BEDFORD BOROUGH COUNCIL

High impact areas for improving health and wellbeing

Director of Public Health Report 2025/26

Vicky Head
Director of Public Health

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Introduction from Vicky Head

Our health and wellbeing are shaped by many things, but we often talk about health through a medical lens, in terms of physical or mental illness and life expectancy.

Understanding how common diseases affect our communities and the services they depend on is important and I looked at this in my 2024/25 report. However, we also need to understand the personal, social, economic and environmental factors – the building blocks of health – that contribute to our health and wellbeing.

There are hundreds of these factors, and it can be difficult to answer the question 'what should we work on if we want to have the greatest impact on the health and wellbeing of our local population?'
In my report this year I have chosen to use the findings from the Bedford Borough Joint Strategic Needs Assessment (JSNA) to help answer that question.

The purpose of the JSNA is to describe the current and future health, social care and wellbeing needs of the local population. The JSNA is used by the council, the NHS and other local organisations to help service planning, reduce inequalities and improve outcomes for our communities.

The JSNA presents a picture of health and well-being in Bedford, using a range of data and insights on the characteristics of the population, the building blocks of health, and patterns of health behaviours and disease. The JSNA is constantly growing, like a library where new books are added as we learn more about our communities.

To identify those areas where we have the greatest opportunity to make a difference, we have reviewed the JSNA and ranked risk factors and health conditions by criteria including the number of people affected locally and the impact on health inequalities.

There are no quick fixes, but we all have a role to play: health and care professionals working with residents; voluntary and community organisations strengthening our communities; the council shaping the environment we live in; and individuals leading healthier lives. Throughout the report I have set out some of the ways we can make a difference.

Introduction

Bedford Borough is a fast-growing, highly diverse community, with significant opportunities for economic development.

Overall, the health of Bedford Borough's population follows the national trends. Males currently live an average of 78.7 years and live 17.4 of those years in poor health. Females live longer – 83.1 years – but spend 21.1 of those years in poor health.
The numbers are similar to England, but they hide significant differences across the borough that show that people are not living as long or as well as they should.

Over the period from 2021 to 2023, there were 16.3 years difference in the life expectancy for males between the ward with the highest and lowest, and 12.2 years difference for females.

These differences are also reflected in people's perception of their health. In the 2021 Census, females living in Kingsbrook and Queens Park wards were more than twice as likely to perceive themselves as not in good health than those in Bromham and Biddenham. Males were just under twice as likely to perceive themselves not in good health in Harpur ward compared to Oakley. (For more see Inequalities in health perception).

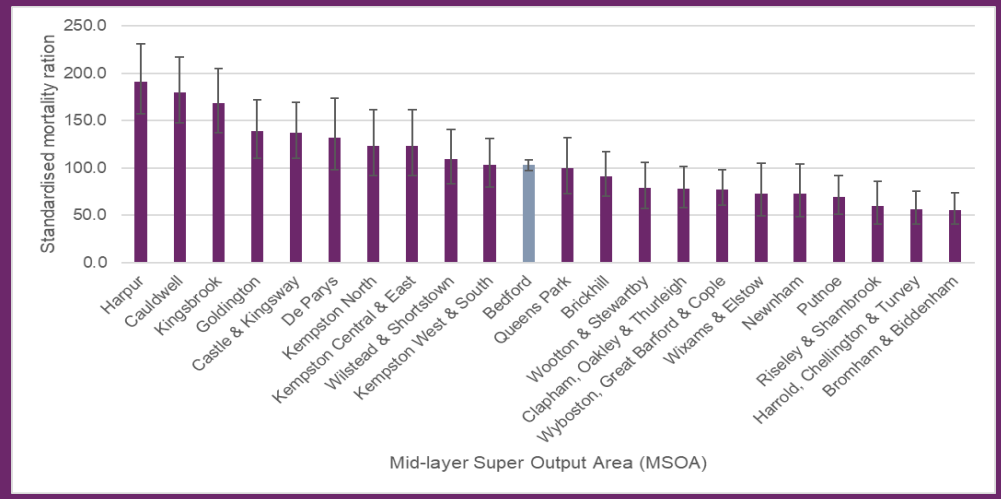
Furthermore, there are areas in the borough where the ratio of deaths in people aged 75 years and under that could be prevented are four times higher than others.

Table 1: Life expectancy and healthy life expectancy 2021-23

Measure	Expected	Gap between highest and lowest wards
Life expectancy at birth male	78.7 years	16.3 years
Life expectancy at birth female	83.1 years	12.2 years
Healthy life expectancy male	61.3 years	14.6 years
Healthy Life expectancy female	62.0 years	10.6 years

Source: Demographics Dashboard Bedford Borough JSNA
https://bedford.jsna.uk/jsna/population-place/demographic-dashboard/

Figure 1: Mortality from causes considered preventable in people aged 75 years and under (2019-2023)



Source: Fingertips

Methodology explained

Every part of society has a role to play in improving health, preventing disease and reducing health inequalities. Understanding where to put limited resources to have the greatest impact is not easy – data can help to guide us.

Health and Wellbeing Boards have a responsibility to review the health needs of their local population through the Joint Strategic Needs Assessment (JSNA). The JSNA is comprehensive and detailed, which can make it difficult to summarise. Having an overall sense of the things that have the biggest impact on our health can help different organisations recognise the contribution they can make and to plan and prioritise their efforts.

