NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 13 September 2024

Executive Lead: Sarah Stanley, Chief Nurse ICB

Report Author: Philippa Dent, Population Health Intelligence Unit Lead

Report to the: Quality and Performance Committee

Item: Strategic Priorities Deep Dive – Live Well

Reason for report to the Committee

c) follow up report from previous meeting/action log

1.0 Executive Summary

1.1 This Live Well report presents data on morbidity, mortality, and risk factors for ill health in the working age adult population of Bedfordshire, Luton, and Milton Keynes (BLMK).

Local mortality data show that cancers and diseases of the circulatory system accounted for nearly half of all deaths in 2022. Analysis of morbidity - calculated in Years Lived with Disability (YLDs) - showed that musculoskeletal, and mental disorders were responsible for close to half of all YLDs in BLMK in 2021. The number of YLDs increased by 7% between 2017 and 2021; during this period, YLDs due to mental disorders rose by 15%. The greatest risk factors for Years of Life Lost (YLLs) in BLMK were tobacco, dietary risks, high alcohol use, high systolic blood pressure and high body mass index (BMI).

Smoking prevalence is decreasing in BLMK although inequalities persist, with higher prevalence seen in those living in more deprived areas, those working in routine and manual occupations, and those with long-term mental health conditions. Estimated prevalence of alcohol dependence in BLMK is statistically similar to the England average of 13.8 per 1,000 population. Approximately a quarter of BLMK adults are living with obesity, and two thirds with excess weight; in Bedford Borough and Central Bedfordshire, the prevalence of excess weight was significantly higher in the most deprived quintile compared to the least deprived 20% of the population. Obesity prevalence also varies by ethnic group, with highest prevalence seen in Black residents.

The ICB commissions services for the prevention, early detection, and treatment of the conditions that most affect working age adults, and key programmes of work are described in the body of this report.

1.2 The Health Equity Programme aims to improve health equity across BLMK over the next three years and is 1 of the 11 transformation programmes agreed by the ICB Board. One of the key workstreams is the Learning and Action Network (LAN): a three-year programme involving residents, system partners, and the Institute of Healthcare Improvement to build quality improvement capability. The LAN is focusing on hypertension management; this clinical area has been chosen as improving hypertension management has been identified as having the greatest potential to prevent future cardiovascular events and deaths in BLMK. More details of this can be found in the Health Inequalities annual report.

