Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Bedfordshire, Luton and Milton Keynes ICS

15 Facts about Health Inequalities

Comprising:
Bedford Borough, Central Bedfordshire, Luton Borough and the City of Milton Keynes

Produced on behalf of BLMK Health and Care Partnership by the Bedford Borough, Central Bedfordshire & Milton Keynes Public Health Evidence and Intelligence Team and AGEM BI Team

Note: Please note that data included in the report are correct at the time of writing, but may not be the most current data available.

29th November 2022

Contents

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Life expectancy

Fact 1: Life expectancy and inequalities in life expectancy vary across BLMK.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

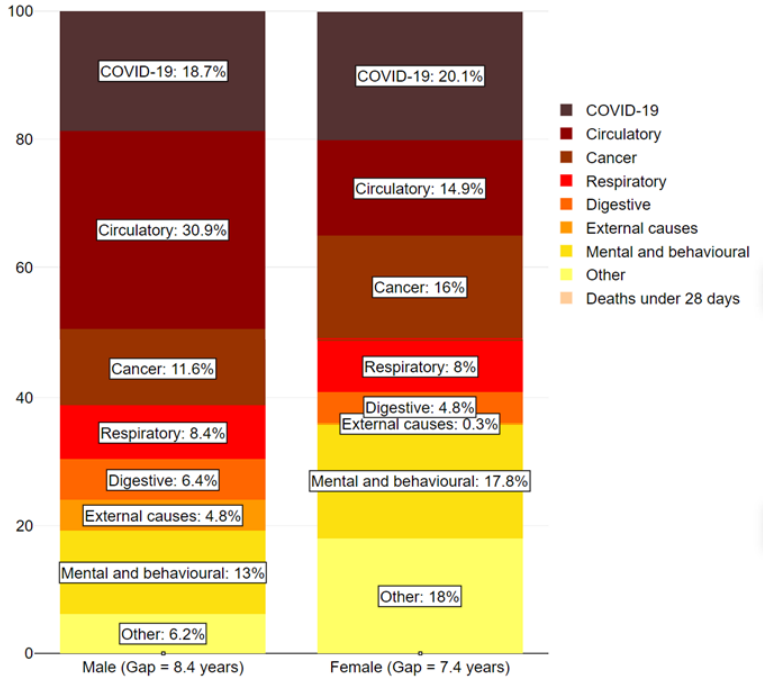
Average life expectancy at birth compared to England (2018-20)

Place	Male	Female
Bedford Borough	79.2	83.2
Central Bedfordshire	80.7	84.0
Luton	78.1	82.4
Milton Keynes	79.3	83.2
England	79.4	83.1

Difference in life expectancy between the most and least deprived areas (slope index of inequality, 2018-20)

Place	For men	For women
Bedford Borough	8.9 years	7.8 years
Central Bedfordshire	5.0 years	5.9 years
Luton	8.7 years	6.5 years
Milton Keynes	8.4 years	7.2 years

Breakdown of the life expectancy gap in Bedford Borough between the most and least deprived deciles by broad cause of death, 2020/21 provisional data



Bedford Borough has the biggest gap in life expectancy between the most deprived and the least deprived neighbourhoods (**an 8.9 year gap for males and 7.8 year gap for females**) and Central Bedfordshire has the smallest gap, although it is the only place with a wider gap for females (5.9 years) than males (5.0 years).

Source: Public Health Outcomes Framework, PHE Key: **Green**=better than England, **Amber**=similar to England, **Red**=worse than England

Deprivation

Fact 2: Every part of BLMK has neighbourhoods with higher levels of deprivation, but there are large differences in the proportion of neighbourhoods in the 20% most deprived in England (ranging from 2% in Central Bedfordshire to 24% in Luton).

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

We know that health outcomes are worse in deprived areas, but in BLMK we see that people from the most deprived areas are less likely to be diagnosed with cancer and more likely to be categorised as 'Healthy Well'. This suggests that people in more deprived areas are not having health conditions diagnosed early and are likely to be presenting to the healthcare system at a later point in the progression of their disease.

Central Bedfordshire is the most affluent place with 2% of neighbourhoods (3 lower super output areas or LSOAs, which are small geographical areas of about 1,500 people) in the 20% most deprived neighbourhoods in England. Those small pockets of significant deprivation are important drivers of inequality in Central Bedfordshire. This proportion rises to 12% of neighbourhoods (18 LSOAs) in Milton Keynes and 14% (14 LSOAs) in Bedford Borough.

Luton has the highest levels of deprivation, with **24% of neighbourhoods** (29 LSOAs) among the 20% most deprived neighbourhoods in England.

Many factors contribute to deprivation including worse educational outcomes, low income, mental ill-health and lack of suitable housing.

People from more deprived neighbourhoods tend to have a **shorter life expectancy** and spend more of their life in **ill health**. Females in the most deprived 10% of areas spend 34% of their life in ill health compared with 18% of life for those in the least deprived 10% of areas. For males the figures are 30% and 15%.

Ethnic Diversity

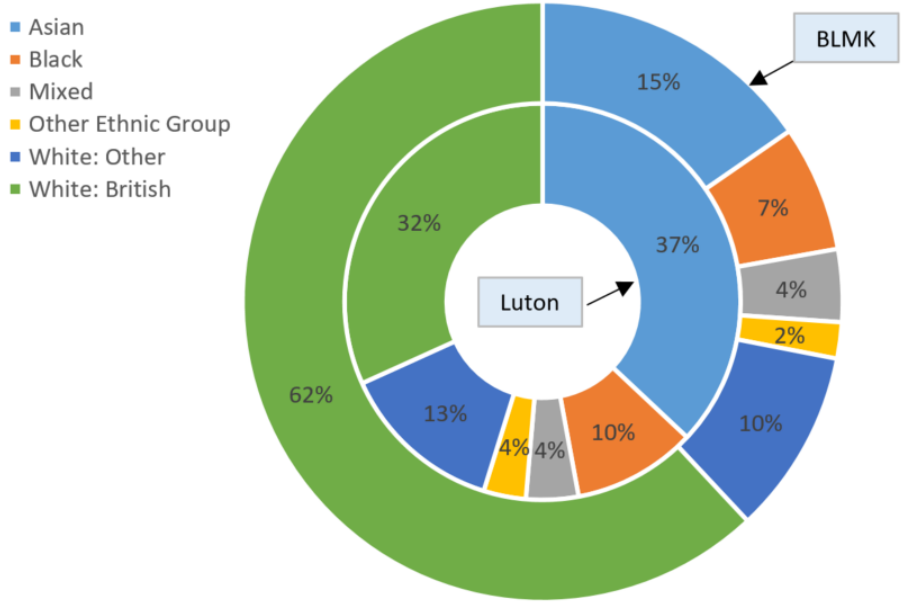
Fact 3: The recorded prevalence of some long term conditions is lower for Black and Asian people in BLMK.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

BLMK has an increasingly ethnically diverse population, with a large Asian and 'Other White' population compared to England. The ethnicity breakdown varies across BLMK, with the percentage of people from ethnic groups other than 'White British' ranging from 16% in Central Bedfordshire to 68% in Luton (Census 2021).

