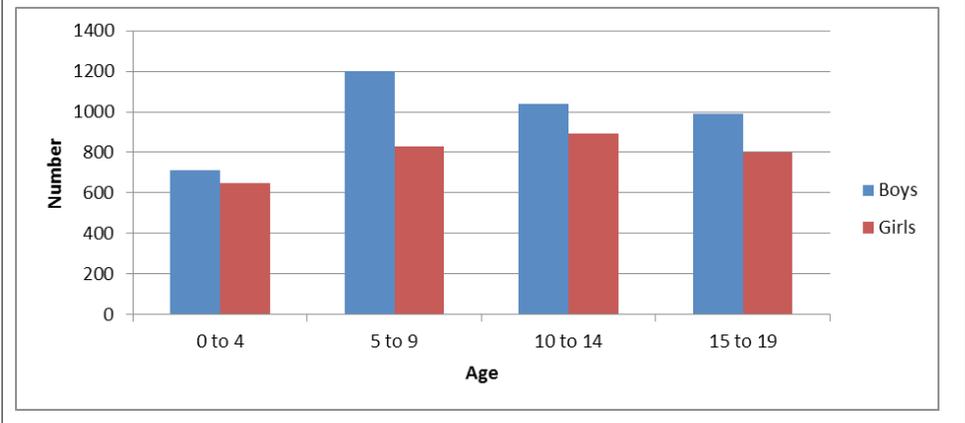
The Youth Offending Team has successfully reduced the number of children and young people entering the criminal justice system as first time entrants, from 153 in 2008/9 to 51 in 2013/14. Changes have been made to allow more children and young people to be directed to alternative approaches such as "restorative disposals", which enable the offender to make amends to the victim. A significant number of young people seen by the Youth Offending Team have unmet health needs, often caused by complex lifestyles. They require access to care for their emotional and mental health and substance misuse issues, as well as routine healthcare they are less likely to have been receiving, such as dental and eye checks, and immunisations.

There are currently 399 **young carers** known to the carers support service in Bedford Borough. Of these 137 are new young carers, registered with Carers in Bedfordshire between April 2013 and March 2014. The Borough's young carers are known to be as young as 4 years old, from every ethnicity and caring for relatives with a wide range of issues such as mental illness, substance misuse, disability, terminal illness, short term issues such as broken limbs and more. There are likely to be many more young carers out there who have not been identified as such.

Without support, the life chances of young carers are reduced, and they may experience difficulties in achieving in school and in securing employment.

In 2014, the estimated number of children and young people with a **special educational need or disability (SEND)** in Bedford Borough is 7,115 of which 3944 are boys and 3171 are girls (figure 10).

**Figure 10: Children and young people with a SEND by age and gender, Bedford Borough**



Disability in this context can fall into several categories:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

The Children and Families Act outlines the legal requirements of Education, Health and Care providers, specifying what they must do individually and how they must work together to support children and young people with SEND.

**Areas for focus:**

- Ensure that the broadest range of placements possible are available which meet the needs of looked after children, in the most effective and cost efficient way
- Improve the multi-agency response to domestic abuse
- Act upon the findings of the pan Bedfordshire review into child sexual exploitation
- Ensure that services and resources which support young people who come through the youth offending service with their emotional and mental health and substance misuse are well established, and that young people who need them are identified early
- Proactively find unregistered young carers to ensure they receive access to the help available to them both in and out of formal education.

## 7.0 Living and Working Well

*Improving health and wellbeing will help our residents to flourish: living productive, rewarding, independent lives and spending a greater proportion of their life in good health.*

This section looks at the health and social care needs associated with the “big killers” – circulatory disease, cancer and respiratory disease – and mental health.

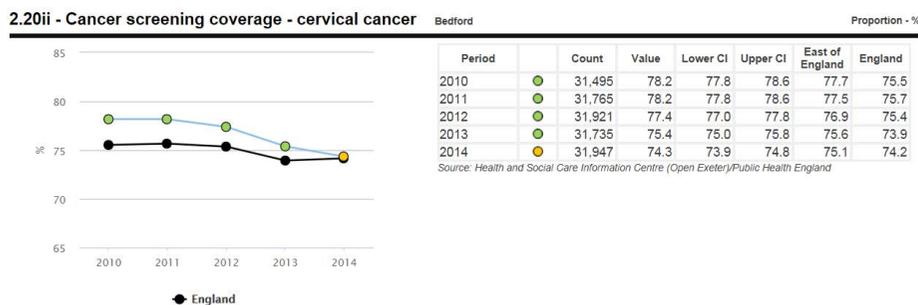
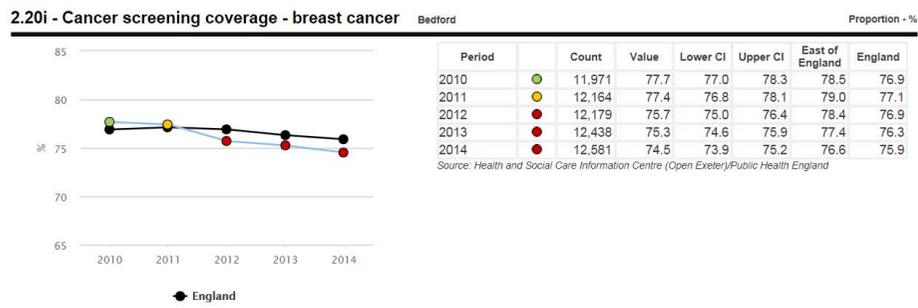
### Long term conditions

