

# Central Bedfordshire Shadow Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Longer Lives

**Meeting Date:** 18 July 2013

**Responsible Officer(s)** Muriel Scott and John Rooke

**Presented by:** Muriel Scott, Director of Public Health

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## Action Required:

1. **Consider the Longer Lives analysis of the rates of premature mortality in Central Bedfordshire**
  2. **Agree the proposed next steps**
  3. **Consider the implications for the Health and Wellbeing Strategy and the Bedfordshire Plan for Patients**
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## Executive Summary

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| <b>1.</b> | <p>Longer Lives is a new website showing significant variation in early death rates to drive public awareness and local action to tackle public health problems.</p> <p>The data show that Central Bedfordshire has a lower premature mortality rate compared to most other parts of the country and is third best in the country for low death rates from liver disease . However, when compared with the top 10% least deprived local authorities, Central Bedfordshire has a higher overall rate and higher rates of premature mortality from cancer, heart disease and stroke, and lung disease. Only liver disease shows Central Bedfordshire has a lower rate of premature mortality.</p> <p>This paper provides the board with an overview of the findings, the proposed next steps and the implications for health partners and the council.</p> |
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## Background

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| <b>2.</b> | <p>Public Health England, on the 11 June 2013, published a set of data to highlight the numbers of people in England dying prematurely (defined as before the age of 75). The data is for the period 2009- 2011.</p> |
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The rates are published for overall mortality and four disease groups that have the greatest contribution to premature mortality: cancer, heart disease and stroke, lung disease, and liver disease.

Each local authority in England is compared to the national average and for the first time these data are also compared to other local authorities of similar socio-economic status – termed Similar Areas - based on the Index of Multiple Deprivation (IMD) 2010.

3. The data show that people in Central Bedfordshire have a lower premature mortality rate compared to most other parts of the country. The rate of premature mortality has fallen year-on-year. In the period 2005-07, 274 people in every 100,000 of the population were dying prematurely, this dropped to 237 people in the period 2009-11.

However, when compared with the new grouping of local authorities, Central Bedfordshire has a higher overall rate than all but one local authority within the same group. Within the new grouping Central Bedfordshire also has higher rates of premature mortality from cancer, heart disease and stroke, and lung disease. Only liver disease shows Central Bedfordshire has a lower rate of premature mortality than all but one area in its comparator group.

Mortality	Central Bedfordshire national rank out of 150 areas	Central Bedfordshire rank out of 15 similar areas by IMD 2010	Central Bedfordshire rank out of 16 similar areas (CIPFA)
Overall	33rd	14th	6
Cancer	50th	14th	6
Heart Disease & stroke	30th	12th	6
Lung Disease	48th	14th	7
Liver Disease	3rd	2nd	3
	Rank of 1 is best		

The graphical representation of this data is shown in Appendix A

4. The following approaches are known to work in addressing premature mortality are;

- Reducing inequalities in health by giving every child the best start in life and by tackling the wider determinants of health such as housing, employment, air quality, educational attainment and child poverty which contribute to improved healthy life expectancy
- Minimising the risk of developing a long term condition by helping people to make healthy lifestyle choices, such as not smoking, being physically active, maintaining a healthy weight and drinking within safe limits.

	<ul style="list-style-type: none"> <li>• Identifying long term conditions early through programs such as NHS Health Checks and then delivering high quality primary care. Good blood pressure control and cholesterol control are important in patients diagnosed with Coronary Heart disease and Stroke patients. Good blood sugar control is important in patients diagnosed with diabetes.</li> <li>• Commissioning high quality care in an acute setting if people with a long term condition require this.</li> <li>• Improving cancer awareness and screening uptake to increase early detection and treatment.</li> </ul> <p>The Longer Lives report also identifies the main modifiable risk factors which can reduce rates of premature mortality. These are:</p> <p><i>Heart Disease and Stroke</i> –smoking, hypertension, poor diet and physical activity  <i>Cancer</i> – smoking, poor diet and alcohol  <i>Lung Disease</i> – smoking and air quality</p>
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### Detailed Recommendation

