

Bedfordshire, Luton and Milton Keynes ICS Place Based Profiles

Comprising:

Bedford Borough, Central Bedfordshire, Luton Borough and Milton Keynes Places

Slide	Contents
3	Overview of the pack
4	Introduction
5	BLMK Priorities
6	Guidance Notes on the data presented
7-9	BLMK Age profile, ethnicity, deprivation and Life Expectancy
10-12	BLMK key points
13-28	Bedford Borough Profile
29-44	Central Bedfordshire Profile
45-59	Luton Borough Profile
60-75	Milton Keynes Profile
76-80	Appendices
81-81	Data sources

Overview of pack

These Place-based profile packs have been developed with input from BLMK Public Health Intelligence, Executive Place officers, AGEM BI and the BLMK Population Health Management team in order to present a high-level view of the health and care needs in each place and some of the key wider determinants.

The packs have been designed to help you to understand the health and care needs of your Place-level populations, including known inequalities and using local and national comparisons. The pack will support the development of your Place-level plans using currently available data and will enable a Population Health approach to the development of future service models and collaboration, in line with ICS and Place priorities.

Feedback from your Place-level conversations will help us to provide future data in accessible and user-friendly formats. As our capabilities develop we will be able to link more of our datasets at the system and place level, and from that develop analyses and insights that include health and care resource utilisation alongside important determinants of health and wellbeing.

Introduction

Population health management is an approach that uses data to guide the planning and delivery of care to achieve maximum impact on population health. It includes segmentation and stratification techniques to identify people at risk of ill health and to focus on interventions that can prevent that ill health or equip them to manage it.

The Social Care Institute for Excellence (SCIE 2018) describes PHM as a methodology to put together a comprehensive understanding of population health needs by joining up data about:

- Health behaviours and status
- Clinical care access
- Use and quality of available services
- Social (& wider) determinants of health.

Our Five Priorities

Vision

“Our vision is to work with our population to optimise health and wellbeing, advance equality in our communities and make the best use of our resources.”



Guidance Notes on the data

- The report consolidates place-level data available for BLMK from various data sources to provide the most up-to-date data available at the time of writing.
- The data in this report are extracted from different sources therefore the timeline of the reporting may not align completely. It should also be noted that discrepancies have been reported between different data sources.
- The health outcomes and inequalities data in this report are pre-pandemic and do not reflect impact of COVID-19. The health service utilisation data are April 2020 to March 2021.
- The report presents a high-level overview at place, focusing on some of the key determinants of health, health outcomes, health inequalities and healthcare resource use. It was not possible in the time available to present a compendium of all relevant indicators for each place.
- This report identifies areas of difference that would benefit from further investigation. Places should be able to identify topics where a deep dive may be justified to understand whether those disparities are indeed unwarranted, or may be explained by methodological differences, demographics or other known factors.

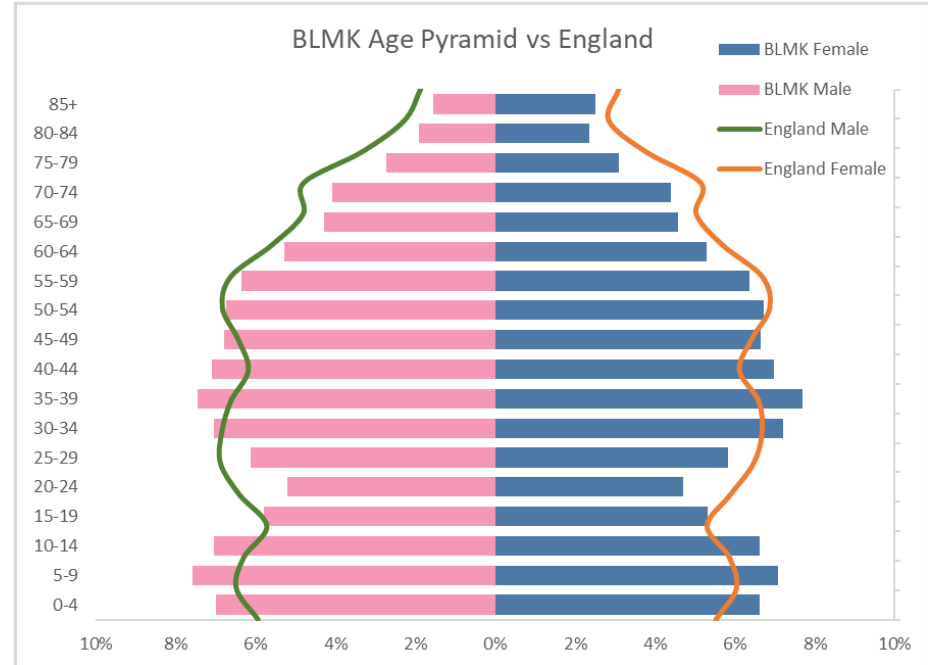
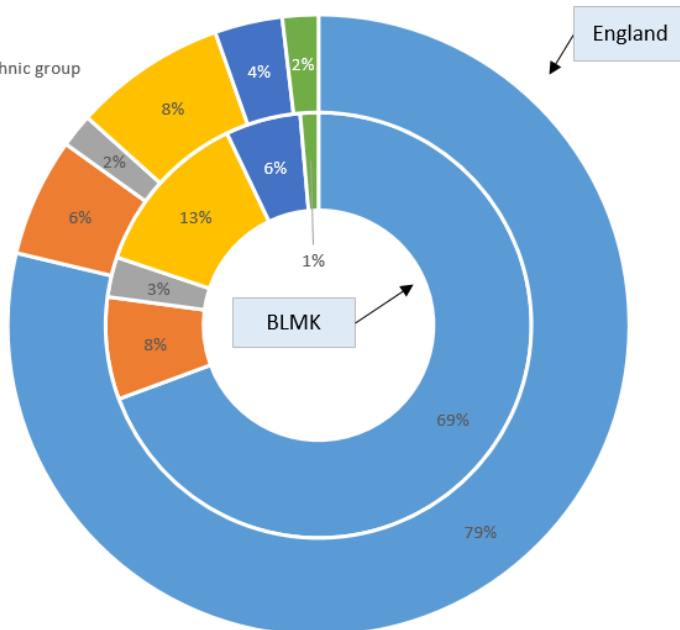
Please see further notes on presented data on each slide.

Age Profile & Population comparison

Total population ≈ 950,000

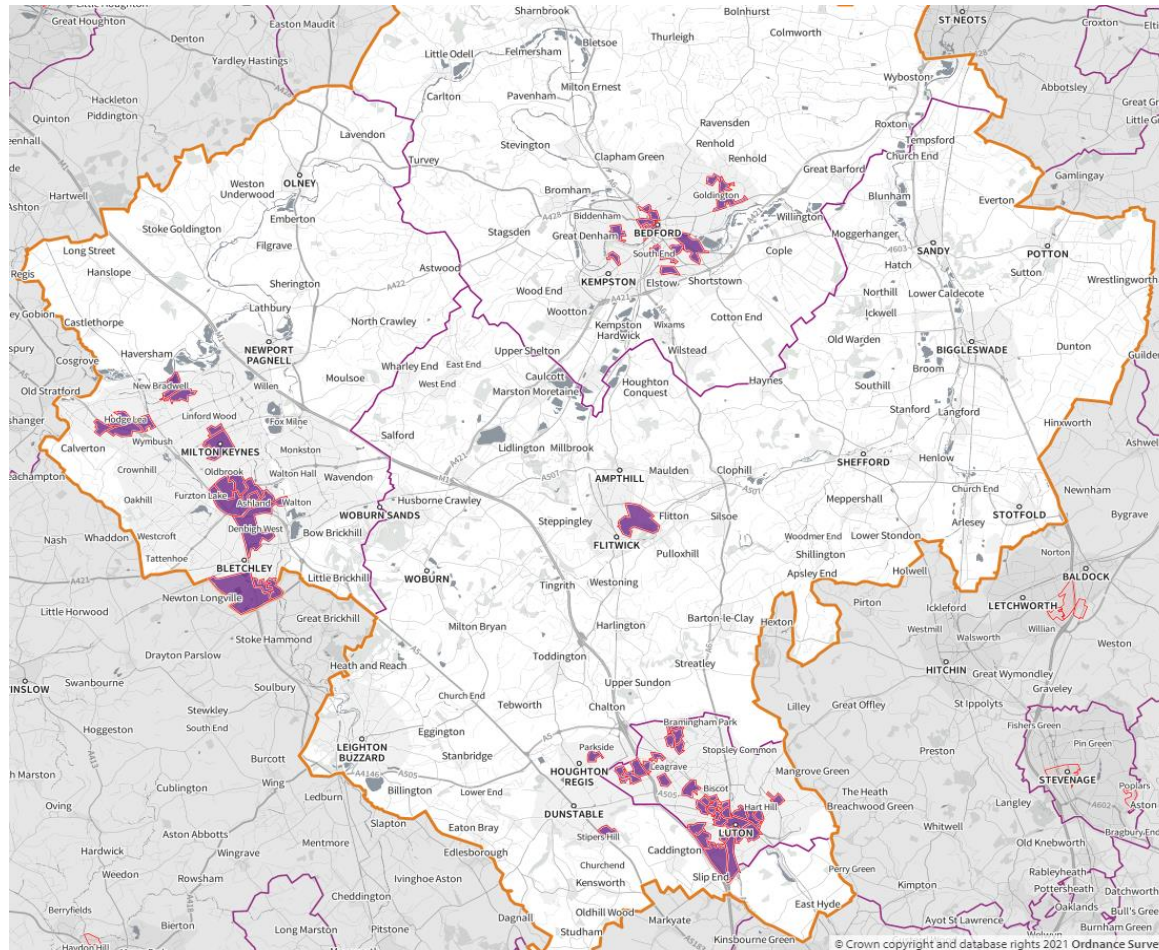
Compared to the national average, BLMK has more young people aged 0-14 and a higher proportion of the population aged 35 to 44, there are fewer 20 to 29 year olds.

- White British
- Other White
- Mixed
- Asian
- Black
- Other ethnic group



BLMK has an ethnically diverse population, with a particularly large 'Asian' and 'Other White' population (69% White British, 8% Other White, 13% Asian, 3% Black) compared to England.

BLMK LSOAs* among the top 20% most deprived in England



* Lower Super Output Areas are small geographical areas with a population of between 1,000 and 3,000.

Life expectancy in BLMK

Average life expectancy at birth compared to England (2017-19)

Place	Male	Female
Bedford	79.5	83.5
Central Bedfordshire	81.1	84.6
Luton	78.7	82.7
Milton Keynes	79.5	83.4
England	79.8	83.4

Healthy life expectancy at birth compared to England (2017-19)

Place	Male	Female
Bedford	62.8	65.5
Central Bedfordshire	66.4	67.7
Luton	57.4	60.2
Milton Keynes	61.8	65.7
England	63.2	63.5

Difference in life expectancy between the most and least deprived areas (slope index of inequality, 2017-19)

Place	For men	For women
Bedford	10.3 years	8.2 years
Central Bedfordshire	5.4 years	5.3 years
Luton	8.5 years	4.8 years
Milton Keynes	8.1 years	6.2 years

Key: **Green**=better than England, **Amber**=similar to England, **Red**=worse than England

Source: [Public Health Outcomes Framework, PHE](#)

Key points that are similar across BLMK

- **Average life expectancy** for all places is similar to the England average, ranging from 78.7 to 81.1 years for men and 82.7 to 84.6 years for women
- In all places, around half the adult population (49% - 53%) have a long-term health condition
- According to QOF*, the most **commonly recorded health conditions** by GPs are smoking (range: 16%-17%), high blood pressure (range: 12% - 14%), obesity (range: 9% - 11%) and depression (range: 9% - 11%)
- **Deaths** due to circulatory disease, cancer and respiratory disease contribute the most to the life expectancy gap seen between the most and least deprived neighbourhoods in each place. In women mental and behavioural disorders also important contributory drivers of the life expectancy gaps
- Across BLMK **30 to 40%** of children aged 10 to 11 years are overweight or obese and 11 to 19% of children live in low income households
- Smoking is more prevalent in routine and manual workers (20 to 31%) and among people with long term mental health conditions (24 to 35%)
- Across BLMK around **15%** of the population are informal carers

Key differences across BLMK

Population structure:

- Large differences in population age (% aged ≥ 65 years ranges from 11 to 18%)
- Large differences in ethnicity (% ethnicity other than White British ranges from 11 to 57%)
- Large differences in levels of deprivation (% of neighbourhoods in 20% most deprived neighbourhoods in England ranges from 3 to 24%)

Health:

- Large differences in the size of the life expectancy gap between the most and least deprived neighbourhoods in each place, from 5.4 years for men and 4.8 years for women (best performing places) to 10.3 years for men and 8.2 years for women (worst performing place)
- There is also variation in cancer screening coverage, in particular breast cancer screening which ranges from 71 to 80%

Between places:

- Bedford Borough and Milton Keynes have similar population structures (similar levels of diversity and deprivation) and similar levels of health, although the health of people is on average slightly better in Milton Keynes
- Luton's population is young, highly ethnically diverse, very deprived and has widespread health challenges
- Central Bedfordshire is older, more affluent, less ethnically diverse, mostly healthy and has small pockets of deprivation
- Health inequalities and high levels of health risk behaviours/conditions exist in all places

Suggested BLMK-wide opportunities for improvement

Focus on

- reducing smoking prevalence, especially amongst people working in routine and manual occupations (20-31% smoking prevalence) and people with serious mental health conditions (24-35% smoking prevalence)
- providing support to prevent disease progression and maintain independence for the 50% of people that have a long-term health condition
- working to improve levels of childhood obesity (17%-21% of 10-11 year olds)
- providing support for informal carers (15% of people)
- the recording and collation of the mental health data in primary care

In all places, when attempts are made to reduce the life expectancy gap, a particular focus should be made to reduce deaths caused by circulatory disease, cancer and respiratory disease, as well as mental and behavioural disorders in women.

Review Primary Care Network (PCN)-wide differences in clinical management of children with complex health needs and palliative care, as these patient groups account for wide variations in PCN hospital spend per capita in each place

Bedford Borough

Place level summary – Bedford Borough

Total population ≈ 180,000

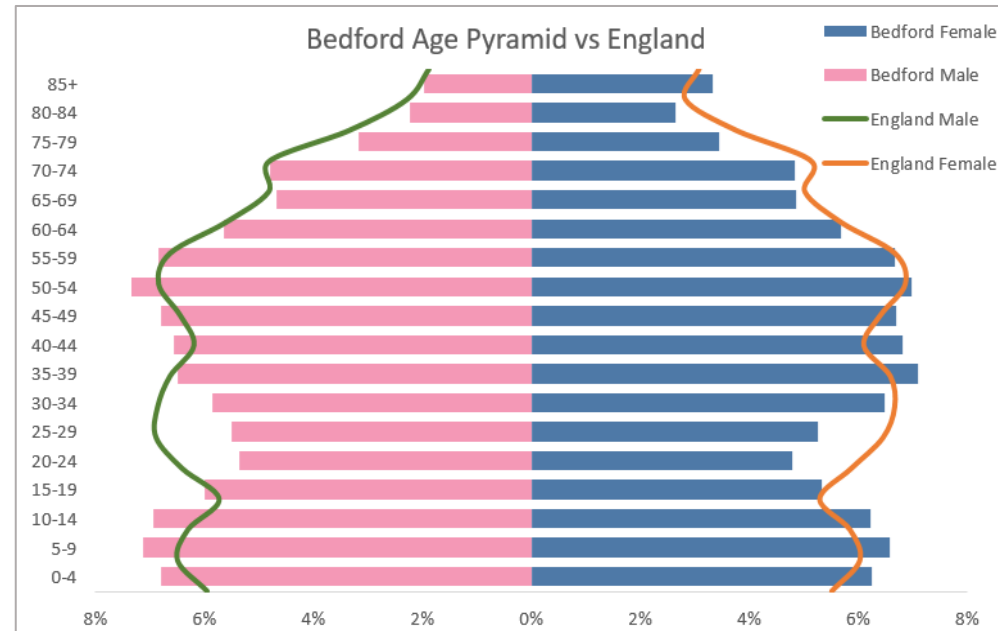
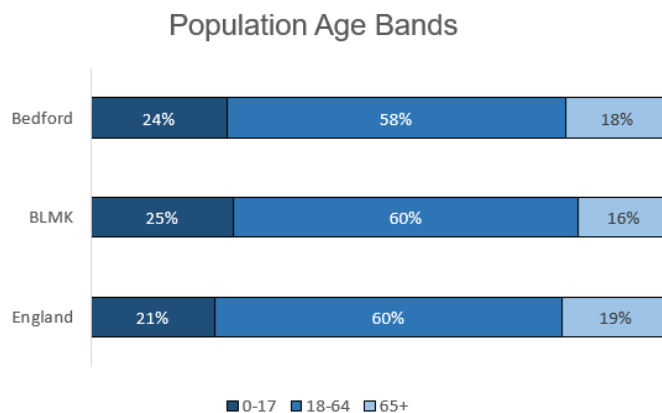
- Similar age profile to the BLMK average (18% of population aged ≥ 65 years in Bedford vs. 16% overall)
- Ethnically diverse population, with a particularly large 'Other White' population (74% White British, 10% Other White, 7% Asian, 4% Black)
- Many areas experience high levels of deprivation, with 14% of neighbourhoods (14 LSOAs) in the 20% most deprived neighbourhoods in England
- 15% of children (5,000) live in low income households and 21% of 10 to 11 years olds (400) are classified as obese, the highest percentage of obese children in BLMK
- 10.3 year male and 8.2 year female life expectancy gap between the most and least deprived neighbourhoods, the largest in BLMK
- In Harpur ward-all-cause mortality is 70% higher than the England average, likely reflecting the high density of care homes
- Of the most commonly recorded health conditions (smoking, high blood pressure, depression, obesity, diabetes, asthma, and CKD) by GPs all are similar to the CCG averages, apart from asthma and CKD which appear to be more common.
- Hospital spend per capita is lowest in the CCG for most patient categories, and between PCNs there is large variation in spending for children with complex health needs (£2,553-£5,781)

