



**Central
Bedfordshire**

*Population, health and
healthcare needs in
Central Bedfordshire,
2021 to 2043*

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Executive Summary

The Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System has been, and is expected to continue to be, among the fastest growing areas in England. The BLMK Integrated Care Board have invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead. This Annual Report shares some of the outputs of this work for Central Bedfordshire: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future? Predictions of this sort will inevitably never be 'right' but this work can provide a helpful sense of the scale of change we are faced with.

Based on plans to build 2,320 dwellings per year to 2043, Central Bedfordshire's population could increase from around 305,800 in 2023 to around 400,300 by 2043. This is over 94,000 more people - a 31% increase. The highest percentage increase will be in older people, with a 118% rise in over 85s and 60% rise in over 65s. The ethnic diversity of the population is also expected to grow, although Central Bedfordshire will remain less ethnically diverse than the England average and considerably less diverse than surrounding areas.

In 2023, the four most common recorded health conditions were: hypertension (16.4% of the population), anxiety (16.3%), depression (11.8%) and musculoskeletal conditions (11.4%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension is forecast to increase to 19.0%, followed by anxiety (16.3%), MSK (13.4%) and then depression (11.7%). While cardiovascular disease, cancer and chronic kidney disease are less common, they will show notable increases in prevalence over this time.

While the population is forecast to grow by 31%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 Central Bedfordshire's population will generate:

- 39% (around 500,000) more primary care consultations per year
- 40% (around 170,000) additional outpatient attendances per year
- 34% (around 30,000) more visits to A&E per year
- 42% (around 18,000) more elective (planned) admissions per year
- 44% (around 11,500) more emergency admissions per year

While overall population growth is contributing to this increase, the ageing population is also an important factor. The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall. Types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.

Introduction

Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS) has been, and is expected to continue to be, among the fastest growing areas in England. At a time when the health and care system is already under pressure, the scale of population change across BLMK has already created additional challenges in terms of healthcare needs and demand. Continued population growth will add to these challenges over the next decades.

The BLMK Integrated Care Board (which funds our local NHS services) is fully committed to using insight from data on patients and healthcare use that ensure the best possible services for local people. It has invested in establishing a Population Health Intelligence Unit (PHIU) in order to increase the capacity across the ICS to understand patterns of health, disease, and healthcare use in the population, focus on health inequalities, and identify opportunities to improve health and services. The PHIU is hosted in Bedford Borough Council as part of the shared Public Health team across Bedford Borough, Central Bedfordshire and Milton Keynes and it works closely with our Public Health colleagues in Luton.

In my annual report this year, I have chosen to highlight some of the initial work led by the PHIU, specifically the development of local population forecasts that are informed by planned levels of housing growth, and our first insights into how we can expect health and healthcare needs to change in the future.

This report builds on population forecasts for BLMK that are available online here: [Population Forecasts 2023-2043 Dashboard](#). More detailed information on the assumptions and methodology behind the forecasts can also be found here.

The work in this report has to rely on assumptions about population change, including the rate of births, rate of deaths and age at death, and migration, and assumptions about health and healthcare use across the area. These represent the best of our knowledge at present, but the results of our work can only ever be 'best guess' rather than a perfect prediction of the future.

The work to date is just the beginning but is already providing valuable insights to inform our planning and decision-making locally. Poor health is often preventable, but the best-case prevention efforts will not fully mitigate the increasing future demand which will be driven by a growing and ageing population; we need to acknowledge the likely levels of need which our system will have to manage.

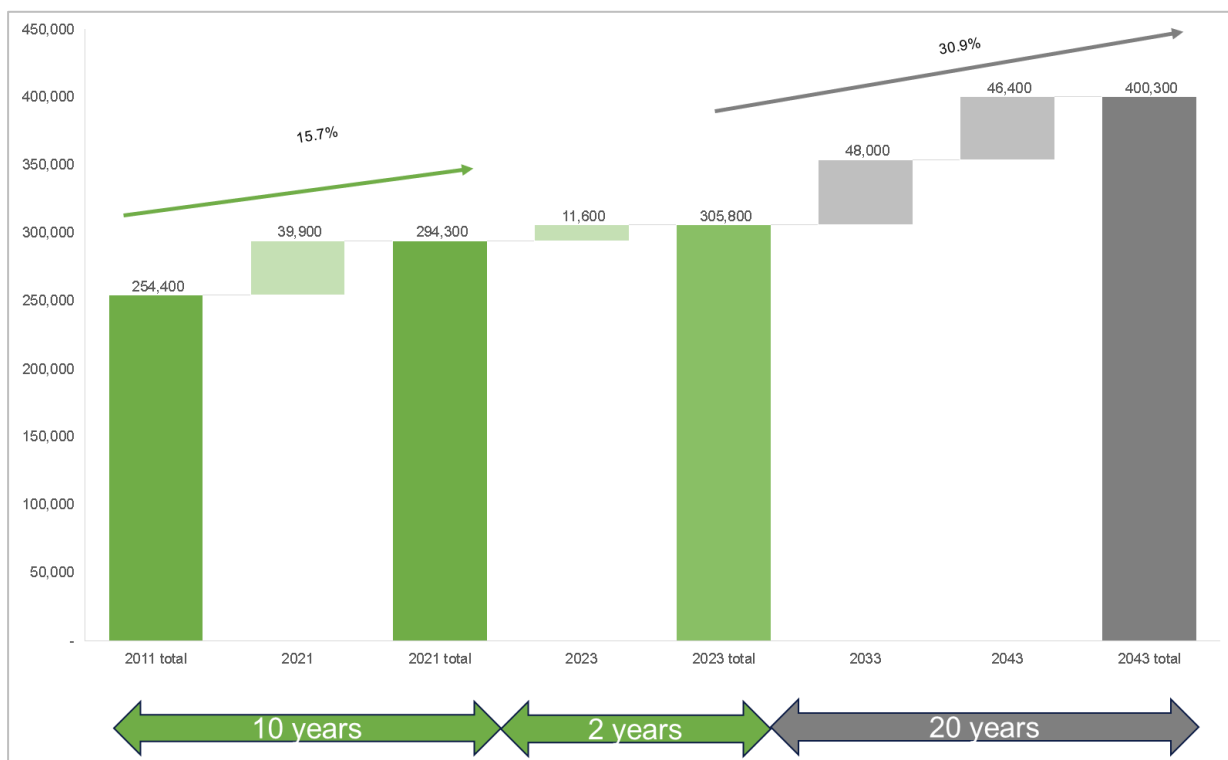
The Population of Central Bedfordshire – then, now and into the future

Central Bedfordshire was formed as a unitary authority in 2009, since when the population has increased considerably.

SUMMARY

The population of Central Bedfordshire grew 16% in the ten years between 2011 and 2021 and the ethnic diversity increased from a low base. In the twenty years between 2023 and 2043 it is forecast to grow 31% and although ethnic diversity will continue to increase, it will remain less diverse than England and considerably less diverse than the rest of the ICB areas.

Figure 1: Actual and forecast population change in Central Bedfordshire, 2011 to 2043



Sources: 2011 and 2021 Censuses and local population forecasts

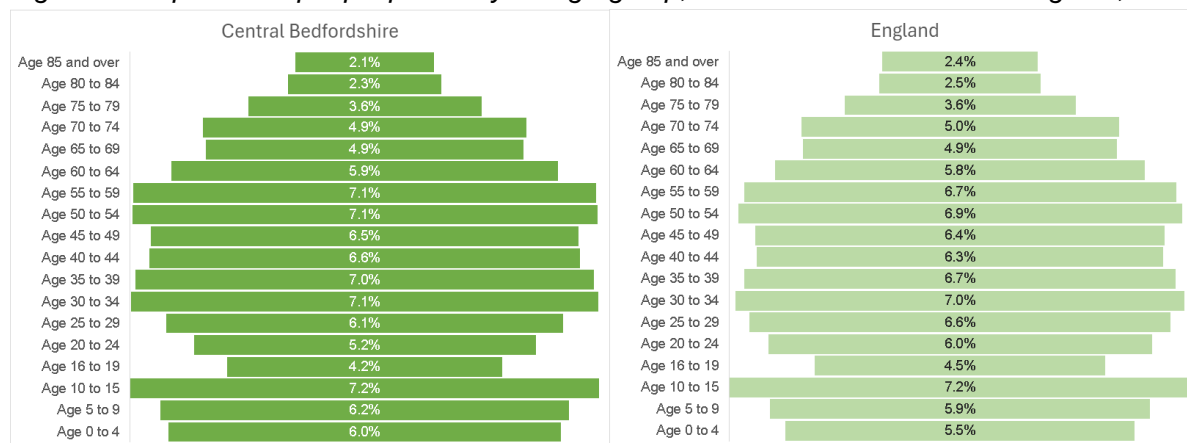
How the population has changed

Between the Censuses of 2011 and 2021 Central Bedfordshire's population grew from 254,000 to 294,000, which is an increase of 15.7%. This very high growth compared to the 6.3% average for England and Wales over the same time period.

The population is not only growing, but the age distribution is also changing. Across the country, the proportion of people aged 65 years and over increased from 16.4% to 18.4% between 2011 and 2021 and Central Bedfordshire has followed this trend. Central Bedfordshire is sometimes considered a place with an older than average population and the median age in 2021 was 41 years, a year older than the England average. However, at 17.8%, the proportion of the population aged 65 years and over was slightly lower than England (18.4%). However, Central

Bedfordshire had a significantly lower-than-average proportion of younger adults. Even accounting for students living away from home in term time, the proportion of the Central Bedfordshire population aged 20- to 29-year-olds in 2021 was significantly lower than England in 2021. However, the gap has almost halved since 2011, meaning the impact on other factors including fertility is reducing. Indeed, the proportion of the population aged 0 to 4 years in Central Bedfordshire was significantly higher in 2021 than England.