In Luton 37% of the population is Asian, 13% is 'Other White' and 10% is Black. Milton Keynes also has a larger Asian population (12%), with 10% from Black ethnic groups. In Bedford Borough the largest population apart from 'White British' is 'Other White' (10%).

Across England, health and wellbeing outcomes for different ethnic groups. For example, those who identify as White Gypsy or Irish Traveller have **worse health across a range of indicators**. Some health issues such as **diabetes, heart disease and kidney disease** are more prominent in people from **South East Asia**. **Mental health issues** are more prominent among **black populations** and black men are more likely to get and die from prostate cancer than white men, and prevalence of stroke is higher in Black and Asian men compared to the general population.



However, for some ethnic groups disease prevalence is lower than expected, which could be a sign of worse access to health services. Within BLMK for example, stroke prevalence among Black and Asian men is lower than that of the general adult population (1.0% vs. 2.1% overall). Asian and Black people in BLMK also have the lowest usage of mental health services.

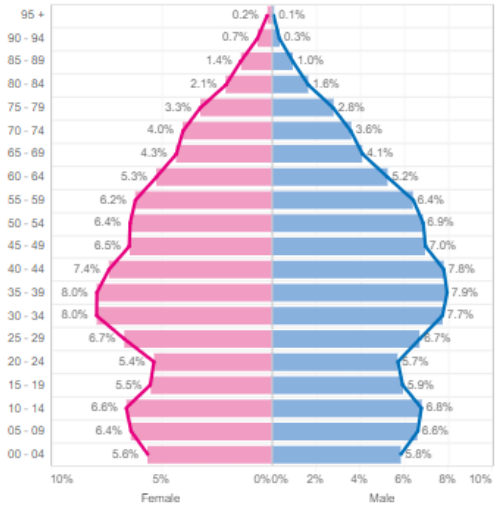
Compared to 'White British' patients, Asian patients have a higher prevalence of diabetes (11.4%), whereas Black patients have a higher prevalence of obesity (13.3%), hypertension (14.5%) and diabetes (10.6%).

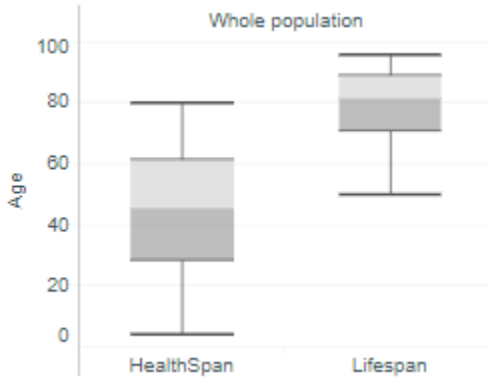
Aging population

Fact 4: BLMK has an aging population with increasingly complex needs.

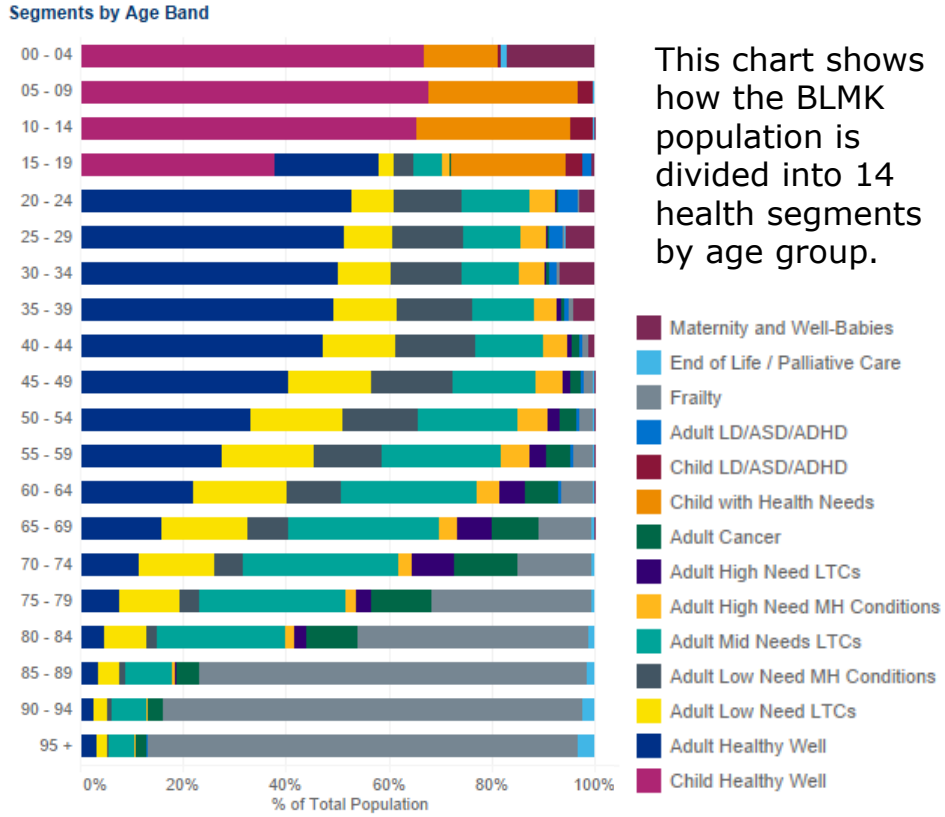
Bedfordshire, Luton and Milton Keynes Health and Care Partnership

In England, the proportion of people aged 80-84 with two or more long-term conditions increased from 30% in 2006 to 38% in 2015, although the proportion of this population living with no limitations to their activities of daily living has risen from 68% in 2006 to 75% in 2018. This implies that on average older people are living with an increased number of long-term conditions without needing more social care support. On the other hand, the **complexity** of needs among people with the **highest needs** is increasing.





HealthSpan® shows that the median age for patients moving out of the 'Healthy Well' segment in BLMK is 45, with an interquartile range of 28-61 years old.



This chart shows how the BLMK population is divided into 14 health segments by age group.

It shows that the proportion of patients who are 'Healthy Well' declines with age. The changes in segments with age show patients who have long-term conditions gradually move into the frailty segment, and cancer is more common between the ages of 60 and 85.

The number of **people older than 85** in England will double to **2.6 million over the next 25 years**. Currently in BLMK 63% of the population is aged 18-64 years and only 15% are over the age of 65, **but this is set to increase to 22% by 2042.**

New born babies & maternal health

Fact 5: The percentage of low birth weight babies is higher in BLMK than the England average and maternal health impacts on health and wellbeing of infants and child health.