Opportunities for improvement

- Focus on reducing the healthy life expectancy gap between the most and least deprived neighbourhoods, which is the largest in BLMK (10.3 year for men and 8.2 years for women)
- As the place with the highest level of childhood obesity in BLMK, a particular focus should be made to improve this outcome
- Review disparities in average hospital spend per capita in Bedford compared to the CCG average

Age Profile & Population comparison

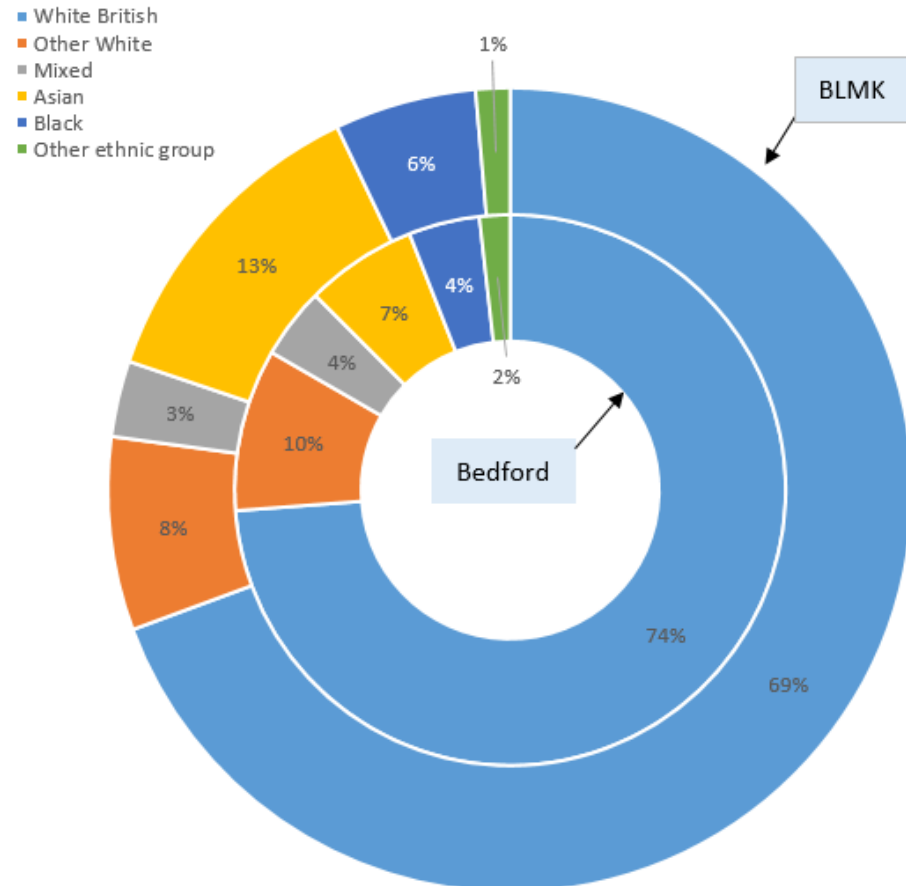
- Total population ≈ 180,000
- Bedford has more 0-14 year olds and fewer 20-29 year olds compared to England
- Bedford has a similar age profile to the BLMK average (e.g. 18% of population aged ≥ 65 years in Bedford vs.16% overall)



Source : 2020 Mid-year estimates, ONS

Population ethnicity

Bedford has an ethnically diverse population, with a particularly large 'Other White' population (10%)



Index of Multiple Deprivation 2019 (IMD*)

- Bedford Borough ranks 96 out of 151 upper tier and unitary local authorities (where 1 is most deprived). This ranking has changed from 95 out of 152 in 2015, indicating that Bedford now ranks marginally less deprived relative to other local authorities.
- 14 out of 103 LSOAs in Bedford are ranked in the most deprived 20% nationally, with 4 among the most deprived 10%.
- The most deprived LSOAs are 015F, 012F, 010F and 012A, with 015F ranking in the most deprived 5% in England. The wards associated with the most deprived areas are Cauldwell, Castle and Harpur.

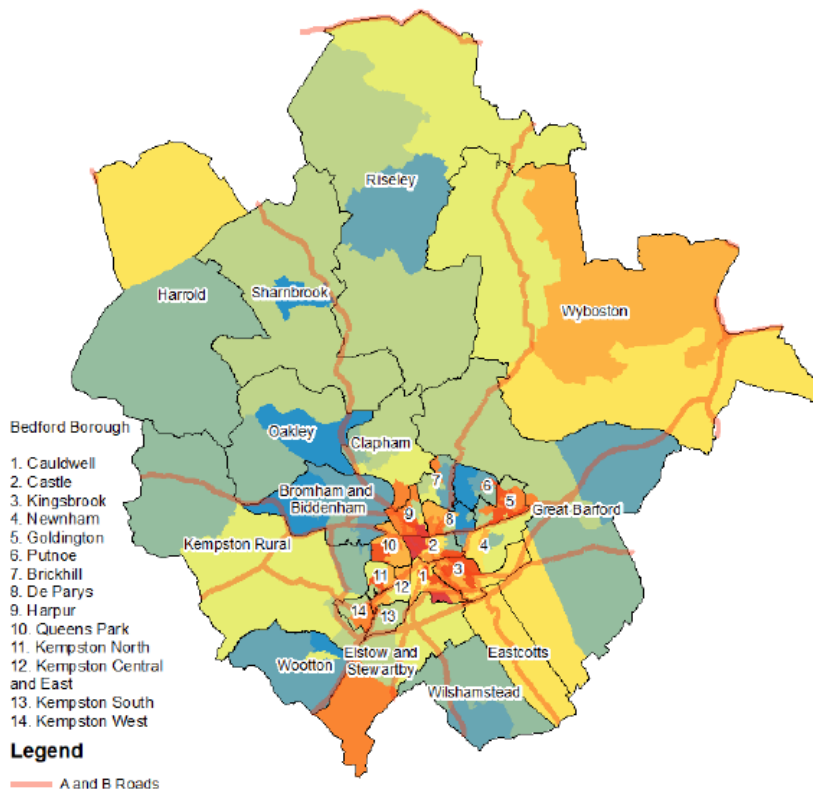
Source : Indices of Deprivation from 2019

* See Appendix One for more details

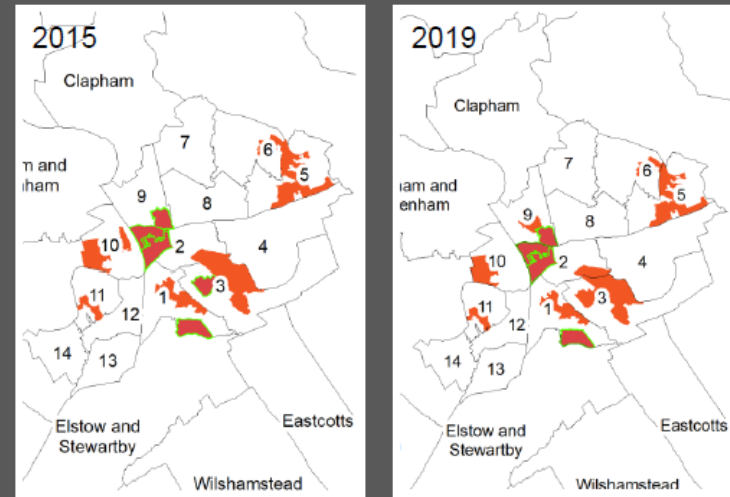
Index of Multiple Deprivation

The overall Index of Multiple Deprivation (IMD) is a weighted measure based on information relating to income, employment, education, health, crime, housing, and environment.

Map 1: Distribution of the Index of Multiple Deprivation 2019

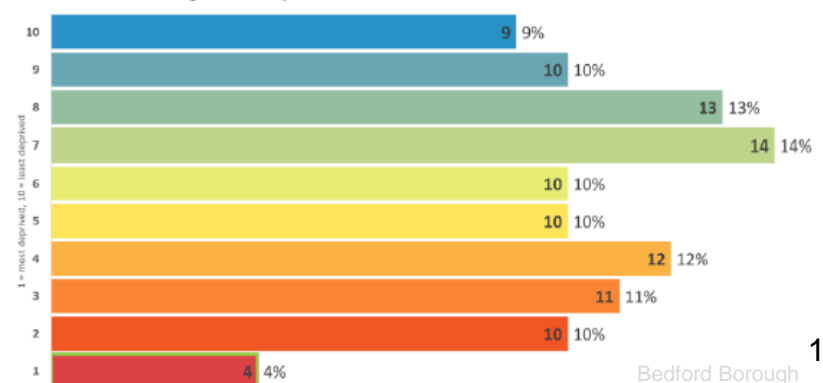


Change in areas amongst the most deprived 20% in England



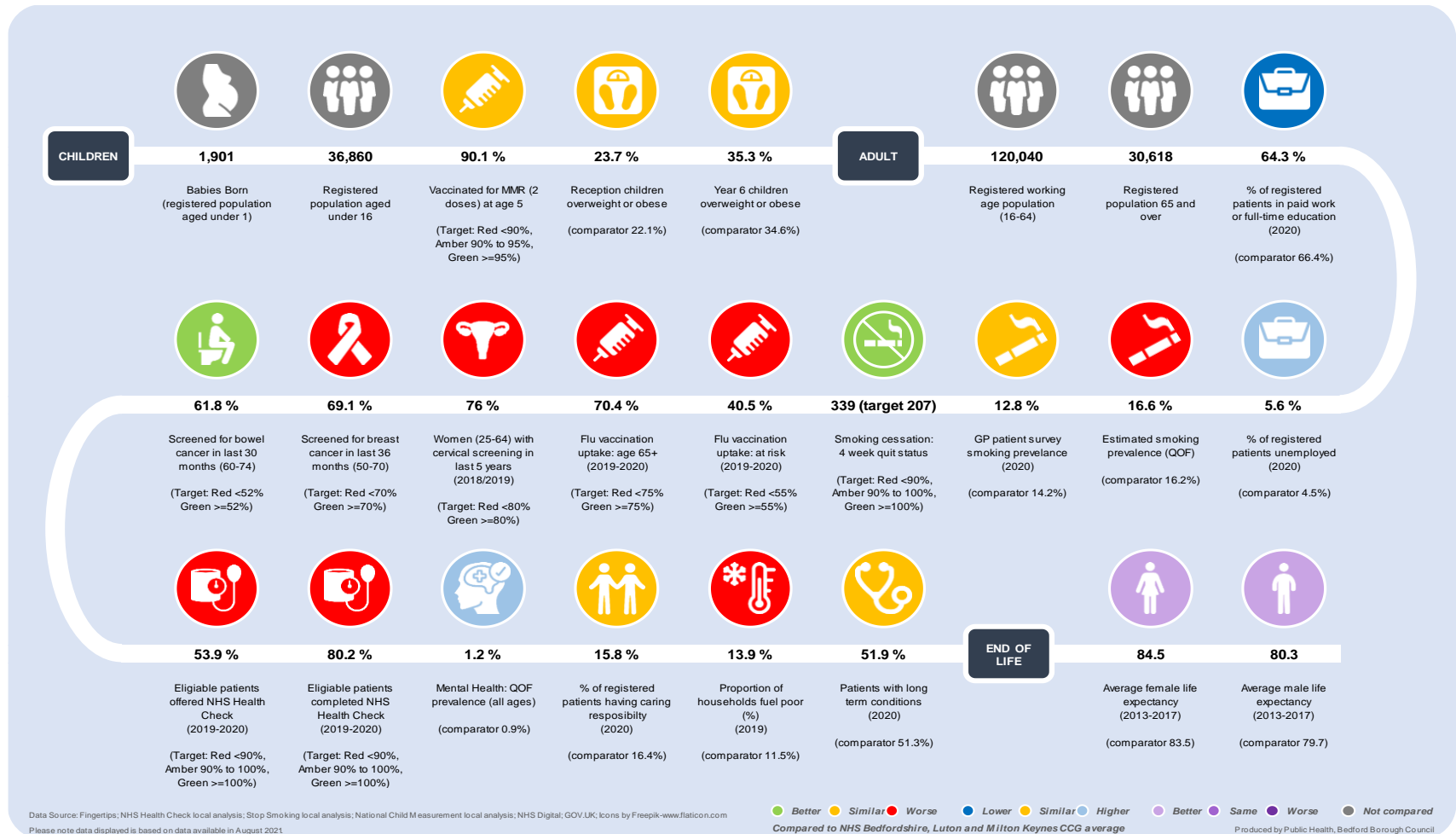
Legend ■ 10% most deprived ■ 20% most deprived

Count and Percentage of LSOAs by National Deciles



Health throughout life: Bedford Borough

2019/20 compared to NHS Bedfordshire, Luton and Milton Keynes CCG (unless target otherwise stated)



Children and Young People



The proportion of babies born at a **very low birth weight** is similar to England

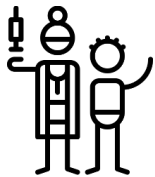
1 in 9 babies born in Oakley weighs under 2500g, compared to 1 in 14 across the borough overall



A lower proportion of 2-2½ year olds achieve the expected level of development in motor skills and problem solving than in England



In 2018/19, nearly **1 in 4** five year olds had **visibly obvious dental decay**, compared to 1 in 5 in England.

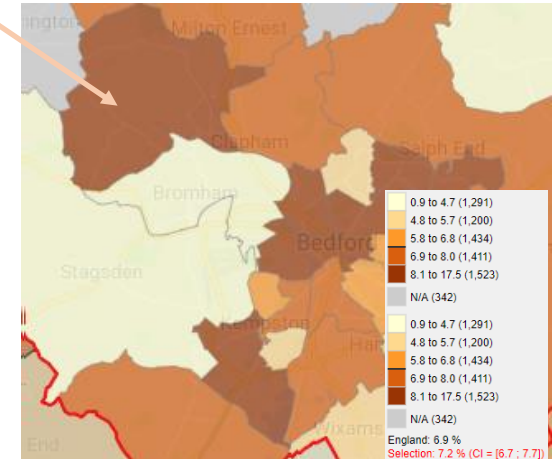


Uptake of childhood immunisations

Uptake of **primary** vaccinations (6-in-1), given in the first months of life, is close to the national target of 95%.



Uptake of vaccines given by a child's **first birthday**, is in line with (~95%) the national targets of 95%.



4% of five year olds have not received their second **MMR** vaccinations.



Smoking, respiratory disease and cancer



11%

of Bedford Borough adults are current smokers, rising to

20%

among those in routine and manual occupations, and

26%

among those with a long term mental health condition (18+).

Compared to similar areas, more years of life are lost due to smoking related illness.

Emergency admissions to hospital for Chronic Obstructive Pulmonary Disease are similar to England.



8% of deaths in Bedford Borough are caused by respiratory diseases.

25% of deaths in Bedford Borough are caused by cancer.

Participation in cancer screening programmes is lower than it could be:



Breast: 73.8% coverage compared to 74.1% in England



Cervical: 69.9% coverage among 25 to 49 year olds, compared to 76.1 in England



Bowel: 62.4% coverage, compared to 63.8% in England



Lung cancer registrations are lower than in England.



