



BEDFORD BOROUGH COUNCIL

NHS

Bedfordshire

Bedford Borough Joint Strategic Needs Assessment 2010

Executive Summary



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Introduction

The Joint Strategic Needs Assessment (JSNA) is an iterative process that identifies the health and wellbeing needs of the local population over the next three to five years. The Local Government and Public Involvement in Health Act (2007) place a joint statutory duty on upper tier local authorities and Primary Care Trusts (PCT's) to undertake a Joint Strategic Needs Assessment (JSNA) for their area.

The JSNA informs the Sustainable Community Strategy (SCS); NHS Bedfordshire and Bedford Borough Council's strategic priorities and reflects targets in the Local Area Agreement (LAA) and NHS Operating Plan of NHS Bedfordshire. It provides the foundation for agreed joint commissioning strategies and priorities to improve health and social care outcomes and reduce inequalities.

This JSNA is where NHS Bedfordshire and Bedford Borough Council describe the future health, care and well-being needs of people in Bedford Borough and the strategic direction of service delivery to meet those needs.

It provides an opportunity to look ahead three to five years so that:

- services are shaped using local people's views
- inequalities are reduced across Bedford Borough
- social inclusion is increased
- future investment and disinvestment decisions in Bedford Borough maximise health and social care outcomes at optimum cost

A JSNA for the county of Bedfordshire was completed in 2008 and provided a comprehensive source of health and social care data. Now that Bedford Borough Council is established the JSNA has been refreshed to focus specifically on Bedford Borough.



02 Demography

Key demographic challenges facing Bedford Borough include:

- Continued strong growth in population with a major increase in the numbers of older people, particularly those aged 85+.
- An increasingly diverse population with strong growth in the non-‘White British’ Black Minority Ethnic (BME) population.
- A rising level of births, with the increase largely attributable to births among mothers born outside the UK.

Bedford Borough has a growing and rapidly ageing population, which increased by 6.1% from 147,900 in 2001 to 157,100 in 2008, including a 23% rise in the numbers aged 85+.

This strong growth is projected to continue, with the population reaching 172,000 by 2021 as a large part of the Borough is situated in one of the growth areas of the Milton Keynes and South Midlands sub-region. More than 1,000 new homes are planned each year.

While the overall population is forecast to rise by just under 10% from 2008-2021, the numbers of older people are forecast to rise at a much higher rate. In particular, those aged 85+ are forecast to rise by more than 60%, presenting a major challenge to health and social care providers.

Bedford Borough is characterised by great diversity, with major differences between the profiles of the Borough’s urban and rural areas. The population of Bedford and Kempston towns is younger on average and more ethnically diverse than the rural area, and the areas of highest deprivation are all within the urban area.

In 2001, 19.2% of the population was from non-‘White British’ minority ethnic groups (BME), compared to 13% nationally. The BME population has increased further since 2001 due to significant international in-migration, particularly the large number of migrants in 2004-2008 arriving from the EU Accession countries, primarily Poland and Lithuania.



Recent years have also seen the growth of significant communities from countries not previously represented to a major degree in the Borough's ethnic mix, such as new arrivals from Afghanistan and Zimbabwe. The latest estimates are that the non-'White British' population rose to 21.6% in 2007, and it is likely that it has increased further since that time.

This growth in the BME population contributed to a substantial rise in the number of births in 2008-2009 compared to earlier years, with the increase in births in the Borough largely attributable to mothers born outside the U.K. Rising birth levels generate more needs for local services related to ante- and post-natal care such as programmes to reduce smoking and alcohol consumption during pregnancy, and to raise levels of breastfeeding.

03 Social, Economic and Environmental

Key socio-economic and environmental challenges facing Bedford Borough include:

- Areas of significant deprivation in parts of Bedford and Kempston towns, including high levels of deprivation among children and older people
- The impact of unhealthy lifestyles on life expectancy and healthy life expectancy, particularly, though not exclusively, in areas of greatest deprivation.
- The impact of the recession which has raised overall levels of worklessness but has disproportionately impacted certain groups such as 18-24 year olds.
- Low attainment at GCSE including English and Mathematics, and large numbers of working age people with no, few or very low qualifications.
- Inaccessibility to essential services in the rural area, particularly among those reliant upon public transport.
- Lack of affordable housing, and poor housing quality and amenities in some of the owned and privately-rented housing stock.