2.0 Recommendations

2.1 *The Committee is asked to **note** the report.*

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

3.1 The relevant SROs should take into account the information identified in this report into their workplans.

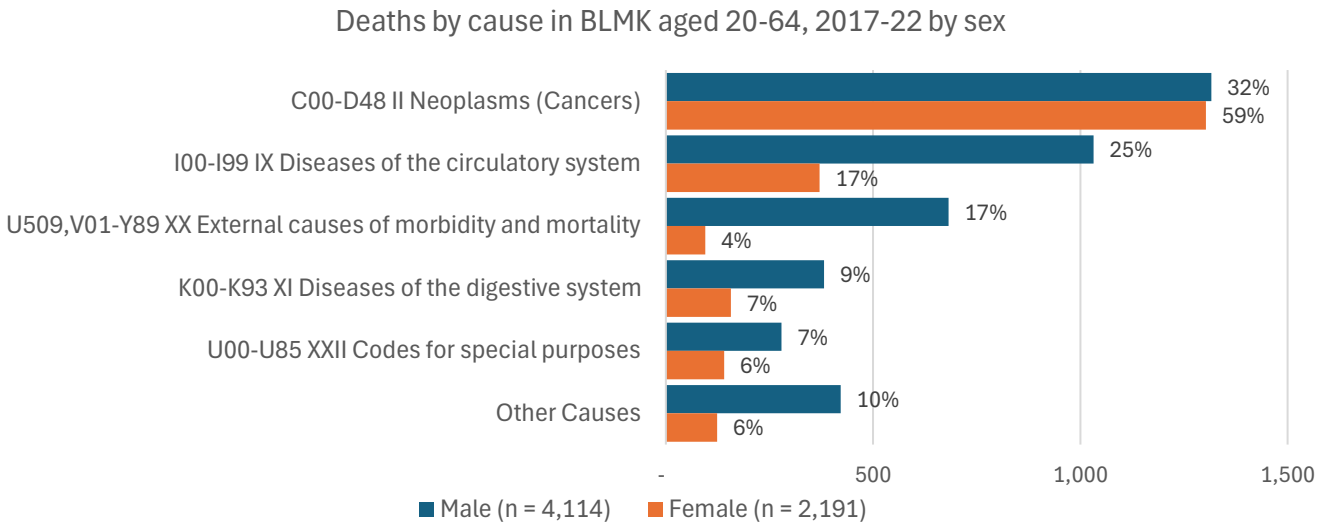
4.0 Report

4.1 Population Health Deep Dive: Live Well

This report focuses on the population health of residents in BLMK aged 20-64.

Deaths

In 2022, cancers and diseases of the circulatory system accounted for over half of all deaths in 20–64-year-olds in BLMK (38% and 21% respectively). The number of deaths due to cancer has remained relatively stable between 2017 and 2022, but deaths due to circulatory diseases have risen by 13% in the same period. Cancers made up 59% of female and 32% of male deaths, and diseases of the circulatory system were responsible for 17% of female and 25% of male mortality in 2017-22.



Data labels show percentages of all deaths by sex. Source: Nomis mortality statistics.

The following three sections present data from the Global Burden of Disease study.

Years Lived with Disability (YLDs) – a measure of years spent in ill-health

Musculoskeletal and mental health disorders were responsible for almost half of all YLDs in BLMK in 2021 (22% each). The number of YLDs rose from 73,086 in 2017 to 78,156 in 2021; a 7% increase. In this period, musculoskeletal disorders grew by 2% while mental disorders rose by 15%. 57% of all mental disorder YLDs and 59% of all musculoskeletal disorder YLDs were in females in 2021.

In 2021, 30,175 YLDs were attributable to a specific risk factor; of these, 20% were due to high body mass index, 16% to high fasting plasma glucose, 11% to tobacco and 10% to high alcohol use.

Years of Life Lost (YLLs) – a measure of premature deaths

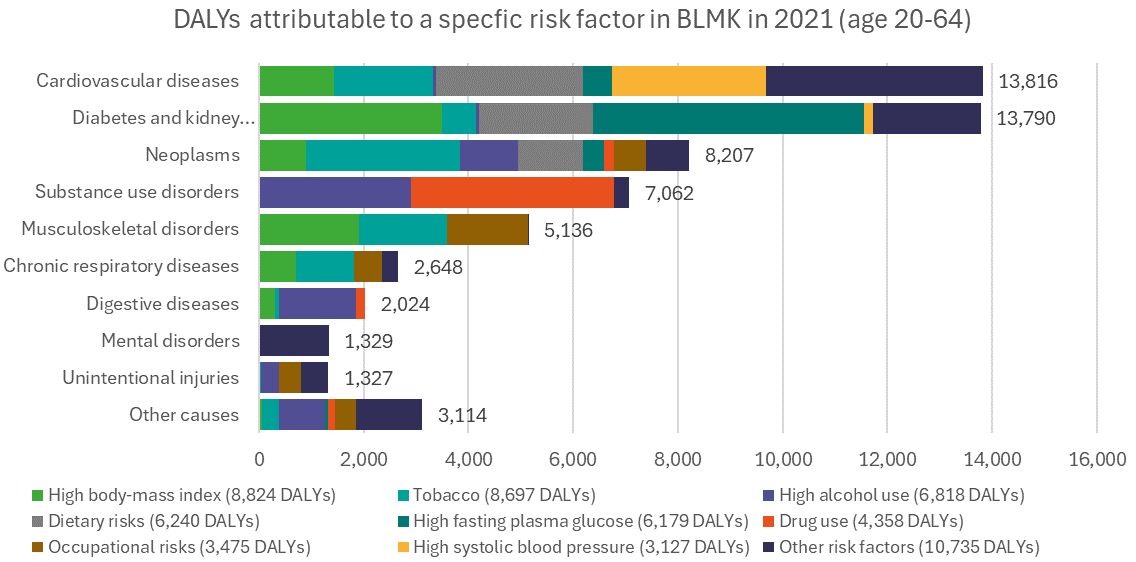
In 2021, there were 50,150 Years of Life Lost (YLLs) in BLMK. Of these, 30% were due to cancers, 25% were attributed to COVID-19, and 14% resulted from cardiovascular diseases. Comparisons with non-COVID-19 years are difficult to make as people who died from COVID-19 may otherwise have died from other causes.