<b>5.</b>	That the Board agrees that the Longer Lives analysis provides an excellent challenge to its constituent members to work together to ensure that the outcomes for the residents of Central Bedfordshire are amongst the very best in England.
<b>6.</b>	<p>That to meet this challenge a number of actions can be taken in the short term:</p> <ul style="list-style-type: none"> <li>• Benchmarking existing services, which address the modifiable risk factors, against those in similar areas to see where service delivery and outcomes could be improved. These include stop smoking services, Healthchecks, alcohol services, screening and obesity.</li> <li>• That the BCCG localities within Central Bedfordshire use the recently produced locality profiles to improve outcomes at a practice and locality level. These should include the identification and treatment of hypertension and diabetes, achievement of Healthcheck targets, as well as reducing variation in care at a practice level.</li> <li>• That the JSNA re-refresh of chapters covering cardiovascular disease, cancer, Chronic Obstructive Pulmonary Disease (COPD) asthma and diabetes, due in August 2013, identify the specific actions required by each organisation to reduce premature mortality.</li> </ul>
<b>7.</b>	That in the longer term the Board assures itself that actions are being taken to address the wider determinants of health which impact upon premature mortality and inequalities in health. It is proposed that the HWB receives a more comprehensive action plan at the meeting in November where actions to reduce premature mortality will be detailed and include those to address the wider determinants of health.

<b>8.</b>	That the HWB reviews the Joint Health and Wellbeing Strategy, in the light of Longer Lives and the JSNA Executive Summary which is due to be considered by the HWB in September 2013.
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## Issues

### Strategy Implications

<b>9.</b>	The Joint Health and Wellbeing Strategy already includes a priority to help people make healthier lifestyle choices and the earlier identification of cardiovascular risk through Healthchecks. However the actions within the priority should be reviewed in light of Longer Lives, including its focus on the wider determinants of health.
<b>10.</b>	The process for reviewing the Bedfordshire Plan for Patients and Locality Plans has already commenced and should include specific actions to address premature mortality and reduce variation in care within Primary Care.

### Governance & Delivery

<b>11.</b>	<p>There are a number of elements to the current governance:</p> <ul style="list-style-type: none"> <li>• Delivery of services to help people make healthy lifestyle choices is through performance and contract management of commissioned services by the Public Health Teams.</li> <li>• NHS England is responsible for assuring effective screening programmes and holds contracts for Primary Care.</li> <li>• Bedfordshire Clinical Commissioning Group Governing Body is responsible for commissioning high quality care for people with long term conditions and for reducing variation in primary care.</li> </ul> <p>The governance mechanisms may need to be reviewed in light of the comprehensive action plan.</p>
<b>12.</b>	Interventions and changes to services implemented now may take several decades before the impact is seen on premature mortality. However premature mortality rates will be measured annually to ensure that the downward trajectory is maintained and performance relative to peers starts to improve.

### Management Responsibility

<b>13.</b>	Responsibility for delivery will be included in the comprehensive action plan.
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# In 2011, one in three deaths in England was under the age of 75<sup>1</sup>

Longer Lives highlights premature mortality across every local authority in England, giving people important information to help them improve their community's health.