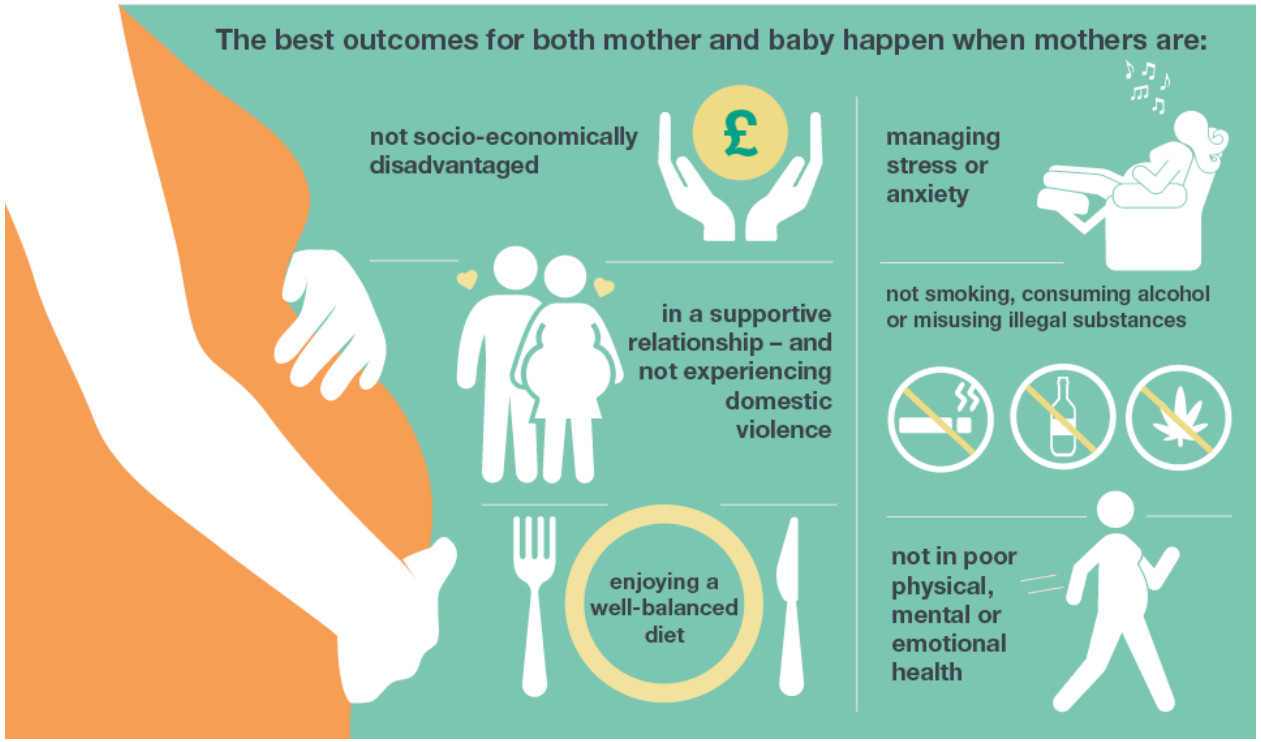
Bedfordshire, Luton and Milton Keynes Health and Care Partnership

In BLMK the percentage of low birth weight babies is higher than the England average (7.5% vs. 6.9%). Luton has the highest percentage of low birth weight babies in BLMK (9.0%), compared with Central Bedfordshire (6.5%), Bedford Borough (6.1%) and Milton Keynes (7.8%). Milton Keynes also has a higher proportion of very low birth weight babies compared to the England average (1.4% vs 1.0%).

Low birth weight increases the risk of **childhood mortality**, **wheeze**, **asthma** and **acute respiratory infections**, **and diseases in adulthood**, including obesity, coronary heart disease, type 2 diabetes, and chronic kidney disease.

Modifiable maternal risk factors for low birth weight include **smoking** and **environmental tobacco exposure**, illicit **drug and alcohol use**, low body mass index, **anaemia**, high blood pressure, bacterial vaginosis, **sexually transmitted infections**, **teenage pregnancy**, **intimate partner violence** and **air pollution**.

These risk factors tend to be more common in areas of higher deprivation and among younger mothers.



High quality **antenatal care** and access to **preventative services that target particular risk factors** help to ensure that new born babies have the best start in life.

0-5 Year Olds and Childhood immunisations

Fact 6: Childhood immunisation rates continue to decline and measles, mumps and rubella vaccination rates are below target across BLMK.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

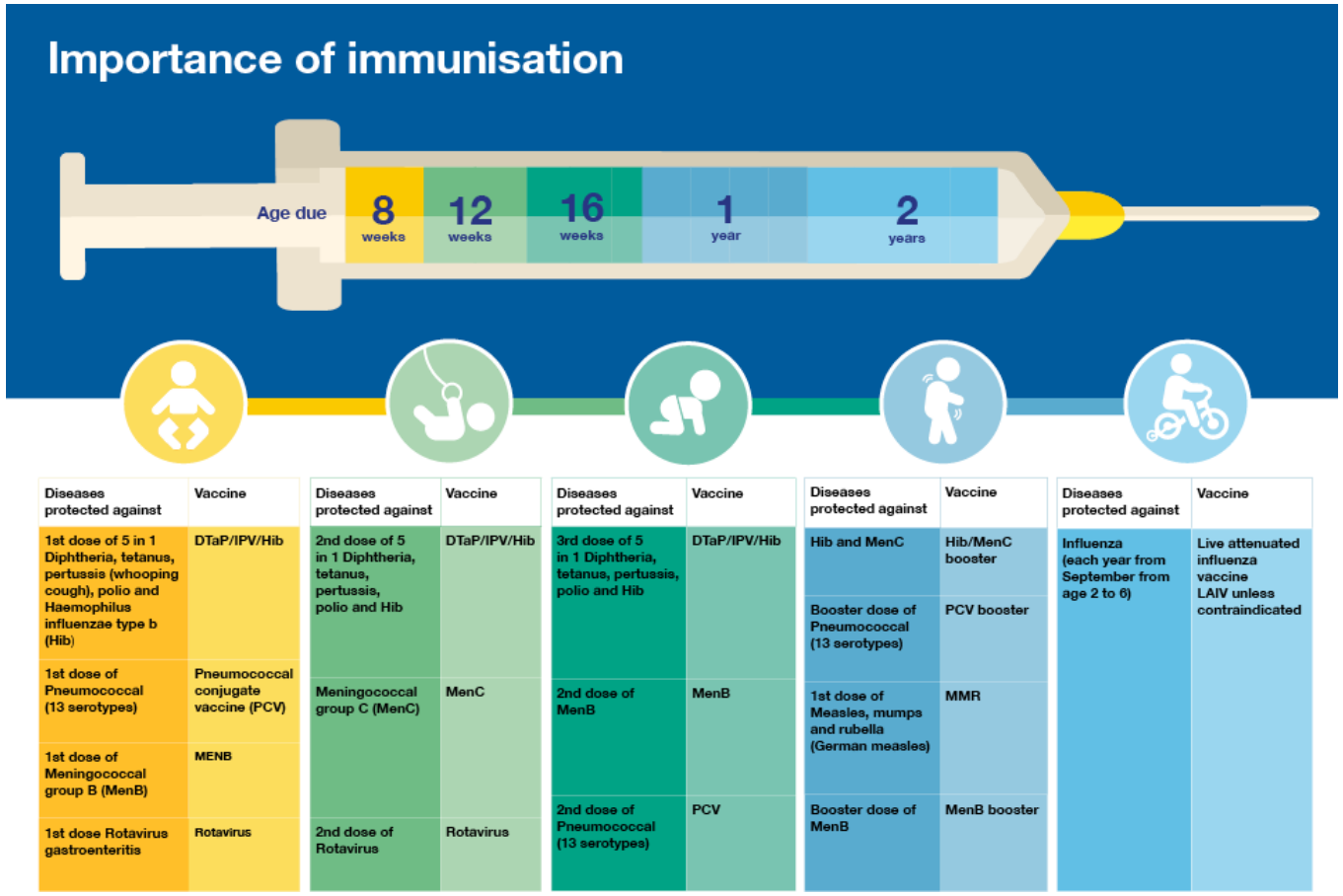
In BLMK there are currently 140,000 children under the age of 5. 20% of children in BLMK have an indicated health need – they **attend their GP** an average of **11 times a year** compared with **8 times for a healthy child** and are **twice as likely to attend A&E** and have an unplanned admission to hospital.