Figure 2: Proportion of people per five-year age-group, Central Bedfordshire and England, 2021

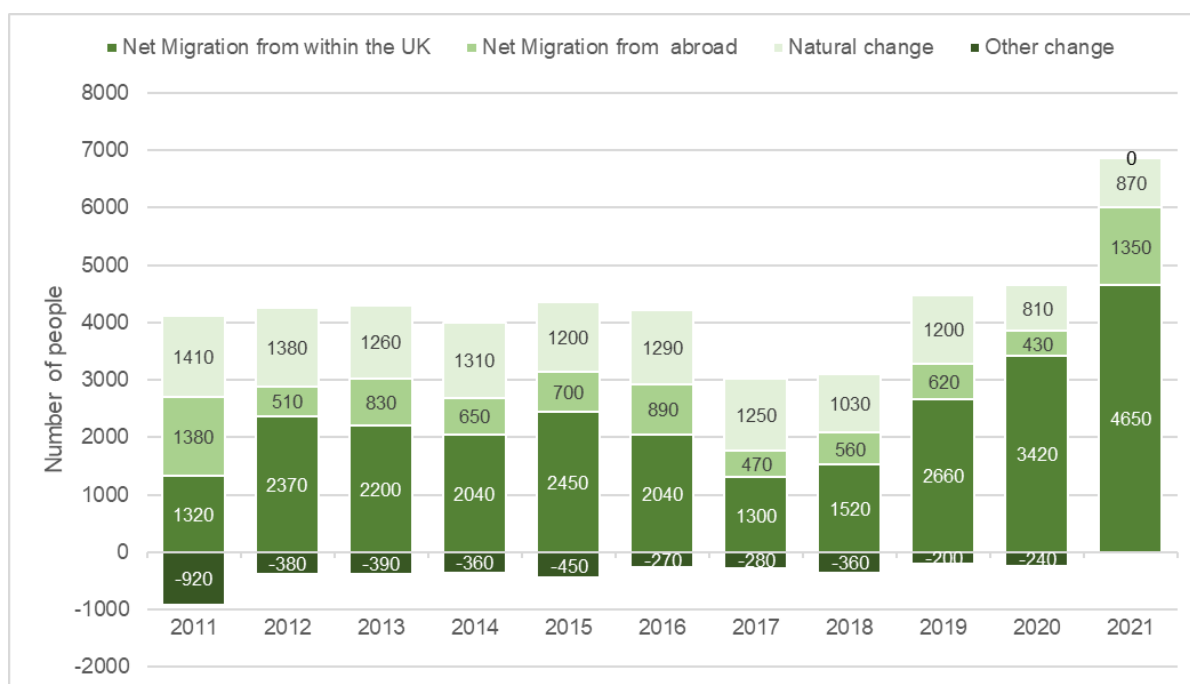


Source: Nomis: Out of term-time population by five-year age bands 2011 and 2021

The increase in the proportion of younger adults and births has been impacted by migration and it is this rather than births that has been driving the overall population growth in Central Bedfordshire. In particular, internal migration – the movement of people around within the UK – is seeing more people moving to Central Bedfordshire. This reflects the high level of house building that took place over the period, with over 18,000¹ additional dwellings completed. Just 30% of the decade's population growth resulted from 'natural change', which reflects the balance of people being born versus people dying in Central Bedfordshire.

¹ Based on financial years 2010/11 to 2020/21 Annual monitoring reports 2010/11 to 2020/21

Figure 3: Elements of population change for Central Bedfordshire residents, 2012 to 2021



Sources: Central Bedfordshire JSNA Demographics Dashboard using Nomis: Live births in England and Wales, ONS Deaths registered in England and Wales, ONS Internal migration of moves by local authority and region

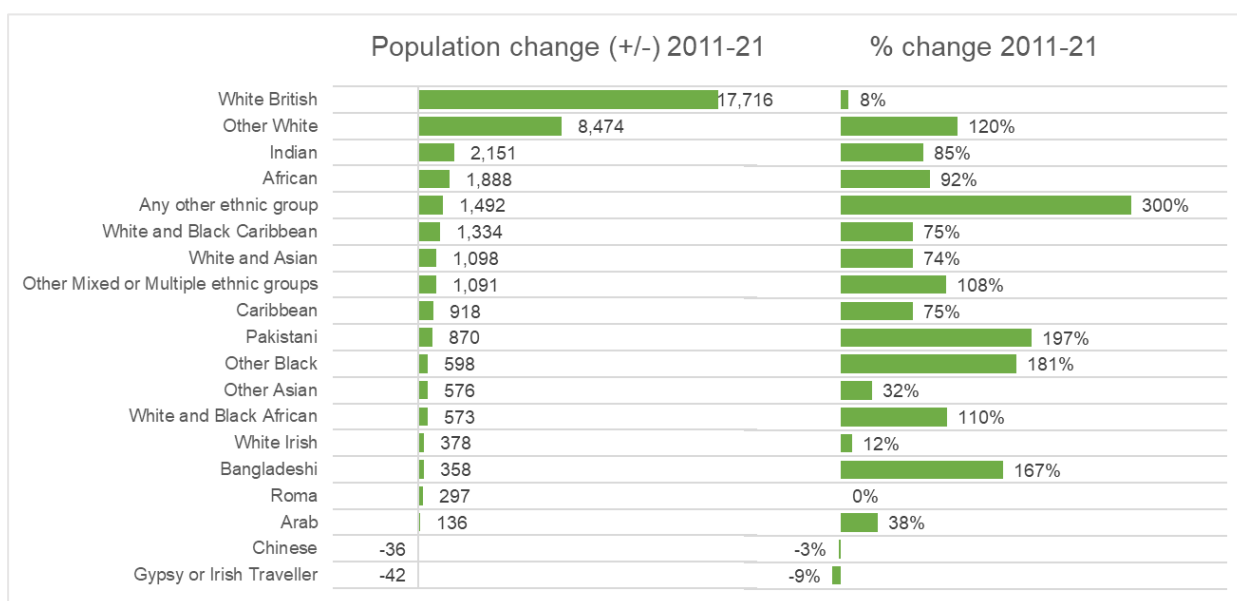
Ethnic diversity change

Central Bedfordshire is less ethnically diverse than the country overall. In 2021, 84% of the Central Bedfordshire population was white British², compared to 74% in England and Wales. However, as with the rest of the country, ethnic diversity has been increasing and the proportion of white British decreased from 90% in 2011, with people from ethnic minority groups accounting for 56% of the new people living in Central Bedfordshire between 2011 and 2021.

The largest growth in numbers were in the White British and Other white groups, which grew 17,700 and 8,500 respectively. The highest percentage change was in the 'Other ethnic group' category, which tripled. This group includes people from Afghanistan. The number of people from five other ethnic groups more than doubled, including people from Pakistan and Bangladesh, those who identify as Black African or Black from a specific country, who are included in the 'Black Other' category, and those who are from mixed or multiple ethnic backgrounds.

² English, Welsh, Scottish, Northern Irish or British

Figure 4: Central Bedfordshire population change in ethnic group populations 2011 to 2021



Source: 2011 and 2021 Censuses

LOOKING FORWARD

Based on housing plans that would see an average of 2,320 dwellings built per year, it is estimated that the Central Bedfordshire population could increase from approximately 306,000 in 2023 to around 354,000 in 2033 and exceed 400,000 by 2043. This equates to over 95,000 more people by 2041 - a 31% increase from 2023 to 2044.

How the population is expected to change

The level of growth seen between 2011 and 2021 was greater than had been projected by the Office for National Statistics. The ONS sub-national projections are the most commonly used basis for planning, but they are trend-based, which means they project into the future based on what has happened in the past. In areas of high house building, the ONS projections can underestimate future population growth.

Therefore, we have developed a new set of forecasts based on local house building plans. No forecast is exact. The assumptions behind these forecasts may of prove to be inaccurate and there will be wider societal and economic shifts that will have unpredictable influences on health and healthcare in the future that are not accounted for in these forecasts. However, we do need to plan ahead, and the forecasts presented here provide a sense of the likely direction of travel and magnitude of change we could reasonably expect to see, if levels of house building currently anticipated are realised. For more on the assumptions and methodology used in the forecasts, please see the [Population Forecasts 2023-2043 Dashboard](#).

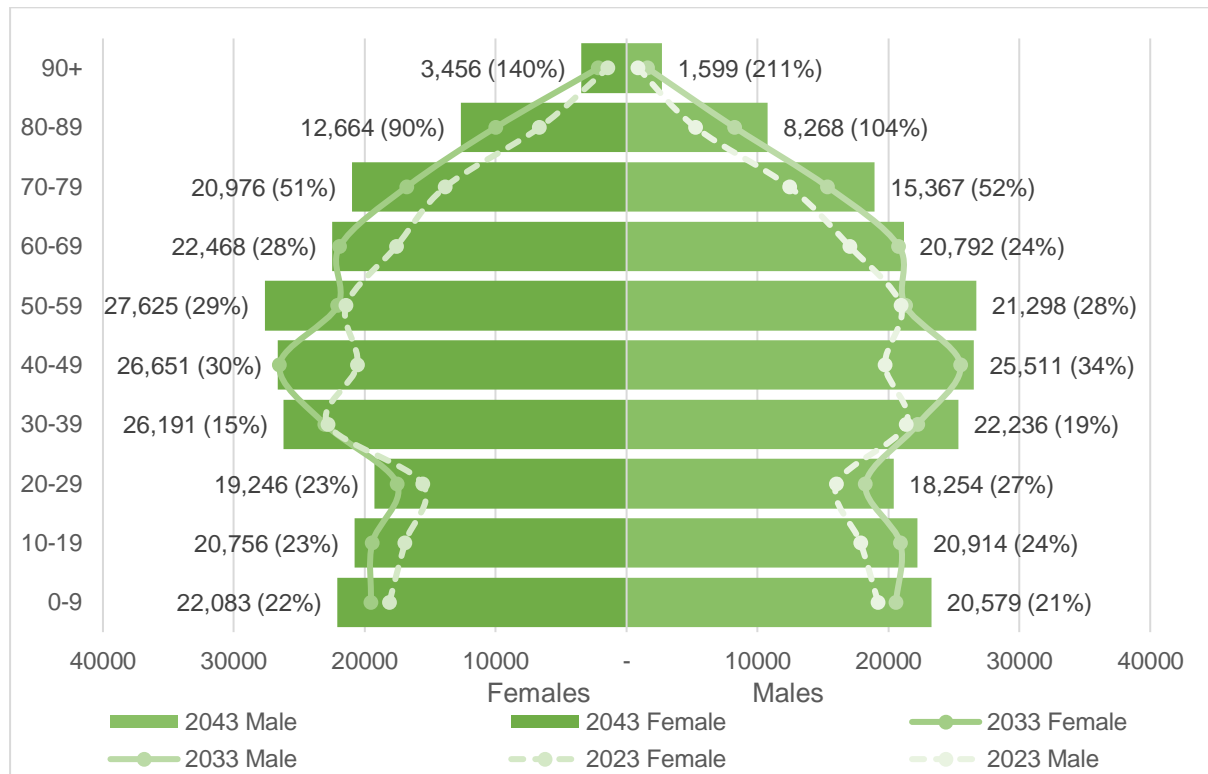
Implications of population growth on the age profile

Going forward, the expectation for Central Bedfordshire is that growth in families and babies will be relatively slow, while the number of those over 70 will rise with increasing speed. Based on these assumptions, the number of births is forecast to grow 6.6% from 2023 to 2033, slower than the overall population, which is forecast to increase by 15.7% over the same period. However,

from 2033 to 2043, the number of births is forecast to rise 16.8%, higher than the 13.1% forecast for the population. By 2043, there are forecast to be an additional 850 births per year, taking the total to 4,300 per year.

By contrast, the size of the over 70 population is forecast to grow 34% from 2023 to 2033 and 28% from 2033 to 2043, meaning there could be expected to be around 17,400 more people aged 70 and over by 2043, taking the total to around 41,200.

Figure 5: Central Bedfordshire population pyramid showing changes in age distribution 2023, 2033 and 2043



NB: Percentages shown are for change between 2023 and 2043.