The social, economic and environmental circumstances in which people live impacts directly and indirectly on their health and well-being.

While Bedford Borough has an overall level of deprivation which places it midway among English authorities (ranking 183rd of 354 authorities on the 2007 Index of Multiple Deprivation) this masks pockets of significant deprivation in the Borough.

Three areas in Bedford town are among the 10% most deprived areas in England and a further 6 areas in Bedford and Kempston towns are among the 20% most deprived. Parts of these areas also have unhealthy lifestyle behaviours, poor health outcomes, high levels of worklessness, and poor performance on a wide range of well-being indicators.

Although Bedford Borough has a higher average life expectancy than England, both at birth and at age 65, the more deprived areas of the Borough experience significantly lower life expectancy. There is a difference of 9 years between the most deprived wards and the most affluent. Rates of limiting long term illness and disability are also much higher in deprived areas so not only life expectancy but also healthy life expectancy is significantly lower in deprived areas.



Income deprivation is a particular concern in the Borough, with 8 areas in Bedford town falling within the 10% most deprived areas in England and a further 10 areas in Bedford and Kempston towns among the 20% most deprived.

Income deprivation can have a particular impact on children's life chances. More than 20% of children in the Borough are raised in income deprived households, rising to two-thirds in the most deprived areas within Castle and Harpur wards. Two-thirds of children in Kingsbrook ward are raised in households which are among the 20% most income deprived in England, and half of those are among the 4% most deprived in the country.

Across the Borough, more than 15% of pensioners are income deprived but this exceeds 40% in parts of Castle, Cauldwell, Harpur, Kingsbrook and Queens Park wards.

There is a general correlation between deprivation and unhealthy lifestyle behaviours such as smoking, alcohol and drug abuse, lack of physical activity, and poor nutrition. Unhealthy behaviours, particularly excessive alcohol consumption, are also evident in areas of greater affluence. The Healthy Bedford Borough Strategy seeks to encourage and facilitate the adoption of healthier lifestyles in the Borough.

Although economic activity rates exceed national averages, the recession has had an impact in parts of Bedford Borough. The claimant count for unemployment increased by 34% in 2009, with a large rise in people aged 18-24 who are unemployed. Unemployment is far higher in Bedford and Kempston towns (5.3%) than in the rural area (2.4%). The rate exceeds 7% in the more deprived wards of Castle and Cauldwell.

A broader measure of worklessness is the number claiming out-of-work benefits which averaged almost 12% of the working age population across the Borough in November 2009, with levels exceeding 30% in the most deprived areas. Worklessness among people aged 18-24, whose employment opportunities have been seriously impacted by the recession, has risen to 15%. This is a particular concern since these young people may be become discouraged at a key point in their personal development and their long-term employment prospects may be compromised.

The high levels of worklessness have health and well-being implications including drug and alcohol abuse, and mental health issues.

Although levels of academic achievement have risen in each of the last five years, pupil performance in Bedford Borough is below the average of its statistical neighbours at Key Stage 4 (GCSE) with particularly low attainment in deprived areas, especially in the percentage of pupils achieving 5 A*-C passes including English and Mathematics. In 2009 under 24% of children from areas in the 20% most deprived nationally attending maintained schools in the Borough achieved 5 A*-C passes including English and Mathematics, compared to 47.3% for all Borough pupils attending maintained schools.

Achievement at the foundation stage is also improving but remains below the national target. Bedford Borough will work with Governors and Headteachers and see strategies are upheld to raise standards of educational achievement and attainment.

The level of skills and qualifications in the Borough has been identified as an issue contributing to high levels of worklessness and restraining the Borough's economic development. This starts with relatively poor GCSE results and continues with 6-7% of young people aged 16-18 years who are not in education, employment or training.

In addition, the qualifications of working age people in the Borough are below both regional and national averages. However, it must be noted that the large BME population in Bedford Borough does mean that many people have qualifications which are not readily measured by the NVQ standards.

Some rural areas of the Borough suffer from lack of access to adequate public transport which impacts particularly on those pensioner households without access to a car and children raised in households with no car. Those living in the small pockets of rural income deprivation, which do exist in the Borough though they are often overlooked, are particularly impacted by difficulty in accessing services and facilities.