It is estimated that **the measles vaccine has prevented over 20 million cases and 4,500 deaths in the UK** since it was introduced in 1968.

Childhood vaccine uptake in England has been **declining since 2012-13** and has been made worse by the COVID-19 pandemic. In Bedford Borough, 89.5% of children at age 5 are fully vaccinated for measles, mumps and rubella (MMR). This figure is 87.9% in Milton Keynes and 91.2% in Central Bedfordshire, but **only 82.2% in Luton**. The target is **95%** to achieve strong **herd immunity and prevent outbreaks.**

Accessibility and **convenience of vaccination services** are reported as the most common barriers to children in England getting vaccinated.

Interventions to support vaccine uptake include invites and reminders, sufficient and flexible appointments, and nurses and doctors providing information and resources on vaccines.



Diseases protected against	Vaccine
1st dose of 5 in 1 Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	DTaP/IPV/Hib
1st dose of Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)
1st dose of Meningococcal group B (MenB)	MENB
1st dose Rotavirus gastroenteritis	Rotavirus

Diseases protected against	Vaccine
2nd dose of 5 in 1 Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
Meningococcal group C (MenC)	MenC
2nd dose of Rotavirus	Rotavirus

Diseases protected against	Vaccine
3rd dose of 5 in 1 Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
2nd dose of MenB	MenB
2nd dose of Pneumococcal (13 serotypes)	PCV

Diseases protected against	Vaccine
Hib and MenC	Hib/MenC booster
Booster dose of Pneumococcal (13 serotypes)	PCV booster
1st dose of Measles, mumps and rubella (German measles)	MMR
Booster dose of MenB	MenB booster

Diseases protected against	Vaccine
Influenza (each year from September from age 2 to 6)	Live attenuated influenza vaccine LAIV unless contraindicated

Obesity

Fact 7: Obesity cuts lives short and is an increasingly common problem in BLMK, with prevalence of overweight and obesity among children aged 10-11 ranging from 30% to 42%.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

In BLMK the prevalence of overweight and obese children aged 10-11 ranges from **30% in Central Bedfordshire to 42% in Luton.** Bedford Borough is 35% and Milton Keynes is 33%. For adults, the prevalence of overweight and obesity is lowest in Bedford Borough (63%) and highest in Milton Keynes (69%).

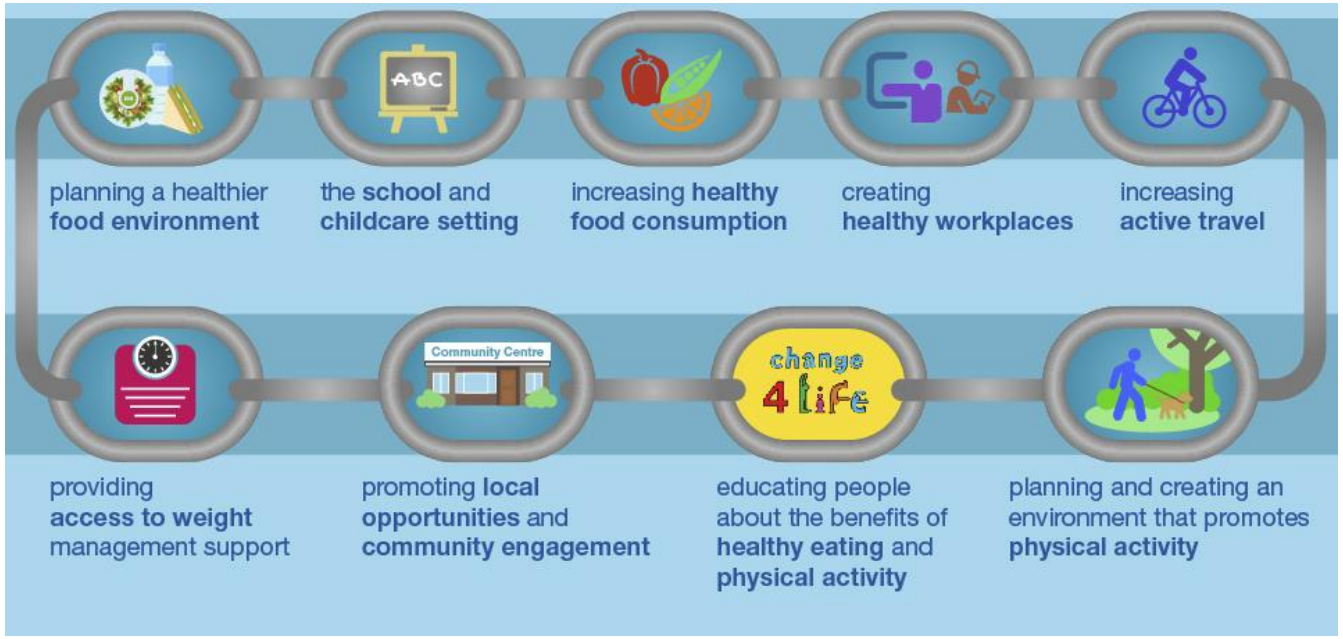
Across England there has been a sharp increase in the prevalence of childhood overweight and obesity in the space of a year.