56% of all 2021 YLLs were attributable to a specific risk factor. The greatest risk factors for all YLLs were tobacco (19% of all attributable YLLs), dietary risks (14%), high alcohol use (13%), high systolic blood pressure (9%) and high body mass index (BMI) (9%). In 2021, 69% of all YLLs were in males.

Disability Adjusted Life Years (DALYs)

DALYs are the sum of Years Lived with Disability (YLD) and Years of Life Lost (YLL). In 2021, there were 128,306 DALYs in BLMK. Half of these were due to musculoskeletal disorders (14%), mental disorders (13%), cancers (13%), or respiratory infections (13%).

58,453 (46%) of the DALYs were attributable to a specific risk factor. Of these, a high BMI was responsible for 15%, tobacco accounted for 15%, high alcohol use 12%, and dietary risks 11%. These risk factors can all be influenced by preventative health measures.



Risk Factors in BLMK

Tobacco

In 2022, 16% of people aged 18+ in BLMK reported being current smokers, ranging between 12% and 21% for BLMK local authorities. Prevalence was around 11 percentage points higher among people working in routine or manual occupations: between 23% and 32%. Smoking prevalence in people with a long-term mental health condition ranges from 21% to 31% for BLMK local authorities.

The GP-registered prevalence of smoking in BLMK (aged 15+) has steadily declined from 19% in 2013/14 to 15% in 2022/23. However, inequalities persist, with higher rates of smoking prevalence observed in GP surgeries located in more deprived areas.

High Alcohol Use

OHID estimates of alcohol dependence in adults show that compared to England, rates were lower in Central Bedfordshire (9.0 per 1,000 adults) and Milton Keynes (10.3 per 1,000) in 2019/20, though differences were not statistically significant. Rates in Bedford (12.8 per 1,000 adults) and Luton (13.5 per 1,000) were closer to the England average of 13.8 per 1,000 people.

The percentage of the BLMK population aged 20-64 whose drinking was excessive or who had been admitted to hospital for an alcohol specific diagnosis in the past 7 years increased with age; from 0.3% of 20–24-year-olds to 0.8% of people aged 40-44, and 2.0% of those aged 60-64. The percentage of males was more than twice the percentage of females in age groups from 30-34 upwards. People of White British or Irish ethnicity had significantly higher rates than any other ethnic group (1.5% across all age bands). The rate in the most deprived quintile (1.1%) was significantly higher than the least deprived quintile (0.9%).

High Body Mass index

According to 2022/23 Sport England data, prevalence of obesity in adults in BLMK local authorities (range 22%-26%) is similar to England (26%). Data for overweight including obesity prevalence in BLMK (62%-68%) is also similar to England (64%). A significantly higher rate of adults in Luton report being physically inactive (31%) in 2022/23 compared to England (23%), while rates in the remaining three BLMK local authorities are similar to England. Luton and Milton Keynes have a significantly lower proportion of adults who eat the recommended ‘5-a-day’ portions of fruit and vegetables compared to England.

In primary and secondary care records, the rate of BLMK adults classified as overweight or obese in the past 7 years increases with age; 4% in 20-24 year olds, 15% in 40-44 year olds and 28% in 60-64 year olds. Females had significantly higher rates than males between the ages of 20 and 49, but no significant difference in older age bands. In Bedford Borough and Central Bedfordshire, prevalence of excess weight was significantly higher in the most deprived quintile compared to the least deprived quintile. In Luton, the reverse was true, with a higher percentage in the least deprived quintile; for Milton Keynes there were no significant differences. Obesity prevalence varies by ethnic group: 18% of Black BLMK residents were recorded as overweight or obese. White British or Irish residents had the second highest prevalence (16%), and Asian residents had the third highest prevalence (14%).