**Premature mortality** is defined as deaths occurring in individuals younger than 75. In the three years between 2011 and 2013, 1265 people died prematurely in Bedford Borough. The main causes are cancer, coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD) and diabetes. Compared with 15 other local authorities with similar socioeconomic profiles, Bedford Borough comes seventh.

There are more than 200 different types of **cancer**. In 2011 approximately 450 men and 380 women were diagnosed in Bedford Borough. Cancer contributes about a third of all premature deaths, with the most common types being lung, colorectal, oesophageal and prostate cancers in men and breast, lung and colorectal cancers in women. National **screening programmes** exist for breast, bowel and cervical cancer. Uptake has dropped over the last few years; as it stands 4,306 women eligible for breast screening and 11,050 women eligible for cervical screening have not been tested recently enough (figures 11 and 12).

Only half of eligible people have taken up the opportunity to be screened for bowel cancer (55.1%).

**Figures 11 and 12 – Cancer screening coverage – breast and cervical cancer:**



In 2014, 5,224 (3.0%) residents were known to have **coronary heart disease (CHD)**. A further 1,306 (25%) are thought to be living with undiagnosed disease. One of the main risk factors for cardiovascular disease of all types is high blood pressure (hypertension) and only about half of those living with hypertension have been diagnosed. Hypertension also puts people at increased risk of **stroke**, which has already affected 2,563 people (1.5%) in the Borough. Another important risk factor is **diabetes** which 9,020 adults are known to be living with and a probable 1,500 further people are undiagnosed. **Chronic obstructive pulmonary disease (COPD)** affects 2,264 Bedford Borough residents (1.3%) and the prevalence is increasing over time, as COPD is associated with an ageing population.

Identifying these underlying diseases gives the opportunity for early intervention: to manage them with lifestyle changes and medication and prevent the more serious effects of stroke, heart disease and the many other resulting conditions. The NHS Health Checks Programme is designed to detect people who are at increased risk of cardiovascular disease and diabetes. Unfortunately uptake is low and persistently so: less than 60% of people who have been offered an NHS Health Check attend.

Long-term conditions, once identified, also need to be managed well for early intervention to be effective. Sadly not all people who have been diagnosed go on to receive the care they need. Table 3 shows the number of people diagnosed with certain long-term conditions in Bedford locality whose care is not meeting some of the quality standards set out in the national Quality Outcomes Framework for primary care.

**Table 3: Number of patients on disease registers whose care does not meet the recognised quality standard, selected QOF indicators, Bedford Locality, 2013/14**

Disease	Quality standard	Number (percentage)
Hypertension	Patients aged 79 or under with their blood pressure well controlled	4,388 (18.4%)
Coronary heart disease	Patients with their cholesterol well controlled	799 (14.6%)
Stroke	Patients with their blood pressure well controlled	256 (9.6%)
Diabetes	Patients with their blood sugar under control	1,194 (12.6%)

Source: Bedford locality profile 2013, Public Health intelligence team. Excludes QOF exceptions. Stroke includes transient ischaemic attack.

In some cases there are good reasons why for individuals the recognised standards cannot be met, such as drug interactions or an informed decision made by an individual not to engage in treatment. There are significant differences in the level of coverage between general practices, however, which strongly suggests a degree of unwarranted variation. Sharing examples of good practice and encouraging peer challenge may help to improve consistency in the care the Borough's residents receive.

**Mental health and wellbeing** is important: good mental health and resilience are fundamental for physical health, relationships, education, training, work and to achieving one's potential. Poor mental health is common; at least one in six people will experience a mental health problem in any one year. Approximately 16,000 adults of working age in Bedford Borough have a common mental health disorder (anxiety, depression, obsessional compulsive disorder) and 7,000 have two or more. Mental and physical health are intimately linked: not only are people living with long-term physical conditions more likely to develop mental illness over time, people with a first diagnosis of mental illness will also tend to have poorer physical health, partly for physiological reasons and partly because they are more likely to have unhealthy lifestyle behaviours (see the next section). As a result men with mental illness die on average 16 years earlier and women die 12 years earlier than those without.