To do this, we created a tool that estimates the potential impact of different risk factors or health conditions, taking into account:

- The number of people affected;
- How strongly it affects health in Bedford Borough, using data from the Global Burden of Disease;
- The extent to which there are health inequalities relating to deprivation and ethnicity;
- The trend over the last five years;
- How the local position compares to the national average.

This report presents the highest impact areas overall and for different age groups.

We have estimated the potential impact of each issue by considering:

The opportunity to impact a lot of people

This takes into consideration both the proportion of the relevant population and the total count of people. The proportion of the population is calculated from the number of people in the group affected or from the total population as measured by the ONS mid-year estimates.

The opportunity to reduce years lost to poor health

This relates the indicator to the causes and risk factors of years lost to poor health through premature death, illness or disability as calculated in the 2021 Global Burden of Disease. It takes into account both the number of causes and risks an indicator is linked to, and how closely the indicator is related to those causes and risk factors.

The opportunity to reduce inequalities

This quantifies the relationship between each indicator and ethnicity and deprivation to identify which are most likely to unequally affect our local communities.

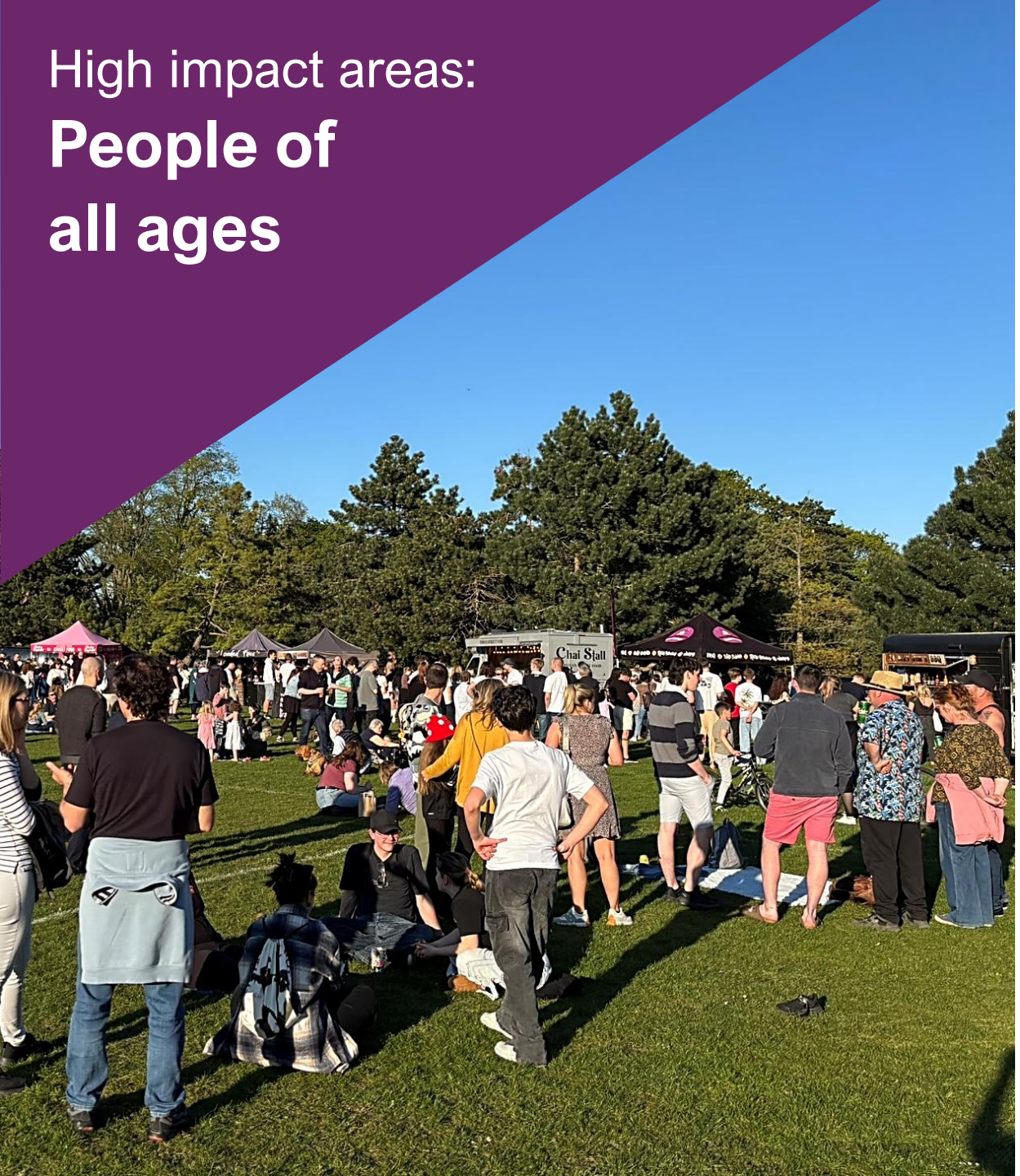
The opportunity to reverse a negative trend

This identifies which indicators have got statistically significantly worse over the preceding five years.

The opportunity to close the gap with comparators

This identifies which indicators are statistically significantly worse than the national average.