The incidence of **prostate cancer** is higher than in England



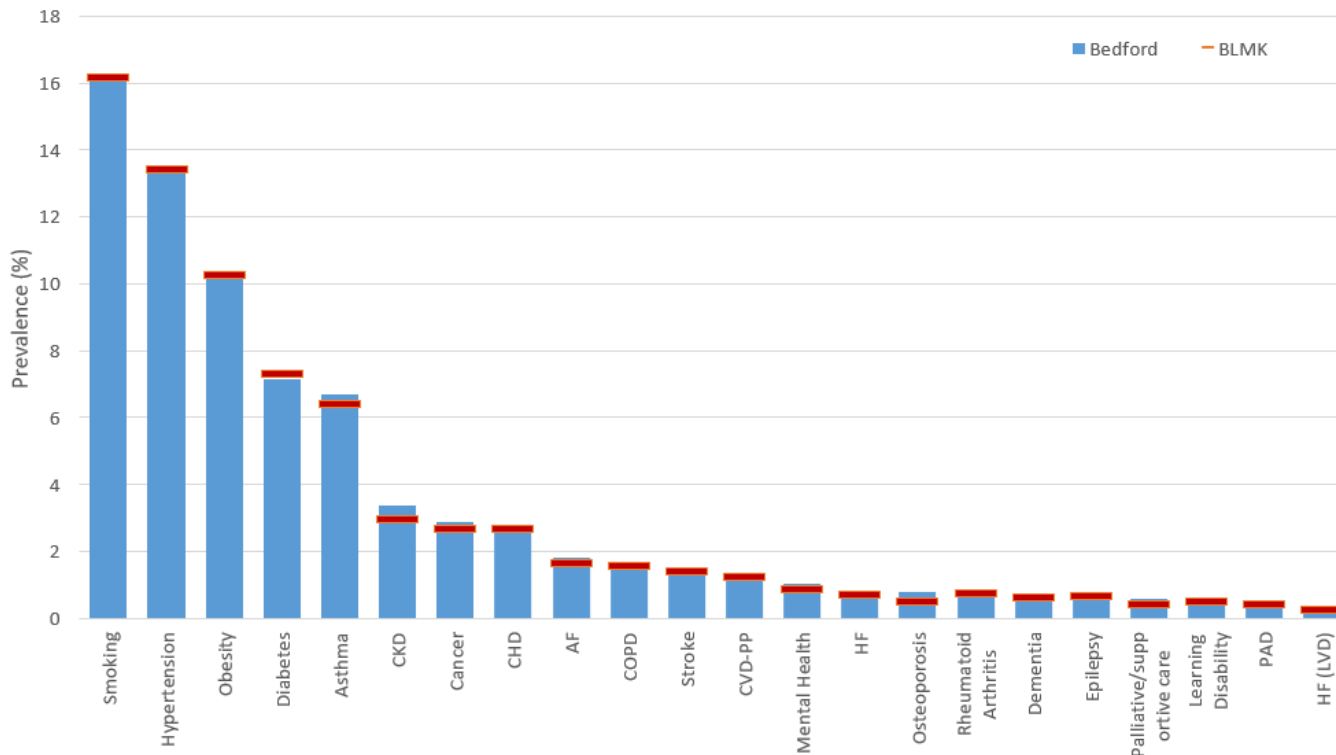
Unplanned lung cancer admissions is similar to England.



1-year survival from all cancers is similar to the national average.

GP recorded disease prevalence

Bedford QoF Prevalence (2019/20)



Note:

Data was sourced from the NHS Quality Outcomes Framework for 2019/20, via Public Health England's GP Practice Profiles.

Each bar is based on one indicator and disease included in the framework.

Data is based on GP practice level and is calculated at Local Authority level based at Local Authority the practice resides in.

[Source : Quality and Outcomes Framework, 2019-20 - NHS Digital](#)

CKD, chronic kidney disease; CHD, coronary heart disease; AF, atrial fibrillation; COPD, chronic obstructive pulmonary disease; CVD-PP, cardiovascular disease - primary prevention; HF, heart failure; PAD, pulmonary artery disease; HF-LVD, heart failure - left ventricular function

Health outcomes in Bedford Borough: Mortality

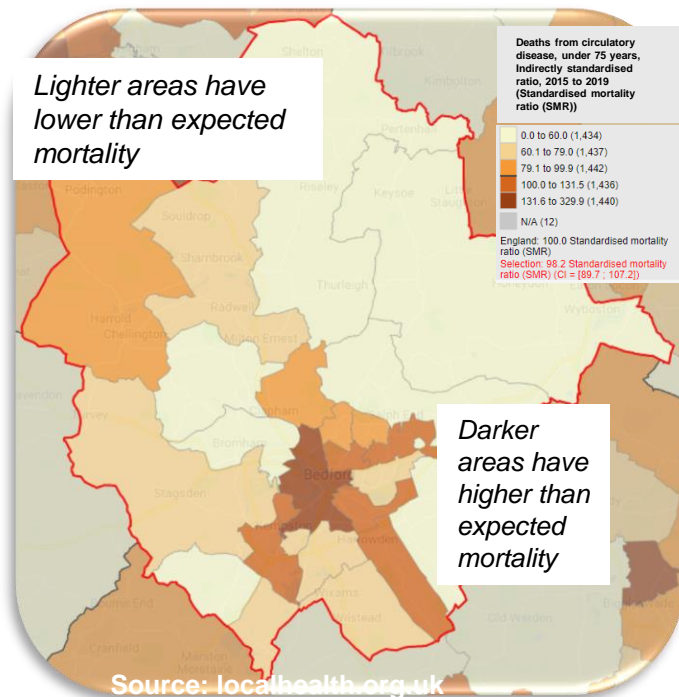


On most measures of mortality, Bedford Borough is comparable to similar local authorities but this masks significant inequalities.

All-cause mortality is 75% higher in Harpur ward than expected based on England standardised mortality ratio, 31% higher in De Parys and 27% higher in Castle.

Premature mortality (deaths under 75) from circulatory disease was 184% higher than expected in Harpur and ~75% higher than expected in Cauldwell and Castle during 2015-19.

Premature mortality from cancer was ~30% higher than expected in Kingsbrook, Castle, Eastcotts and Elstow & Stewartby and around 20% higher in Harpur and Kempston South during 2015-2019



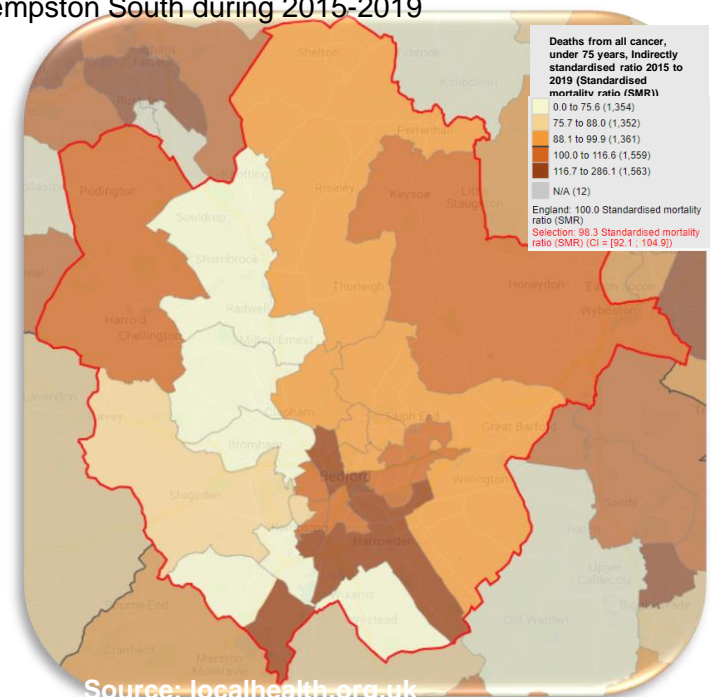
What does the SMR mean

< 100 indicates fewer than expected deaths

= 100 indicates observed deaths equals expected deaths

>100 indicates there were excess deaths

(Standardised mortality ratio (SMR) = the number of actual deaths divided by the number of expected deaths x 100)



Health outcomes in Bedford Borough: Life Expectancy



A baby boy born in Bedford Borough today can expect to live for **79.5** years and a baby girl for **83.5** years

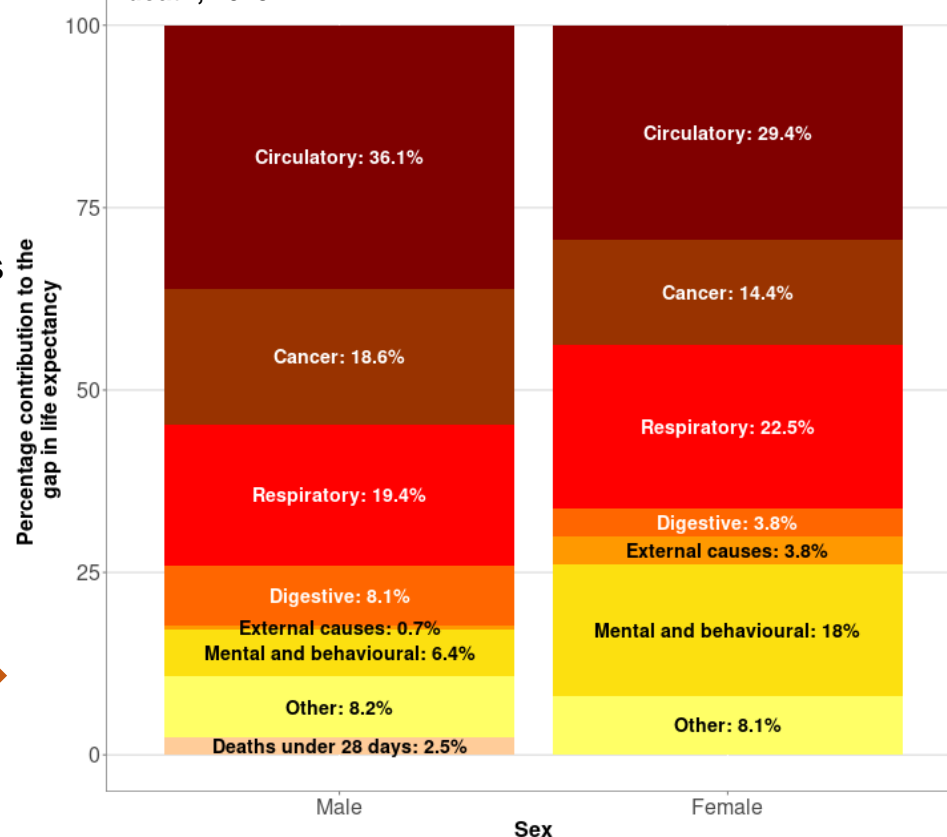


Boys born in the most affluent parts of Bedford Borough will live over **10.3 years longer** than those born in the most deprived areas. For girls the gap is **8.2 years**.

The life expectancy gap is mainly due to higher deaths from circulatory diseases (particularly for men, where the inequality is greatest), cancer and respiratory diseases in more deprived areas. Mental and behavioural disorders are also important for women.



Breakdown of the life expectancy gap in Bedford between the most and least deprived deciles by broad cause of death, 2015-17



Source: Public Health England: Segment Tool

Central Bedfordshire

Place level summary – Central Bedfordshire

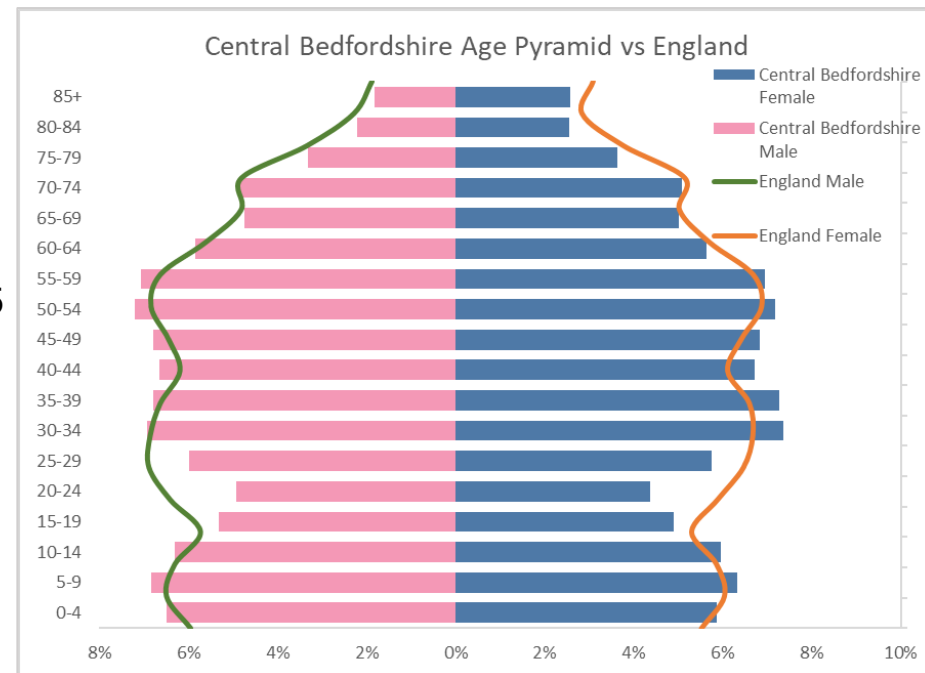
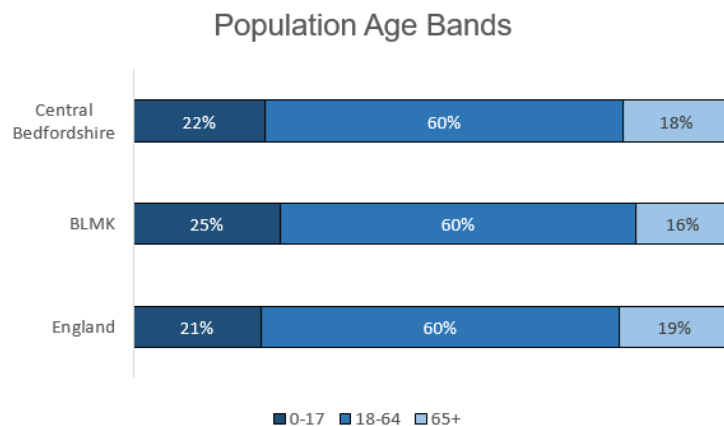
- Total population ≈ 300,000
- Central Bedfordshire has the oldest population in BLMK (18% of people aged ≥ 65 years in Central Bedfordshire vs. 16% overall)
- Central Bedfordshire is least ethnically diverse population (88.5% White British)
- Most affluent place with only 2% of neighbourhoods [3 LSOAs] in the 20% most deprived neighbourhood in England
- Most deprived neighbourhoods located in the wards of Dunstable-Manshead and Parkside and Flitwick
- 11% of children (5,800) live in low income households and 17% (500) of 10 to 11 years olds are classified as obese, the lowest rates in BLMK
- 5.4 year male and 5.3 year female life expectancy gap between the most and least deprived neighbourhood, the lowest in BLMK
- Low smoking prevalence but still notable, especially amongst people in routine and manual occupations (21%) and with a long term mental health conditions (24%)
- Of the most commonly recorded health conditions (smoking, high blood pressure, depression, obesity, asthma and diabetes) by GPs all are less prevalent than or similar to the CCG averages, apart from high blood pressure and asthma, which appears to be slightly more common
- Wider variation in PCN hospital spend per capita for palliative patients (£8,464-£12,159) and children with complex health needs (£2,149-£4,705)

Opportunities for improvement

- With only 3 LSOAs in most deprived 20% LSOAs of England, could consider providing enhanced services and support for people living in these areas to reduce health inequalities within Central Bedfordshire
- With older population that is more affluent and healthy compared with BLMK, a focus on services should be around maintaining independent living and providing support to be healthy in older age
- Focus on improving high blood pressure and asthma prevention and treatment, which are more prevalent in Central Bedfordshire compared with CCG average

Age Profile & Population comparison

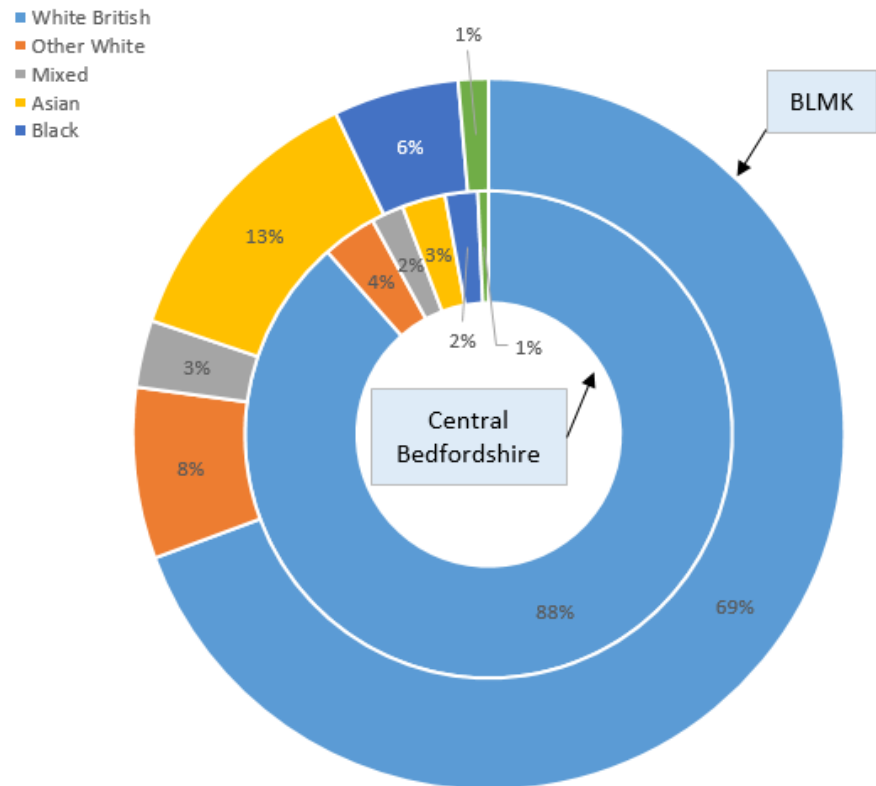
- Total population ≈ 300,000
- Central Bedfordshire has fewer young people aged 15 to 29 and a higher proportion of the population aged 20 to 59, with the difference most notable in males aged 30-39 compared to England.
- Central Bedfordshire has the oldest population in BLMK (18% of people aged ≥ 65 years in Central Bedfordshire vs. 16% overall)



Source : 2020 Mid-year estimates, ONS

Population ethnicity

Central Bedfordshire is least ethnically diverse population (88.5% White British) compared of other BLMK Local Authorities.