Indeed, many of the Borough's rural areas do suffer greatly from inaccessibility to such essential services as a GP's, primary school, post office and supermarket. On the Geographical Barriers sub-domain of the Indices of Deprivation 2007, 14 areas in the Borough are among the 10% most deprived areas in England on access to services, and a further 17 are among the top 20%. Of these 31 areas, 25 are rural. Indeed, over 70% of the Borough's 55,000 rural residents live in areas which are among the 20% most deprived in England in terms of access to services, including health care services.

Significant housing development is planned in the Borough with a target to complete more than 1,000 units each year from 2010-2021. Yet, average house prices are 7.6 times average earnings, placing home ownership outside the reach of many people, particularly younger people. Affordable housing provision is inadequate.

Poor quality housing and overcrowding are generally concentrated in parts of the more deprived wards and are most prevalent among owned and private rented accommodation rather than social housing. Fuel poverty is also a major issue particularly among those living in owned and private-rented accommodation rather than social housing, and among older people who are most vulnerable to the effects of inadequate heating.

Overall levels of Crime in the Borough have been declining but residential burglary levels are a continuing concern and reducing crime is regarded as the major priority by the Borough's residents. Anti-social behaviour levels are also affecting the quality of life and perception of safety and, therefore, on the well-being of residents.

04 Children and Young People

The overarching priorities to improve the health and wellbeing of children and young people in Bedford Borough are reflected in the JSNA and the Bedford Borough Children and Young People's Plan 2010 – 13, and include:

- Ensuring a healthy start to life - including early access to antenatal care, reducing smoking and improving nutrition in pregnancy, promoting breastfeeding and increasing immunisation and vaccinations
- Ensuring children and young people are able to make responsible decisions in relation to drugs, alcohol, and sexual health
- Promoting, protecting and treating the mental and emotional health of children and young people.
- Supporting children and young people to lead healthy lifestyles including reducing smoking and childhood obesity, and increasing physical activity and healthy eating
- Transforming services for children with disabilities

Key issues for children's health and wellbeing in Bedford Borough include:

A healthy start to life

Whilst the majority of babies in Bedford Borough have a healthy start to life there are exceptions. Unfortunately 17.4% of mothers (whose smoking status was known) smoked in pregnancy in 2008/09 which is statistically worse than England average. In addition rates of teenage pregnancy are much higher than national, regional and local averages in Goldington, Kingsbrook, Newnham, Kempston East, Cauldwell and Castle wards.

For the last three quarters, breastfeeding initiation has been between 72%-75% for Bedfordshire, short of the aspirational target of 77%. Data on rates of breastfeeding at 6-8 weeks after birth are below that of the whole Bedfordshire rate and short of the target.

Responsible decisions in relation to drugs, alcohol, and sexual health

The latest available data shows an improving position in relation to responsible decision making, with the number of young people aged 14-15 years who report to have taken drugs in the last



month falling from 19% in 2004 to 10% in 2008. During the same period, 22% of young people had used alcohol on two or more days in 2004, which dropped to 20% in 2008

However a significant proportion (66%) of young people aged 14-15 years reported that they have a parent, sibling or friend who smokes on most days. 6% of boys and 25% of girls reported that they smoke occasionally or regularly.

Alcohol abuse within families remains a concern, being a contributory factor in domestic violence and crime which impacts directly upon children and young people within the families.

Promoting, protecting and treating the mental and emotional health of children and young people.

An estimated 2,200 children within Bedford Borough suffer from a diagnosable mental health disorder.

The number of children referred to children's social care is similar to statistical neighbours. however the proportion of referrals which then lead to initial assessments, to further core assessments and ultimately to child protection plans is above statistical neighbours.

The proportion of looked after children is similar to that of statistical neighbours however the percentage in a long term stable placement is lower.

In 2001 there were 434 young carers of whom 270 were under 16.

Supporting children and young people to lead healthy lifestyles

There are high levels of obesity with 11.6% of children aged 4-5 years found to be obese and 13.8% overweight in 2008/09. These rates are above the average for the East of England and are statistically significantly worse than the England average. Rates of obesity in children aged 10-11 years were similar to the average for the East of England, with 17.5% were found to be obese and 14.2% overweight.