High impact areas: **People of all ages**



Our analysis highlights four areas that are common across all age groups:

1 Making it easier to be active and maintain a healthy weight

- Reduce the proportion of the population that are overweight or obese
- Increase the proportion of the population that is physically active

2 Working towards a smoke-free environment

- Reduce the prevalence of smoking
- Increase the number of people accessing support to stop smoking services
- Reduce hospital admissions related to smoking

3 Promoting good mental health

- Reduce the prevalence of common mental health conditions
- Reduce the number of people needing emergency hospital admission for mental health conditions

4 Supporting those who care for others

- Increase early identification and support
- Reduce social isolation
- Reduce the inequalities associated with caring responsibilities

1 Making it easier to be active and maintain a healthy weight

Modern life makes it difficult to be physically active, eat well and maintain a healthy weight.

What can we do?

Change is needed across the whole of society. Impactful interventions could include:

- Designing living, learning and working environments that increase activity;
- Using the planning system to limit the impact of unhealthy exposures, such as hot food takeaways;
- Increasing the number of people using services to help them lose weight or maintain a lower weight;
- Making it easier for people to access fresh, healthy food at low cost.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

By year 6, **1 in 3 children** are overweight or obese. **2 out of 3 adults** are overweight or obese, and a similar proportion are not meeting the 5-a-day fruit and vegetable recommendation. **Over half of children** aged 5 to 16 years and **nearly a quarter of adults** do not meet recommended levels of physical activity. **1 in 6 adults** embed physical activity into their daily routine by cycling or walking for travel.

It is a major cause of poor health

Excess weight is among the top risk factors for years lost to poor health for all age groups. Risks rise as people get older and obesity is linked to heart disease, stroke, type 2 diabetes, musculoskeletal disorders and some cancers, all of which are among the top causes of years lost to poor health.

People who are physically active have a **20-35%** lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who are sedentary. Physical activity helps prevent major causes of years lived in poor health, including diabetes, osteoporosis, colon and breast cancer, and poor mental health.

It is associated with inequalities

Children living in more deprived areas are **twice as likely** to be living with excess weight or obesity than those from less deprived areas. Although this association isn't as strong for adults, it is still significant and holds true for both levels of physical activity and the proportion of people meeting the 5-a-day fruit and vegetable recommendations.

More people are affected over time

Over the last ten years, **the proportion of children and adults affected by excess weight and obesity has risen steadily**. The arrival of GLP-1 medications may moderate this increase to some extent for adults, though this comes at considerable cost and could worsen health inequalities. Action on the underlying societal causes is needed to prevent obesity in the first place and reduce the need for medications in the future.

2 Working towards a smoke-free environment

Smoking remains the most significant cause of preventable ill health and the leading cause of health inequalities.

What can we do?

The UK Tobacco and Vapes Act is creating a generational shift in the acceptability of smoking. For Bedford Borough to fully benefit, impactful local interventions could include:

- Reducing the availability of illicit tobacco products, for example through the work of Trading Standards teams;
- Stopping children and young people from becoming smokers by preventing illegal sales and continuing to inform and educate;
- Making more outdoor spaces smoke-free, in line with new legislation.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Approximately **12%** of Bedford Borough's adult population smoke, which equates to around **17,900** people.
Furthermore, around **1 in 3** non-smokers are exposed to second hand smoke. That is equivalent to around **57,600** people.

It is a major cause of poor health

Smoking is related to **four of the top six causes** of years lost to poor health for the adult population and is the second highest risk factor. It is a major risk factor for lung cancer and chronic obstructive pulmonary disease, which is a major cause of poor health among older people. Smoking is also associated with cancer in other organs including the lips, mouth, throat, bladder, kidney, stomach, liver and cervix. Children and young people exposed to smoke have a greater risk of asthma, and babies are at higher risk of sudden infant death.

It is associated with inequalities

The proportion of the population who smoke, and hospital admissions attributable to smoking, rise significantly in areas of higher deprivation.

In the most deprived areas nationally, smoking prevalence is nearly 50% higher than in the least deprived areas, and there are more than double the number of smoking related hospital admissions.

It is not reducing fast enough to reach targets

The proportion of the local adult population that smoke has remained stubbornly above 10% and increased for the most recent three-year period from 10.9% for 2021-23 to 12.0% for 2022-24, suggesting that reaching the 5% target by 2030 requires significant change.

If the 12% figure remains static, population growth means there would be an additional 1,200 smokers by 2030. If the proportion of the non-smoking population exposed to second hand smoke remains, there would be 3,000 more people exposed in 2030.

3 Promoting good mental health

Good mental health helps us to maintain strong relationships, cope with life's challenges, and achieve our potential, but over time more people are reporting poor mental health.

What can we do?

Impactful interventions could include:

- Equipping young people with the social and emotional skills to manage their lives, develop a sense of purpose, maintain good relationships, and cope with life's challenges;
- Creating healthy, safe, caring and inclusive places and communities;
- Preventing suicide and alleviating mental distress;
- Ensuring people can access timely, appropriate and effective mental health care when they need it.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

1 in 4 adults in the UK experience a mental health problem in any given year. More than **22,000** adults registered with a Bedford Borough GP had an unresolved record of depression, while around **1 in 4 local people** recorded a high anxiety score. There are around **200** emergency admissions for intentional self-harm each year. **5% of pupils** and **nearly a third of children** identified with SEND required social, emotional and mental health support. **More than half** of social care users aged 65 years and over do not have as much social contact as they would like.