Index of Multiple Deprivation 2019 (IMD*)

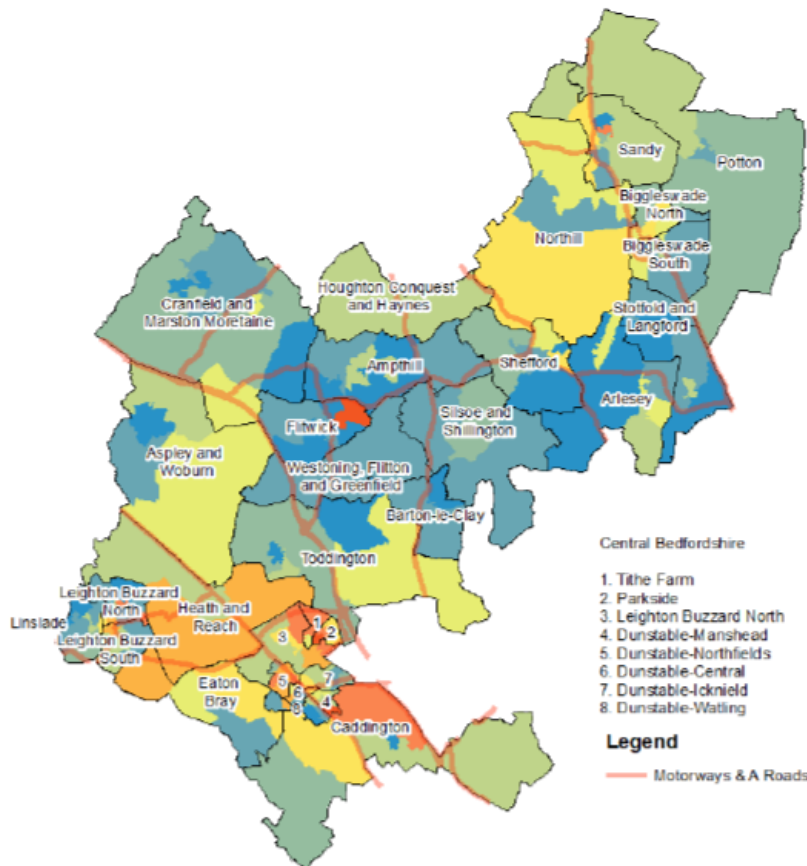
- Central Bedfordshire ranks **137 out of 151** upper tier and unitary local authorities (where 1 is most deprived).
- **3 out of 157** Lower Super Output Areas (LSOAs) in Central Bedfordshire are ranked in the most deprived 20% nationally, with none among the most deprived 10%.
- The most deprived LSOAs fall within the wards of **Dunstable-Manshead, Parkside and Flitwick**.

Source : Index of Multiple Deprivation,
2019 * Appendix One for more details

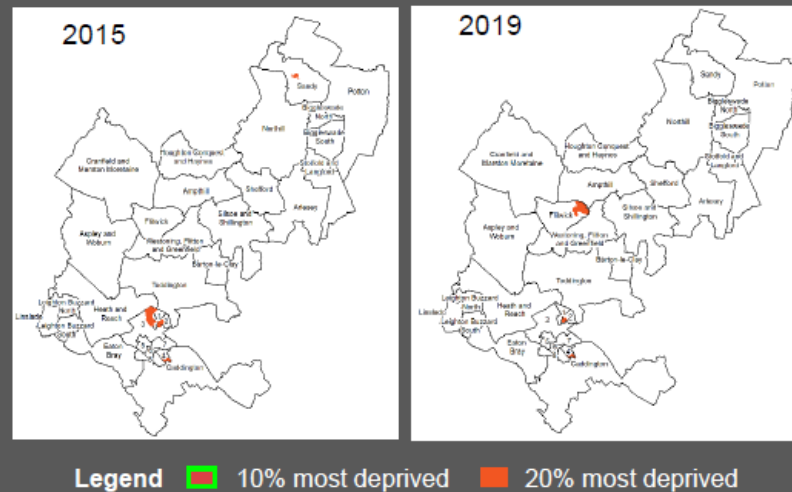
Index of Multiple Deprivation

The overall Index of Multiple Deprivation (IMD) is a weighted measure based on information relating to income, employment, education, health, crime, housing, and environment.

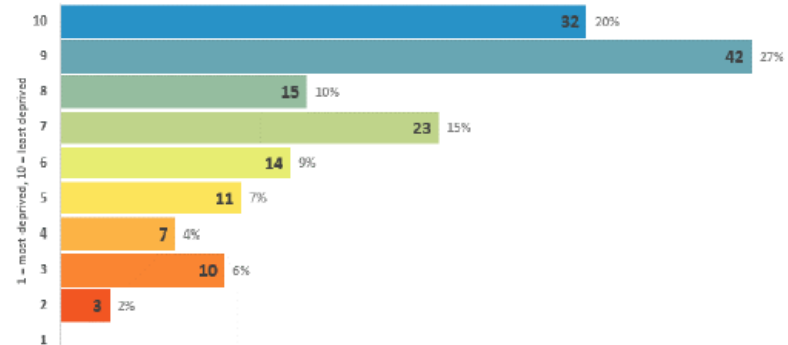
Map 1: Distribution of the Index of Multiple Deprivation 2019



Change in areas amongst the most deprived 20% in England

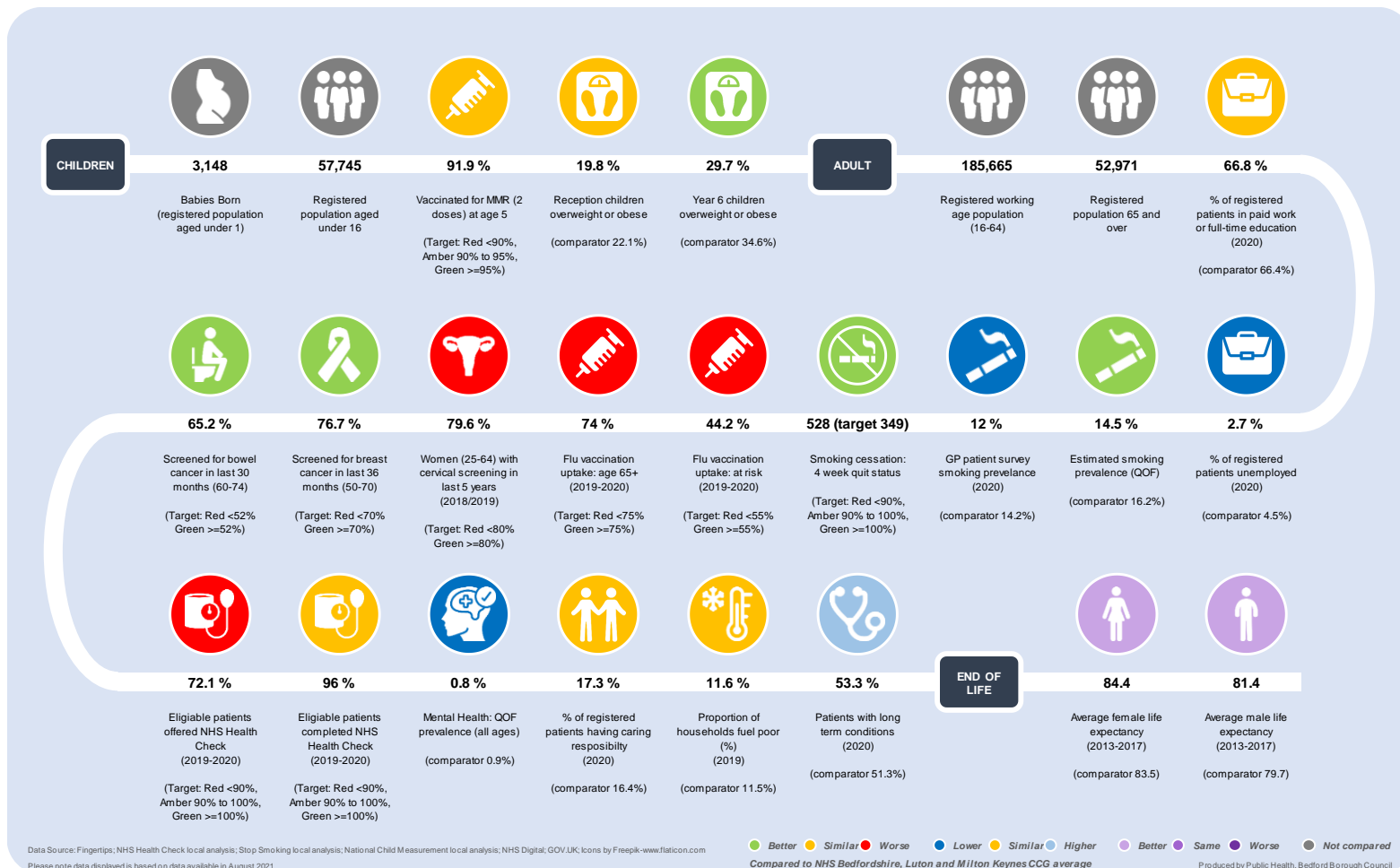


Count and Percentage of LSOAs by National Deciles



Health throughout life: Central Bedfordshire

2019/20 compared to NHS Bedfordshire, Luton and Milton Keynes CCG (unless target otherwise stated)



Data Source: Fingertips, NHS Health Check local analysis; Stop Smoking local analysis; National Child Measurement local analysis; NHS Digital; GOV.UK; Icons by Freepik-www.freepik.com

Please note data displayed is based on data available in August 2021

Children and Young People

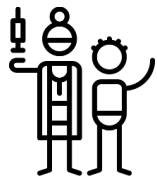


The proportion of babies born at a **very low birth weight** is similar to England

A lower proportion of 2-2½ year olds achieve the expected level of development in motor skills and problem solving than in England



In 2018/19, nearly **1 in 6** five year olds had **visibly obvious dental decay**, compared to 1 in 5 in England.



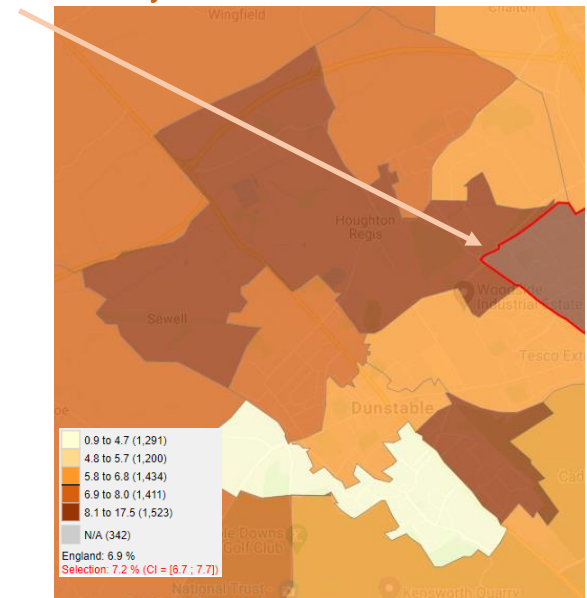
Uptake of childhood immunisations

Uptake of **primary** vaccinations (6-in-1), given in the first months of life, is slightly above (~96%) to the national target of 95%.

Uptake of vaccines given by a child's **first birthday**, is in still slightly above (~96%) the national targets of 95%.



1 in 12 babies born in Dunstable-Manshead weighs under 2500g, compared to 1 in 17 across the local authority overall



3% of five year olds have not received their second **MMR** vaccinations



Smoking, respiratory disease and cancer



14%

of Central Bedfordshire adults are current smokers, rising to

21% among those in routine and manual occupations, and

24% among those with a long term mental health condition (18+).



Compared to England, **smoking related admissions** are similar in Central Bedfordshire and a lower proportion of pregnant women are known to **smoke at the time of delivery**.

26% of deaths are caused by cancer.

Participation in cancer screening programmes is good in Central Bedfordshire compared to similar areas:



Breast: 79.9% coverage, compared to 74.1% in England.



Cervical: 77.1% coverage among 25 to 49 years old, compared to 70.2% in England



Bowel: 65.5% coverage, compared to 63.8% in England.



Admissions for **COPD** are lower than England.

11% of deaths in Central Bedfordshire are caused by respiratory diseases.



Compared to England, **emergency presentations** cancer are similar for Bedfordshire CCG.



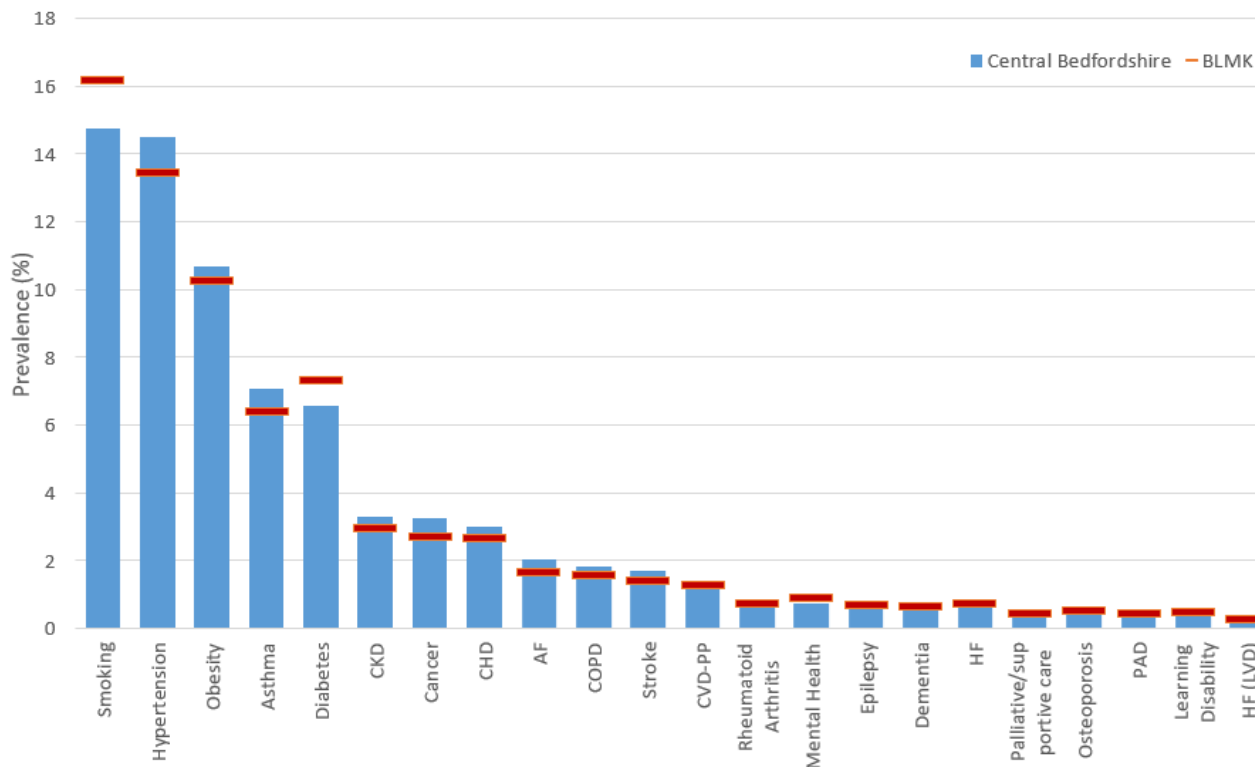
Lung cancer registrations are lower than in England and 1-year survival is lower.



The incidence of **prostate cancer** for Central Bedfordshire is higher than in England

GP recorded disease prevalence

Central Bedfordshire QoF Prevalence (2019/20)



Note :

Data was sourced from the NHS Quality Outcomes Framework for 2019/20, via Public Health England's GP Practice Profiles.

Each bar is based on one indicator and disease included in the framework.

Data is based on GP practice level and is calculated at Local Authority level based at Local Authority the practice resides in.