The percentage of children in Bedford Borough(48%) reported to be physically active (3 hours of high quality sports in school) in 2008/09 was significantly below the national average.

Priorities for further improving children's health and wellbeing include:

To ensure all babies and infants get the best start possible:

- Increase the number of babies who are breastfed from birth and the number of mothers who continue to breastfeed past 6 – 8 weeks;
- Increase the number of pregnant women who access antenatal care within 3 months of becoming pregnant;
- Reduce the number of babies born with a low birth weight;
- Encourage more pregnant women to give up smoking;
- Support pregnant women who are obese at the start of the pregnancy;
- Offer more support to young parents so that they are in the best position to give their babies the best possible start in life.

To encourage a healthy, enjoyable and active lifestyles at home, in school and in the community:

- Reduce the number of children who are overweight and obese;
- Build on the excellent achievements of the Healthy Schools Scheme;
- Continuing to support the implementation of the Aiming High programme.

To encourage young people to avoid harmful, risk taking behaviour:

- Reduce the number of young people who start smoking and to encourage those who do, to give up;
- Promote good sexual health amongst young people across the Borough;
- Reduce the number of under 18 conceptions in the Borough;
- Reduce the harm caused by drugs and alcohol on the lives of children, young people and their families.

To target emotional well being services where they are most needed:

- Improve the effectiveness and efficiency of Child and Adolescent Mental Health Services (CAMHS) offering better access for children, young people and their families;
- To build on existing mental health services for children and young people with learning difficulties.

At service delivery level, strategic priorities for Bedford Borough Council and NHS Bedfordshire are based on achieving the outcomes required by 'Our Health, Our Care, Our Say' (Department of Health 2006). Those seven outcomes are;

- 1) Improved health and emotional well-being.
- 2) Improved quality of life.
- 3) Making a positive contribution.
- 4) Increased choice and control.
- 5) Freedom from discrimination or harassment.
- 6) Economic wellbeing.
- 7) Personal dignity and respect.

Making these outcomes a reality for people in Bedford Borough needs a partnership approach. The evidence in this JSNA informs the joint strategies for older adults and people with disabilities or mental health issues. The health and social care system could not cope without the contribution of Carers and they will also be the focus of a specific joint strategy.

The picture for adults' health and wellbeing in Bedford is mixed with life expectancy steadily increasing for both men and women in Bedford. In the last ten years rising by 3 years for men to 78.6 years and by 2 years for women to 82.1 years. The main causes of death are circulatory disease (39.7%) cancers (30.1%) and respiratory disease (10.5%).

Unfortunately some residents die prematurely (before the age of 75 years) with most of the years lost prematurely due to cancers (36%) circulatory disease (20%) and accidents (9%). There are on average 204 men and 215 women aged under 75 years diagnosed with cancer each year.

Looking to the future there are a number of challenges facing the borough. It is estimated that 22.7% of adults in the area are obese and only 1 in 9 adults are physically active with 50% of people report taking no part in any moderate intensity activity within the past 28 days.



The prevalence of diabetes (4.4%) is higher than the England average (4.1%) and is higher still in minority ethnic groups within Bedford. The prevalence of diabetes will rise further if the rates of obesity continue to increase.

Approximately 400 people living in Bedford Borough each year will have a stroke and at any time 1,500 people will be living with moderate disability as a result of a stroke. There are nearly 10,000 people with a physical disability in Bedford of whom almost 25% have a severe physical disability and 42% are unable to work due to a physical disability.

The number of people with a mental health condition is predicted to rise primarily as a result of the growing population. An estimated 19,000 people within Bedford Borough will suffer from a neurotic disorder and almost 5,000 from a personality disorder.

There are an estimated 1,670 people currently living with dementia and 722 people who develop dementia each year in Bedford Borough, of whom approximately 37% are known to services.

During 2008/09 there were 458 hip fractures per 100,000 in older people aged 65 years and over (standardised by age and sex) in Bedford Borough. This figure is lower, but not significantly different from the regional average of 506 per 100,000.

People with a learning disability are likely to suffer from poorer health than the rest of the population and there are approximately 2,400 people aged between 18 and 64 years with a learning disability in Bedford.

There are an estimated 15,600 Carers in the Borough, projected to increase to 16,800 by 2013. Only 1,060 currently receiving a specific carers service.