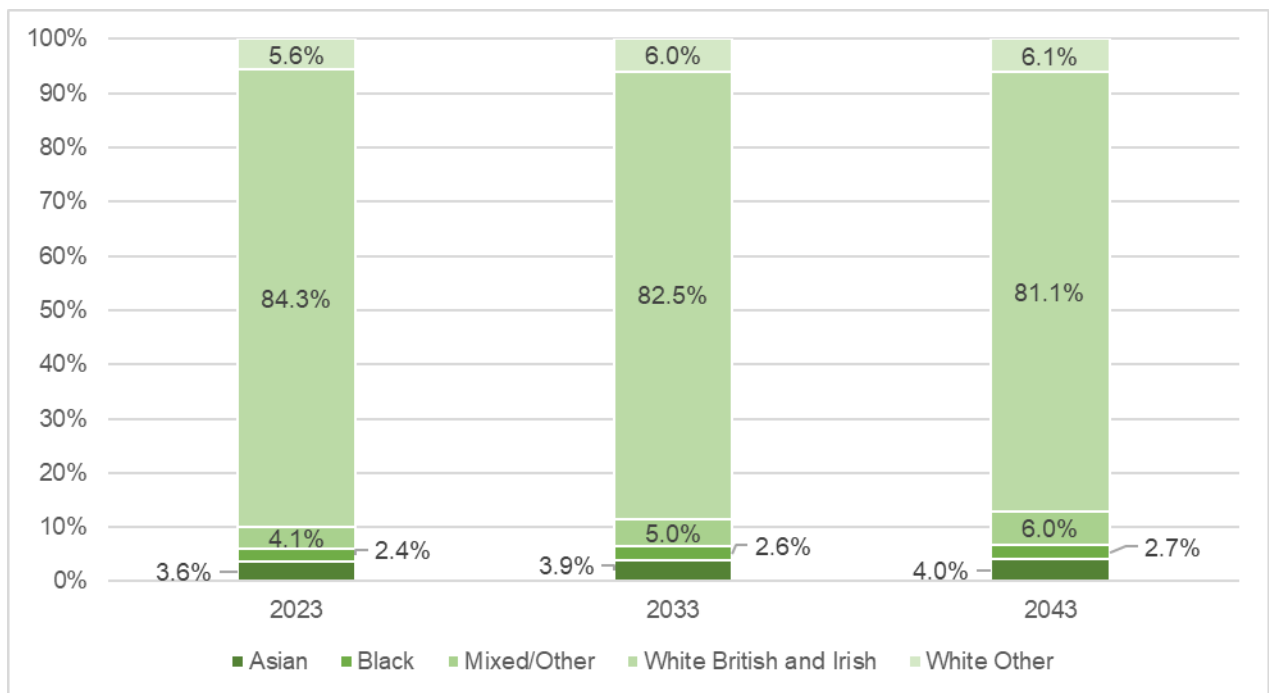
Source: Local population forecasts

LOOKING FORWARD

By 2043 there are forecast to be 33,600 more people aged 65 years and over and 9,000 more aged 85 years and over, meaning there are forecast to be 89,600 and 15,000 people aged 65 and over and 85 and over respectively in 2043.

Going forward, it is expected that ethnic diversity will continue to increase, although Central Bedfordshire is forecast to remain less diverse than the surrounding areas. By 2043, white British people will account for 81% of the Central Bedfordshire population, a fall from 84.3% in 2023. Therefore, while ethnicity-related health conditions and considerations are expected to increase in the next 20 years, the impact will not be as great as the older age profile of the population.

Figure 6: Central Bedfordshire population change by ethnic group, 2023 to 2043



Source: Local population forecasts

Major health conditions, now and in the future

As the population increases, so too will the number of people in Central Bedfordshire with health conditions. This is partly just because there will be more people overall, but, more importantly, there will be more people in older age groups and older age groups are more likely to experience ill health, which will increase the overall proportion of the population with a condition (also known as the prevalence of ill health).

The analysis presented below looks at the twenty most common diagnosed health conditions. In 2023, high blood pressure (hypertension) was the most commonly identified condition in Central Bedfordshire, followed by anxiety then depression. In total, poor mental health accounted for three of the five most common conditions. It is tempting to add these together to suggest that approaching 38% of the population has a mental health condition, however, it is important to remember that these numbers represent the number of diagnoses and not the number of people that have them and it is very likely that the same people have multiple conditions. For example, it is very common for people to experience both anxiety and depression and for people with physical conditions to also have poorer mental health. Future analyses will look at patterns of so-called multimorbidity in the population, as this has implications for prevention, self-management (i.e. the actions individuals can take to manage their own health conditions) and patient-centred provision of healthcare.

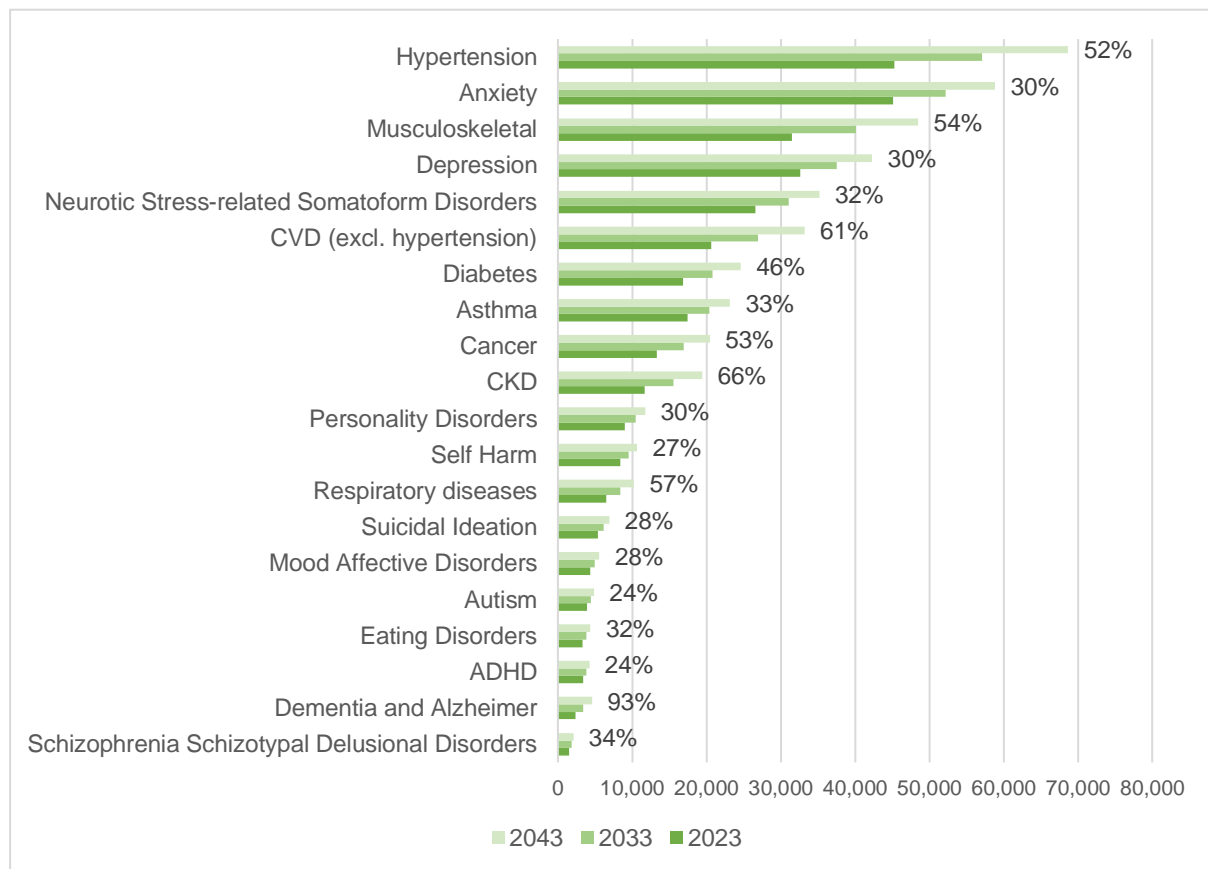
Looking forward, the 2023 prevalence rates for five-year age-groups were applied to the population forecasts to understand how changes in the size and structure of the population would affect the number of cases of common conditions. In other words, if our future population experiences the same age-specific rates of disease as we see at present, how many people with each condition should we expect? (Figure 7.) It should be noted that, at this point, we have avoided assumptions about other future changes to disease patterns; for example, cancer and cardiovascular disease rates *may* fall in future due to falling smoking rates, or diabetes rates *may* rise due to recently increasing obesity. Over time we plan to develop our ability to incorporate changes in disease prevalence into our forecasts.

Hypertension is currently the most common health condition in Central Bedfordshire, and based on current rates, the number of people with hypertension is forecast to grow by 52% by 2043. Many other conditions see similar or even greater increases (Figure 7), for example, an 93% increase in the number of people with dementia or Alzheimer's disease, a 66% increase in the number of people with chronic kidney disease (CKD), and a 61% increase in cardiovascular disease patients.

Based on these factors, the changes in population size and age structure are projected to lead to increased prevalence in many physical conditions (Table 1), because these conditions become increasingly common with age and there will be proportionately more older people in future.

In contrast, mental health conditions, autism and ADHD are forecast to remain at similar prevalence levels (though the numbers of people affected will rise in line with the increasing size of the population). These conditions tend to be less common in older people and so the increase in the ageing population does not have the same effect on overall prevalence. We may find, however, that the older adults of the future retain patterns of mental health that are more similar to working-age adults at present, in which case their mental health in older age would be significantly worse than the mental health of today's older adults.

Figure 7: The number of Central Bedfordshire residents with common health conditions in 2023 and forecast for 2033 and 2043



Source: Arden & Gem report based on reported cases and local population forecast

Table 1: All-age prevalence rates of common health conditions in Central Bedfordshire in 2023 and forecast for 2033 and 2043

Condition	2023	2033	2043
Hypertension	16.4%	17.9%	19.0%
Anxiety	16.3%	16.3%	16.3%
Depression	11.8%	11.7%	11.7%
Musculoskeletal	11.4%	12.5%	13.4%
Neurotic Stress-related Somatoform Disorders	9.6%	9.7%	9.7%
Cardiovascular disease (excl. hypertension)	7.5%	8.4%	9.2%
Asthma	6.3%	6.4%	6.8%
Diabetes	6.1%	6.5%	6.8%
Cancer	4.8%	5.3%	5.6%
CKD	4.2%	4.9%	5.4%
Personality Disorders	3.3%	3.3%	2.9%
Self-harm	3.0%	3.0%	2.9%
Respiratory diseases	2.4%	2.6%	2.8%
Suicidal Ideation	2.0%	1.9%	1.9%
Mood Affective Disorders	1.6%	1.5%	1.5%
Autism	1.4%	1.4%	1.3%
ADHD	1.2%	1.2%	1.2%
Eating Disorders	1.2%	1.2%	1.2%
Dementia and Alzheimer's Disease	0.9%	1.1%	1.3%
Schizophrenia Schizotypal Delusional Disorders	0.6%	0.6%	0.6%

Source: Arden & Gem report based on reported cases and local population forecast

Change in demand for health services

How often people make use of healthcare depends on a number of factors, some of which are more predictable than others. While a larger population will – in broad terms – generate more demand for healthcare, the age structure of the population is also critical. Using what we know about healthcare utilisation at present, along with our understanding of how the population will change in the future, we can get a sense of the likely impact on healthcare use in the future.