See how your local authority compares

**Show data for**

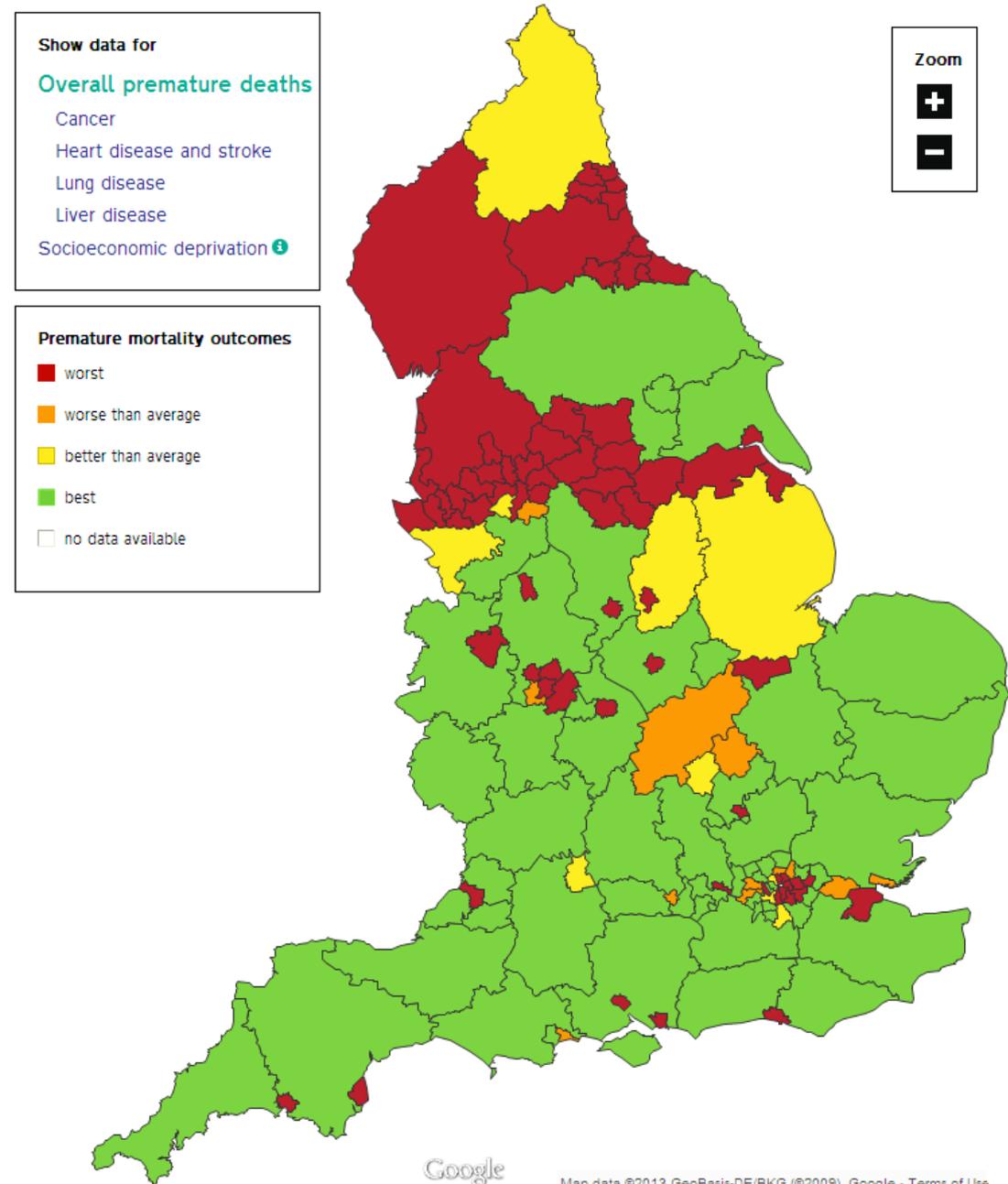
- Overall premature deaths
- Cancer
- Heart disease and stroke
- Lung disease
- Liver disease
- Socioeconomic deprivation 

**Premature mortality outcomes**

-  worst
-  worse than average
-  better than average
-  best
-  no data available

**Zoom**

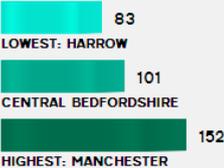
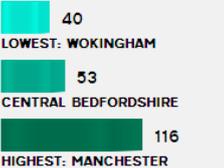


# All local authorities

**National view:** Central Bedfordshire's rank within the 150 local authorities in England.

Premature mortality outcomes ■ worst ■ worse than average ■ better than average ■ best