In assessing health and social care needs, we tend to consider each of the long-term conditions individually, but many people are affected by more than one – referred to as **multimorbidity**. Multimorbidity makes each individual condition more difficult to manage.

### Areas for focus:

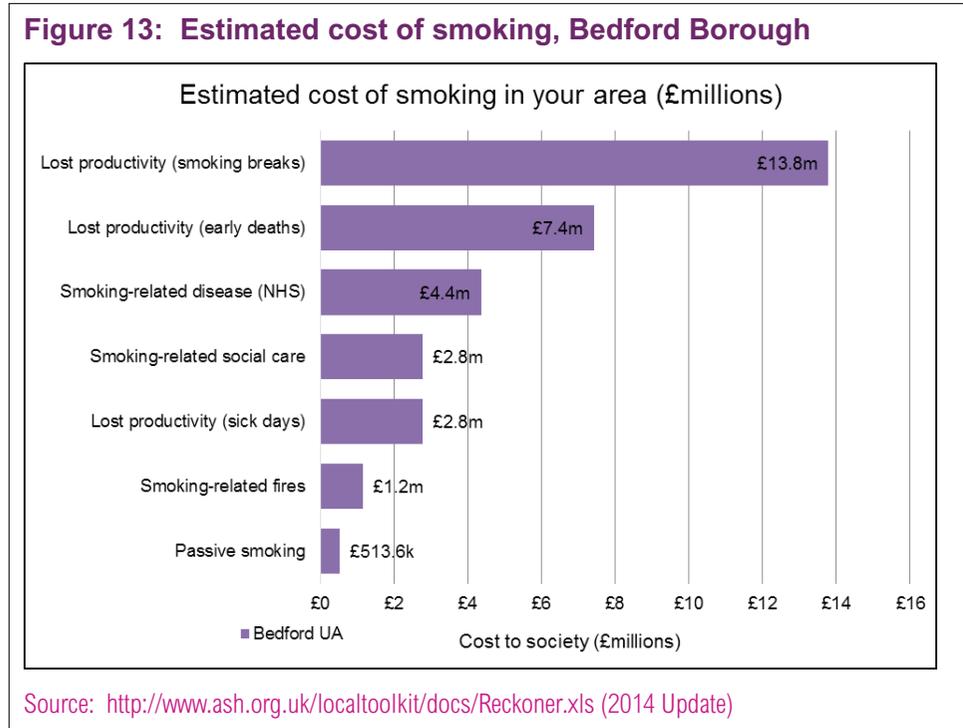
- Increase the identification of undiagnosed cases of cardiovascular disease and its risk factors
- Ensure that the best quality care is received by all those with a long-term condition
- Improve the uptake of cancer screening programmes and NHS Health Checks and investigate how equitably the programmes are being delivered
- Widen access to mental health programmes and services, including psychological therapies, for all those living in the Borough but particularly those at greater risk
- Raise awareness of the relationship between mental and physical health and tackle it effectively.

### Making healthy lifestyle choices

Lifestyle factors such as smoking, poor diet, physical inactivity and excessive alcohol consumption play a major part in determining poor health. On average people with all four of these behaviours die 14 years earlier than those with none. The wider determinants rainbow in section 4.0 teaches us that people's behaviour and choices are strongly influenced by the social, cultural and physical environments in which they live, including social norms and peer influence. Unhealthy lifestyles are often the result of living in families or communities where they are considered normal. And behaviours frequently cluster – if a person has one they are more likely to also exhibit the others.

In Bedford Borough, 13.7% adults are estimated to **smoke tobacco**. There is a strong inequality between occupational groups, though, with 22% of people in routine and manual jobs smoking. The number of people using stop smoking services has increased annually, but uptake is lower in the most deprived wards, amongst some BME communities, and amongst people with mental health conditions. These smokers stand to gain the

most from quitting, because of synergy between the tobacco use and their already increased risk of many long-term conditions. Smoking cessation services are one of the most cost-effective interventions we can offer in health and social care; a point underlined by the estimate that every year in Bedford Borough, smoking costs society approximately £32.8 million (Figure 13).



The latest data modelling from 2013 suggests that three in five adults in Bedford Borough are overweight (60.9%) of whom one third or approximately 28,000 people are **obese** (21.2%). A number of weight loss programmes are available locally, but resources are limited and treating obesity ‘after the fact’ will not reverse the population-wide trend and protect against the time-bomb of obesity-related disease that the health and social care services will face in ten years’ time.