The prevalence of obesity is around **two times higher** in the most deprived 10% of children compared with the least deprived 10%.

Obesity can lead to other serious conditions like diabetes, CHD, liver disease, asthma, some types of cancer, and stroke. It is responsible for an estimated **30,000 deaths each year** in England and **reduces life expectancy by 3 years** on average.

NICE recommends **multi-component, multi-agency lifestyle weight management services** – the NHS committed to providing access to these services in primary care in the Long Term Plan.

A wider system approach is needed to address the underlying causes of obesity, and this also aligns with other priorities. There is a national target for half of all journeys in towns and cities to be cycled or walked by 2030 – this will reduce obesity and related diseases as well as carbon emissions and local air pollution.



Smoking

Fact 8: Smoking remains one of the biggest causes of ill health in the UK and is far more common in certain population groups in BLMK.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

In BLMK the prevalence of smoking ranges from **13% in Bedford Borough, Central Bedfordshire and Milton Keynes to 15% in Luton, compared to the England average of 12%.**

Smoking is much more common among **routine and manual workers** (ranging from **21% in Central Bedfordshire to 31% in Luton**) and among people with **long term mental health conditions** (ranging from **21% in Central Bedfordshire to 33% in Luton**). Across BLMK 1 in 14 mothers (7%) are known to be smoking throughout their pregnancy**.**

Smoking is responsible for 74,600 deaths each year in England and heavy smoking **reduces life expectancy by 13 years on average**. **Two-thirds of deaths** in smokers in their 50s, 60s, and 70s can be put down to smoking.

Tailored and targeted support through the Maternity and Mental Health pathways will help these vulnerable groups stop smoking.

The Government plans to reduce smoking prevalence to 5% or less by 2030 (the smokefree generation) and all four BLMK councils have signed the Local Government Declaration on Tobacco Control.

Quitting benefits people's health at any age, but the earlier the better – people who **quit before age 35 have the same life expectancy** as people who have never smoked and people who **quit by age 50 halve their risk of premature death**.

Screening

Fact 9: Early diagnosis of cancer means earlier treatment and saves lives, but screening coverage for breast, bowel and cervical cancer varies across BLMK.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Breast cancer is the 2nd most common cause of cancer death among women and evidence suggests that participation in **screening reduces risk of dying from breast cancer by 38%.**

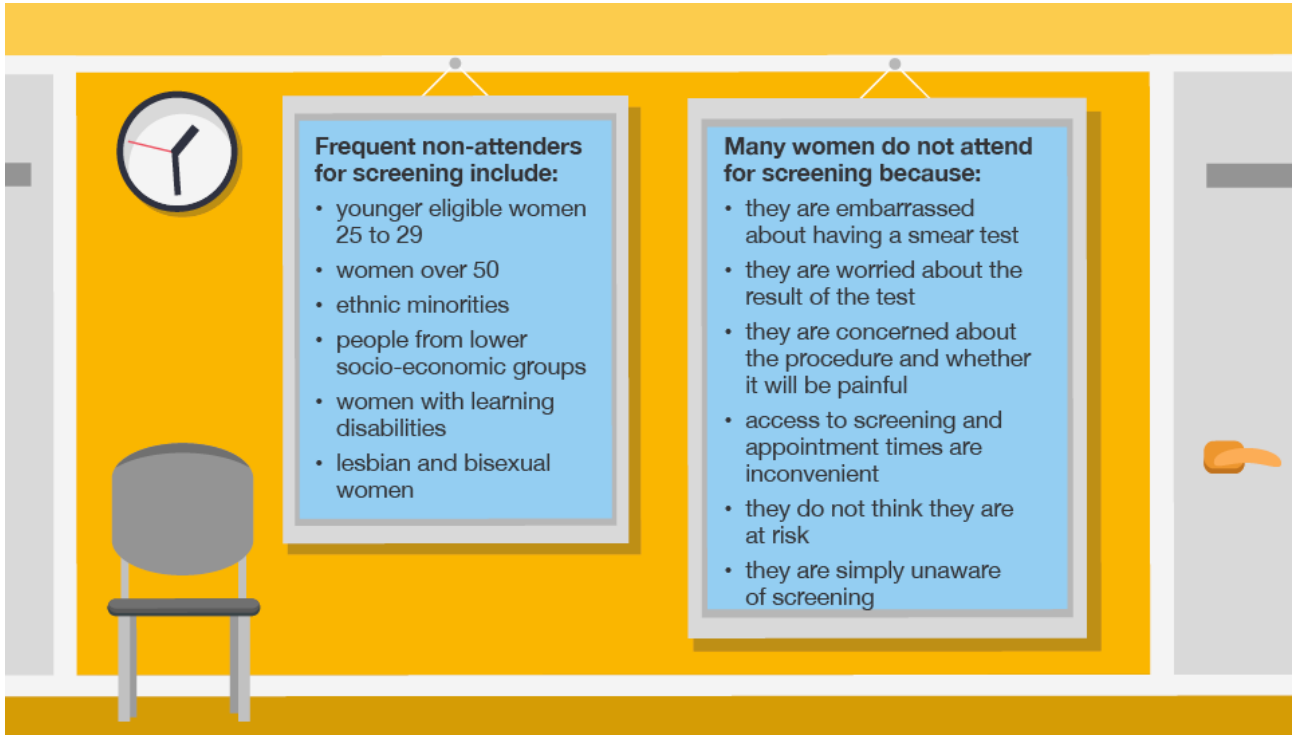
Breast screening coverage is 68% in Milton Keynes, 69% in Luton, 76% in Central Bedfordshire, but only **58% in Bedford Borough**. This compares to 64% in England.

Bowel cancer is the 2nd most common cause of cancer in men and women combined. **Screening reduces the risk of dying from bowel cancer by 16%** - the benefit of bowel cancer screening will likely increase due to the introduction of the more sensitive faecal immunochemical test.

Bowel screening is lower in Luton (57%) and Milton Keynes (64%) compared to the average across England (65%), whereas it is higher than the England average in Central Bedfordshire (68%). The Bedford Borough value is 65%.

Cervical cancer is the most common cancer in women <35. If all eligible women attended cervical screening regularly, **83% of cervical cancer deaths could be prevented**.