4.2 Actions the ICB is taking to address these issues

Within the ICS, Local Authorities lead on primary prevention including tobacco control and smoking cessation, alcohol and substance misuse and obesity prevention. This report focuses specifically on the role that the ICB and its commissioned services are making towards the prevention, early detection, and treatment of the conditions that most affect working age adults.

In January 2024, a 'Delivery Plan for Prevention in Primary Care Settings in BLMK' was published, outlining an ambitious and joined up approach to prevention across primary care settings, as part of the Fuller neighbourhood programme of work. The plan focuses on having a paradigm shift towards prevention and preventative healthcare to improve the health of the population, reduce inequalities and reduce demand on health and social care services. There has been significant engagement with the plan, with key messages being shared across primary medical practices, community pharmacy, and externally e.g. to BLMK schools' physical activity conference.

Tobacco

ICB SRO for prevention: Nicky Poulain

The ICB Treating Tobacco Dependency programme, an element of the NHS Long Term Plan, has successfully been launched in Bedfordshire Hospitals Foundation Trust (Acute inpatients and Maternity), Milton Keynes University Hospital (Maternity services), East London Foundation Trust (Mental health services in Bedfordshire) and Central and North West London Foundation Trust (Mental health services in Milton Keynes). Innovative work across the ICS has been shown as good practice by the national prevention team. Notably, Smoking at Time of Delivery in Luton was 1.1% in March 2024 - a reduction from 9.8% in November 2022, and the lowest achieved on record.

Alcohol

ICB SRO for prevention: Nicky Poulain

The BLMK Addictions Executive Group, led by Public Health with significant ICB input, is working to develop a consistent approach for supporting primary care patients with problematic drug and alcohol use (illicit and non-illicit e.g. prescribed). The community drug and alcohol treatment providers attended protected learning sessions in July to consult with primary care professionals on the suggested joint approach. In addition, a survey was circulated across the primary care networks to identify training and development needs in the management and support of people with drug and alcohol dependency.

High body mass index

ICB SRO for prevention: Nicky Poulain

The ICB is continuing to work in collaboration with Public Health and colleagues across primary care to increase referrals into, and engagement with, weight management services. Training sessions have been delivered on having sensitive conversations about healthy weight and increasing awareness of local and national weight management services. Referral processes have been reviewed and simplified where possible. Through the prevention plan, and in association with the two Active Partnerships in BLMK (Leap and Be Active), the ICB is actively promoting increased habitual physical activity as primary and secondary prevention of high BMI. The ICB is continuing to work closely with NHS England to understand the upcoming pharmaceutical landscape and what it means for BLMK residents and healthcare providers.

Cardiovascular disease

ICB SRO for long-term conditions: Nicky Poulain

Across the ICS, there is a significant work programme focused on improving hypertension management. This includes: the rollout of the BLMK hypertension protocol recommending evidence-based approaches to treatment with optimal efficiency; local incentivisation to BLMK GP practices for BP recording in people with hypertension; encouragement of population health management approaches in primary care with resourcing through the BLMK Primary Care Framework; commissioning of a SMS-based tool to support self-monitoring of blood pressure, medication

concordance, lifestyle change and data recording in GP systems; providing additional capacity for clinical reviews to manage blood pressure through place-based inequalities funding in Bedfordshire.

As mentioned in the health inequalities annual reports, there is a 3-year programme of work taking place working with residents, system partners, and the Institute of Healthcare Improvement (IHI) which includes a Learning and Action Network (LAN). The LAN is a group learning method that helps residents, organisations, and communities to build quality improvement capability and make progress on their improvement journeys by applying 1) Quality improvement methods, 2) Systems thinking, 3) An equity lens, 4) Co-design with people with lived experience.