While 60% of the adult population gets the recommended 30 minutes of **physical activity** 5 days per week, one in five adults in Bedford Borough do less than 30 minutes over the whole week (22.0%). The benefits of physical activity are many more than just contributing to maintaining a healthy weight and the greatest benefit is achieved with a shift from a sedentary lifestyle (the 22%) to being lightly active.

**Alcohol use** is a contentious issue because nationally 90% of people drink alcohol and most do so within safe limits. Unhealthy alcohol use is estimated to be common in Bedford Borough, however – as common in fact as obesity and physical inactivity and substantially more common than smoking. Seventeen percent of adults are drinking above the recommended guidelines, which increases the risk of damaging their health, and a further 5.5% are drinking at very heavy levels which may already have caused detectable harm to their health.

A person’s heavy alcohol use, like **drug misuse**, affects everyone around them. In 2013, 672 people in Bedford Borough were in treatment for opiate drugs of dependence. The focus of drug treatment nationally and locally has shifted from harm reduction to successful completion of treatment.

**Areas for focus:**

- Recognise that unhealthy lifestyle behaviours often occur in clusters and ensure that mainstream services link up across all pathways
- Continue to provide local stop smoking services in ways that maximise accessibility and outreach, and further develop interventions for hard to reach groups, including those with mental health needs, some BME communities, and those living in more deprived wards
- Understand better the extent of the health impacts of overweight, physical inactivity and excessive alcohol use in Bedford Borough and develop multi-agency responses as appropriate.

## Protecting the population from infectious diseases and environmental hazards

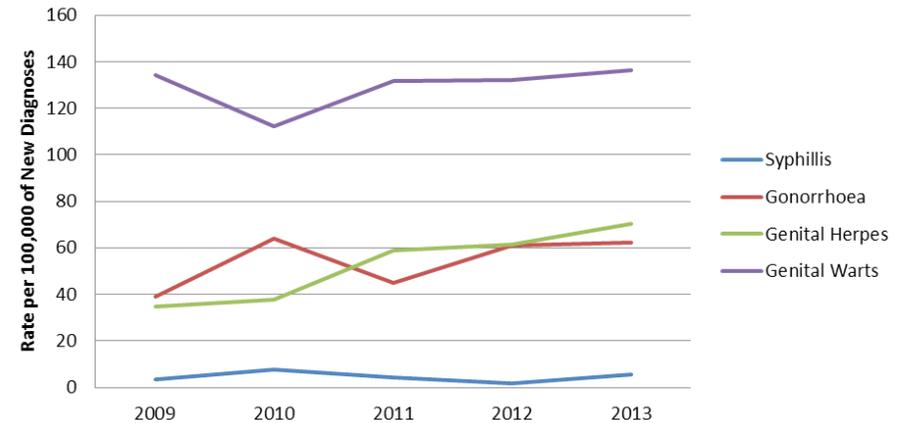
A slight year on year rise in cases of **tuberculosis** is being observed across Bedfordshire since 2008 apart from a small decrease in 2011. There were an average of 34 cases of TB across Bedfordshire from 2011-2013, of which 26 (76%) were located in Bedford Borough.

At present, there is little local data available on the incidence of **Hepatitis B and C**. However the incidence of both is highest among marginalised and hard-to-reach groups, such as injecting drug users, migrants and prisoners.

Coverage of **seasonal influenza vaccination** remains a concern for the under 65s at risk which has remained below the England average for the last six years. For pregnant women, the target for vaccination increased in 2013/14 to 50.2%, although the national target has now been increased to 70%.

In 2012, the prevalence of human immunodeficiency virus **HIV** across Bedford Borough was 2.17 per 1000 (aged 15-59) meaning that the Borough is now categorised as having a high prevalence. Between 2010 and 2012 a total of 17 people were diagnosed with HIV at a late stage of infection, representing 77.3% of the total infections diagnosed in that period. Late diagnosis is the most important predictor of morbidity and short term mortality among people with HIV. Other sexually transmitted infections (STIs) continue to increase (figure 14).