Our work has assumed that current (2023) patterns of healthcare use by each age-group will continue into the future, and takes into account predicted population growth and an increasing proportion of older people in our area. We have not included potentially significant changes in the way that people access healthcare, changing levels of ill-health in the population or changes to the way that healthcare is delivered. In reality, efforts are being made all the time to make healthcare more efficient, for example by increasing the use of technology, being more preventative in our approach, or tackling the wider factors that drive ill health such as poverty. At the same time, we know that shifts in societal expectations of healthcare and experience of ill health also change populations' healthcare-seeking behaviours, as will advances in the medical treatments that are available.

Attempting to model and predict the impact of all these factors is complicated. In future, as the PHIU's work develops, we intend to model a range of scenarios including the impact of new policies and healthcare transformation initiatives. As a starting point, however, it is important to understand the most likely 'baseline' scenario. If the population changes as expected and continues to use healthcare at today's age-specific rates, what will that mean for healthcare use in the future? This is our 'best guess' at present and gives a feel for the potential magnitude of change that the local system is facing, and the amount of activity that would need to be averted in order to maintain the status quo in terms of healthcare capacity.

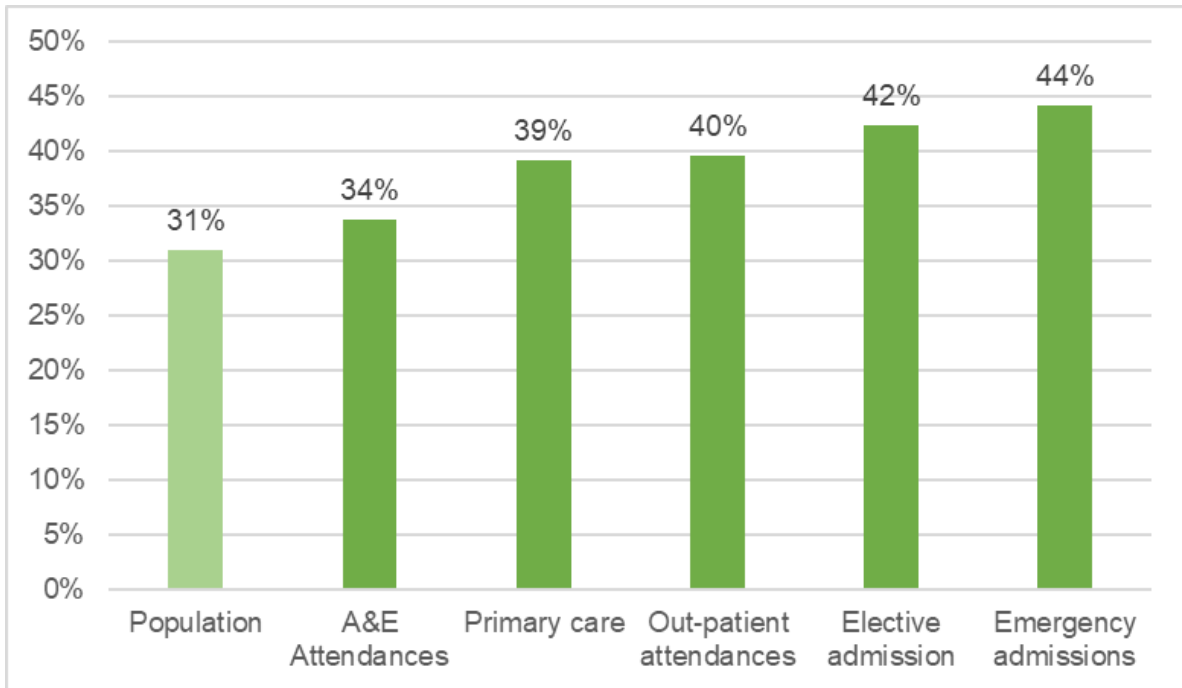
Between 2023 and 2033, the population of Central Bedfordshire is forecast to grow by 48,000, a little more than the current population of Leighton Buzzard. Over the next decade between 2033 and 2043, another 46,500 people are forecast to live in Central Bedfordshire. This represents a 31% increase overall between 2023 and 2043.

Based on the forecast changes in the number of people, their age and sex, and assuming that rates of healthcare use for each age/sex band remain constant, it is forecast that by 2043, the people of Central Bedfordshire per year will:

- require over 500,000 more primary care appointments
- require nearly 170,000 additional outpatient appointments
- make over 30,000 more visits to A&E
- require nearly 18,000 more admissions for elective procedures
- require more than 37,000 more emergency admissions

Proportionally these increases are higher than the growth of the population overall, with only the increases in A&E attendances close to the growth of the population (figure 8).

Figure 8: Percentage changes in population and healthcare activity, for Central Bedfordshire residents, 2023 to 2043

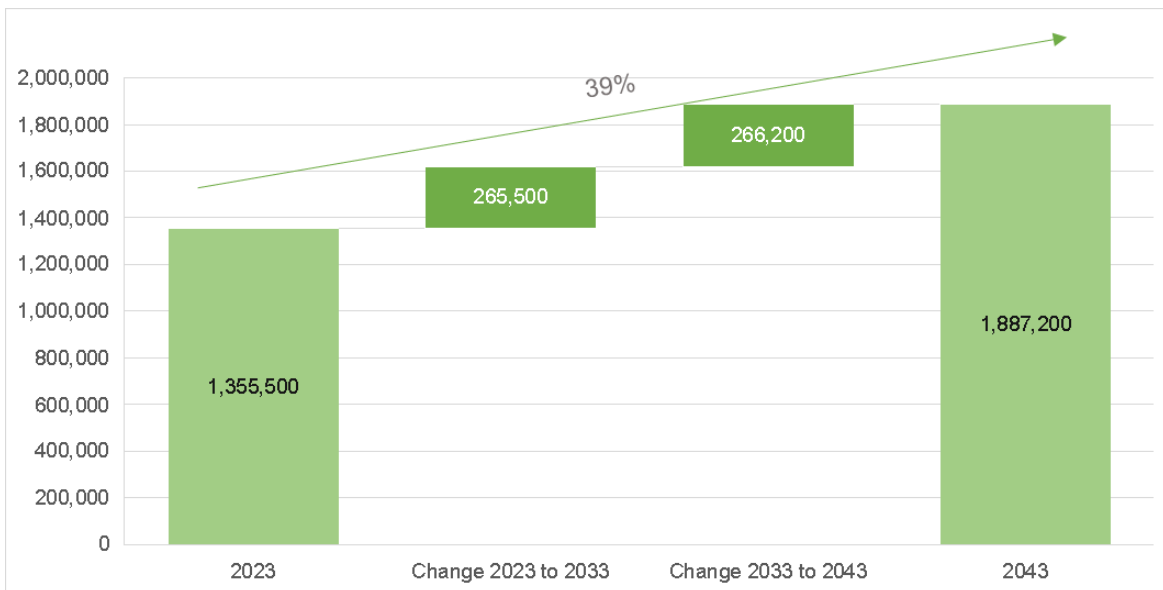


Source: Arden & GEM analysis

Primary care consultations

From 2023 to 2043, the number of primary care consultations³ is forecast to rise by well over a third (39%), reaching nearly 1.9 million consultations per year across Central Bedfordshire.

Figure 9: Forecast increase in primary care consultations for Central Bedfordshire residents, 2023 to 2043

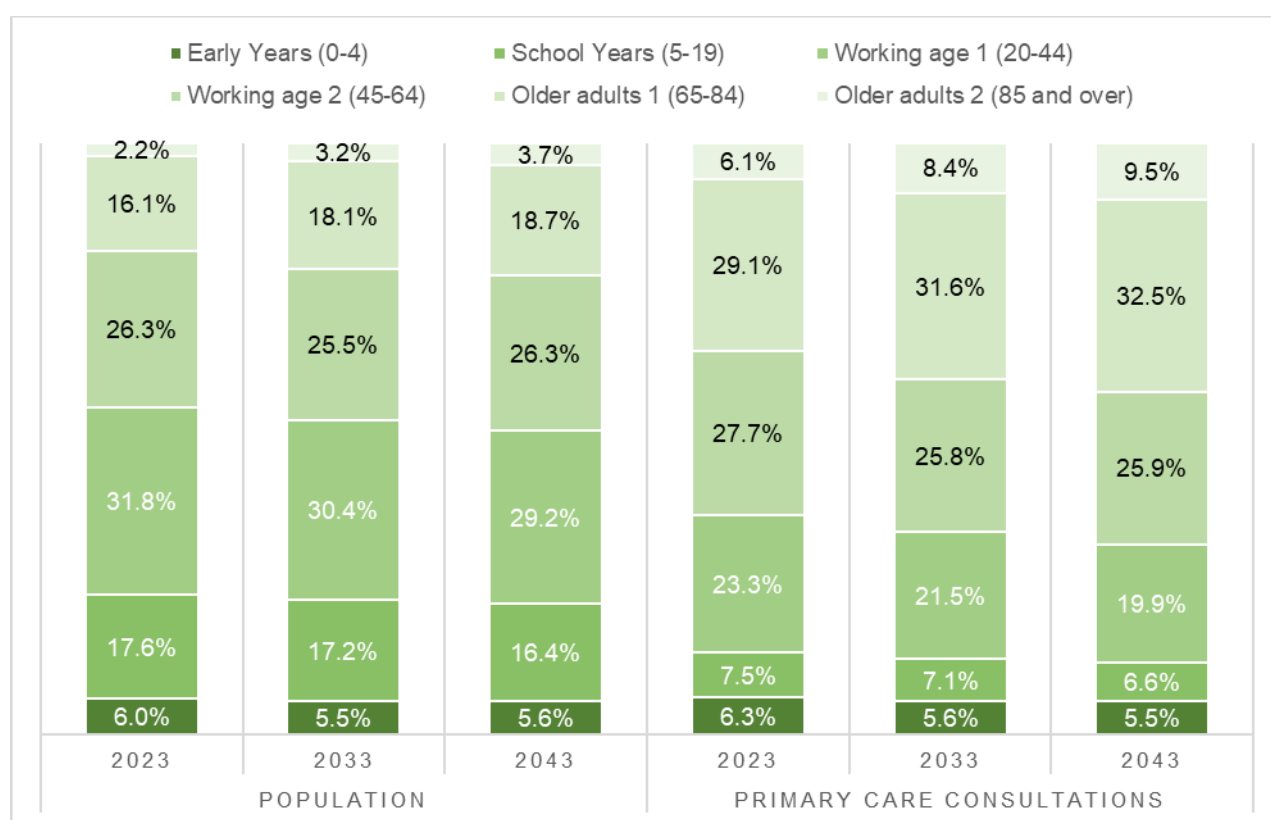


Source: Arden & GEM and local population forecasts

The growth in primary care consultations to 2043 is forecast to be eight percentage points higher than the rate of growth for the overall population, a difference that is mainly due to the increasing numbers and proportion of older people, who typically use primary care services more often.

In 2023, adults aged 65 and over accounted for 35% of primary care consultations³, although they made up just 18% of the population. By 2043, adults aged 65 and over are expected to comprise 22% of the population but will account for 42% of primary care consultations. The number of consultations each year for people aged 65 and over will grow by 66% by 2043, whereas for people under 65 it will grow far less, by 24%.