However, cervical screening coverage is falling year-on-year and in it BLMK is 67% among 25-49 year-olds, similar to the England average of 68%. It is **particularly low in Luton at only 57%,** Milton Keynes is also low with 67%. Bedford Borough (68%) is similar to England, while **Central Bedfordshire 76% is significantly higher.**



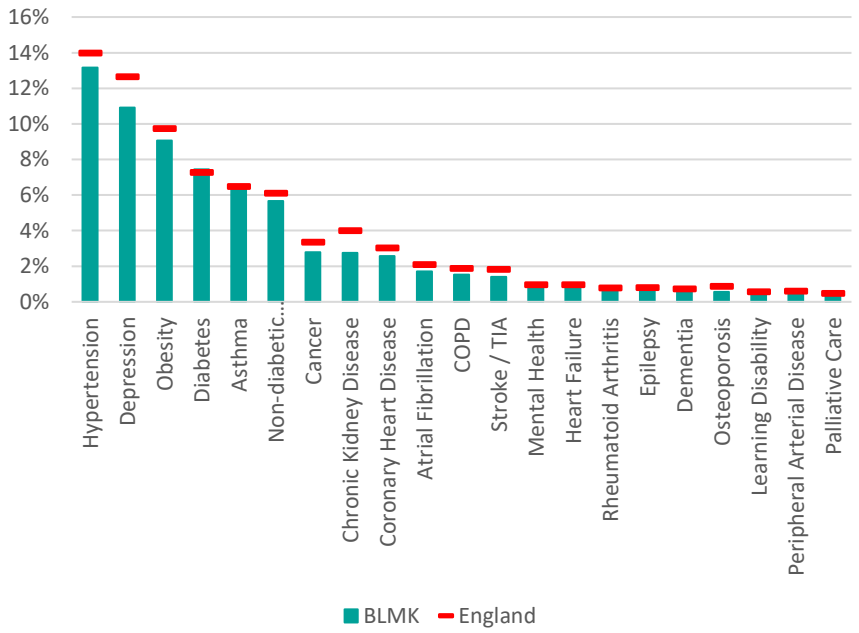
Long-term conditions

Fact 10: Waiting lists have been significantly impacted by the pandemic's reduction in in-person consultations.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Compared to the England averages, BLMK has a low prevalence for many of the recorded health conditions. The highest Quality and Outcomes Framework (QOF) prevalence rates in BLMK are for hypertension (13.2%), depression (10.9%), obesity (9.1%), diabetes mellitus (7.4%) and asthma (6.5%).

BLMK QOF Prevalence 2021-22



Place QOF Prevalence 2021-22

	Bedford Borough	Central Bedfordshire	Milton Keynes	Luton	BLMK	England
Hypertension	14.2%	13.8%	12.7%	12.1%	13.2%	14.0%
Depression	13.1%	11.4%	10.8%	8.7%	10.9%	12.7%
Obesity	9.7%	8.7%	8.4%	9.9%	9.1%	9.7%
Diabetes	7.6%	6.8%	6.9%	9.0%	7.4%	7.3%
Asthma	7.2%	7.0%	6.1%	5.7%	6.5%	6.5%

Within BLMK, 58% of all registered patients have a documented long-term medical condition, while the remaining 42% are categorised as 'healthy well'. **Patients with a long-term condition have higher demands on primary care resources**, requiring on average 14 primary care care-related activities a year compared to 6 for 'health well' patients.

Demand also shows on average one A&E attendance per year for patients with a long-term condition, compared to half this rate among 'healthy well' patients.

The current waiting list in BLMK is **157,000 for planned care** and **21,000 for diagnostics**.

Sexually transmitted infections

Fact 11: Prevention, early detection and treatment are key to reducing the impact of STIs, however, new HIV diagnoses and late HIV diagnoses are significantly higher in some areas of BLMK and chlamydia detection rates are mostly under target.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

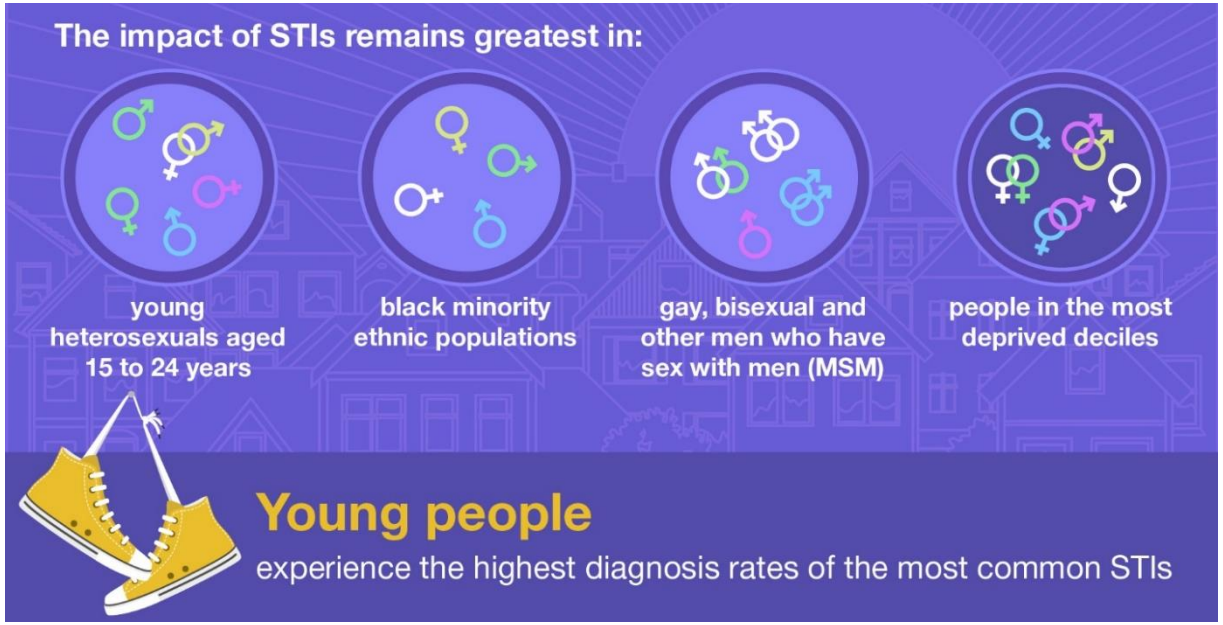
Prevention is central to achieving good sexual health outcomes. **Education**, **condom use**, **diagnosis and treatment** are key interventions to prevent and control STIs – most of this work is led by sexual health services. Legislation now requires relationships and sex education to be taught at all schools. Effective outreach is needed to address sexual health inequalities in disproportionately affected groups (see infographic).

Following a drop during the pandemic, **rates of STI diagnoses are rising again** in all four areas, ranging from **221 per 100,000 in Central Bedfordshire to 434 per 100,000 in Milton Keynes**, which is significantly higher than the England average (394 per 100,000).