Figure 14: Trend in new diagnoses of syphilis, gonorrhoea, genital herpes, genital warts, 2009-13:



### Areas for focus:

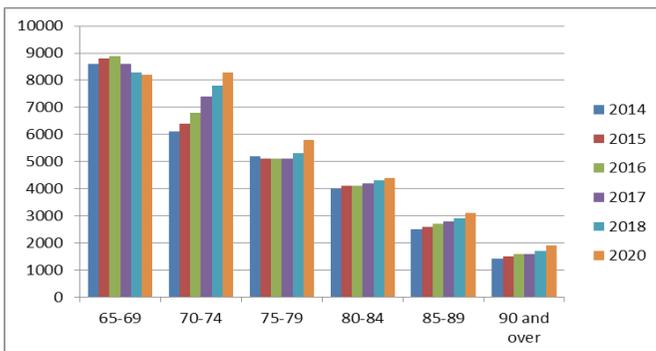
- Continue to improve influenza vaccination uptake, particularly for pregnant women and those under 65 at risk
- Understand more fully the prevalence and significance of Hepatitis B and C infection locally to ensure services are commissioned where there is greatest need
- Continue to implement and evaluate current initiatives to reduce late diagnoses of HIV, and reduce the prevalence of other sexually transmitted infections.

## 8.0 Ageing Well

*Society is changing and advances in health and living conditions are helping people live longer. The aspirations of older people are also changing rapidly with increasingly high lifestyle expectations, diverse needs and views, and a preference to remain independent for as long as possible*

56,200 people in Bedford Borough are over the age of 50, of whom 27,000 are over 65 and 3,700 are over 85 (ONS 2013 Mid-Year Population Estimates). Growth in Bedford Borough's population is concentrated in the older age groups, with a 41% rise in the number of people aged 85+. While the population is forecast to increase by 7% between 2012 and 2021, the 65+ population is forecast to increase by 23% and the 85+ population by 47%. This will have major implications for health and social care services in the Borough. cervical screening have not been tested recently enough. Only half of eligible people have taken up the opportunity to be screened for bowel cancer (55.1%).

**Figure 15: Projected growth in the Bedford Borough population aged 65 years and over by age group, 2014-2020**



Source: [www.poppi.org.uk](http://www.poppi.org.uk)

### Independent living in older age

Social care services support people who are in need of practical support due to illness, disability, old age or a low income. Good quality and timely **access to social care** can enhance health and wellbeing and provide better outcomes for older people. Many people prefer to remain in their family home as they get older and can do so with support from social care. Others may choose, or need, to move into accommodation that can provide personal care and medical needs because of reduced mobility and frailty.

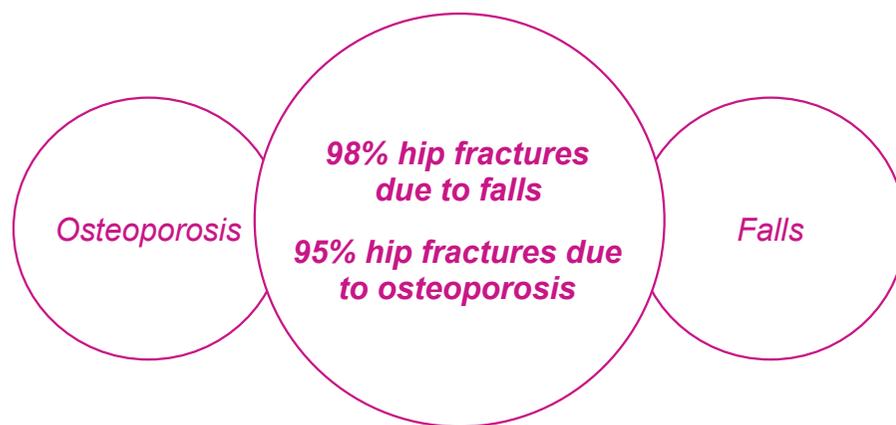
All residents requiring social care are entitled to an assessment of their needs and, subject to eligibility criteria, Bedford Borough Council makes arrangements to meet those needs through the allocation of a personal budget. The demand for social care services is getting higher, but increasing numbers of people are purchasing their own social care services without any involvement from the Council. Putting older people and people with disabilities at the heart of decision-making is central to government policy for adult social care. Improving outcomes and wellbeing for vulnerable adults and older people is the primary principle of the Care Act 2014 where the emphasis is on early intervention, prevention and enablement. Implementation will begin in 2015.

A common cause of loss of independence in older age is the effect or risk of **falls**. 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 aged over 80. Fall rates among residents living in institutions are even higher. The incidence of falls is increasing at around 2% per annum and this is expected to continue as the population ages.

Up to 10% of falls result in serious injury, the most dangerous of which is hip fracture. Other consequences of falling include fear, loss of confidence and poor mobility, which in turn can lead to social isolation,

depression and increased dependency on family, friends, carers and health and social care services. Older people who live alone, those with poor eye sight and those with certain medical conditions are at higher risk. 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 five people who fracture their hip will die within 4 months of it happening. The focus for falls prevention should be on adults aged 65 years and over in whom there is the combination of high incidence and a high susceptibility to injury.