Figure 10: The proportion of the population and primary care consultations by age-group, for Central Bedfordshire residents, 2023 to 2043



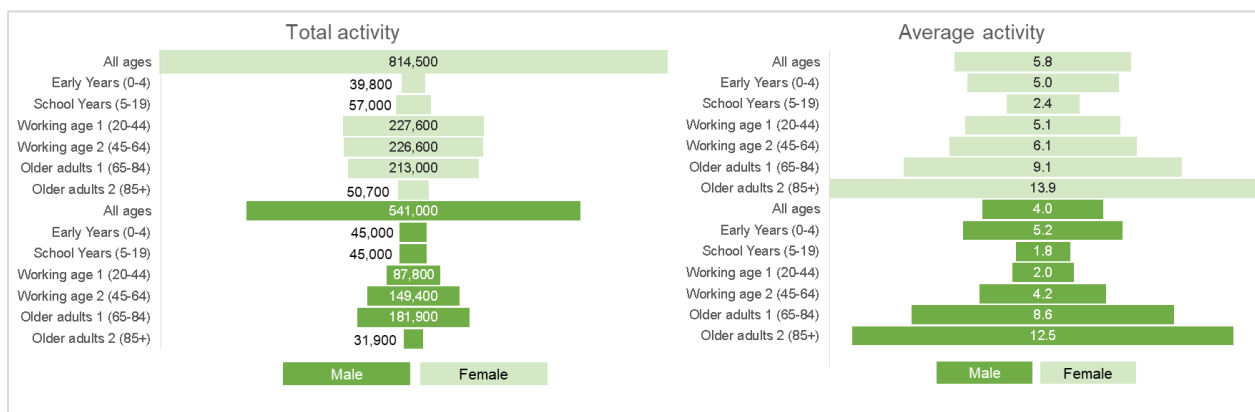
Source: Arden & GEM analysis and local population forecasts

Primary care use varies considerably by age and by sex (see figure 11). On average in 2023, female Central Bedfordshire residents visited their GP practice 5.8 times per year, and male residents visited 4.0 times; much of this difference is probably linked to maternity in younger women. Differences by age are even greater: women aged over 85 had 13.9 consultations per year and males 12.5, compared to 5.3 and 3.0 respectively for working age adults (aged 20 to

³ Primary care consultations include all appointments with GPs and practice nurses, as well as with a small number of other medical therapists, such as physiotherapists, when they are attached to primary care rather than hospitals. It includes any kind of clinical interaction including face-to-face and phone consultations.

64). Furthermore, the nature of consultations changes with age; older adults often have more and more complicated health conditions that require more time per consultation.⁴

Figure 11: Total and average primary care consultations per person by age-group and sex, Central Bedfordshire residents, 2023



Source: Arden & GEM analysis

Patients per GP

In 2023/24, the BLMK ICB area had among the highest number of patients per fully qualified GP (FQGP) in the country, meaning that GPs and other practice staff in our areas are managing many more patients than average. Over the previous seven years, the number of FQGPs in Central Bedfordshire has reduced from a high of 118 FQGPs in 2019 to 110 in 2023/24, while the other three places in BLMK have seen increases in their FQGP numbers over the same period.

Of the four local authorities in BLMK, Central Bedfordshire had the second lowest (best) number of registered patients per FQGP – 2,816 patients per FQGP in August 2024; but this is still very high. Given the anticipated population growth, maintaining this very stretched number of 2,816 patients per fully qualified GP into 2043 would require an additional 18 fully qualified GPs (taking us to 128 FQGPs overall). This forecast of patients per GP is based solely on overall population growth and does not take into account the ageing population; and, as discussed above, older people tend to use primary care more frequently and so further additional demand is likely.

The number of patients per FQGP in Central Bedfordshire is considerably higher (worse) than the England average, which was 2,301 per FQGP in August 2024. There would need to be 142 Central Bedfordshire GPs in 2024 to meet the current England average, and 157 in total in 2043.

This analysis has only considered the number of GPs; we acknowledge that a lot of primary care is delivered by other clinical staff. We have not yet analysed how the capacity of other staff groups may need to change to meet future population needs.

⁴ Gopfert, A, Deeny, S, R, Fisher, R & Stafford, M (2021), Primary care consultation length by deprivation and multimorbidity in England: an observational study using electronic patient records

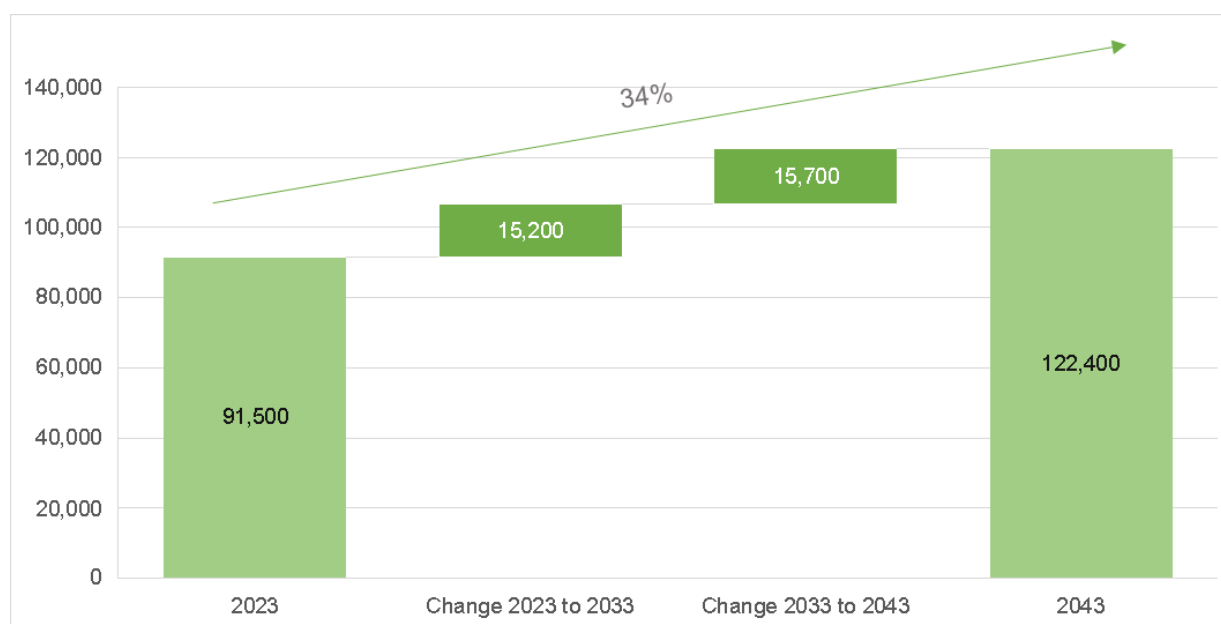
Hospital settings

In hospital settings, the impact of the ageing population will also lead to increases in activity beyond the forecast 31% growth in the population. The age profile of the population means that the proportion of activities accounted for by people over 65 will shift from a little over a third to closer to half of all hospital activities, except in A&E.

Accident & Emergency

The number of attendances at A&E by people registered with a Central Bedfordshire GP is forecast to rise 34% by 2043, slightly higher than population growth. This is an increase of 31,000 new attendances, which would take the total to over 122,000 for the year - approximately 335 a day, or one attendance every 4 minutes.⁵

Figure 12: Forecast increase in Accident and Emergency attendances for Central Bedfordshire residents, 2023 to 2043

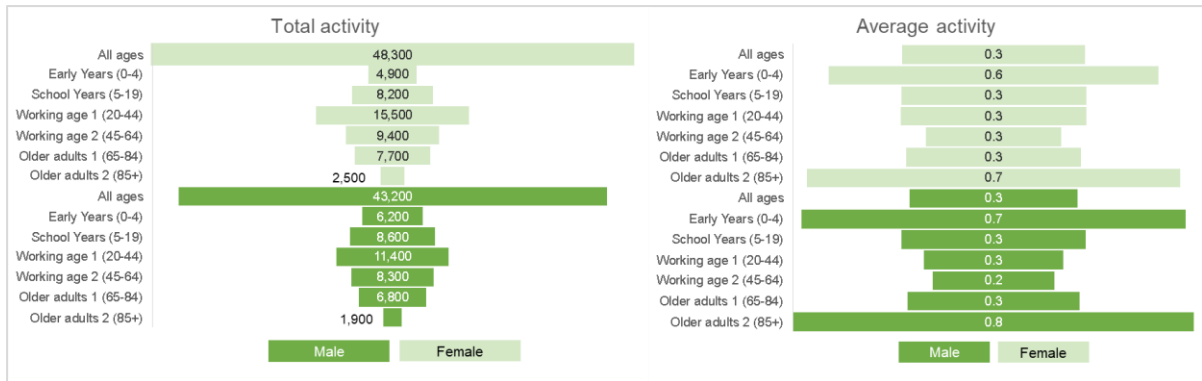


Source: Arden & GEM and local population forecasts

On average, Central Bedfordshire residents attend A&E less than once every three years (see figure 13). Attendances are most likely among the area's oldest and youngest residents, with these two age-groups more than twice as likely as average to visit A&E.

⁵ Assuming an even spread of attendances over 24 hours 365 days a year.

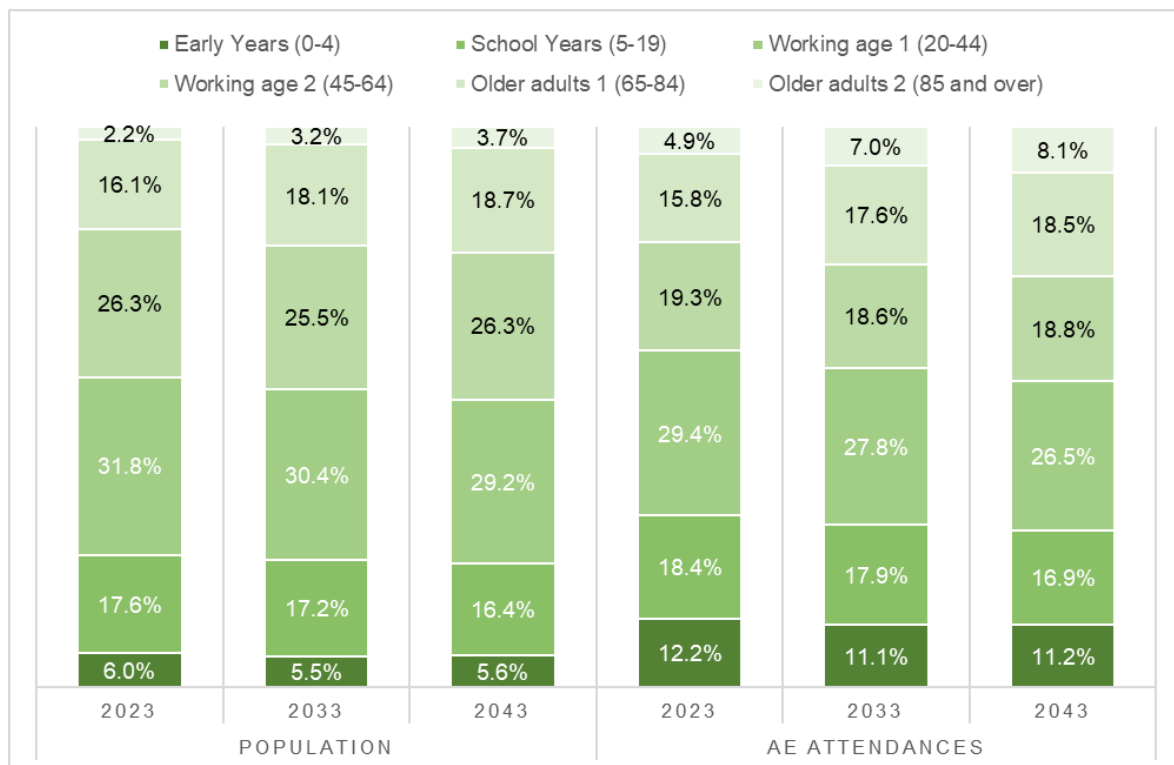
Figure 13: Total and average A&E attendances per person by age-group and sex, Central Bedfordshire residents, 2023



Source: Arden & GEM analysis

However, in numerical terms, the majority of A&E attendances are made by working age adults (48.7% in 2023 but forecast to reduce to 45% in 2043). At present, 20.7% of attendances are older adults (65 and over), and in 2043 this is forecast to increase to 26.6%.