It is a major cause of poor health

Mental health is the **number one** cause of years lost to poor health for children and **number two** for adults of working age. The excess mortality rate for people aged 75 years and under was **4.5 times higher** for those with severe mental illness.
Poor mental health has a knock-on effect on other risk factors for poor health. For example, people with a long-standing mental health problem are **twice as likely to smoke**, and those with severe mental illness are nearly **four times more likely**.

It is associated with inequalities

There is a **strong relationship** between people affected by deprivation and those with depression. There is **strong negative relationship** with people from ethnic minority groups, meaning that people from ethnic minority groups are less likely to have a record of depression. There is also a **moderate** relationship between deprivation and excess mortality in adults with severe mental illness (SMI), meaning there are more excess deaths among people with SMI from more deprived areas.

It will affect more people in the next 5 years

There is no trend information available for the common mental health indicators at a local level, but the numbers have been increasing for England overall and are expected to continue to rise. Locally, the number of children requiring SEND provision for social emotional and mental health needs is increasing significantly.

If the current rate of growth continues, there would be over 2,700 pupils in Bedford Borough's schools needing support for social emotional and mental health needs by the 2029/30 academic year.

4 Supporting those who care for others

Caring for family and friends is part of everyday life for many people in our community and carers need help to remain healthy themselves.

What can we do?

Ways to support carers could include:

- Encouraging people to recognise that they are providing care and to seek support early to protect their own health;
- Addressing inequalities in the access to and take-up of services for carers;
- Supporting carers to prioritise their own health to be better able to care for others;
- Linking data systems together to make it quicker and easier to access support;
- Recognising that support for carers goes beyond the caring responsibility to include other family, social groups and work.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

About **65%** of the adult population of the UK will become an informal carer at some point in their lives, meaning that everyone will know someone who is a carer if they are not one themselves. In Bedford Borough there are around **25,000** people caring for others. Of these **5%** are young carers aged 5 to 18 years and **20%** are aged 65 years and over. More than **two thirds** of carers are women.

It is a major cause of poor health

70% of carers known to GPs have a long term physical or mental health condition, disability or illness themselves. Carers are **1.8 times** more likely to suffer chronic pain and musculoskeletal disorders - the **second greatest** cause of years lost to poor health for working aged females, the **third greatest** for males, and among the **top five** causes for older people. Carers are **2.3 times** more likely to be lonely or socially isolated and **half as likely** to have a good quality of life.

It is associated with inequalities

The proportion of people from ethnic minority communities who identify themselves as carers is **lower than the average** in Bedford Borough, and the proportion receiving service or financial support is **even lower**. Over **60%** of unpaid carers worry about the cost of living and **over a quarter** have cut back on essentials such as food and heating. Nearly **1,000** local carers lived in households classified as deprived in at least three of the dimensions measured through the 2021 Census.

It is increasing over time

The number of carers is **increasing across all age groups.** Increases in the proportion of young carers are driven by more siblings with long term conditions, particularly autism, and an increasing number living in multi-generational homes. Increases in the numbers of adult carers is primarily driven by population change and people living longer with chronic and life-limiting conditions.

Even if the proportions of the population providing care stayed the same, the number of informal carers in Bedford Borough could be expected to increase 13% by 2030.

High impact areas: **Children & young people**

The overall health and wellbeing of children and young people in Bedford Borough is not significantly different from the rest of the country. However, in the UK, there are many more children and young people suffering from poor health than there should be. At a local level, there are wide inequalities in the health and wellbeing of our children and young people.

The high impact areas for children and young people are:

1 Early & continued access to maternity care

- Minimise risk of low birth-weight babies
- Improve the proportion of mothers breastfeeding
- Improve nutrition for mother and baby
- Minimise infections in infants

2 Protecting children and young people from infectious diseases

- Increase population vaccine coverage of routine childhood and seasonal vaccinations

3 Reducing the impact of income deprivation on health and well-being

Reduce the impact of deprivation on:

- Children achieving the expected level of development at the end of Reception
- Young people's Attainment 8 score
- Oral health
- Asthma

1 Early & continued access to maternity care

Maternity care provides families with the care, treatment and advice that enables healthy pregnancy and supports those with more complex needs.

What can we do?

We need to increase understanding of the importance of early antenatal care and make it easier to access it. This could include:

- Using data to identify barriers to booking maternity care and understand the characteristics of women most likely to book care late;
- Strengthening awareness of self-referral routes, making sure information is properly accessible;
- Increasing promotion of early antenatal care through professionals and trusted community settings.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Early maternity care relates to **100%** of babies and their mothers – around **2,000 births** every year. Currently, around **one third** of mothers did not have an appointment booked within 10 weeks of pregnancy as recommended by the National Institute for Health and Care Excellence (NICE) in 2023/24.

It is a major cause of poor health

Timely maternity care helps identify and prevent the **top three causes** of years lost to poor health for children under the age of five. Mothers who receive early and continued care are **24% less likely** to experience a pre-term birth, the primary cause of low-birth-weight babies. Trust in midwives encourages breastfeeding, which helps to prevent malnutrition, which is the **greatest risk factor** for years lost to poor health in children aged under five.

It is associated with inequalities

Over a third of babies in Bedford Borough are born to women from ethnic minority groups. Across England, rates of early access to maternity care are significantly lower for ethnic minority mothers. Among women from Black ethnic groups, **less than half benefit** from early access to maternity care. However, nationally they **are nearly three times more likely to die** during pregnancy and birth, while still births are **twice as likely** and neonatal deaths are **one and a half** times more likely.