The 2001 census found that 4.8% of young adults aged 18-24 were Carers. In Bedford Borough 5.1% (n=624) of young adults provided care, including 67 who provided over 50 hours each week.

There were 553 safeguarding alerts in 2008/09, almost double that of the previous year, partly due to increased awareness raising and approximately half of the alerts were found to be non-safeguarding issues.

Measures of enjoying and achieving are generally positive with 28% of Bedford's citizens regularly give up their time to get involved as volunteers in their community and a greater proportion of people in the area (31.7%) currently feel they can influence local decisions, compared to the national average of 28.9% for all local authority areas. However, participation and engagement in the arts, at around 42%, is below both regional and national averages.

Priorities for further improving adult's health and wellbeing of adults include:**To increase healthy life expectancy and reduce inequality:**

- Prevent premature deaths from cancer and circulatory disease by reducing smoking prevalence and decreasing obesity through healthy eating, sensible drinking and increased physical activity. In addition, improve the uptake of cancer screening programmes and awareness of cancer symptoms to promote early diagnosis and treatment.
- Implement NHS health checks which will identify individuals at risk of cardio vascular disease and signpost them to appropriate interventions to reduce their risk.
- Increase physical activity opportunities, especially in areas of high deprivation
- Ensure that older people have access to grants to heat their homes efficiently and take advantage of seasonal influenza vaccination to help minimise excess winter deaths.
- Implement the integrated model of care for diabetes which will include improved access to culturally appropriate education and ultimately improving self-care.

To improve the health and wellbeing of residents:

- Maintain improved access to psychological therapies, housing and support options and primary care mental health teams for people with mental health needs.
- Ensure that people can live well with dementia through early diagnosis and joint assessment, improved community based support including carers and workforce education.
- Improve the health and wellbeing of people with learning disabilities and their carers including an annual health check and the development of more day opportunities.
- Support everybody who is eligible for support from services to have maximum independence, choice and control.

To create a stronger and safer community:

- Implement the safeguarding improvement plan April 2010 – March 2011 (refreshed annually) which includes strategic leadership, training and competence, learning lessons from abuse, prevention, communication and performance management.
- Promote activities that bring people and communities closer together.
- Encourage and support more people, particularly from under-represented groups, to take on civic roles and volunteer within their communities.
- Create more opportunities, and provide support and advice, to enable people to influence local decisions.
- Encourage and enable more people to participate in local arts, culture and sporting activities.
- Ensure that marginalised and vulnerable people receive effective support, advice and advocacy, and can access key services.
- Improve support for Carers through more and better access to information and advice, new break models and provision, expanded NHS services, employment and skills with flexible working and increased training, improving emotional support, expert partners in care - training for carers, training for professionals and third sector support for carers.

To improve the economic wellbeing of residents:

- Improve the skills base of the local population.
- Encourage high value added inward investment, the retention and development of local companies and the establishment of new start-up enterprises.
- Create a highly attractive, safe and successful town centre providing a distinctive and excellent range of activities and facilities which can be used and enjoyed by all.
- Market the Borough as a prime investment location, raising its profile and image and promoting investment opportunities.
- Support and work in partnership with the local tourism industry to expand what it has to offer and market the Borough as a tourist destination.
- Encourage economic participation and support people into jobs within urban and rural communities, by maximising employment opportunities for local people and promoting skills development.
- Improve the general business environment (the supply and quality of infrastructure, premises and services), in order to foster enterprise, encourage investment, and sustain economic growth.