New HIV diagnosis in persons aged 15 to 59 **is significantly higher in Luton** (4.2 per 1,000) **and Milton Keynes** (3.5 per 100,000) compared to England (2.3 per 1,000).

Chlamydia detection rates in persons aged 15 to 24 in BLMK are mostly under the national target, ranging from 931 per 100,000 in Central Bedfordshire to 1,993 per 100,000 in Milton Keynes.

If left **undiagnosed and untreated**, **common STIs may cause complications and long-term health problems**, including pelvic inflammatory disease, chronic abdominal pain, infertility, adverse pregnancy outcomes, neonatal and infant infections, urethral strictures in men and prostate and bowel infections and genital cancers in men who have sex with men.



Mental Health

Fact 12: 25% of patients in BLMK with a long-term condition also experience mental health needs and people with a severe mental illness have much lower life expectancy than that of the general population, largely due to a higher prevalence of physical conditions.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

In BLMK there are currently just under 8,000 patients on the severe mental illness (SMI) register, of these **57% have a recorded annual health check**.

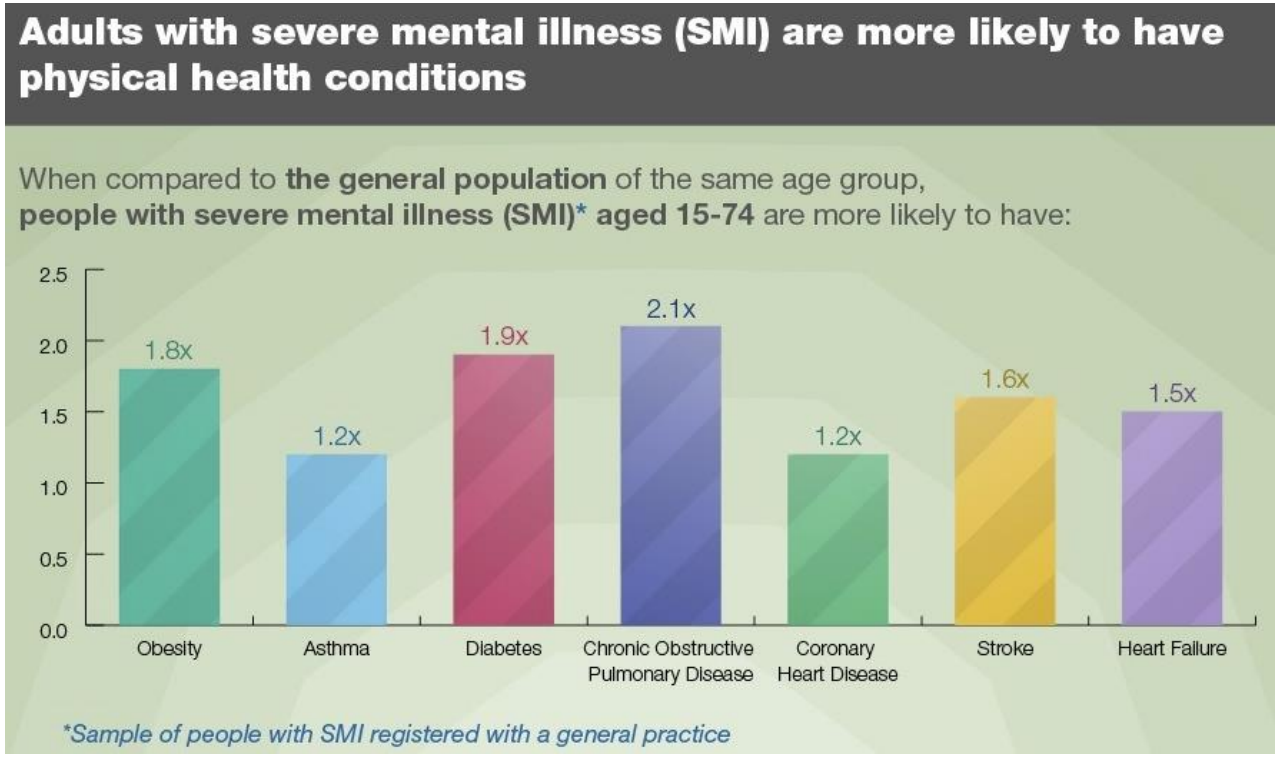
The need for mental health support is growing more and more every year. **The number of referrals to mental health providers increased by 20%** in BLMK from 2020/21 to 2021/22, with the largest increase (26%) among working age adults.

25% of BLMK patients who have a long-term condition also have a recorded mental health need. Patients with cancer (35%) and frailty (43%) are more likely to have this.

BLMK has 3,500 fewer patients with a diagnosis of dementia than expected. The current prevalence is 3.8% of patients aged 65 and over.

Compared with the general population, **adults with SMI die 15-20 years earlier** from a range of conditions, including cancer, cardiovascular, respiratory and liver disease.

Interventions to address the building blocks of health (e.g. employment and housing), address risk behaviours, improve access to care, and support self-management of conditions will help address health inequality experienced by people with SMI.



Carers

Fact 13: Carers in BLMK are twice as likely to have a mental health problem and are almost three times more likely to have a long-term condition.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

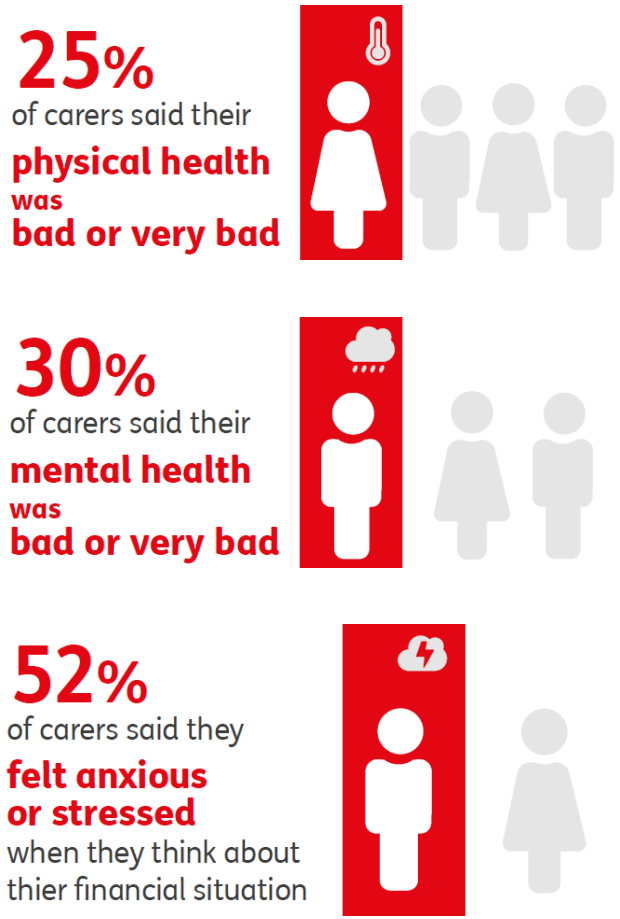
BLMK currently has 21,682 patients (around **2% of the population**) **registered as a carer** with their GP. Of these, 237 are children and just over 3,400 (16%) are aged 80+.