It is declining over time

The proportion of mothers in Bedford Borough booking an antenatal appointment within 10 weeks of pregnancy reduced significantly from **80%** in 2019/20 to **67%** in 2023/24.

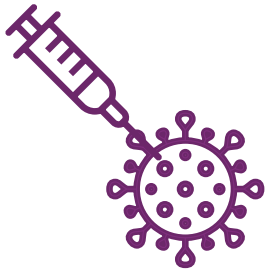
If that rate of decline continues, there will be fewer than 50% of mothers receiving early access to maternity care by 2030/31.

Parts are worse than England

9% of all babies born in Bedford Borough had a low birth weight in 2023, **significantly higher** than both England (7.4%) and other local authorities with similar levels of deprivation (6.9%). **For 69.5%** of babies, the first feed they received was breast milk in 2023/24. This was **significantly lower** than England overall, however, by 6 to 8 weeks, 58.0% of babies were being breastfed, a rate that was **significantly higher** than England.

2 Protecting children and young people from infectious diseases

Vaccines are the most effective way to protect children against infectious diseases. Engagement from the whole community will help to ensure everyone is protected.



What can we do?

Evidence tells us that the most important thing is to make vaccines as accessible as possible to families, for example by:

- Using a range of local venues at convenient times;
- Making information about vaccines easy to understand in a range of formats and languages;
- Ensuring that professionals working with families take every opportunity to check vaccine status, promote vaccines and signpost accordingly.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Vaccines are important for **all children and young people**. If people stop being vaccinated, it is possible for infectious diseases to spread quickly. For example, if 95% of children had the MMR vaccine, measles would be stopped from spreading completely, but if that rate drops below 90%, measles, mumps and rubella can spread again quickly.

It is a major threat to good health

The World Health Organization has listed falling vaccine uptake as one of the biggest threats to global health. Therefore, although infectious diseases have not been one of the top causes of years lost to poor health for children in the recent past, declines in vaccine take up have led to outbreaks, particularly of measles. From a low of just 2 confirmed cases in England and Wales in 2021, the number rose **to approximately 2,900** in 2024 but fell to 960 in 2025. The average in the 10 previous years was around 560 identified cases per year.

It is associated with inequalities

Smaller proportions of Bedford Borough's ethnic minority children and young people are likely to be immunised, as nationally there is a strong negative relationship between take-up and ethnicity, meaning that **fewer children from ethnic minority groups receive vaccines.**

There is potential to improve take up of immunisation through targeting. For example, **92%** of the borough's children and young people in care are up to date with their vaccinations, **significantly higher** than the rate for children in care in England.

It is declining over time

Over the last five years, the proportion of children receiving two doses of the MMR vaccines by the age of five has **decreased significantly from 90.1% to 87.4%**, and the proportion receiving at least one dose has also declined significantly, falling to 92.6%.

If the decline in one dose MMR vaccination coverage continues at the same rate as over the last five years, the proportion of children receiving one dose by five years old will fall below the threshold of 90% by 2028/29.

3 Reducing the impact of income deprivation on health and well-being

As the cost-of-living increases, the effects of deprivation on our children and young people is increasing, often leading to poorer education and health outcomes.

What can we do?

Locally, we can reduce the impact of deprivation by, for example:

- Ensuring that effective local multi-agency support for families is available through Family Hubs as well as community groups and the voluntary sector;
- Helping families access all the financial support that they are entitled to;
- Ensuring that every child is offered a 2 to 2½ year check and appropriate support is provided when needed.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

There are around **7,000 children** and young people aged under 16 living in low-income households, meaning around **1 in 6 children in Bedford Borough live in poverty**. If costs associated with housing are factored in, that number rises to **1 in 4**.

It is a major threat to good health

Beyond obesity and mental health, early development, academic attainment, oral health and asthma are the factors most affected by deprivation in children. Early development and academic attainment are **core building blocks of health**, while chronic respiratory disease is the **fourth highest cause** of years lost to poor health for school-aged children and young people. Asthma is the most prevalent condition with **over 2,000 children** diagnosed and is **a leading cause of hospital admissions.** Tooth decay is the **leading cause of hospital admissions for five- to nine-year-olds** and is also associated with nutrition and mental health, which are **major risk factors** for years lost to poor health for infants and school-aged children.

It is associated with inequalities

The gap between the proportion of five-year-olds with visually obvious dental decay for the children from the most and least deprived areas is **20 percentage points**, while the rate of hospital admissions due to asthma for people aged under 19 years is **50%** higher for the 10% most deprived areas least deprived 10%. The gap in attainment at the end of reception has narrowed, however this primarily reflects a decline in attainment by those not eligible for free school meals as well as an increase in attainment by those eligible for free school meals.

It is increasing over time

Between 2021/22 and 2024/25, the proportion of children aged under 16 years living in poverty in Bedford Borough increased, with the proportion in relative low income households rising from 16.7% to 17.8%.

If this rate of change continued, 1 in 5 children would be living in relative low income households by 2030/31.

High impact areas: **Working-aged people**

Employment is one of the most significant social determinants of health. Good work provides financial stability, a sense of purpose, social connections, and daily structure, which lowers mortality rates and protects against mental health issues such as depression and anxiety. Being out of work is widely linked to poorer health outcomes, including a higher risk of limiting long-term illnesses and lower life expectancy.