Figure 14: The proportion of population and A&E attendances by age group for Central Bedfordshire residents in 2023 and forecast to 2043.



Source: Arden & GEM analysis and local population forecasts

Hospital admissions

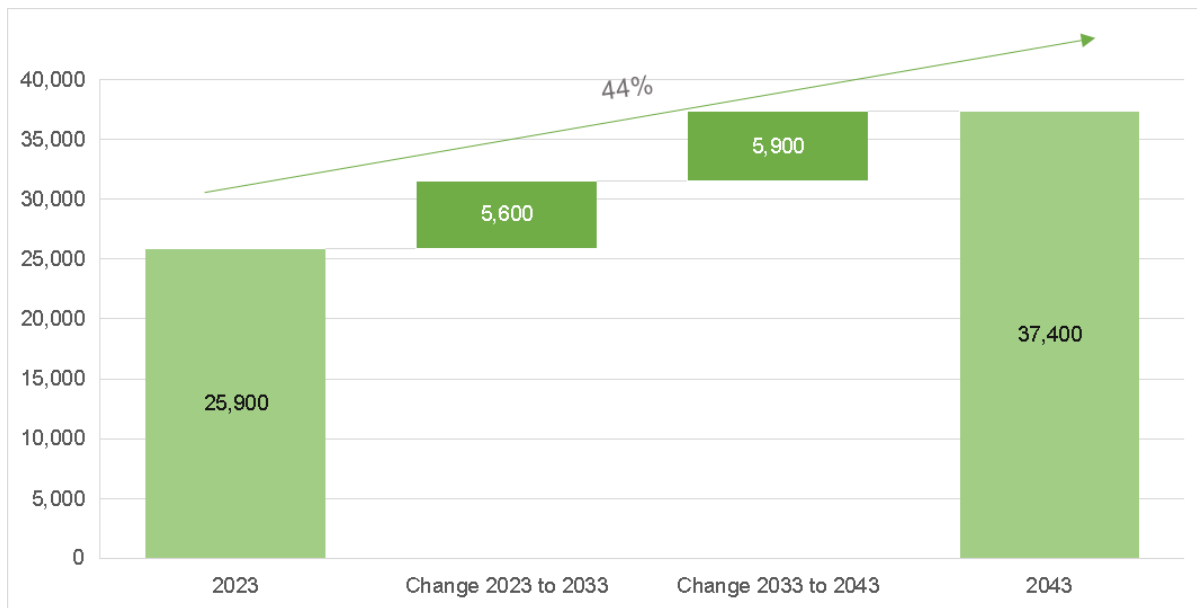
There are two main categories of admissions to hospital: elective (planned) and non-elective (unplanned). Non-elective admissions can be further classified into emergency admissions and others, the majority of which are for maternity services. All types of admission will increase as the

population grows but the rates of increase will differ depending on how each type of admission is affected by the changing age profile of the population.

Emergency admissions

By 2043, there are forecast to be approaching 37,500 emergency admissions, an increase of 44% from 2023 (Figure 15).

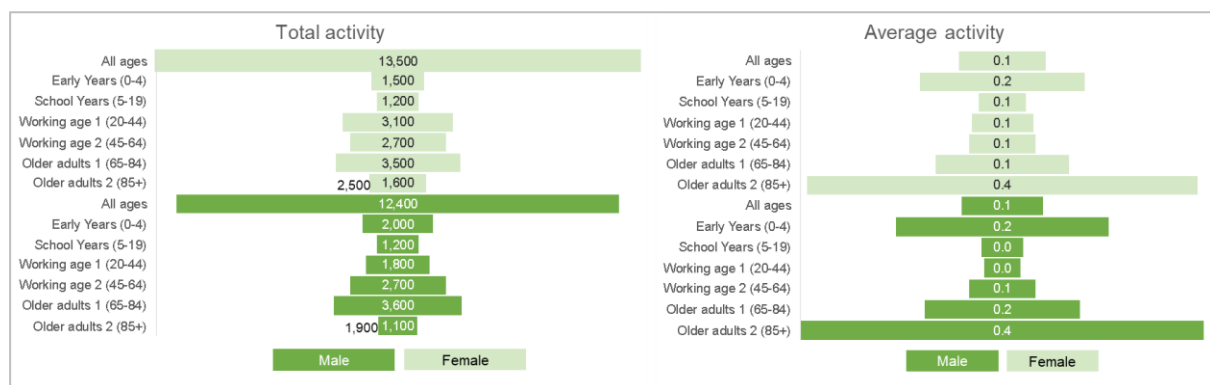
Figure 15: Forecast increase in emergency admissions for Central Bedfordshire residents, 2023 to 2043



Source: Arden & GEM analysis

This significant increase reflects the change in population demographics previously outlined and particularly the growth in older people. In 2023, the average emergency admissions per person aged 65 and over was double that of any other age group. This age group accounted for 38% (9,800) of all emergency admissions.

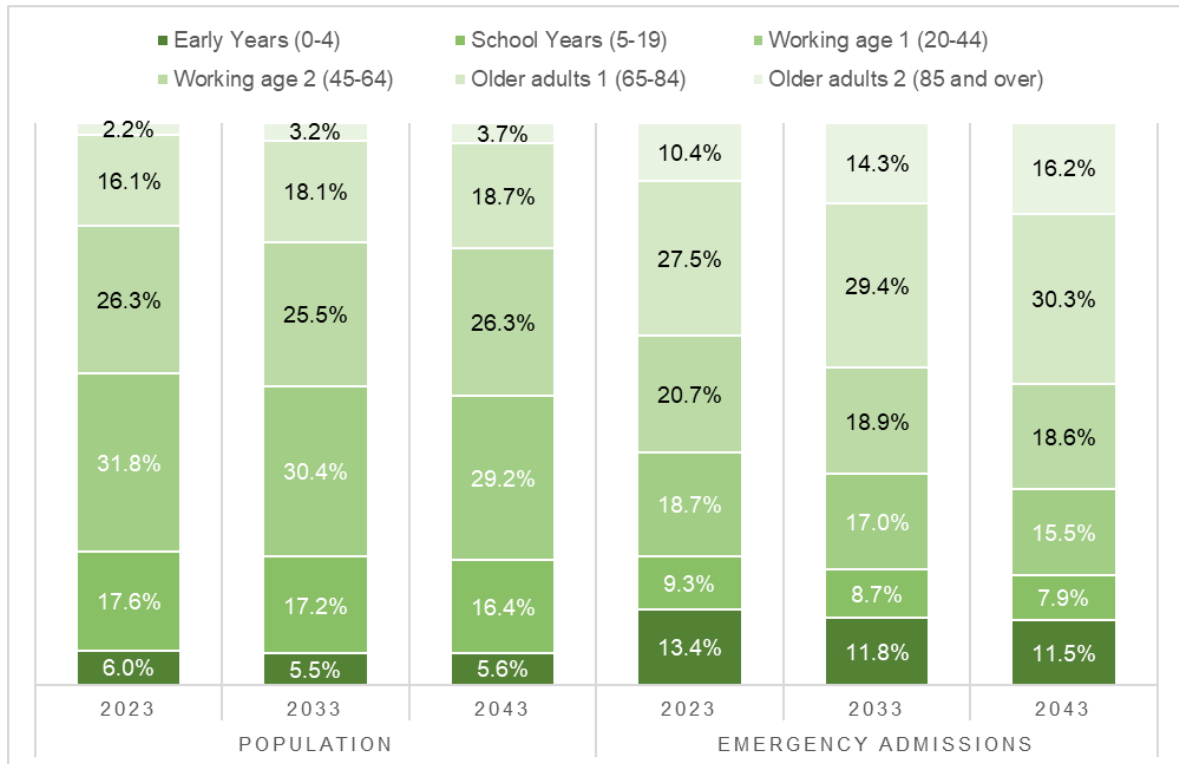
Figure 16: Total and average emergency admissions per person by age-group and sex, Central Bedfordshire residents, 2023



Source: Arden & GEM analysis

Going forward the proportion of emergency admissions for people aged 65 and over is forecast to rise to 47% (around 17,400 admissions) in 2043.

Figure 17: The proportion of the population and emergency admissions by age-group for Central Bedfordshire residents in 2023 and forecast for 2043



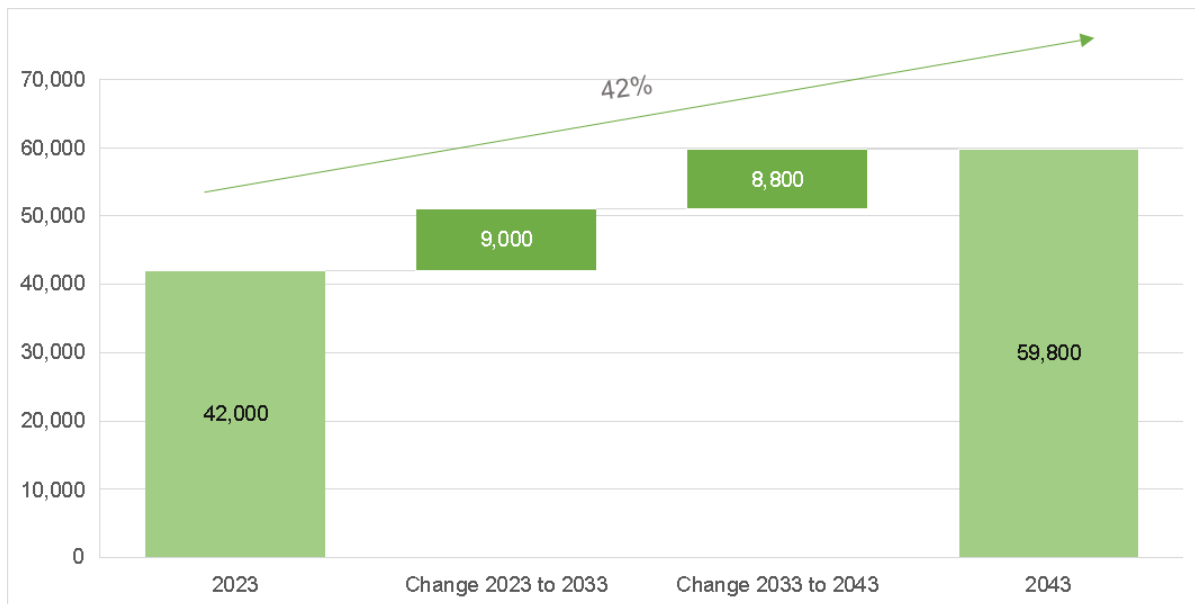
Source: Arden & GEM analysis

Elective admissions and procedures

Elective (planned) admissions and outpatients appointments similarly reflect the additional pressure on health services expected from the ageing population.