[Source : Quality and Outcomes Framework, 2019-20 - NHS Digital](#)

CKD, chronic kidney disease; CHD, coronary heart disease; AF, atrial fibrillation; COPD, chronic obstructive pulmonary disease; CVD-PP, cardiovascular disease - primary prevention; HF, heart failure; PAD, pulmonary artery disease; HF-LVD, heart failure - left ventricular function

Health outcomes in Central Bedfordshire: Mortality

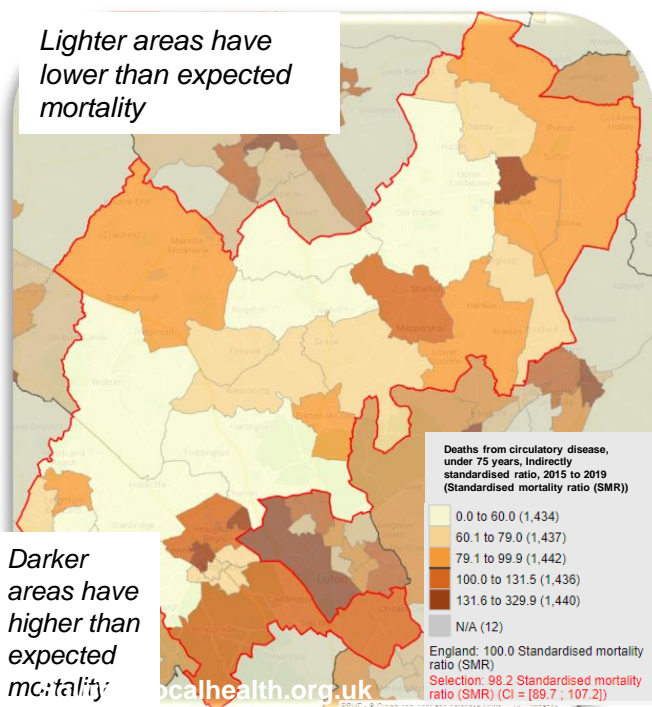


On most measures of mortality, Central Bedfordshire is comparable to similar local authorities but this masks significant inequalities.

All-cause mortality is 28% higher in Parkside ward than expected based on England standardised mortality ratio, 22% higher in Houghton Hall and 21% higher in Shefford.

Premature mortality (deaths under 75) from circulatory disease was ~45% higher than expected in Dunstable-Northfields and Parkside during 2015-19.

Premature mortality from cancer was 31% higher than expected in Biggleswade North and around a 29% higher in Parkside during 2015-2019



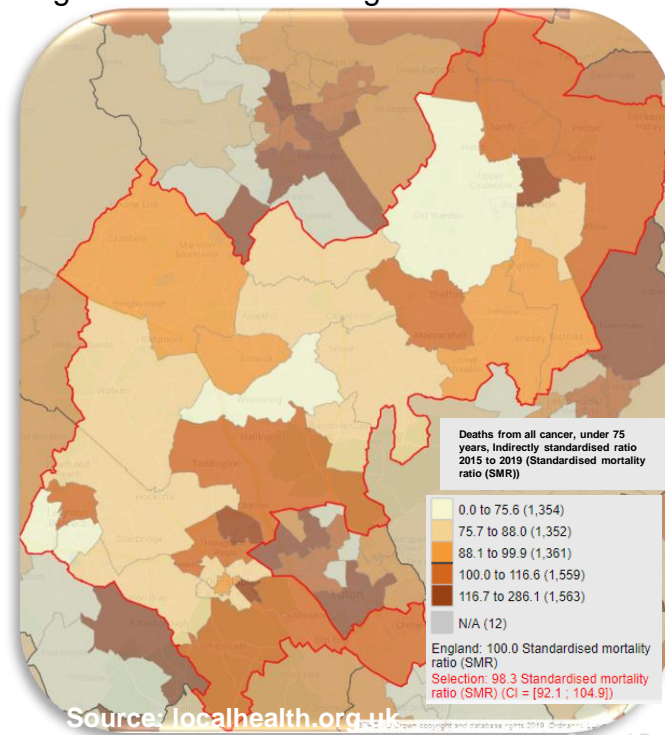
What does the SMR mean

< 100 indicates fewer than expected deaths

= 100 indicates observed deaths equals expected deaths

>100 indicates there were excess deaths

(Standardised mortality ratio (SMR) = the number of actual deaths divided by the number of expected deaths x 100)



Health outcomes in Central Bedfordshire: Life expectancy



A baby boy born in Central Bedfordshire today can expect to live for **81.1** years and a baby girl for **84.6** years

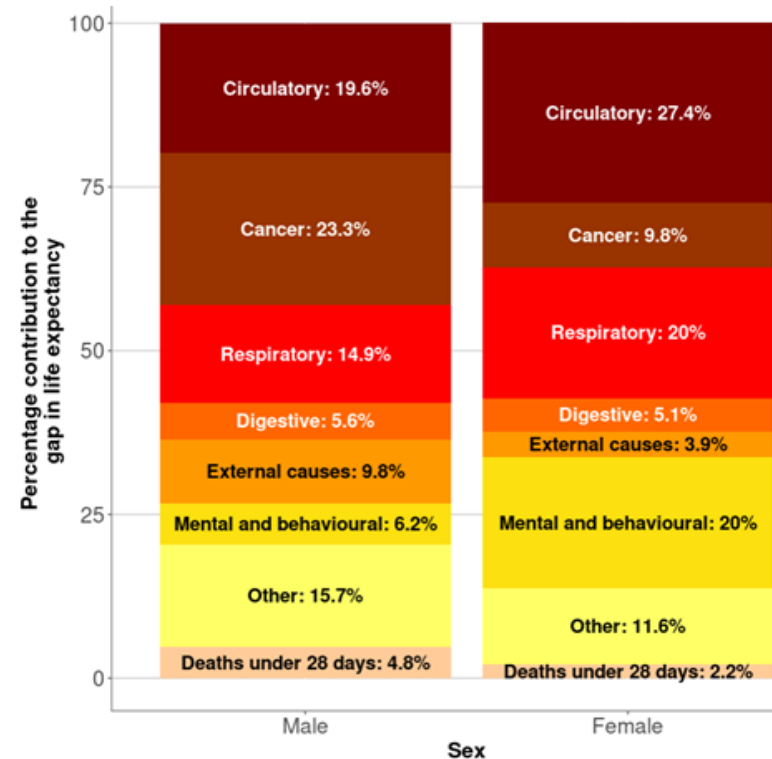


Baby boys born in the most affluent parts of Central Bedfordshire will live around **5.4 years longer** than those born in the most deprived areas. This gap is **5.3 years** for baby girls.

The life expectancy gap is mainly due to higher deaths from circulatory diseases, cancer and respiratory diseases in more deprived areas. There is higher number of cancer deaths in males and higher circulatory and mental and behavioural deaths in females.



Breakdown of the life expectancy gap in Central Bedfordshire between most and least deprived deciles by broad cause of death, 2015-17



Source : PHE Segmentation tool

Luton Borough

Place level summary – Luton Borough

- Total population ≈ 214,000
- Youngest population in BLMK (13% of people aged ≥ 65 years in Luton vs. 16% overall)
- Luton is most ethnically diverse population (43% White British, 31% Asian, 12% Other White, 10% Black)
- Very high levels of deprivation (24% of neighbourhoods [29 LSOAs] in the 20% most deprived neighbourhoods in England), the highest in the BLMK
- 19% (10,000) of children live in a low income household and 27% of 10 to 11 years olds (700) are classified as obese
- 8.5 year male and 4.8 year female life expectancy gap between the most and least deprived neighbourhood
- Compared with the BLMK average, a high percentage of households living in fuel poverty (16% vs. 11.5%), high levels of unemployment (7% vs. 4.5%) and high smoking prevalence (18.2% vs. 16.2%)
- Luton has the lowest rates in the CCG area for cancer screening (bowel cancer, breast cancer, cervical cancer)
- Of the most commonly recorded health conditions (smoking, high blood pressure, depression, obesity, diabetes, asthma) by GPs, smoking, obesity and diabetes appear to be more prevalent in Luton. A high level of diabetes is likely driven by a higher South Asian population who are at increased risk of this condition.
- High variation between PCNs hospital spend per capita on palliative patients (£10,558-£13,024)

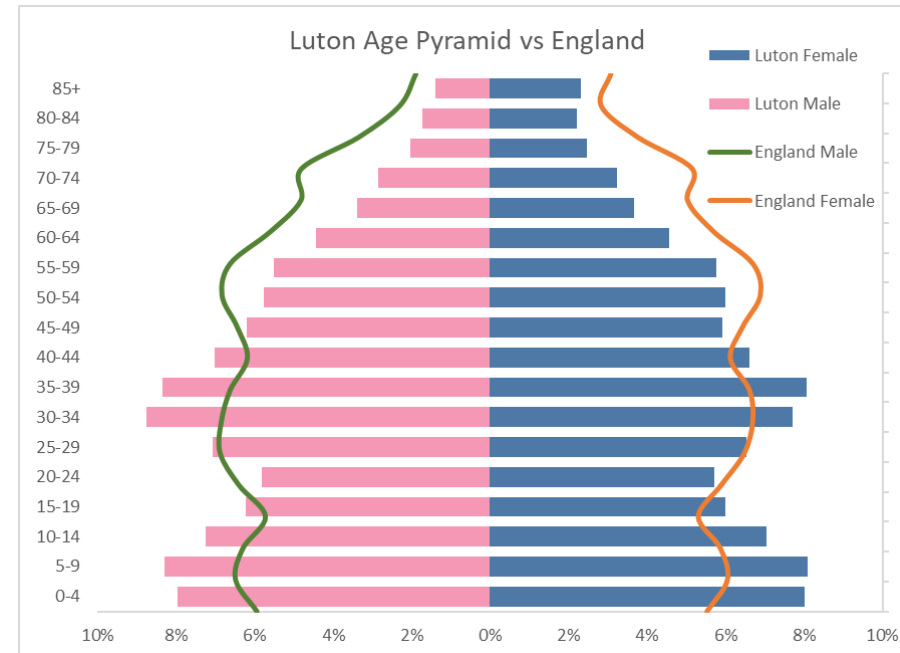
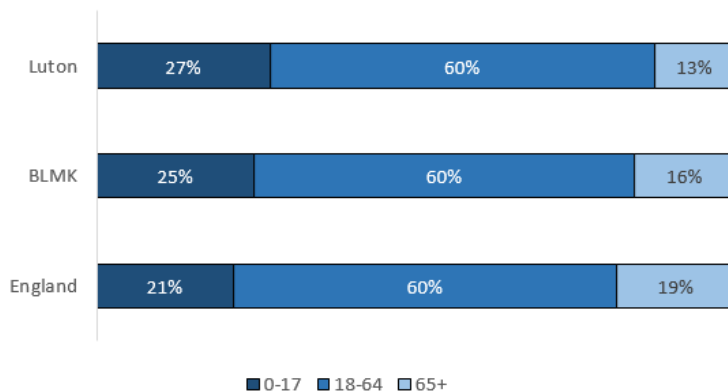
Opportunities for improvement

- Focus on reducing health inequalities between the whole of Luton and the rest of BLMK, as the health outcomes and levels of deprivation in Luton are significantly worse than the BLMK average.
- Particular focus could be made on smoking, obesity and diabetes as these diseases are more prevalent in Luton.
- Focus on improving cancer screening coverage which is the worst in the CCG area
- Focus on ensuring health provision is meeting the needs of the ethnically diverse population

Age Profile & Population comparison

- Total population ≈ 214,000
- Luton has a higher proportion of the population in the 0-14 years age and 30-39 year age groups compared to England
- Luton has youngest population in BLMK (13% of people aged ≥ 65 years in Luton vs. 16% overall)

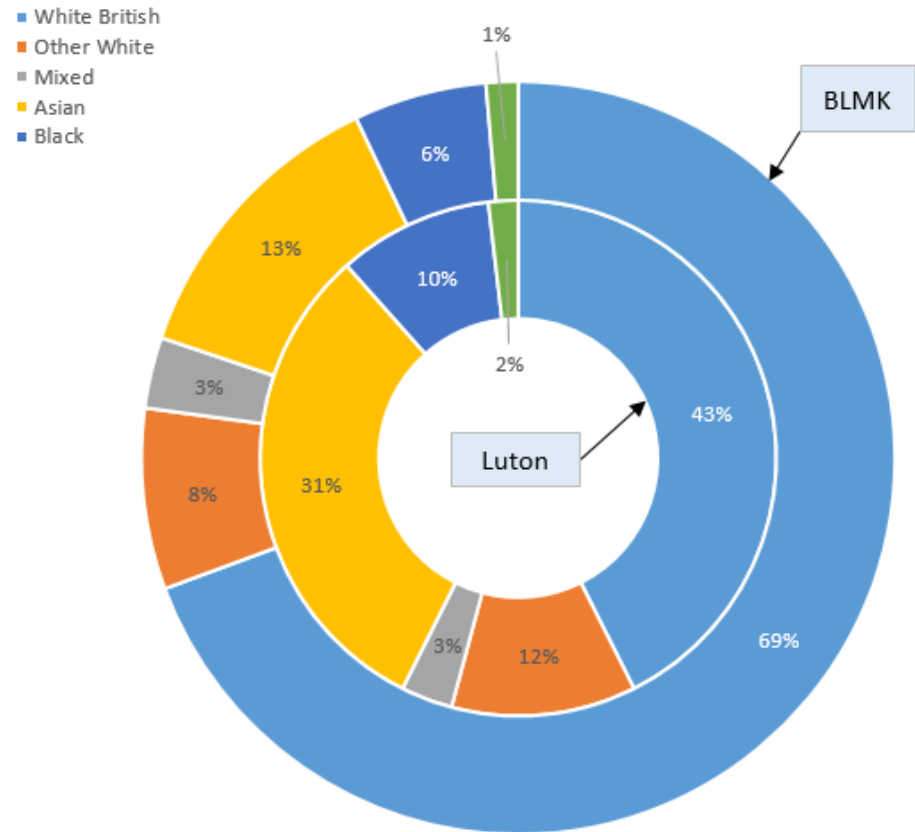
Population Age Bands



Source : 2020 Mid-year estimates, ONS

Population ethnicity

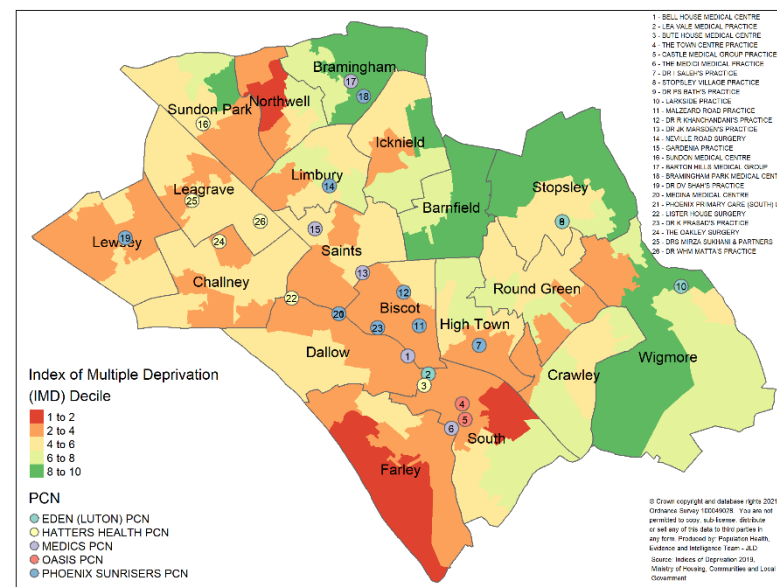
Luton is most ethnically diverse population (43% White British, 31% Asian, 12% Other White, 10% Black)



Source: 2016 Ethnicity Estimates, ONS

Index of Multiple Deprivation 2019 (IMD*)

- Luton ranks 41 out of 151 upper- tier unitary local authorities (where 1 is most deprived).
- Luton rank of average score is 54 out of 151 upper- tier unitary local authority and 70 out of 317 lower tier local authorities.
- 29 out of 121 Lower Super Output Areas (LSOAs) in Luton are ranked in the most deprived 20% nationally, with 4 amongst the most deprived 10%.
- The ten most deprived LSOAs fall within the wards of Biscot, Challney, Farley, Northwell and South.