The health of the working-age population impacts directly on economic productivity, workforce supply, and social wellbeing. A healthy workforce supports economic growth, while poor working-age health strains resources and widens inequalities.

The high impact areas for working-aged people are:

1 Reducing the impact of poor health as a barrier to work

- Reduce the employment gap between those who are disabled and those who aren't
- Support those in routine and semi-routine occupations who are at higher risk of poor health

2 Identify those at risk from long-term conditions and increase early access to preventative care

- Identify those at risk of having long-term conditions and increase early access to preventative care

3 Help people change behaviours that impact on their health

- Reduce the unmet need for drug and alcohol treatment
- Reduce the prevalence of smoking and smoking attributable admissions to hospital

1 Reducing the impact of poor health as a barrier to work

A healthy workforce drives economic growth, while not having work or working in unsatisfactory jobs, can lead to poorer physical and mental health.

What can we do?

Actions to tackle worklessness and poor health as a barrier to work could include:

- Employers creating healthier and more inclusive workplaces;
- Helping people who are in work to stay healthy by improving access to behaviour change support and preventative healthcare;
- Linking people who experience barriers to work with effective support;
- Encouraging job creation through skills development and strategic partnerships with local businesses and education providers.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Over three quarters of people aged 16 to 64 are estimated to be in employment but around **25,000 people are not working,** of whom **19,900** are economically inactive (not seeking work), of whom an estimated **1 in 4** are inactive due to long term poor health. **5,100** are unemployed and claiming benefits.

It is a major threat to good health

Economically inactive males in Bedford Borough are **three times more likely** than those in employment to perceive themselves as not in good health and females **over two times more likely.** Long-term physical or mental health conditions are the top causes of years lost to poor health, and people who have these are **17 percentage points less likely** to be in work than the general population. **A quarter** of routine and manual workers are smokers – the **number two** risk factor for years lost to poor health in the borough.

It is associated with inequalities

People working in **elementary jobs**, such as cleaners, delivery drivers, construction labourers, and farm workers; those working in **caring, leisure and other service occupations**; and those working in **sales and customer service,** are less likely to be in good health than the average for the borough, as well as males in **administrative roles, and process, plant and machine operatives**. There is also a moderate relationship between unemployment and ethnicity, suggesting people in our local ethnic minority communities are **more likely to be unemployed**.

COVID-19 recovery has taken time

The employment restrictions for COVID-19 had a greater impact on the rate of economic activity in the borough than nationally, and on the gap in the rate of employment between people with a long-term physical or mental condition. Both have now recovered to pre-pandemic levels.
If the 2024/25 rates remain constant, an estimated 23,000 people aged 16 to 64 will be economically inactive and 5,400 unemployed and claiming benefits by 2029/30.

Parts are worse than England

4.3% of people were unemployed and claiming benefits in 2024/25. This was **significantly higher than the England** average of 4.1%. The gap in the employment rate for people in contact with secondary mental health services was also **significantly higher than England**, at 75.3 percentage points compared to 66.1.

2 Identify those at risk of long-term health conditions and increase early access to preventative care

Working age is when the prevalence of long-term illnesses increases. Prevention and early identification are fundamental to ensuring better outcomes.

What can we do?

Early identification and good management of long-term conditions is important to prevent them getting worse. We could make a difference by:

- Increasing uptake of NHS Health Checks and screening programmes, especially among higher risk groups;
- Being more proactive in the healthcare offered to people with long-term conditions, making sure the care they receive is optimal;
- Supporting people with long-term conditions to live healthy lives, for example by being active, maintaining a healthy weight, stopping smoking and socialising.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Among the working aged population, long term conditions are common: **24,200** people had anxiety; **19,700** depression; **12,700** hypertension; **7,000** musculoskeletal conditions, **3,800** cardiovascular disease, **6,300** diabetes, **8,300** asthma and **2,900** cancer. These numbers cannot be added together as many people will have more than one condition, but **at least 1 in 5** working aged people are affected by a physical or mental condition.

It is a major threat to good health

The most prevalent conditions also **impact most on years lost to poor health** e.g. mental disorders, musculoskeletal disorders, cancers, neurological disorders and cardiovascular diseases. Screening and testing programmes relate directly to cancers and cardiovascular disease, **two of the top five causes** of years lost to poor health. NHS Health Checks seek to identify and address major risk factors. However, of the people referred for additional help with weight management or stopping smoking, over 90% declined support.

It is associated with inequalities

There is a very strong relationship between deprivation and deaths that are considered preventable, meaning that people from areas of deprivation are **more likely to die unnecessarily.** Nationally, **people from ethnic minority groups are less likely to have screening** for cervical, bowel and breast cancer, though, in contrast, they are **more likely to receive an NHS Health Check.**

It is getting worse over time

The proportions of the population with diabetes and hypertension are increasing, while the proportion of females being screened for cervical cancer is decreasing.

If the prevalence of diabetes continues to change at the same rate as for the previous five years, it will rise from 9.2% in 2024/25 to 11.2% in 2029/30. If the rate of decline in cervical cancer screening continues, the proportion of females aged 25 to 49 being screened would fall from 65.6% in 2024 to 61.6% in 2030.

Parts are worse than England

The prevalence of **diabetes is significantly higher in Bedford Borough** than England, while **the proportion of people with high blood pressure whose condition is being managed effectively is lower**. The proportion of females being screened for breast and cervical cancers is **significantly lower** than England, as is the proportion of people being invited to and receiving NHS Health Checks.