An additional 17,800 elective admissions are forecast annually by 2043, a 42% increase from 2023.

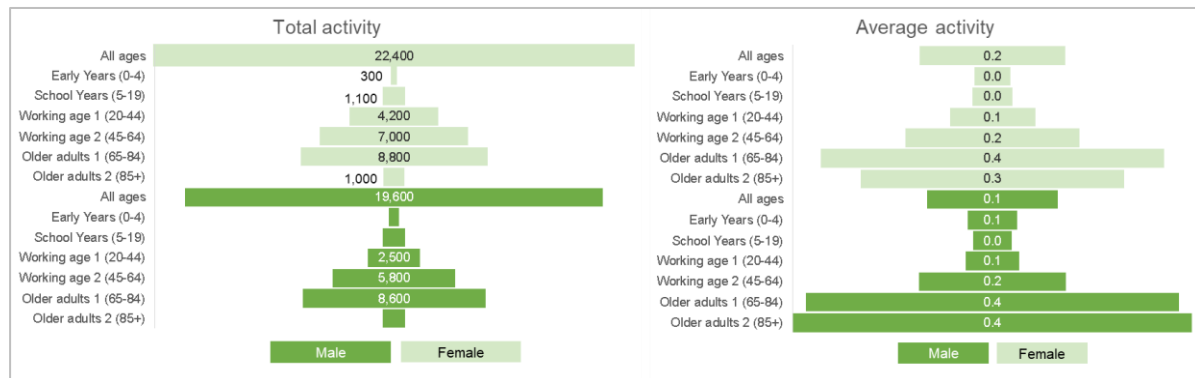
Figure 18: Forecast increase in elective admissions for Central Bedfordshire residents, 2023 to 2043



Source: Arden & GEM analysis

This increase is expected to be driven by older adults aged between 65 and 84, who will increase in number and are also more likely to have a planned admission. This age-group has both the highest number of elective admissions and the highest rate of elective admissions per head.

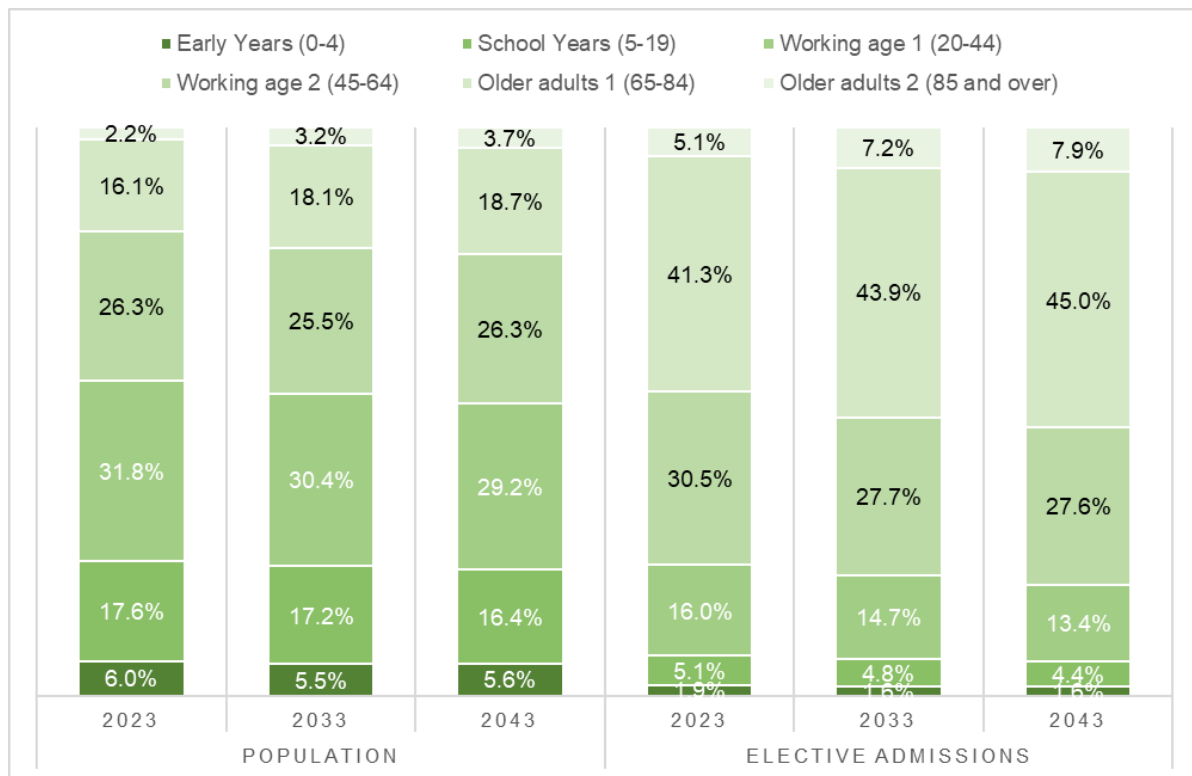
Figure 19: Total and average elective admissions per person by age-group and sex, Central Bedfordshire residents, 2023



Source: Arden & GEM analysis

Overall, the proportion of elective admissions accounted for by people aged 65 and over is forecast to exceed 50% in 2043. Figure 20 shows how the age profile of elective admissions is likely to change over time with an increasing proportion of older patients.

Figure 20: The proportion of the population and elective admissions by age-group for Central Bedfordshire residents in 2023 and forecast for 2043



Source: Arden & GEM analysis and local population forecasts

In Central Bedfordshire, cancer-related treatments are the most common reasons for elective admissions, with chemotherapy accounting for the highest proportion of procedures, followed by the continuous infusions of therapeutic substances. Cataract surgery also features in the top five procedures.⁶

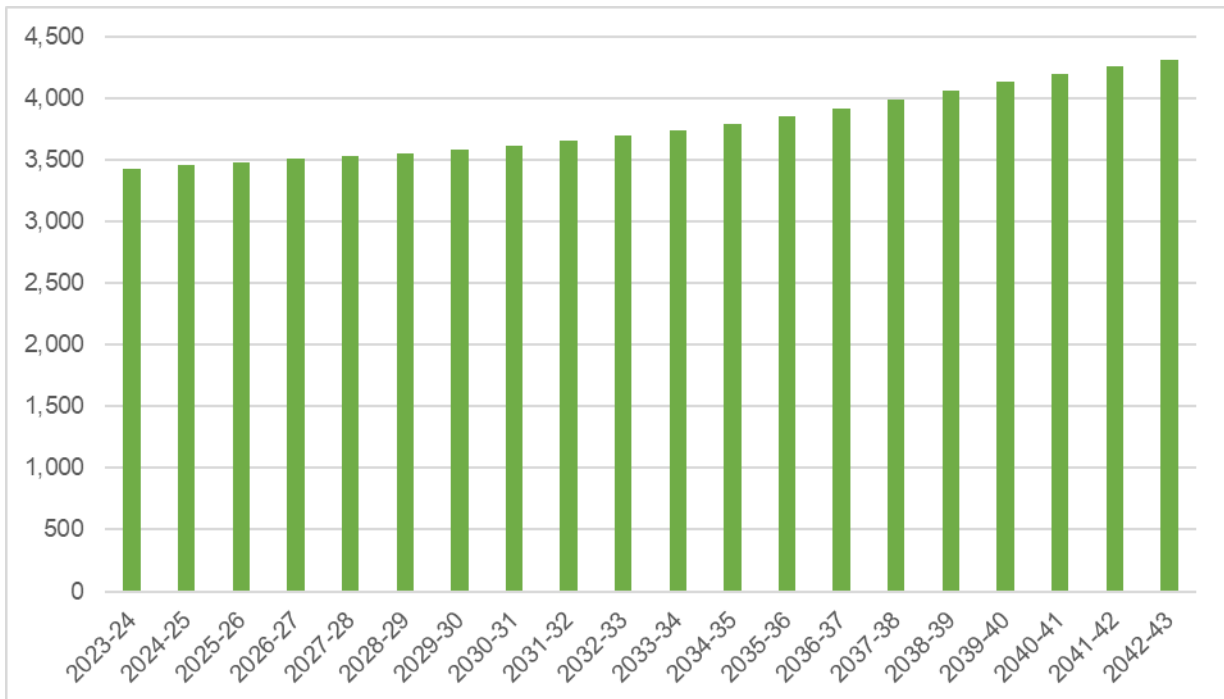
Other non-elective admissions

Other non-elective admissions largely relate to the use of maternity services. The fertility rate locally is expected to rise only very slowly, and as such the forecast for non-elective admissions is forecast to grow more slowly than the population - in contrast to the increasing demand that is forecast for other types of health service activity.

However, the building planned to 2043 is expected to attract younger adults, resulting in more births that will increase demand for services, especially in the second decade, resulting in a 20% increase overall from 2023 to 2043 (figure 22)

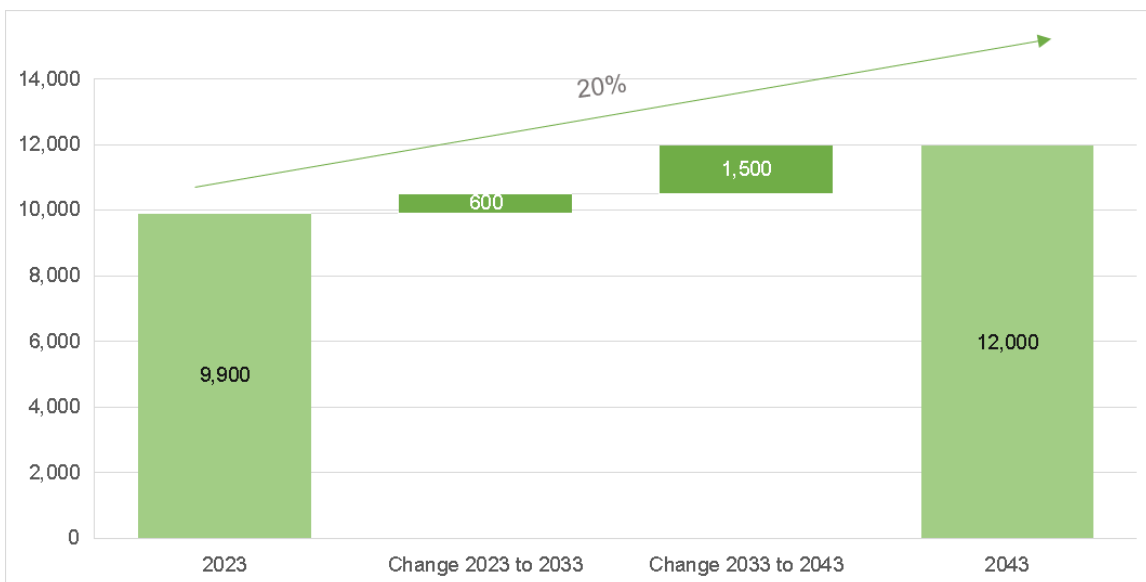
⁶ Please note that hospitals across BLMK do not code cancer treatments and other procedures consistently – in some areas these would be included as an elective admission, in other areas as an outpatient appointment. As cancer treatment is quite common, these differences in coding will affect overall rates of elective admissions and outpatient care, and so our areas should not be compared. We have not attempted to impose a consistent approach to these procedures to ensure they are categorised in the same way across BLMK.