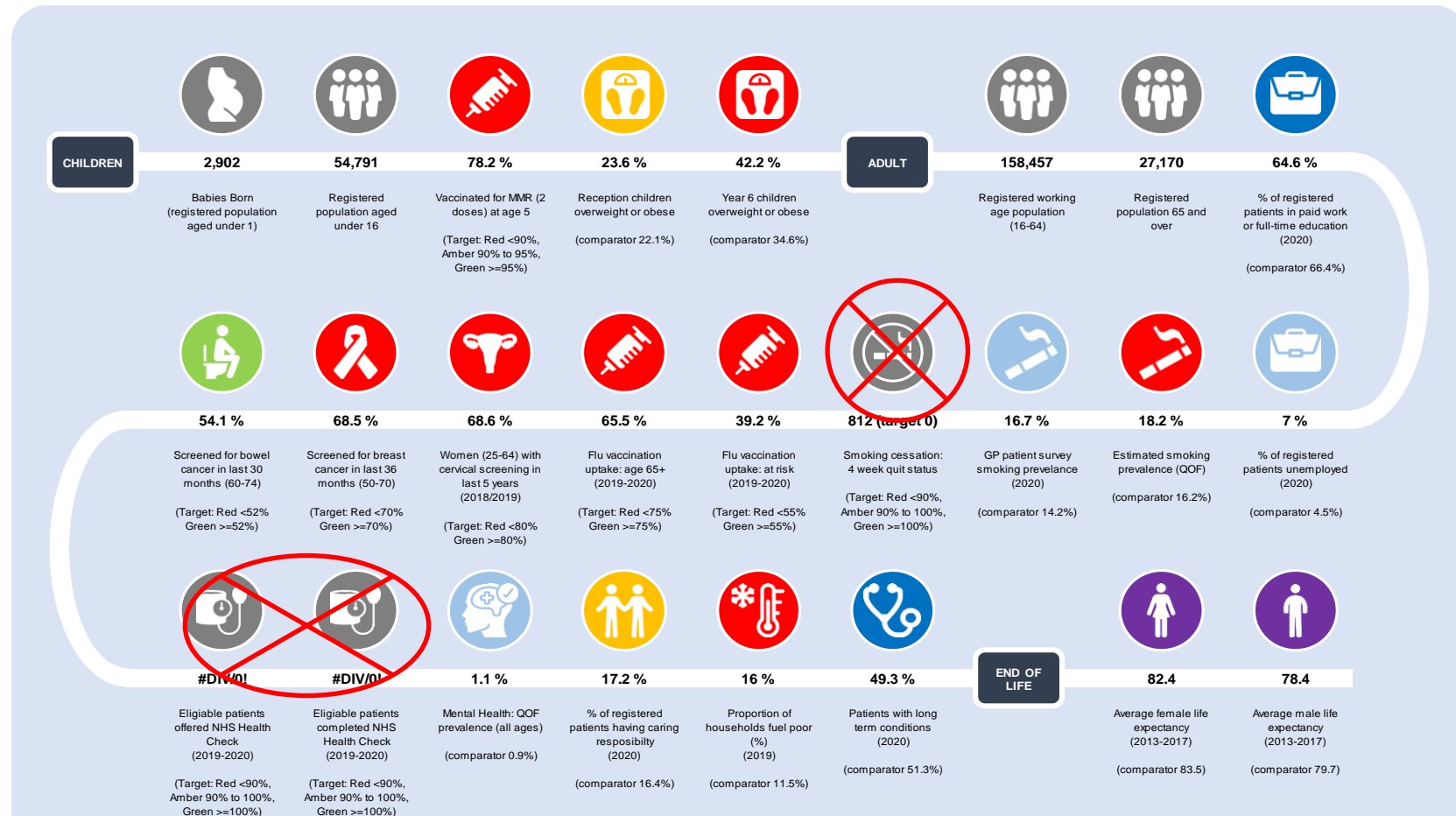


Source : Indices of Deprivation from 2019

* See Appendix One for more details

Health throughout life: Luton Borough

2019/20 compared to NHS Bedfordshire, Luton and Milton Keynes CCG (unless target otherwise stated)



Data Source: Fingertips; NHS Health Check local analysis; Stop Smoking local analysis; National Child Measurement local analysis; NHS Digital; GOV.UK; Icons by Freepik-ww.flisticon.com
Please note data displayed is based on data available in August 2021.

● Better
 ● Similar
 ● Worse
 ● Lower
 ● Similar
 ● Higher
 ● Better
 ● Same
 ● Worse
 ● Not compared

Compared to NHS Bedfordshire, Luton and Milton Keynes CCG average

Children and Young People

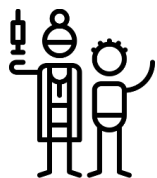


The proportion of babies born at a **very low birth weight** is significantly higher than England

A higher proportion of 2-2½ year olds achieve the expected level of development in motor skills and problem solving than in England



In 2018/19, nearly **2 in 5** five year olds had **visibly obvious dental decay**, compared to 1 in 5 in England.



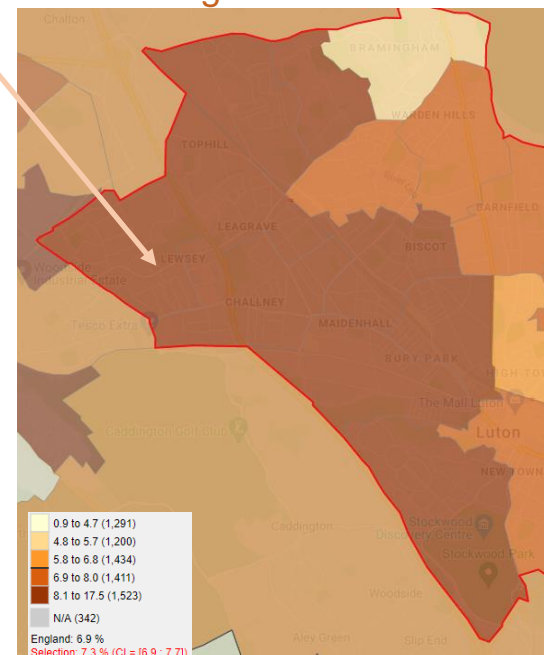
Uptake of childhood immunisations

Uptake of **primary** vaccinations (6-in-1), given in the first months of life, is below (-89%) the national target of 95%.

Uptake of vaccines given by a child's **first birthday**, is below (~89%) the national targets of 95%.



1 in 9 babies born in Dallow weighs under 2500g, compared to 1 in 12 across the borough overall



7% of five year olds have not received their second **MMR** vaccinations



Smoking, respiratory disease and cancer



17%
of Luton adults are
current smokers,
rising to

24% among those in routine and
manual occupations, and

35% among those with a long term
mental health condition (18+).

Compared to England, **smoking related admissions** are similar in Luton and a lower proportion of pregnant women are known to **smoke at the time of delivery**.

25% of deaths are caused by cancer.

Participation in cancer screening programmes is lower in Luton compared to similar areas:



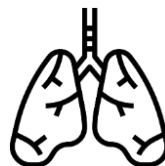
Breast: 71.1% coverage,
compared to 74.1% in England.



**Cervical: 59.7% coverage among 25 to 49
years old , compared to 70.2% in England**

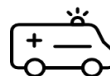


Bowel: 54.9% coverage,
compared to 63.8% in England.



Admissions for **COPD** are higher than England.

10% of deaths in Luton are caused
by respiratory diseases.



Compared to England, **emergency admissions** for cancer is lower across Luton CCG.



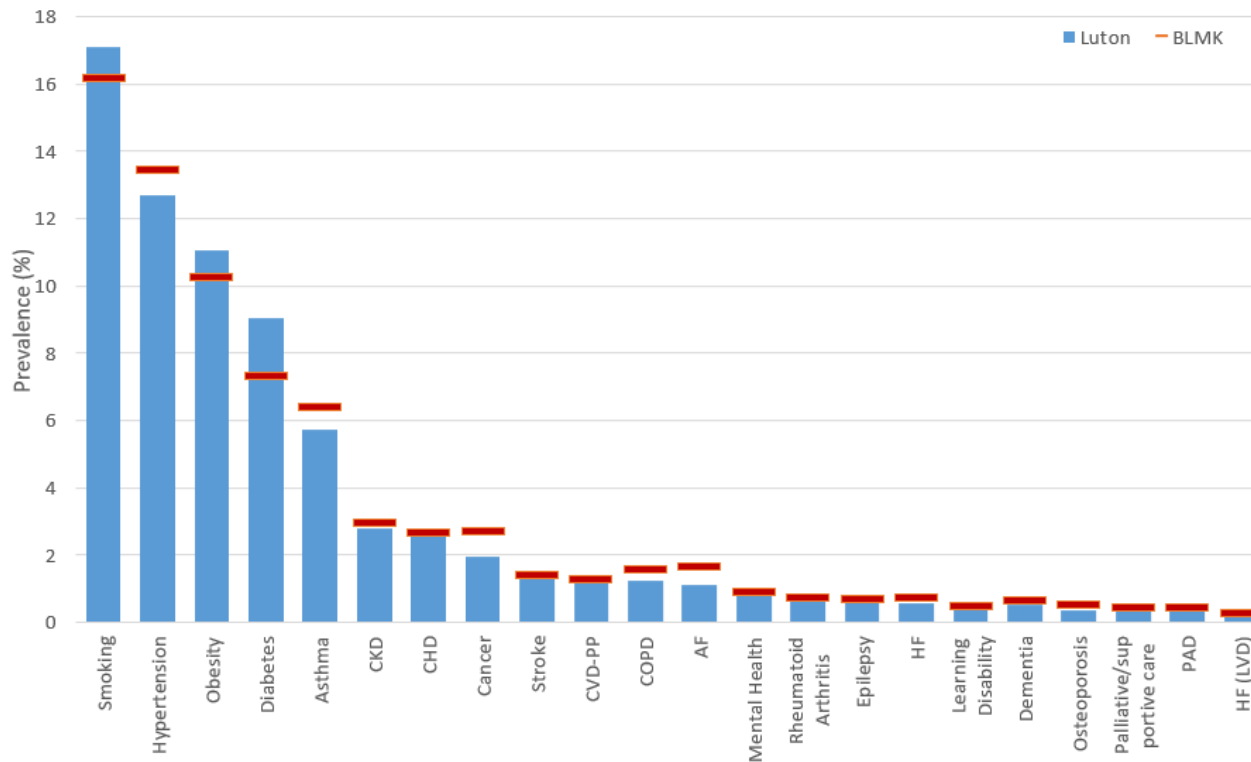
Lung cancer registrations are similar than in England and 1-year survival is lower.



The incidence of **prostate cancer** in Luton is similar to England

GP recorded disease prevalence

Luton QoF Prevalence (2019/20)



Note:

Data was sourced from the NHS Quality Outcomes Framework for 2019/20, via Public Health England's GP Practice Profiles.

Each bar is based on one indicator and disease included in the framework.

Data is based on GP practice level and is calculated at Local Authority level based at Local Authority the practice resides in.

[Source : Quality and Outcomes Framework, 2019-20 - NHS Digital](#)

CKD, chronic kidney disease; CHD, coronary heart disease; AF, atrial fibrillation; COPD, chronic obstructive pulmonary disease; CVD-PP, cardiovascular disease - primary prevention; HF, heart failure; PAD, pulmonary artery disease; HF-LVD, heart failure - left ventricular function

Health outcomes in Luton Borough: Mortality

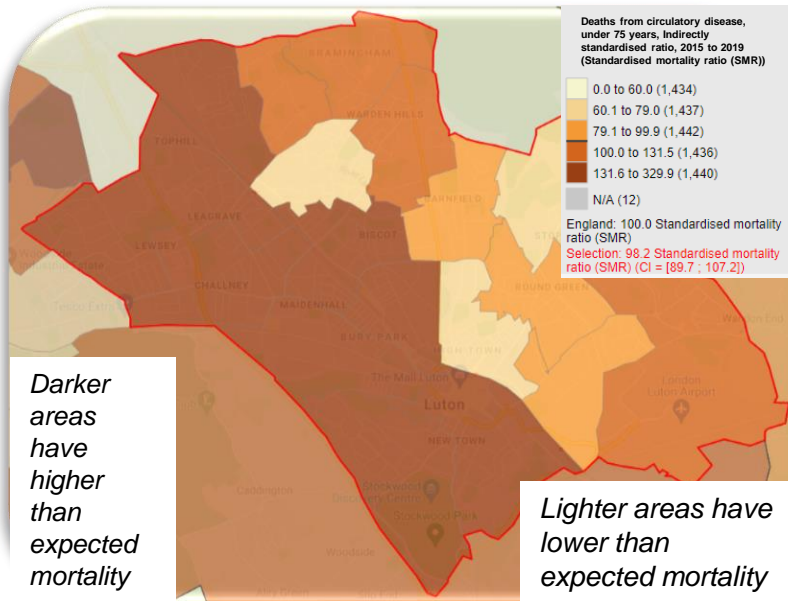
On most measures of mortality, Luton is worst to similar local authorities.



All-cause mortality is 28% higher in Challney ward than expected based on England standardised mortality ratio, 25% higher in Biscot and 18% higher in Northwell.

Premature mortality (deaths under 75) from circulatory disease was ~85% higher than expected in Sundon Park, Saints and Farley during 2015-19.

Premature mortality from cancer was 59% higher than expected in Crawley and around a 50% higher in Farley Park and Lewsey 2015-2019.



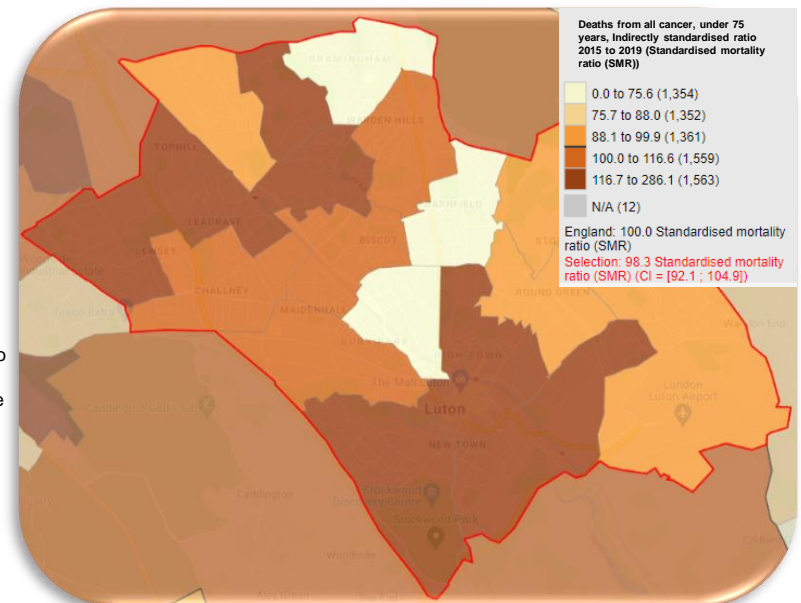
What does the SMR mean

< 100 indicates fewer than expected deaths

= 100 indicates observed deaths equals expected deaths

>100 indicates there were excess deaths

(Standardised mortality ratio (SMR) = the number of actual deaths divided by the number of expected deaths x 100)



Health outcomes in Luton Borough: Life expectancy



A baby boy born in Luton today can expect to live for **78.7** years and a baby girl for **82.7** years

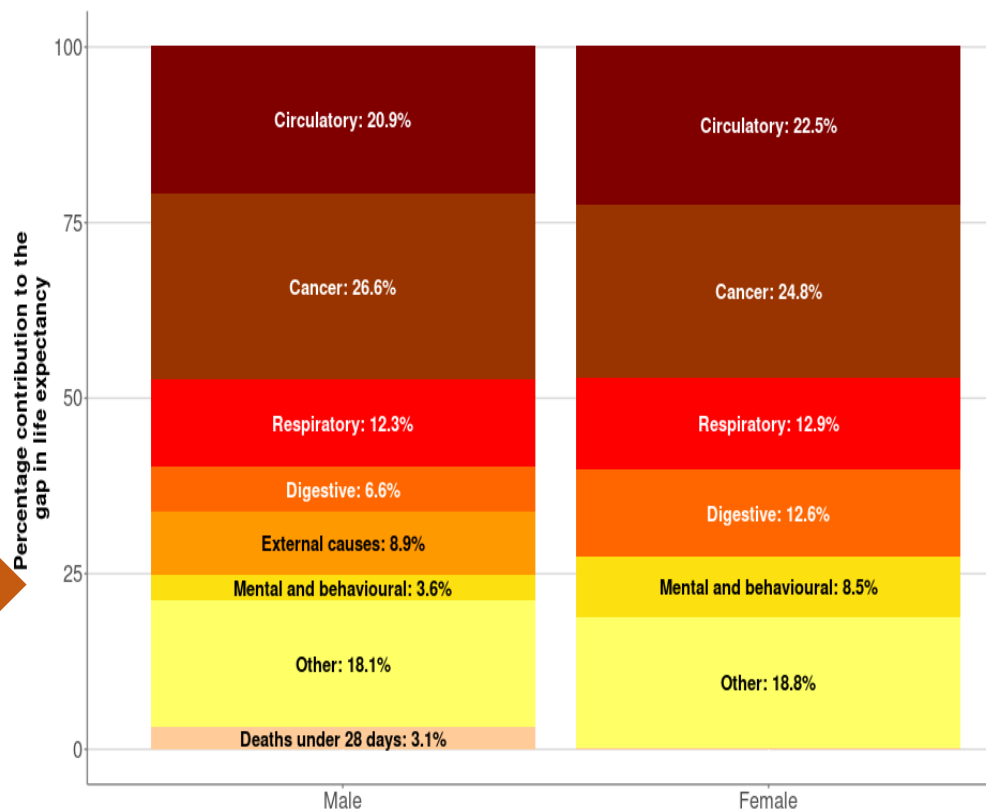


Baby boys born in the most affluent parts of Luton will live around **8.5 years longer** than those born in the most deprived areas. This gap is **4.8 years** for baby girls.

The life expectancy gap is mainly due to higher deaths from circulatory diseases, cancer and respiratory diseases in more deprived areas.