3 Help people change behaviours that impact on their health

As we age, the cumulative impact of unhealthy behaviours begins to affect our bodies – stiffening arteries, increasing insulin resistance, and damaging organs such as the lungs and liver. In turn this increases the risk of long-term conditions.

What can we do?

Most people know what makes them healthy, but that doesn't necessarily mean they are able to make healthy choices. Changes to our environment to make healthy behaviours easier can have the most impact, but we could also make a difference by:

- Increasing access to and uptake of support to stop smoking and maintain a healthy weight;
- Frontline professionals having more conversations with residents about health behaviours and signpost to support services;
- Preventing alcohol-related harms and increase numbers of people engaging with local support.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Of Bedford Borough's adult population, an estimated **12%** are **current smokers.** It is also estimated that **approaching 1 in 5 adults drink regularly** at levels that increase their risk of ill health, while **1.4%** are opiate and/or crack cocaine users.

These proportions equate to around **17,900 adults smoking** and **over 30,700 drinking alcohol** at levels that increase their risk of ill health**.** There are also around **2,200 opiate and/or crack cocaine users.**

It is a major threat to health

Smoking is related to **four of the top six causes** of years lost to poor health for the Bedford Borough adult population and is the **second highest risk factor**. Alcohol and drug misuse relate to the **seventh highest** cause of years lost to poor health and is the **top risk factor for males.**

It is associated with inequalities

Smoking prevalence, hospital admissions attributable to smoking, and the proportion of dependent drinkers all have a **very strong relationship** with deprivation, meaning the proportions of people affected is significantly higher in areas of higher deprivation. Admissions for alcohol-specific conditions has a **moderate relationship** with deprivation**.**

It is increasing over time

The rate of hospital admission episodes for alcohol-specific conditions increased significantly for males in Bedford Borough over five years from 718 to 801 per 100,000 males.

If this increase continues at the same rate, by 2029/30, it would reach 945 per 100,000, which would equate to an additional 143 admissions for alcohol-specific conditions.

The proportion of the local population who successfully quit smoking has been increasing from a low in 2022/23, but it has not yet recovered to pre-COVID-19 pandemic levels.

Parts are worse than England

The estimated prevalence of opiate and/crack users in Bedford Borough was **significantly higher** than England, but this was matched by **a higher proportion** of adults in specialist drug treatment services. There were also **a higher proportion** of adults in Bedford Borough in specialist alcohol treatment services, although the prevalence of dependent drinkers was similar to England.

High impact areas: **Older people**

People aged 65 years and over are the fastest growing age group in Bedford Borough, and the group with the greatest number of people in poor health. Helping people stay healthy and independent for as long as possible is important for the wellbeing of our population, and the ability of health and social services to keep up with demand. (See the 2024 Director of Public Health Report for more on how the demand for healthcare may rise). At a local level, there are significant inequalities in the health and wellbeing of our older population.

The high impact areas for older people are:

1 Supporting people with dementia to live better for longer

- Increase the proportion of people with dementia who are diagnosed at an early stage
- Increase awareness of pathways to support for people with dementia

2 Supporting independent living through identification, prevention and support for age-related conditions

- Early identification of sight loss
- Prevention and rehabilitation for falls and fractures

3 Reducing the impact of income deprivation on health

- Improve the quality of living conditions including the suitability of available housing
- Increase the availability and affordability of heating

1 Supporting people with dementia to live better for longer

Dementia is devastating, but addressing underlying causes earlier in life can help reduce the risk. Timely diagnosis means people get the care they need which, in some cases, can slow progression of the disease.

What can we do?

Around 45% of dementia cases are preventable. Adopting healthier behaviours in adulthood reduces the risk of developing dementia. For people who have developed dementia, their quality of life can be improved through, for example:

- Timely diagnosis and access to care;
- Community support for people with a diagnosis and their families and carers;
- Support to maintain independence, particularly to prevent physical frailty.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

There are over **1,600 people** registered as living with dementia in Bedford Borough. However, it is estimated that over **3 in 10 people with dementia are undiagnosed**, meaning there may be almost **2,100 people living with dementia** in the borough, of whom **approaching 500** are not accessing the support and care that is available because their condition has not been formally recognised.

It is a major threat to health

Dementia is **one of the top five causes** of years lost to poor health for people aged 65 and over, and it accounts for **5% of all deaths** of people aged 65 and over.

Quality of life is heavily impacted by dementia. Maintaining people's independence as long as possible and minimising distress associated with health treatments, particularly hospital admission, is a priority. There were around **1,640 emergency admissions** to hospital for people with dementia, and emergency admissions accounted for a higher proportion of healthcare activities for dementia patients than the average for all conditions.

It is increasing over time

The estimated diagnosis rate for people aged 65 and older was 72.1% in Bedford Borough. This had not changed significantly over the preceding five years but has now recovered to above pre-COVID-19 levels.

There is evidence that the rate of dementia is declining as underlying causes in earlier life are addressed. However, as the number of older people is increasing faster, the number of people being diagnosed with dementia is increasing.

The number of people living with dementia in Bedford Borough is estimated to increase by 54% to 86% between 2023 to 2043, depending on the model used. This is equivalent to approximately 1,500 additional people living with dementia by 2043.

2 Supporting independent living through identification, prevention and support for age-related conditions

As people age, maintaining their independence becomes both more difficult and more important. Supporting independence in the face of physical challenges is essential to healthy ageing.