06 Next Steps

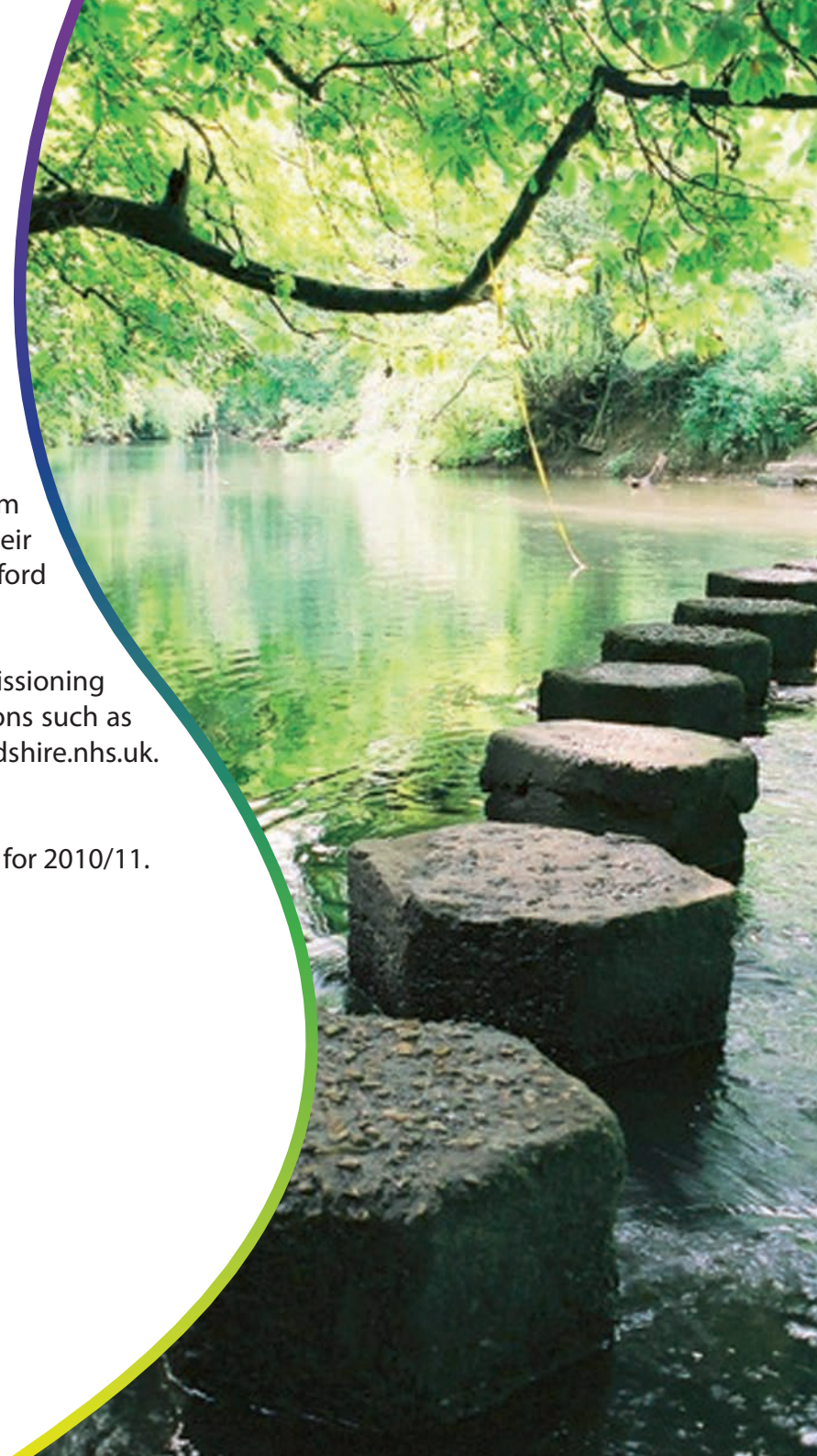
This JSNA provides an important step forward in understanding the health and social care needs of Bedford Borough's population. It brings together a wealth of information on current needs and in key areas such as demographic changes, predictions of future health and social care needs. The predictions and modelling of future needs are particularly important given the financial climate over the next few years.

The recommendations contained within each chapter of the JSNA will be used to inform commissioning decisions by NHS Bedfordshire and Bedford Borough Council through their partnership bodies including the Adult Health & Wellbeing Thematic Partnership, Bedford Borough Children's Trust and the Healthy Children's Implementation Group.

The JSNA is an ongoing, iterative process that needs to be firmly embedded in the commissioning cycles of our respective organisations. With this in mind if you have any queries, suggestions such as gaps you would like filling, or comments it would be appreciated if you email: jsna@bedfordshire.nhs.uk. You can also use this address if you require an excerpt of the document in a different format

This JSNA will provide accurate, relevant and up-to-date information for our commissioning for 2010/11. The JSNA will be updated regularly.

Bedford Borough JSNA Executive Group
June 2010



**If you require an excerpt of the document in a different format,
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