Breakdown of the life expectancy gap in Luton between the most and least deprived deciles by broad cause of death, 2015-17



Source : PHE Segmentation tool

Milton Keynes

Place level summary – Milton Keynes

- Total population ≈ 270,000
- Similar age profile to BLMK average (14% of people aged ≥ 65 years in Milton Keynes (MK) vs. 16% overall)
- Ethnically diverse population, with a particularly large Asian and Black population (73% White British, 11% Asian, 7% Black, 6% Other White)
- Many areas experience high levels of deprivation, with 12% of neighbourhoods [18 LSOAs] in the 20% most deprived neighbourhoods in England
- 15% of children (8,500) live in low income households and 20% of 10 to 11 years olds (600) are classified as obese
- 8.1 year male and 6.2 year female life expectancy gap between the most and least deprived neighbourhood
- Highest percentage of people in employment in the BLMK (70% vs. 66% BLMK avg.) and low levels of unemployment (3.5% vs. 4.5%)
- Of the most commonly recorded health conditions (smoking, high blood pressure, depression, obesity, diabetes and asthma) by GPs all are less prevalent to the BLMK average, apart from smoking which is more prevalent
- Wide variation between PCNs in hospital spend per capita for adults with high-need LTC (£2,717-£4,449) and palliative patients (£8,945-£11,129)

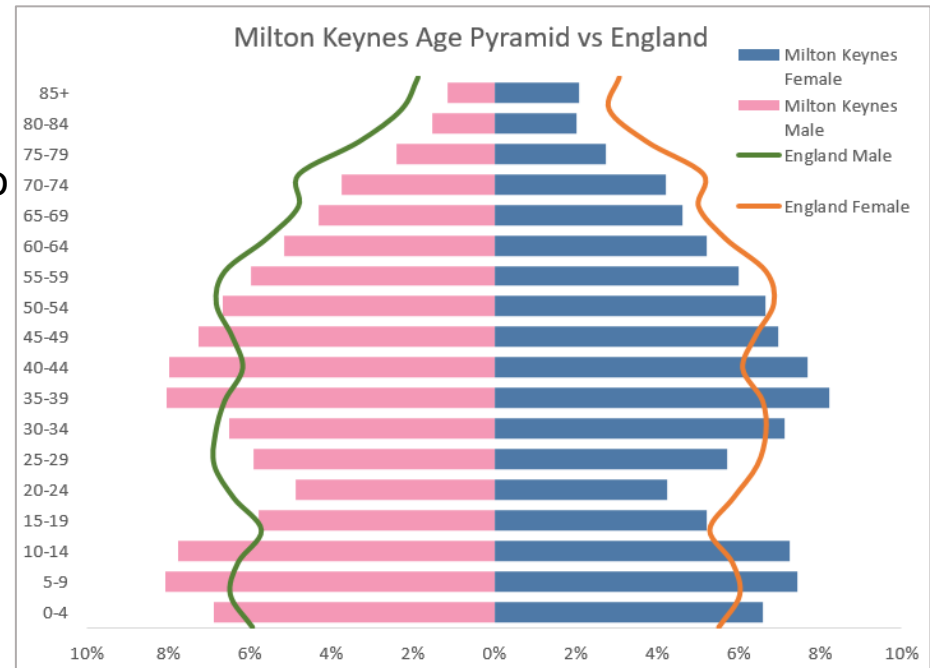
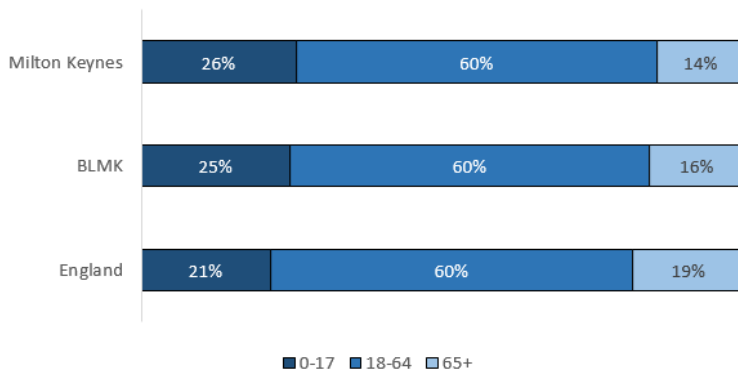
Opportunities for improvement

- Focus on reducing the life expectancy gap between the most and least deprived neighbourhoods, which although not the highest in BLMK are still significant (8.1 years for men and 6.2 year for women)
- With the highest employment rate in BLMK and a generally healthy population, a focus could be made on improving and maintaining the health of people of working age/workplaces
- With a highly ethnically diverse population, a focus could be made to ensure equitable access to health services for all ethnic groups
- Focus on reducing variation between PCNs in Milton Keynes on hospital spend per patient for adults with high-need long term conditions (LTC) (£2,717-£4,449), as Milton Keynes has the largest variation in spending on this patient group in the CCG by some margin

Age Profile & Population comparison

- Total population ≈ 270,000
- Milton Keynes has more 0 to 14 years olds and 35 to 49 years old compared to England
- Milton Keynes has a similar profile age to the BLMK average (e.g. 14% of people aged ≥ 65 years in Milton Keynes vs. 16% overall)

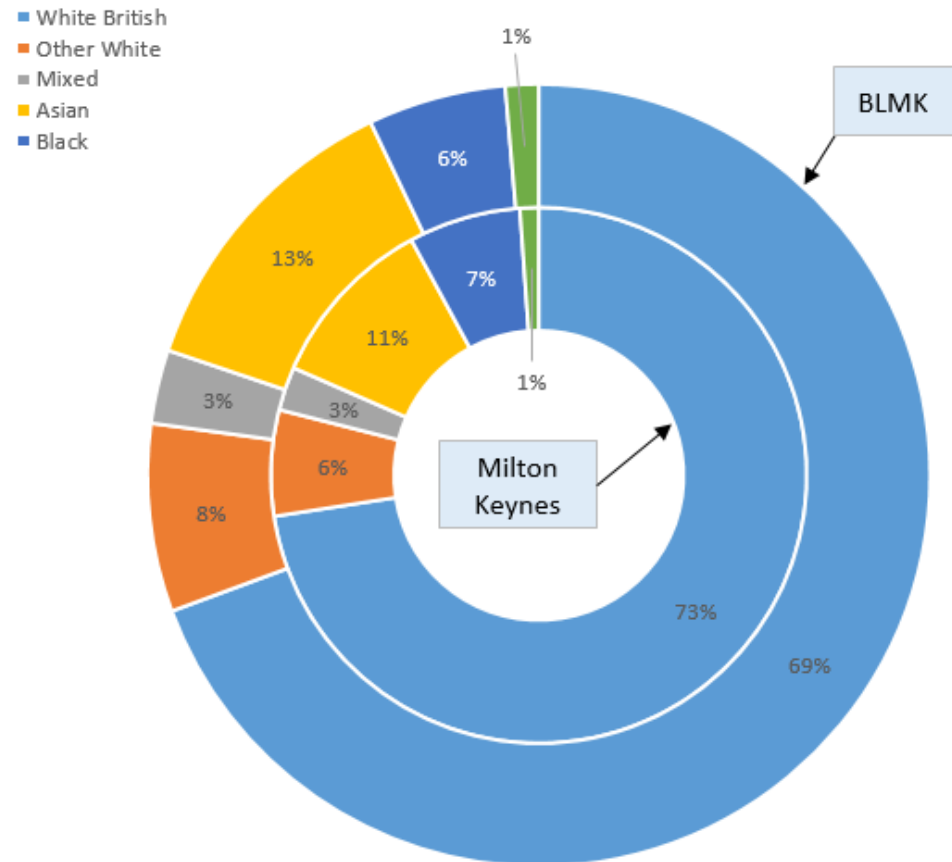
Population Age Bands



Source : 2020 Mid-year estimates, ONS

Population ethnicity

Milton Keynes has an ethnically diverse population, with a particularly large Asian and Black population (73% White British, 11% Asian, 7% Black, 6% Other White)



Source: 2016 Ethnicity estimates, ONS

Index of Multiple Deprivation 2019 (IMD*)

- Milton Keynes ranks 107 out of 151 upper tier and unitary local authorities (where 1 is most deprived).
- 18 out of 152 LSOAs in MK are ranked in the most deprived 20% nationally, with 8 among the most deprived 10%.
- The most deprived LSOAs are Milton Keynes 032A and 023D, which fall within **Bletchley East and Woughton & Fishermead** wards. Both are ranked in the 3% most deprived areas in England and are relatively more deprived than in 2015.
- While MK overall ranks marginally less deprived, this masks increasing deprivation in some areas and potentially widening inequalities.

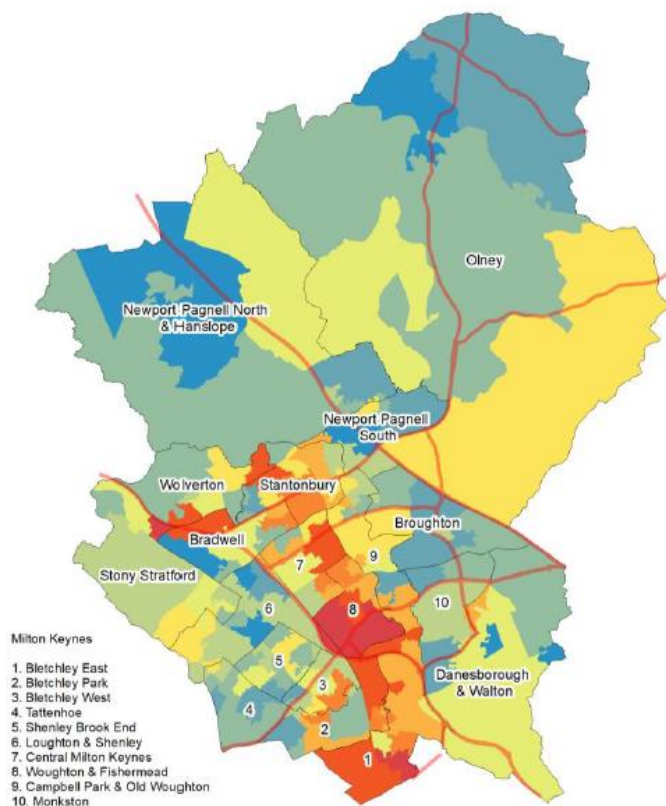
Source : Index of Multiple Deprivation, 2019

* See Appendix One for more details

Index of Multiple Deprivation

The overall Index of Multiple Deprivation (IMD) is a weighted measure based on information relating to income, employment, education, health, crime, housing and environment.

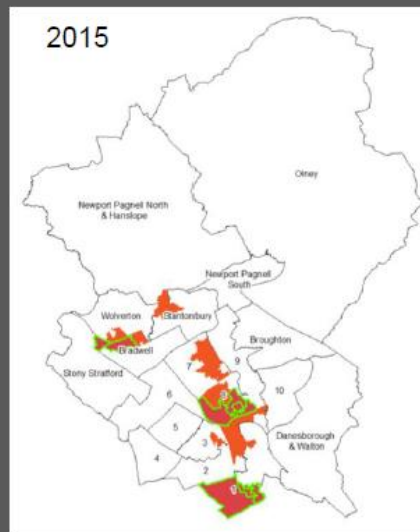
Map 1: Distribution of the Index of Multiple Deprivation 2019



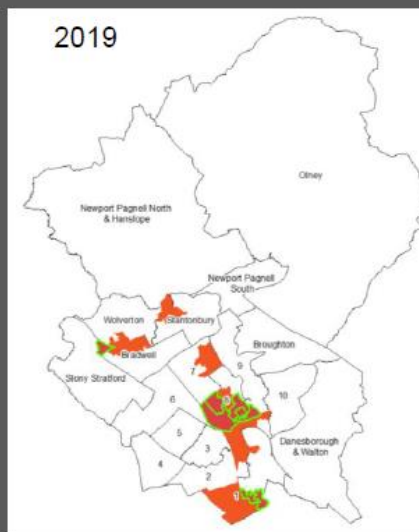
© Crown copyright and database rights 2019 Ordnance Survey 100049028. You are not permitted to copy, sub-license, distribute or sell any of this data to third parties in any form. Produced by: Population Health, Evidence and Intelligence Team – JLD

Change in areas amongst the most deprived 20% in England

2015

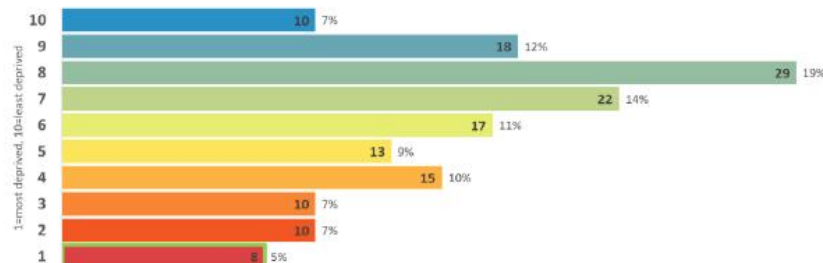


2019



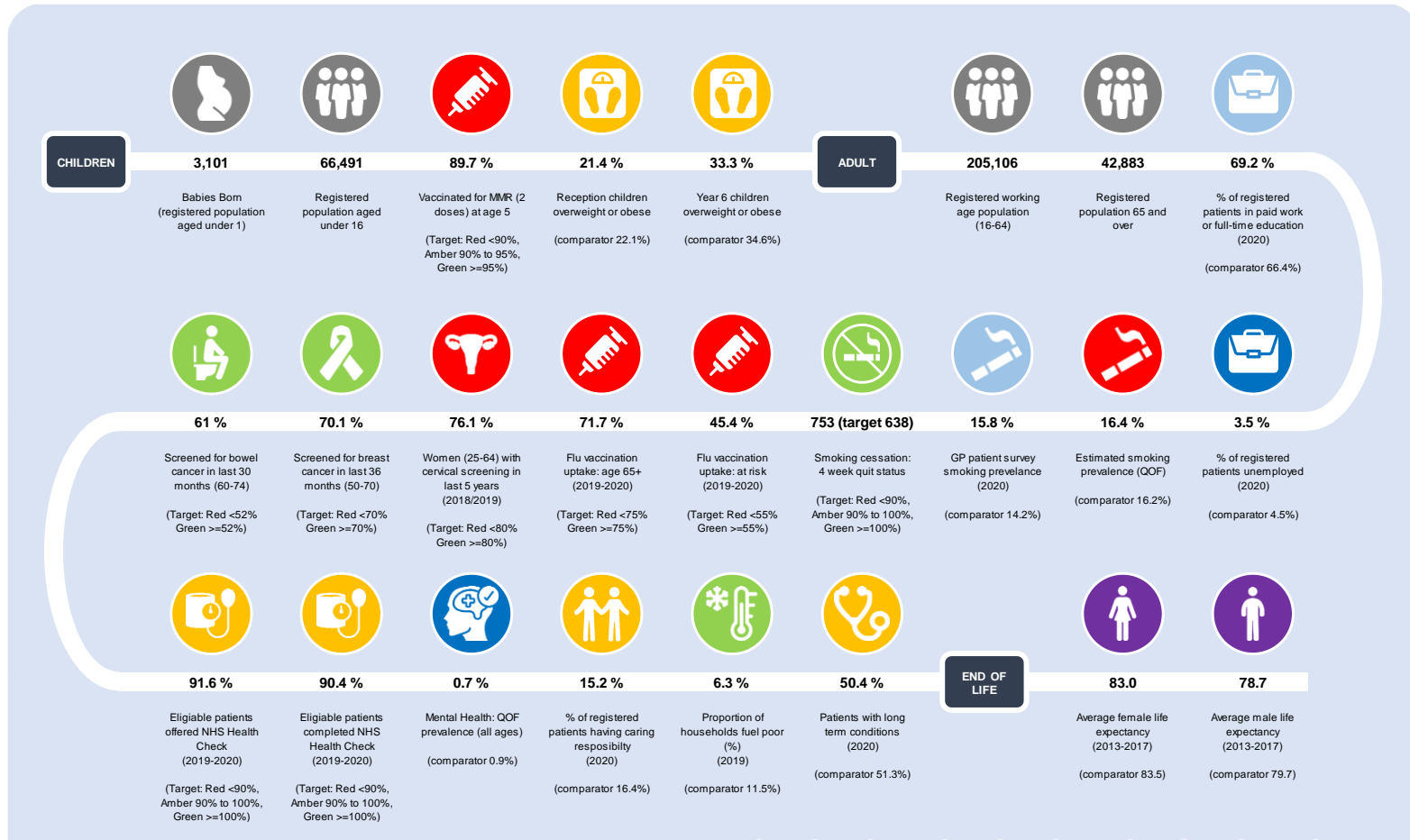
Legend ■ 10% most deprived ■ 20% most deprived

Count and Percentage of LSOAs by National Deciles



Health throughout life: Milton Keynes

2019/20 compared to NHS Bedfordshire, Luton and Milton Keynes CCG (unless target otherwise stated)



Data Source: Fingertips, NHS Health Check local analysis; Stop Smoking to local analysis; National Child Measurement to local analysis; NHS Digital; GOV.UK; Icons by Freepik-www.flaticon.com
Please note data displayed is based on data available in August 2021

● Better
 ● Similar
 ● Worse
 ● Lower
 ● Similar
 ● Higher
 ● Better
 ● Same
 ● Worse
 ● Not compared

Compared to NHS Bedfordshire, Luton and Milton Keynes CCG average

Children and Young People

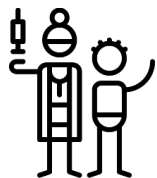


The proportion of babies born at a **very low birth weight** is significantly higher than England

A similar proportion of 2-2½ year olds achieve the expected level of development in motor skills and problem solving than in England



In 2018/19, nearly **1 in 5** five year olds had **visibly obvious dental decay**, similar to 1 in 5 in England.