What can we do?

We can promote healthy ageing by, for example:

- Making collective efforts to support people to remain as independent as possible, for as long as possible;
- Preventing falls and fractures by promoting strength and balance training, assessing and adapting homes, and identifying and treating osteoporosis;
- Identifying and correcting sight loss early, particularly in diverse communities.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

Falls are the **largest cause of emergency hospital admissions** for older people. In 2024/25, there were **555 falls involving older people** and **160 hip fractures** in Bedford Borough.

It is a major threat to health

Musculoskeletal disorders including osteoporosis, unintentional injuries and sense organ diseases are **all in the top 10 causes** of years lost to poor health, while falls are a major predictor of people moving from their own home to long-term nursing or residential care.

Hip fractures are debilitating and associated with higher levels of mortality. On average, **1 in 3 people** with a hip fracture leave their own home to move into long-term care.

It is associated with inequalities

It is expected that hip fractures are **less likely** to be suffered by Bedford Borough's ethnic minority groups, as there is a negative relationship between ethnicity and hip fractures nationally. Conversely, there is a moderate positive relationship between ethnicity and registered blindness in people aged 65-74 years. The relationship weakens in people aged 75 years and over, suggesting that **early sight loss is potentially more common in ethnic minority communities**.

It is increasing over time

The prevalence of osteoporosis increased from 0.9% to 1.2% in the five years to 2023/24. The percentages of people aged 65 and over offered reablement services following discharge from hospital, and of those still at home 91 days after discharge, both declined significantly in the five years up to 2021/22.

If the trends continued, by 2030: the prevalence of osteoporosis would increase to 1.6%; the percentage of people offered reablement would decline to 1.1%; the percentage of people still at home after discharge from hospital into reablement would fall below 50%.

Parts are worse than England

The prevalence of osteoporosis was **significantly higher** than England, while the percentage of people aged 65 years over offered reablement services following discharge from hospital and of those still at home 91 days after discharge were **both significantly lower than England**, suggesting there is potential to reduce the number of people losing their independence.

3 Reducing the impact of income deprivation on health

Deprivation has a profound impact on older people, often affecting their housing, heating and nutrition, as well as increasing their risk of physical illness and injury.

What can we do?

Locally, we can reduce the impact of income deprivation by, for example:

- Ensuring that older people access all the financial support that they are entitled to;
- Connecting older people to advice and support to help reduce their energy bills and stay warm in winter;
- Providing opportunities for older people to socialise and develop a network of informal local support.

This has a significant impact on health and wellbeing in Bedford Borough because:

Lots of people are affected

It is estimated that **13.8%** of Bedford Borough's population aged 60 years and older experienced income deprivation, which would equate to nearly **4,800 people aged 65 and over living in poverty** in 2025.

The 2021 Census also identified 950 Bedford Borough residents aged 65 years and over living in households deprived in the housing dimension, meaning their accommodation was overcrowded, part of a shared dwelling, or had no central heating.

It is a major threat to health

There are **strong relationships** between deprivation and the prevalence of common mental disorders in people aged 65 years and over, the diagnosis rate for dementia, the prevalence of smoking and obesity, as well as good nutrition – all of which are major causes or risk factors for years lost to poor health for older people.

In addition, there are specific living conditions that were associated with higher proportions of older people identifying themselves as not being in good health. The gaps are:

- **22 percentage points (63%)** between renters and those who owned their own home;
- **14 percentage points (39%)** between people living in shared accommodation, flats, terraced houses and mobile homes and those living in semi-detached or detached homes;
- **20 percentage points (54%)** between those without additional bedrooms and those with additional bedrooms.

It is increasing over time

The proportion of older people living in deprivation increased from 11.5% in 2019 to 13.8% in 2025. **By 2030** there would be:

- **approximately 5,500 older people living in deprivation if the proportion remained stable at 13.8%;**
- **approximately 6,400 older people living in deprivation if the proportion continued to increase at the same annual rate as from 2019 to 2025.**

Future JSNA developments

The JSNA continues to evolve and there are areas that have emerged from the data that require greater attention.

Putting inequalities under the spotlight

There are many groups of people in Bedford Borough that experience different health and wellbeing outcomes from that desired, or from the average. Some of these inequalities, such as those based on **deprivation** are quite well understood. Others, such as **ethnicity** are understood at a high level, but what this means for specific ethnic communities within Bedford Borough is not always as clear. Furthermore, there could be greater understanding of how different services and interventions reach and are received among different groups. Finally, there are personal characteristics that academic research and our analysis of the general health question in the 2021 Census highlight as reasons for unequal health outcomes. These include:

- **LGBTQIA**
- **Neurodiversity**
- **Occupation**

It is priority going forward that we put greater focus on addressing these inequalities at a population level. To do that requires stronger and deeper ties with communities, as well as systematic recording of the characteristics. This relies on teams across healthcare, local authorities and the voluntary, community and social enterprise sector working together.

Local evidence gaps

There are a range of different information sources from international trends to academic research papers to reports from service providers in our local areas, which point to issues that are affecting the health and wellbeing of the people of Bedford Borough that have yet to be fully identified and understood. These will be the focus of our JSNA work over the next year.

People of all ages

- Physical activity
- Loneliness

Children & young people

- Vaping

Working aged people

- Homelessness

Older people

- Frailty