Rank	Deaths per 100,000 for 2009–2011 ⓘ	Common causes
 <b>50<sup>th</sup></b> OUT OF 150 LOCAL AUTHORITIES	<b>Cancer</b> 	Smoking Alcohol Poor diet <a href="#">How to reduce cancer rates</a> <a href="#">Reduce your risk of cancer</a>
 <b>30<sup>th</sup></b> OUT OF 150 LOCAL AUTHORITIES	<b>Heart disease and stroke</b> 	High blood pressure Smoking Poor diet <a href="#">How to reduce heart disease rates</a> <a href="#">Reduce your risk of heart disease</a>
 <b>48<sup>th</sup></b> OUT OF 149 LOCAL AUTHORITIES	<b>Lung disease</b> 	Smoking Air pollution <a href="#">How to reduce lung disease rates</a> <a href="#">Reduce your risk of lung disease</a>
 <b>3<sup>rd</sup></b> OUT OF 149 LOCAL AUTHORITIES	<b>Liver disease</b> 	Alcohol Hepatitis Obesity <a href="#">How to reduce liver disease rates</a> <a href="#">Reduce your risk of liver disease</a>

# Mortality rankings

Premature mortality outcomes ■ worst ■ worse than average ■ better than average ■ best

## Similar Areas Ranking

Ranking similar areas to Central Bedfordshire [↕](#)

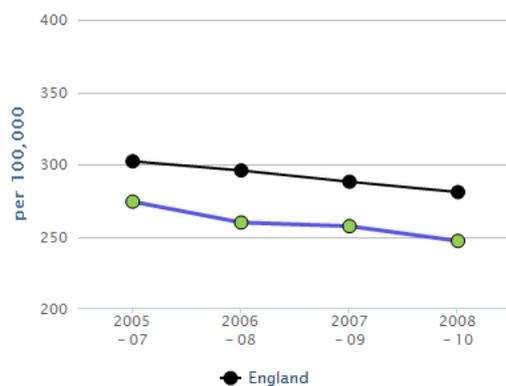
[< return to national rankings](#)

Rank ▲	Local authority	Population	Premature deaths per 100,000
1	<span style="color: green;">■</span> Wokingham	154,943	200.3
2	<span style="color: green;">■</span> Richmond upon Thames	187,527	202.3
3	<span style="color: green;">■</span> Surrey CC	1,135,367	208.5
4	<span style="color: green;">■</span> South Gloucestershire	263,417	208.5
5	<span style="color: yellow;">■</span> Rutland	37,581	209.3
6	<span style="color: yellow;">■</span> Hampshire CC	1,322,118	214.8
7	<span style="color: yellow;">■</span> Kingston upon Thames	160,436	215.5
8	<span style="color: yellow;">■</span> West Berkshire	154,148	215.7
9	<span style="color: yellow;">■</span> Buckinghamshire CC	506,550	218
10	<span style="color: orange;">■</span> Windsor and Maidenhead	145,098	220
11	<span style="color: orange;">■</span> Bath and North East Somerset	175,538	227.7
12	<span style="color: red;">■</span> Hertfordshire CC	1,119,824	228.5
13	<span style="color: red;">■</span> Leicestershire CC	651,179	235.6
14	<span style="color: red;">■</span> Central Bedfordshire	255,644	236.8
15	<span style="color: red;">■</span> Bracknell Forest	113,696	240.6

## Premature Mortality Trend 2005-07 to 2008-10

**Mortality from all causes, aged <75**  
Central Bedfordshire

Directly standardised rate - per 100,000



Period	Sig	Value	Lower CI	Upper CI	East of England	England
2005 - 07	●	274.3	262.6	286.4	265.7	302.2
2006 - 08	●	259.9	248.7	271.5	260.5	295.9
2007 - 09	●	257.3	246.3	268.7	254.3	288.1
2008 - 10	●	247.2	236.5	258.2	248.8	280.9

Source: ONS mortality file and ONS LSOA single year of age population estimates