**Figure 16: The relationship between falls, osteoporosis and hip fractures**



Source: Cryer and Patel, 2001

Evidence suggests that over 50% of **sight loss** is due to preventable or treatable causes. In Bedford Borough, there are 3,486 people aged over 65 years living with sight loss. The commonest causes are age-related macular degeneration (30% of over 75s have early signs), diabetes, glaucoma and cataracts. There are strong links to economic disadvantage and lifestyle factors such as smoking, excessive alcohol intake and diet.

People from certain minority ethnic groups are at higher risk; for example people of Black African and Black Caribbean descent have a higher prevalence of glaucoma. Sight loss has a profound effect on quality of life and older people with sight loss are almost three times more likely to experience depression than people with good vision.

Adults with poor mental health grow into **older people with poor mental** health, and older people are also more vulnerable to many of the other factors known to cause depression - being widowed or divorced, retirement or unemployment, physical disability or illness and loneliness and isolation. Most patients in older age mental health services have complex social needs and older people's mental health services in particular benefit from an integrated approach with social care services and the voluntary sector.

There are 1,978 people aged over 65 diagnosed with **dementia** in Bedford Borough but the same number again are thought to be living with the disease undiagnosed. This has serious implications for care which is often unplanned, frequently resulting in a crisis intervention. Evidence suggests that early diagnosis and treatment can improve the quality of life for people with dementia and increase their independence as the condition progresses.

Finally it is essential to recognise that many older people are acting as **carers** for a family member, friend or neighbour. Section 9.0 on particularly vulnerable groups describes carers' health and social care needs in more detail. Older people who are caring are more likely also to have long term conditions themselves, or indeed to be becoming frail as well.

## Excess winter deaths and illnesses

The cumulative impact of all these needs, alongside the long-term conditions that older people are living with, is seen in the seasonal peak in illness and death that occurs during the winter months. Around 70 extra deaths occur in the winter months in Bedford Borough compared to the rest of the year. In the main, these are older people who have cardiovascular or lung disease whose illnesses worsen in cold weather. Cold indoor temperatures are particularly concerning because most people in this group spend most of their time at home.

The risk factors for winter illnesses and deaths are eminently preventable using simple measures such as protective behaviours, home insulation and adequate heating, flu vaccination. Older people and their caregivers need to be alert to the increased risk of becoming unwell and the need to seek medical help early. **Fuel poverty** is a recognised risk factor for excess winter deaths but it is not the whole story. Fuel poverty and other risk factors do not necessarily co-exist but the key to preventing excess winter deaths will be to solve fuel poverty first in those households where the risk is greatest. It requires a joined-up, system-wide approach.

The issue of winter illnesses and deaths also takes us full circle back to where we began in section 4.0, looking at the impact of the wider determinants on health.

### Areas for focus:

- Implement the Care Act 2014
- Raise awareness with the public of the risk of falls and the importance of bone health in later life
- Work collaboratively across health and social care to commission falls and fracture prevention services
- Raise awareness and encourage early identification and intervention for preventable sight loss, particularly for the communities most at risk
- Promote the value of having regular eye health checks
- Recognise that poor mental health is common amongst older people and commission services which meet their particular needs
- Integrate work programmes to address excess winter deaths

## 9.0 Particularly vulnerable groups

*Health and social care services have a duty to safeguard children and adults from abuse or neglect. Moreover, people using health and social care services have a right never to experience maltreatment, abuse or neglect as clients.*

All people in the communities of Bedford Borough Council have a right to live a life that is free from violence, fear and abuse, to be protected from harm and exploitation and to have independence, which may involve a degree of risk. The Joint Multi Agency Adult Safeguarding Policy, Practice and Procedures for Bedford Borough and Central Bedfordshire are in place to achieve consistent and robust arrangements for **safeguarding vulnerable adults**. It takes a zero tolerance approach to abuse, maltreatment and neglect.

An adult safeguarding alert is the term used to describe the reporting of suspicions or allegations of abuse, maltreatment or neglect. An adult safeguarding referral is a referral for investigation which may be multi agency. In 2013/14 there were 1829 safeguarding alerts, 481 of which progressed to a referral for investigation. This is an increase of 42% on 2012/13. In part the increase is due improved awareness of the importance of making safeguarding alerts, as well as a Bedford Borough policy that all alerts should be treated as safeguarding issues.

Neglect and physical abuse are the most common types of abuse, with paid carers and professionals being the most likely people to cause harm. Abuse is more likely to take place in a person's own home, and the larger proportion of alerts and referrals relate to women (who are more likely to accept care and who live longer than men). The number of alerts from hard to reach groups, such as travelling communities and some minority ethnic groups, is low.