Uptake of childhood immunisations

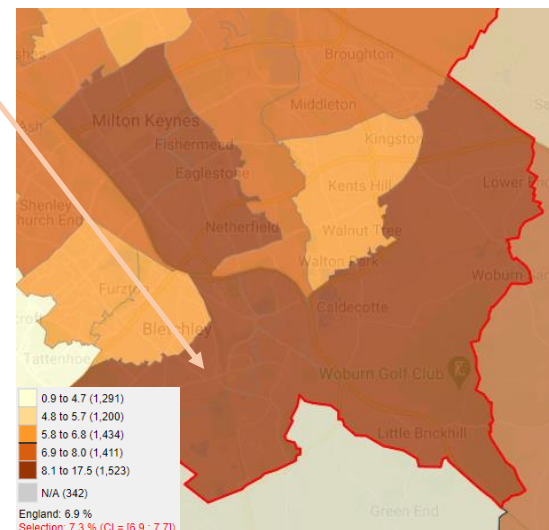
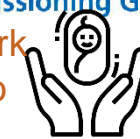
Uptake of **primary** vaccinations (6-in-1), given in the first months of life, is slightly below (~92%) the national target of 95%.



Uptake of vaccines given by a child's **first birthday**, is also slightly below (~92%) the national targets of 95%.



1 in 11 babies born in Bletchley Park weighs under 2500g, compared to 1 in 14 across the council overall



4% of five year olds have not received their second **MMR** vaccinations



Smoking, respiratory disease and cancer



15%

of Milton Keynes adults are current smokers, rising to

31%

among those in routine and manual occupations, and

31%

among those with a long term mental health condition (18+).



Compared to England, smoking related admissions are high and a similar proportion of mothers are smokers at time of delivery.

Hospital admissions for **asthma** in <19 year olds is similar and **COPD** are higher than England.



25% of deaths in Milton Keynes are caused by cancer.

10% of deaths in Milton Keynes are caused by respiratory diseases.

Participation in cancer screening programmes is lower than it should be:



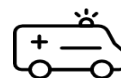
Breast: 74.2% coverage compared to 74.1% in England.



Cervical: 69.8% coverage among 25 to 49 years old, compared to 70.2% in England.



Bowel: 61.3% coverage, compared to 63.8% in England.



Emergency presentations for colorectal cancers are higher than the best 5 similar CCGs



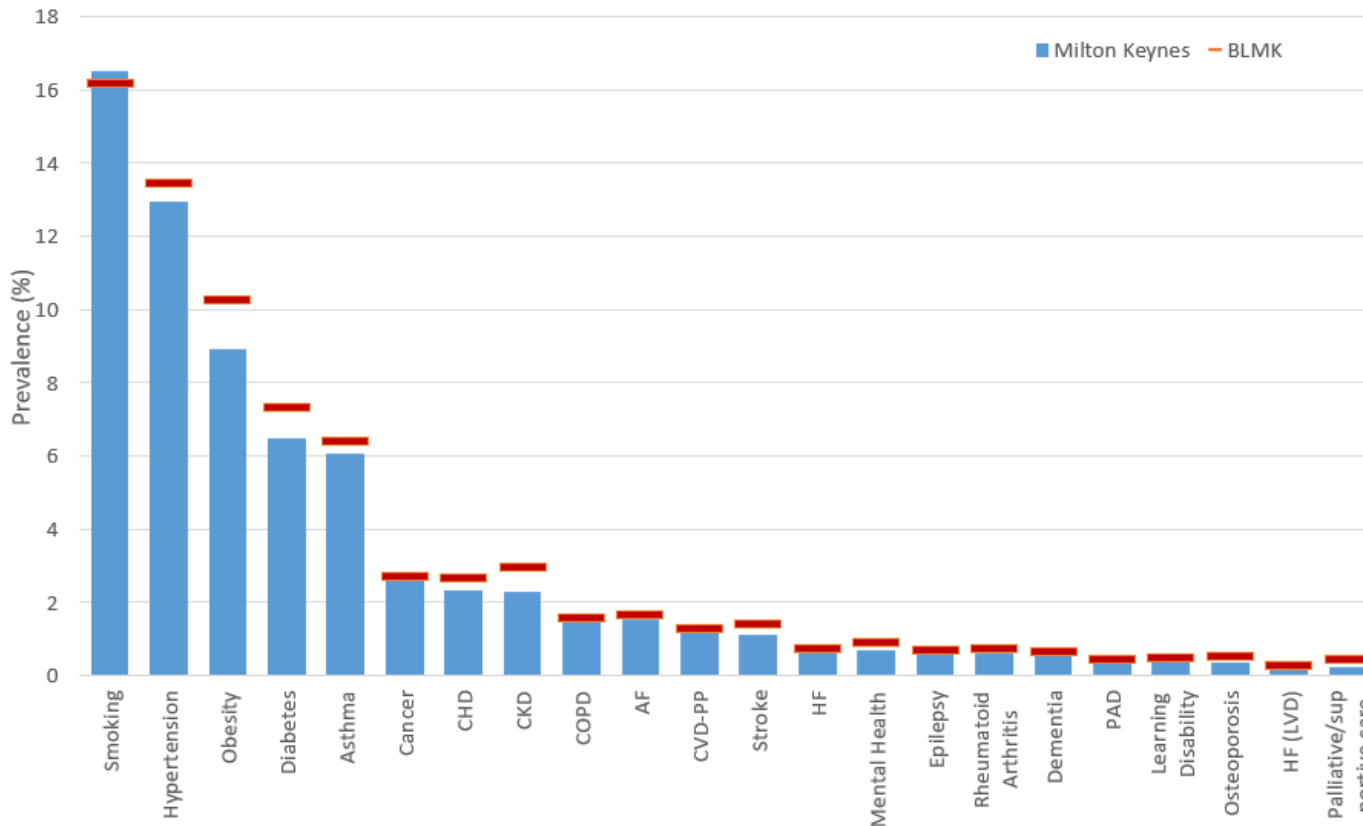
Lung cancer registrations are higher than in England



1-year survival from all cancers is lower than nationally

GP recorded disease prevalence

Milton Keynes QoF Prevalence (2019/20) ■ Milton Keynes ■ BLMK



Note:

Data was sourced from the NHS Quality Outcomes Framework for 2019/20, via Public Health England's GP Practice Profiles.

Each bar is based on one indicator and disease included in the framework.

Data is based on GP practice level and is calculated at Local Authority level based at Local Authority the practice resides in.

[Source : Quality and Outcomes Framework, 2019-20 - NHS Digital](#)

CKD, chronic kidney disease; CHD, coronary heart disease; AF, atrial fibrillation; COPD, chronic obstructive pulmonary disease; CVD-PP, cardiovascular disease - primary prevention; HF, heart failure; PAD, pulmonary artery disease; HF-LVD, heart failure - left ventricular function

Health outcomes in Milton Keynes: Mortality

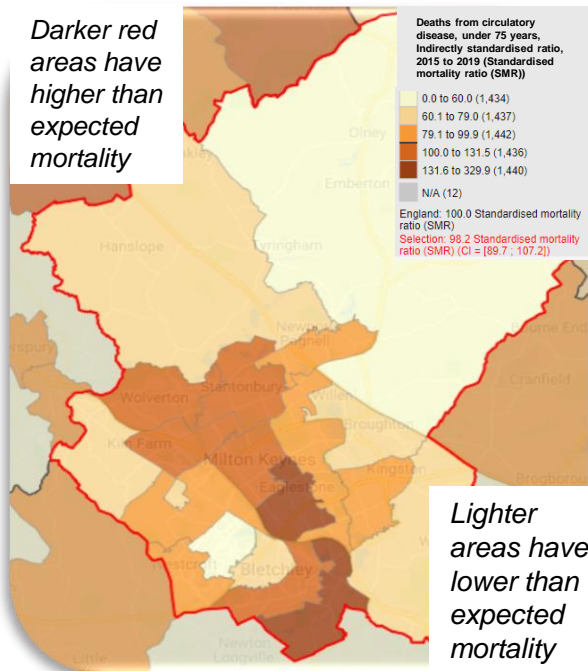


On most measures of mortality, Milton Keynes is comparable to similar local authorities but this masks significant inequalities.

All-cause mortality is 53% higher in Woughton & Fishermead ward than expected based on England standardised mortality ratio, 48% higher in Monkston and 37% higher in Stantonbury.

Premature mortality (deaths under 75) from circulatory disease was ~77% higher than expected in Woughton & Fishermead and 46% higher than expected in Bletchley East during 2015-19.

Premature mortality from cancer was 64% higher than expected in Woughton & Fishermead and around a 25% higher in both Stantonbury, Bletchley West and Bletchley East in 2015-2019)



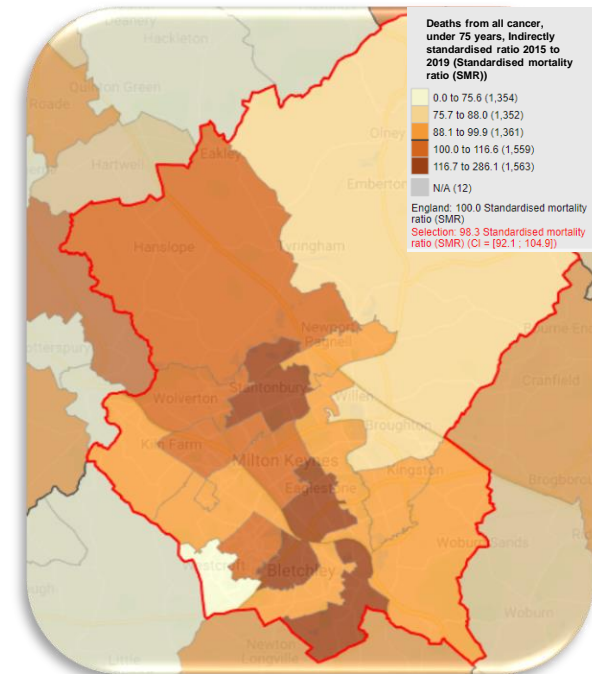
What does the SMR mean

< 100 indicates fewer than expected deaths

= 100 indicates observed deaths equals expected deaths

>100 indicates there were excess deaths

(Standardised mortality ratio (SMR) = the number of actual deaths divided by the number of expected deaths x 100)



Health outcomes in Milton Keynes: Life expectancy



A baby boy born in Milton Keynes today can expect to live for **79.5** years and a baby girl for **83.4** years

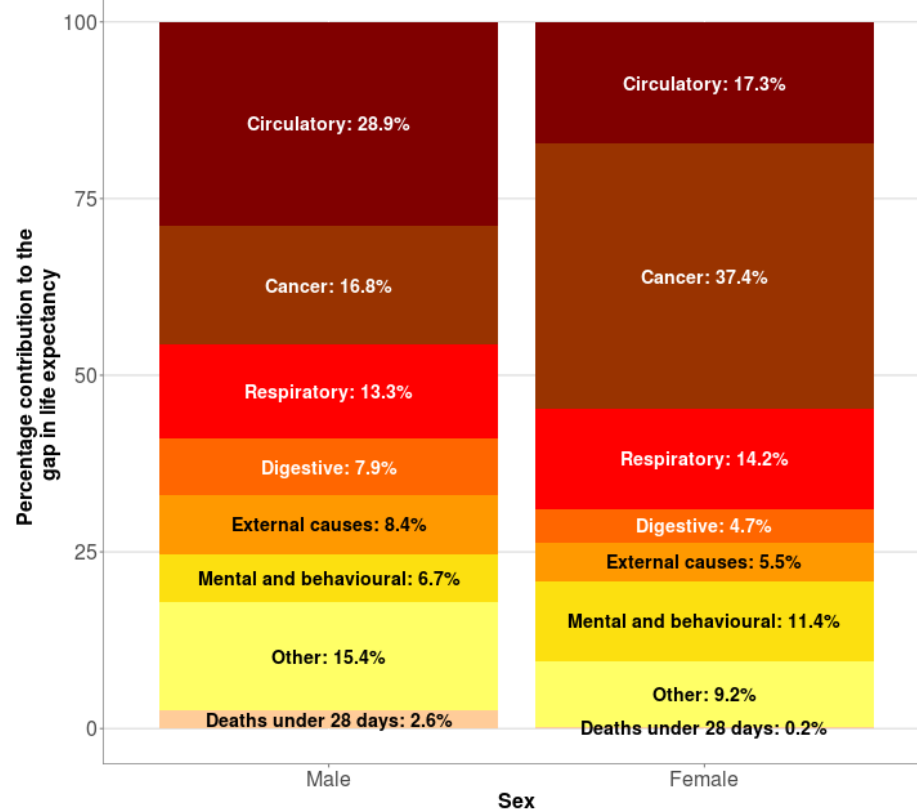


Baby boys born in the most affluent parts of Milton Keynes will live around **8.1 years longer** than those born in the most deprived areas. This gap is **6.2 years** for baby girls.

The life expectancy gap is mainly due to higher deaths from circulatory diseases, cancer and respiratory diseases in more deprived areas. There is higher circulatory deaths in males and higher cancer and mental and behavioural deaths in females.



Breakdown of the life expectancy gap in Milton Keynes between most and least deprived deciles by broad cause of death, 2015-17



Source: Public Health England: Segment Tool

Appendices

- Index of Multiple Deprivation (IMD)

1. Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is part of a series of outputs making up the English Indices of Deprivation (IoD). IoD 2019 was published on 26th Sept 2019 and replaces the 2015 version. The English IoD are published by the Ministry of Housing, Communities & Local Government.

The IoD brings together 39 indicators into seven distinct domains of deprivation covering income, employment, education, health, crime, housing and environment. These are grouped further into the Index of Multiple Deprivation. The IMD is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower-layer Super Output Area (LSOA), or neighbourhood, in England. All neighbourhoods in England are ranked according to their level of deprivation relative to other areas. Average IMD measures are available at local authority level.

The full IoD data along with technical details and national summary reports can be found here:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

A helpful visualisation tool of the national results can be found here:

http://dclgapps.communities.gov.uk/imd/iod_index.html

Data Sources

Indicator	Year	Source Link
Mid-year population estimates	2020	Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk)
Ethnicity estimates	2016	Population estimates by ethnic group - Office for National Statistics (ons.gov.uk)
Life expectancy at birth	2017-19	https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0
Life expectancy gap (Segment Tool)	2015-17	https://analytics.phe.gov.uk/apps/segment-tool/
Low birth weight	2019	Public Health Profiles - PHE
Two and two and a half year olds expected development	2019/20	Public Health Outcomes Framework - Data - PHE
5 year with visibly obvious dental decay	2018/19	Child and Maternal Health - Oral health - PHE
Children vaccinated by their 1 st birthday	2019/20	COVER, Public Health England
MMR second dose	2019/20	Public Health Profiles - PHE
Prevalence of obesity in YR and Y6	2019/20	Public Health Profiles - PHE
GP recorded prevalence	2019/20	https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20
NHS Health Checks	2019/20	NHS Health Check - PHE
All causes and premature mortality	2015-19	Local Health - Data - PHE
Mortality by underlying cause	2020	https://www.nomisweb.co.uk/datasets/mortsa
Adult Smokers	2019	https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0
Routine and Manual Smoking	2019	https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132900/pat/6/par/E12000006/ati/302/are/E06000055/cid/4/tbm/1
Long term mental health condition smoking	2019/20	Public Health Profiles - PHE
Breast Screening	2020	https://fingertips.phe.org.uk/search/cancer%20screening#page/0/gid/1/pat/104/ati/302/are/E06000055/iid/22001/age/225/sex/2/cid/4/tbm/1
Cervical Screening	2020	https://fingertips.phe.org.uk/search/cancer%20screening#page/0/gid/1/pat/104/ati/302/are/E06000055/iid/22001/age/225/sex/2/cid/4/tbm/1
Bowel Screening	2020	https://fingertips.phe.org.uk/search/cancer%20screening#page/0/gid/1/pat/104/ati/302/are/E06000055/iid/22001/age/225/sex/2/cid/4/tbm/1
Lung Cancer Registrations	2016-18	https://fingertips.phe.org.uk/search/lung#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E06000055/iid/1205/age/1/sex/4/cid/4/tbm/1
Emergency Admissions (COPD)	2019/20	https://fingertips.phe.org.uk/search/copd#page/3/gid/1/pat/6/par/E12000006/ati/302/are/E06000055/iid/92302/age/202/sex/4/cid/4/tbm/1
Segmentation tool	2020/21	Arden & GEM CSU