A YouGov poll in May 2020 reported there are an estimated **13.6 million unpaid carers** in the UK. This represents nearly a 50% increase in the number of unpaid carers since the COVID-19 pandemic began and a figure that is more than double the number (6.5 million) captured in the 2011 Census.

In BLMK **the number of carers registered has nearly doubled since 2019**.

In BLMK **carers are almost three times more likely to have a long-term medical condition**. Only 16% of patients identified as having a caring role are classified as 'healthy well', compared to 43% who are not carers.

Carers in BLMK have a higher prevalence of many long-term conditions verses non carers: diabetes (14% vs 8%), hypertension (29% vs 12%) and obesity (23% vs 10%) and frailty (16% vs 5%). **Mental health prevalence is twice as high among carers with 46.3% identified as having a mental health need**.



Carers UK, State of Caring 2021

There are 10 Commissioning for Carers Principles focussed on achieving the best outcomes for carers:

1. Think Carer, Think Family; Make Every Contact Count
2. Support what works for carers, share and learn from others
3. Right care, right time, right place for carers
4. Measure what matters to carers
5. Support for carers depends on partnership working
6. Leadership for carers at all levels
7. Train staff to identify and support carers
8. Prioritise carers' health and wellbeing
9. Invest in carers to sustain and save
10. Support carers to access local resources

Cost of living and fuel poverty

Fact 14: Fuel poverty in BLMK varies from 7.3% Milton Keynes to 16.4% in Luton, but it is estimated that 55% of UK households will be experiencing fuel poverty by January 2023, with higher rates among large families, lone parents, and pensioners.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

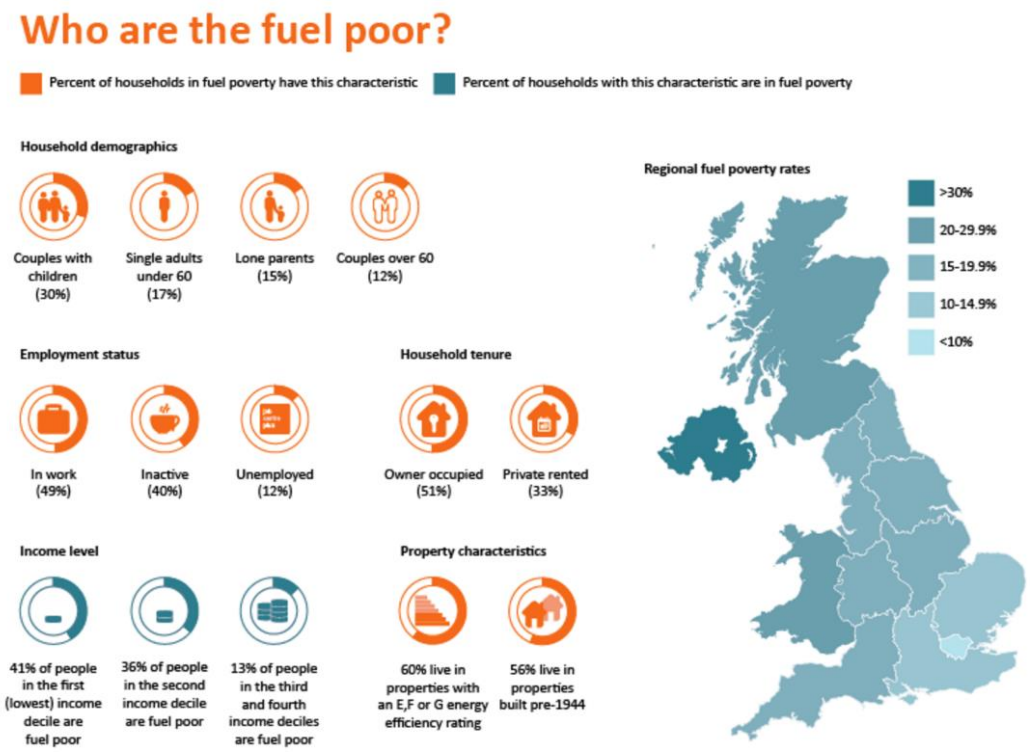
Fuel poverty in BLMK varies from **7.3% Milton Keynes** to **16.4% in Luton**, compared to England 13.2% in 2020. In Bedford Borough and Central Bedfordshire the percentages are 13.8% and 11.3%, respectively.

The cost of living crisis will increase the number of households affected by fuel poverty in the coming months and years. It is estimated that **55% of UK households** will be experiencing fuel poverty by January 2023 (where >10% of net income is spent on fuel). **Over 80% of large families, lone parents, and pensioner couples will be in fuel poverty**.

Living in cold and damp houses increases the risk of pneumonia, asthma attacks, exacerbation of chronic airway disease, heart attacks, strokes and poor mental health.

There are many actions that can be taken to address fuel poverty at the LA and ICS level, including: telephone and face-to-face **advice for improved energy efficiency and income maximisation**; **social prescribing** to energy efficiency schemes; collective **switching schemes**; public health **awareness campaigns**; local authority and housing association retrofit; the creation of 'warm spaces'; and **supporting employment opportunities**.

There are 33 foodbanks across BLMK: 10 in Central Bedfordshire, 7 in Bedford Borough, 6 in Luton, and 10 in Milton Keynes.



Climate change and air pollution

Fact 15: Tackling the key sources of air pollution and carbon emissions will improve health and reduce inequalities.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Air pollution is responsible for up to **36,000 deaths** in the UK **each year**. It is responsible for an estimated **5.7% to 6.2% of deaths** in BLMK.

The **most deprived communities** are at greatest risk of the health effects of air pollution because they are more likely to have **existing medical conditions** and live in areas with **poorer air quality**.

In 2020, summer heatwaves caused a record **2,600 excess deaths** in the UK. Heatwave deaths could rise to **7,000 deaths** per year over the next 3 decades.

Key climate change risks affecting BLMK include **water scarcity**, **flooding**, and **hotter temperatures**.

Achieving the UK's ambitions under the Paris Climate Change Agreement could see over **5,700 lives** saved from **improved air quality**, **38,000 lives** saved from more **physically activity**, and over **100,000 lives** saved from **healthier diets** annually.

Road transport is a leading source of both carbon emissions and air pollution. The ICS can work to improve **public transport**, **walking and cycling** infrastructure and promote active travel to help reduce inequalities of health and care access, increase physical activity, and reduce the health risks of climate change and air pollution.