A 2014 judgement of the Supreme Court on the application of Deprivation of Liberty Safeguarding (DOLs) procedures has significant implications for the delivery of services to several groups, including adults with learning disabilities, older people with conditions such as dementia, adults with neurological conditions and young people aged 16-18 years who are in foster care. A much greater number of people in care are now considered to be subject to deprivation of liberty. Fifty-nine DOLs assessments were dealt with in 2013, but the Supreme Court ruling means that there are an estimated 800 cases in Bedford Borough which will now fall within the threshold.

The 2011 census reported there were 16,084 unpaid **carers** in Bedford Borough, approximately one in ten of the household population. The number had increased by 11% since 2001 and most of the increase was in carers providing more than 20 hours of care a week. Allowing for population growth since 2011, in 2015 the number is likely to be 16,180 and by 2016 it will have risen again to 16,750. Even this is likely to be an underestimate because many carers do not recognise their caring role.

As many as 30% of carers will suffer from depression at some stage; indeed 72% of carers in Bedford Borough who applied for a carers' break in 2013/14 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 comes 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.

There are several conditions which make working age adults more likely to need additional support or to have particular health and social care needs.

An estimated 2,396 people in Bedford Borough have a learning disability, but only around 500 of these are known to services. The numbers of adults with **learning disabilities** is expected to increase to 2,615 by 2030 in line with population growth. Improvements in general health care for adults with learning disabilities has led to increased life expectancy, but there is also expected to be a growth in the complexity of disabilities due to factors such as improvements in maternal and neonatal care, increasing prevalence of foetal alcohol syndrome, and increasing numbers of adults from South Asian minority ethnic groups, where prevalence of learning disability is higher. Mild to moderate learning disability is linked with poverty, and the number of adults with learning disabilities is likely to be higher in more deprived wards.

The proportion of people with learning disabilities who live in residential care in Bedford Borough is higher than in similar areas. There is a steady progress being made towards supporting them better in the community but more needs to be done. In 2013/14, the number of people known to services who were in employment was 5.2% (25 clients), which is lower than the England average of 7.2%.

In 2013/14 it was estimated that 984 adults in Bedford Borough (between the ages of 18 and 64) have **autism**, including 354 adults with Asperger's Syndrome, and 344 with Higher Functioning Autism. A further 266 adults with autism are aged 65 or older. Housing needs vary greatly in people with autism: some will live independently, others will require support with

certain tasks, and some will need 24 hour specialist support. Employment support also needs development; there is currently limited employment support for adults with autism who do not also have a social worker or a learning disability.

In 2014 there were an estimated 7,700 Bedford Borough residents aged 16-64 with a moderate physical disability and 2,260 with a serious **physical disability**. The numbers are likely to increase in line with the ageing population. It is also estimated that 629 people are living with a long term disability as a result of acquired brain injury (ABI). The causes 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.

Over 15,000 people in Bedford Borough have a moderate, severe or profound **hearing impairment**, of whom 453 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 2014, 658 people were registered as blind or partially blind. People may be unaware of the register or may be choosing not to register. Section 7.0 provides more detail on the causes and distribution of preventable sight loss.

**Areas for focus:**

- Increase safeguarding awareness among hard to reach groups, such as some minority ethnic groups and travelling communities
- Ensure that more carers are made aware of their entitlement to a carers' assessment under the Care Act
- Increase the number of adults with learning difficulties and adults with autism who are supported to live in the community
- Increase the proportion of adults with learning disabilities and adults with autism who are supported into employment
- Improve knowledge around how people with sensory impairments within BME communities can be better supported
- Provide support and encouragement for more people to register as hearing or sight impaired, particularly those from BME communities

## Appendix: JSNA Summary - Areas for Focus

### Wider determinants of health

- Use the planning system to create a built environment which protects residents from hazards and maximises opportunities for health
- Work with partners in the private housing sector to reduce the number of non-decent homes
- Continue to support our most vulnerable residents to live in housing that meets their needs
- Encourage and facilitate active travel for shorter journeys
- Promote the use of the Borough's parks and green spaces to encourage sustainable commuting, exercise and leisure, and understanding better why certain groups use them less
- Quantify the health impacts of air pollution in Bedford AQMA and tackling them proportionately
- Explore ways in which the local food environment can be improved
- Continue the existing initiatives to increase employment within the Borough, and continue to encourage workplaces to protect the health of their employees.

### Starting Well

- Extend our approach from a focus on the mother to encompass the whole family
- Investigate why infant mortality rates are increasing and seek to reverse the trend
- Understand which women do not access antenatal care early and why not, and address their needs
- Consider the broader impact of parental mental health on the health of the child and explore comprehensive pathways to assess and refer both parents to evidence-based services, including early intervention and talking therapies

- Increase the reach of the antenatal screening programmes and make sure the right care is available for the family in the event of a positive diagnosis
- Continue initiatives to reduce smoking during pregnancy and postnatally, in all smokers in the household
- Quantify how other risky lifestyle behaviours, especially alcohol use, impact on infant mortality, early development and parental mental health
- Continue to promote the benefits of breastfeeding throughout antenatal care and do more to support families with breastfeeding in the first 6-8 weeks
- Provide and promote a range of strongly evidence-based parenting programmes.