Figure 21: All births to Central Bedfordshire residents, forecasts for 2023/24 to 2042/43



Source: Local Population Forecasts

Figure 22: Forecast increase in other non-elective admissions for Central Bedfordshire residents, 2023 to 2043



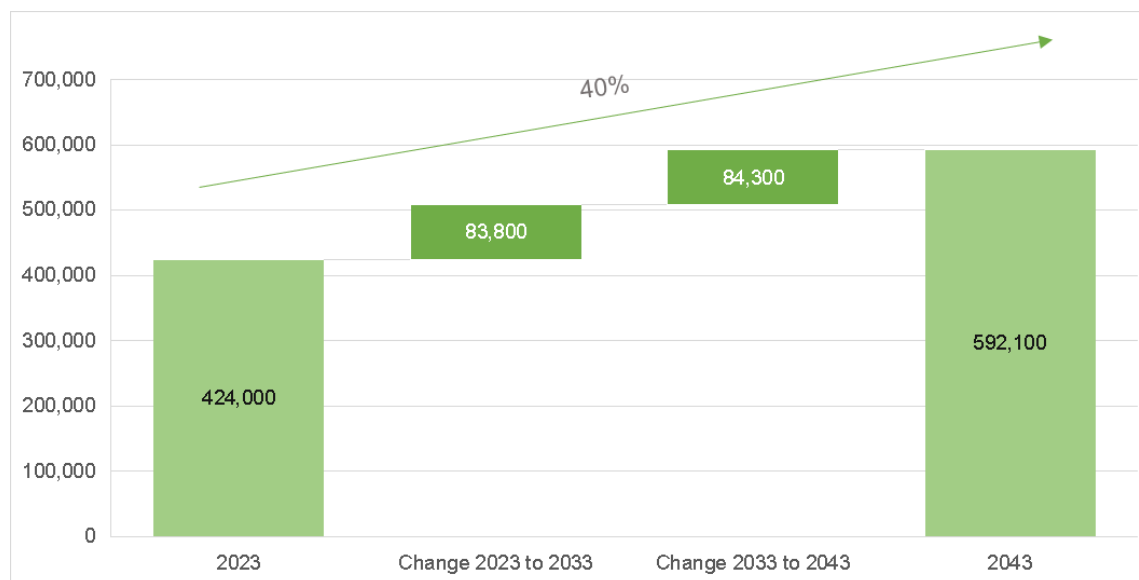
Source: Arden & GEM analysis

Outpatient attendances

Outpatient appointments follow a similar pattern to other services except other non-elective admissions, with a growth rate of 40% forecast by 2043 (approaching 170,000 additional outpatient appointments per year).

Reasons for outpatient appointments are complex and not reported here. As with elective admissions, there appear to be differences between hospitals locally in whether certain procedures are coded into the outpatient or elective admission categories, and this means that comparing rates in Central Bedfordshire with other areas may not be meaningful.

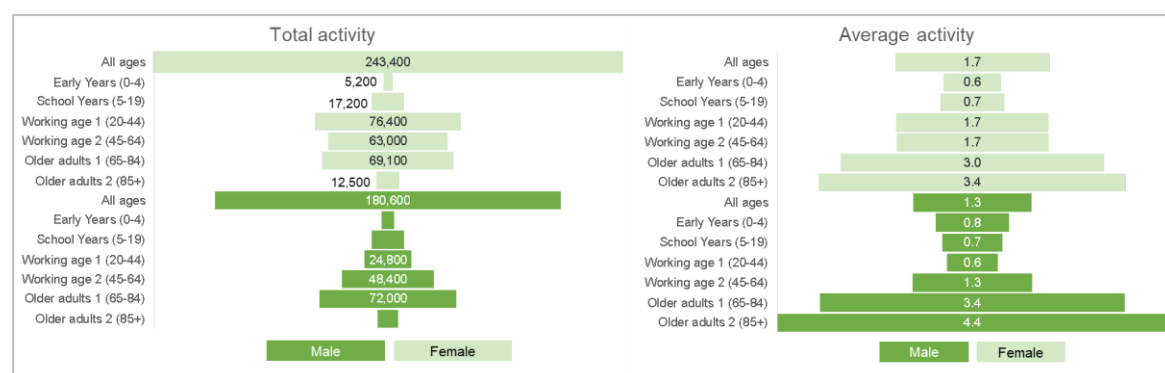
Figure 23: Forecast increase in outpatient attendances for Central Bedfordshire residents, 2023 to 2043



Source: Arden & GEM analysis

For outpatients it is the oldest adults, those aged 85 and over, particularly males, who are most likely to require outpatient services, although females aged 20 to 44 accounted for the most appointments (likely to be driven by maternity care).

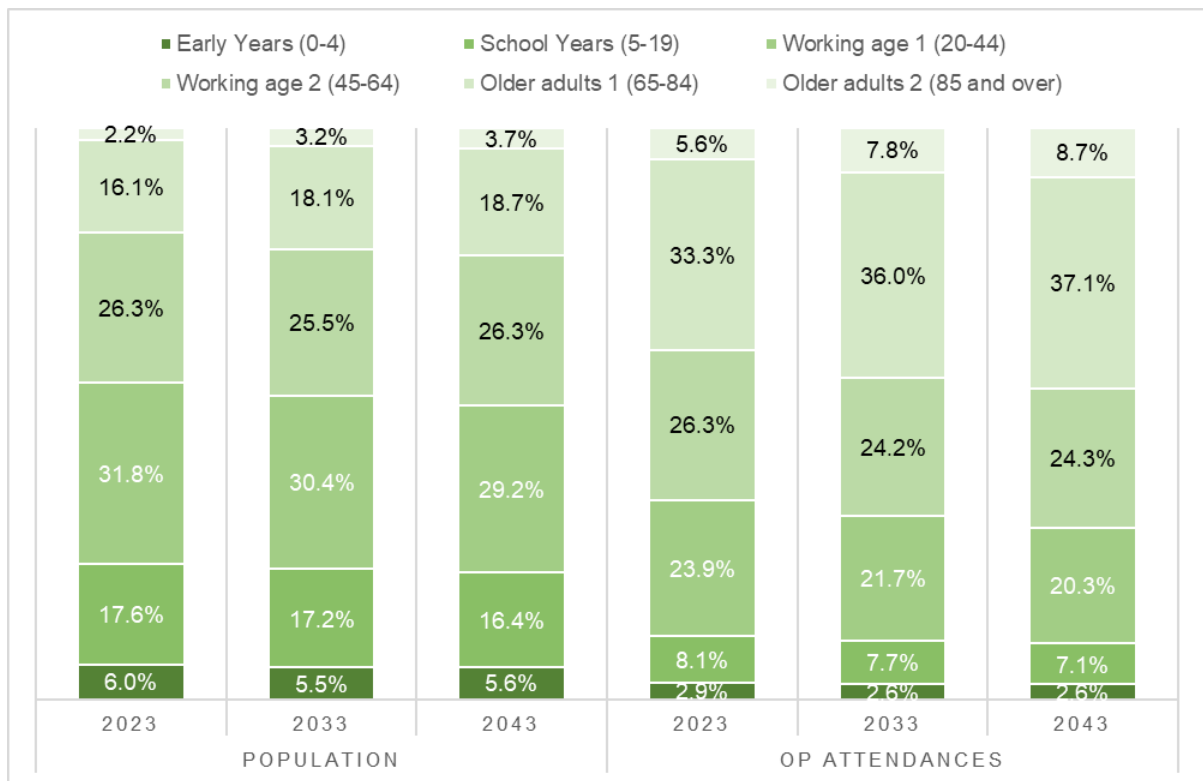
Figure 24: Total and average outpatient attendances per person by age-group and sex, Central Bedfordshire residents, 2023



Source: Arden & GEM analysis

Again, this is linked to the ageing of Central Bedfordshire's population. In 2023, 39% of outpatient appointments were for people aged 65 and over (164,800 appointments) but by 2043 this is forecast to increase considerably and 46% of all appointments will be for older adults (270,600 appointments).

Figure 25: The proportion of the population and outpatient appointments by age-group for Central Bedfordshire residents in 2023 and forecast for 2043



Source: Arden & GEM analysis and local population forecasts

Conclusions and next steps

This work takes what we know about health, disease, and healthcare use at present in Central Bedfordshire in 2023, and combines it our understanding of likely population change and growth, to predict potential health and healthcare need over the next twenty years.

These forecast show that while the population of Central Bedfordshire is likely to grow by approaching a third by 2043, the use of nearly all types of healthcare will grow much more rapidly, with very significant additional demands on our already-stretched hospital and primary care services. The scale of additional activity is not something which can be met just by 'doing more with less'; for example, a 39% increase in primary care activity will require substantial primary care staff recruitment and infrastructure, and a 44% increase in emergency admissions will require additional A&E and hospital capacity and staffing. The impacts clearly reach beyond the NHS, as the same pressures will affect social care and other public services, though this is not the focus of this report.

The number of Central Bedfordshire residents with health conditions will rise, as will the prevalence of many conditions across the population. The number of people with a cancer diagnosis is forecast to rise by 53%, and cardiovascular disease by 61%. The increase in disease and healthcare use is partly due to overall population growth but is also driven by the ageing population. Life expectancy gains and falling mortality rates are welcome, but as people age, healthcare needs tend to increase and become more complex. As such, healthcare activity will rise faster than population growth.

We have not yet looked at how disease or service use vary with ethnicity, however, with increasing ethnic diversity in the next 20 years services will need to ensure they are accessible and culturally appropriate.

As we have made clear, these are forecast figures, but the population of Central Bedfordshire is very likely to grow and age significantly even if it does not closely follow the predicted trajectories. The assumptions and forecasts can be scrutinised and revised, but the overall message is likely to remain the same: Central Bedfordshire faces a steep increase in the numbers of people in poorer health and this means a very substantial additional need for health and care services over the next 20 years.

The scale of additional health and care need means that a combination of approaches will be required to meet or mitigate the need. It is increasingly critical that we are more preventative in our approach to health and healthcare, and there is considerable scope to reduce disease prevalence if we can invest to improve the social and economic conditions that cause ill health and make it easier for people to lead healthier lives. We will, however, never prevent all illness. And when illness does occur, better management of disease is important but will not prevent all decline. Similarly, the efficiency of healthcare services can always be improved, but people will continue to need hospitals and primary care, and we will not be able to redirect all of the additional demand. We hope that this analysis will inform long-term thinking about the health and care needs of our local community.

The next steps for the PHIU are to look at condition-specific forecasts of patient numbers and healthcare need. In depth work on cancer, musculoskeletal conditions, and mental health conditions is underway and seeks to inform health planning with the best possible information currently available.