From July to September the IHI, the Population Health Intelligence Unit (PHIU), Public Health and the ICB improvement team are supporting each of the four places to identify a population to work with. A systematic approach was taken to create and present data packs, bring partners who serve the communities together in a virtual workshop, and seek their views, to determine the population of most concerned. There is a focus on cardiovascular disease, and specifically hypertension management and/or detection which links directly to this Live Well priority.

Cancer

ICB SRO: Dr Ian Reckless

There are 34,970 people living with and beyond cancer in BLMK. The BLMK Cancer Board has led the effective planning and implementation of strategic objectives for cancer services across the BLMK health economy. The three principal NHS Planning Guidance objectives for cancer are to continue to reduce the number of patients waiting over 62 days; meet the Faster Diagnosis Standard (77%) by March 2025; and increase the % of cancers diagnosed at stage 1 and 2. The Board has four overarching focus areas:

Preventing cancer by addressing awareness of risk factors such as smoking and obesity and supporting health professionals to identify signs and symptoms of cancer. The board has collaborated with public health, primary care, and voluntary sector to address the medical, behavioural, and social factors contributing to poor cancer outcomes.

Diagnosing more cancers early, increasing the proportion of cancers diagnosed at stage 1 and 2, to reduce the number of cancers diagnosed as an emergency, and increase in one- and five-year survival rates. A case finding approach is being taken to support this, including a Targeted Lung Health Check Programme, a prostate cancer case finding pilot in Luton, and the Heartburn health check for oesophageal cancer at Bedfordshire Hospitals Foundation Trust.

Improving cancer treatment and care. All patients should have access to high-quality, modern therapeutic services, be cared for during and after their treatment, and benefit from increased support to live well after treatment. This includes expanding access to exercise after cancer diagnosis. Breast cancer genomics testing is being used to support decision making on clinical treatment, and access to radiotherapy treatments is being improved through the review of Mount Vernon Cancer Centre and the opening of a satellite radiotherapy centre in Milton Keynes.

Proactive patient engagement to ensure that the patient is placed at the centre of service delivery and that patient views are actively sought and incorporated. Cancer Connectors have been funded to work with people in Luton who have received a cancer diagnosis in communities including Caribbean, African and Eastern European communities.

Mental health

ICB SRO: Maria Wogan

The BLMK suicide prevention action plan (2024-28) is being refreshed in line with national strategy, informed by data and intelligence. The plan aims to reduce the number of deaths from suicide in BLMK residents and improve support for those bereaved and affected by suicide. The ICB and Public Health have committed to continue funding evidence-based suicide preventive interventions that target high-risk groups, including the Suicide Prevention Pathways service, real time suicide surveillance and place-based suicide prevention programmes. Multi-agency partners across BLMK have signed up to the Prevention Concordat for Better Mental Health - which promotes evidence-based planning and commissioning to reduce health inequalities - and were awarded status in April 2024.

There is a continued focus on supporting people with severe mental illness to receive a full annual physical health check, in line with the Core20PLUS5. Specialist perinatal mental health services are being developed which offer evidence-based psychiatric and psychological assessments and treatment for women with mental health problems during the perinatal period. Maternal Mental Health Services are also being developed for women with mental health difficulties associated with loss and trauma related to the maternity experience.

There is also a focus on improving access to psychological therapies for anxiety and depression, to address enduring unmet need. Timely access to quality care is a key aspect of improving community mental health services and there is a focus on improving access and waiting times for adults and older adults with severe mental illnesses.

Musculoskeletal health

ICB SRO: Maria Wogan

In recent years, the ICB has worked with stakeholders to review, re-design and now re-procure community Musculoskeletal (MSK) services, with the aim to co-design community MSK service provision which removes unwanted variation, reduces health inequalities and improves MSK health outcomes for residents. It also aims to understand how best to promote appropriate self-management and provide effective and efficient evidence-based patient care. The ICB has worked in partnership with Public Health and the PHIU to produce ‘MSK Place Profiles.’ These profiles follow the MSK health needs assessment (HNA) published in 2022 and are a deep dive into the current and future MSK health needs of the population of each place. Recommendations have been used to shape the future MSK service specification, and to focus on how delivery and accessibility of services should respond to population need at place. A new MSK service is expected to go live in late 2025.