### Developing Well

- Sustain and improve immunisation uptake rates, reducing differences in rates between different groups of children
- Gain a further understanding of the local community and of cultural differences that can impact on access to services
- Support children and young people's emotional and mental health and wellbeing
- Continue to support and improve the educational achievement of all children, and do so fastest for those from deprived homes
- Work with schools to identify issues that will impact on a young person's education early in order to access the right services at the right time and reduce negative outcomes. Pay special attention to those at risk of not being in education, employment or training after the age of 16
- Ask services that are treating parents with toxic trio conditions to "Think Family" - identifying the children who are affected and getting the family the help they need.
- Developing a system-wide approach to tackling childhood obesity and increasing participation in physical activity

- Engage better with young people to discourage smoking and provide a stop smoking service which meets their needs
- Raise awareness of the effects alcohol use can have on young people and in later life. Address the issue of alcohol consumption with a whole family approach.
- Promote good oral health and regular dental checks and increase understanding amongst health professionals of the implications of tooth decay
- Work in partnership with schools to promote strong and consistent personal health and social education (PHSE)
- Maintain the successful early identification of chlamydia in young people by continuing to offer screening in a range of primary care and community settings
- Ensure that the broadest range of placements possible are available which meet the needs of looked after children, in the most effective and cost efficient way
- Improve multi-agency response to domestic abuse
- Act upon the findings of the pan Bedfordshire review into child sexual exploitation
- Ensure that services and resources which support young people who come through the youth offending service with their emotional and mental health and substance misuse are well established, and that young people who need them are identified early
- Proactively find unregistered young carers to ensure they receive access to the help available to them both in and out of formal education.

## Living and Working Well

- Increase the identification of undiagnosed cases of cardiovascular disease and its risk factors
- Ensure that the best quality care is received by all those with a long-term condition
- Increase the uptake of cancer screening programmes and NHS Health Checks and investigate how equitably the programmes are being delivered
- Widen access to mental health programmes and services, including psychological therapies, for all those living in the Borough but particularly those at greater risk
- Raise awareness of the relationship between mental and physical health and tackle it effectively.
- Recognise that unhealthy lifestyle behaviours often occur in clusters and ensure that mainstream services link up across all pathways
- Continue to provide local stop smoking services in ways that maximise accessibility and outreach, and further develop interventions for hard to reach groups, including those with mental health needs, some BME communities, and those living in more deprived wards
- Understand better the extent of the health impacts of overweight, physical inactivity and excessive alcohol use in Bedford Borough and develop multi-agency responses as appropriate
- Continue to improve influenza vaccination uptake, particularly for pregnant women and those under 65 at risk
- Understand more fully the prevalence and significance of Hepatitis B and C infection locally to ensure services are commissioned where there is greatest need
- Continue to implement and evaluate current initiatives to reduce late diagnoses of HIV, and reduce the prevalence of other sexually transmitted infections.

## Ageing Well

- Implement the Care Act 2014
- Raise awareness with the public of the risk of falls and the importance of bone health in later life
- Work collaboratively across health and social care to commission falls and fracture prevention services
- Raise awareness and encourage early identification and intervention for preventable sight loss, particularly for the communities most at risk
- Promote the value of having regular eye health checks
- Recognise that poor mental health is common amongst older people and commission services which meet their particular needs
- Integrate work programmes to address excess winter deaths.

## Particularly vulnerable groups

- Increase safeguarding awareness among hard to reach groups, such as some minority ethnic groups and travelling communities
- Ensure that more carers are made aware of their entitlement to a carers' assessment under the Care Act
- Increase the number of adults with learning difficulties and adults with autism who are supported to live in the community Increase the proportion of adults with learning disabilities and adults with autism who are supported into employment
- Improve knowledge around how people with sensory impairments within BME communities can be better supported
- Provide support and encouragement for more people to register as hearing or sight impaired, particularly those from BME communities.

## Notes

## Finding out more

If you would like further copies, a large-print copy or information about us and our services, please telephone or write to us at our address below.

Për Informacion

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তথ্যের জন্য



**01234 276874**



**Barbara Wonford**

Public Health

Borough Hall

Cauldwell Street

Bedford MK40 9AP



barbara.wonford@bedford.gov.uk



www.bedford.gov.uk