

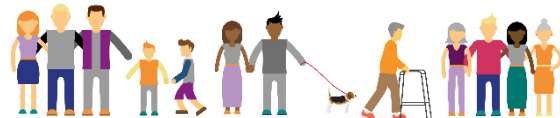
Northamptonshire

Health and Care Partnership

Health Inequalities and CORE20plus5

Introductory Data Pack

March 2021, Anne Holland



Context

- This slide-pack is intended to be read alongside the Northamptonshire ICS Health Inequalities Plan (March 2022).
- The purpose of the slides is to illustrate some of the health inequalities issues relating to Core20+5 in Northamptonshire. It is not intended to tell the reader about the detail pertaining to every health inequality issue in our County.
- The first section summarises issues relating to ‘Core20’ by looking at 20% most deprived LSOAs
- The second section looks at the ‘5’ key clinical areas of health inequality
- **Key**
 - Within this document, the summary findings can be found in **green boxes**, an explanation of the data can be found in **grey boxes**.

Core 20: Deprivation PLUS other areas



Life expectancy

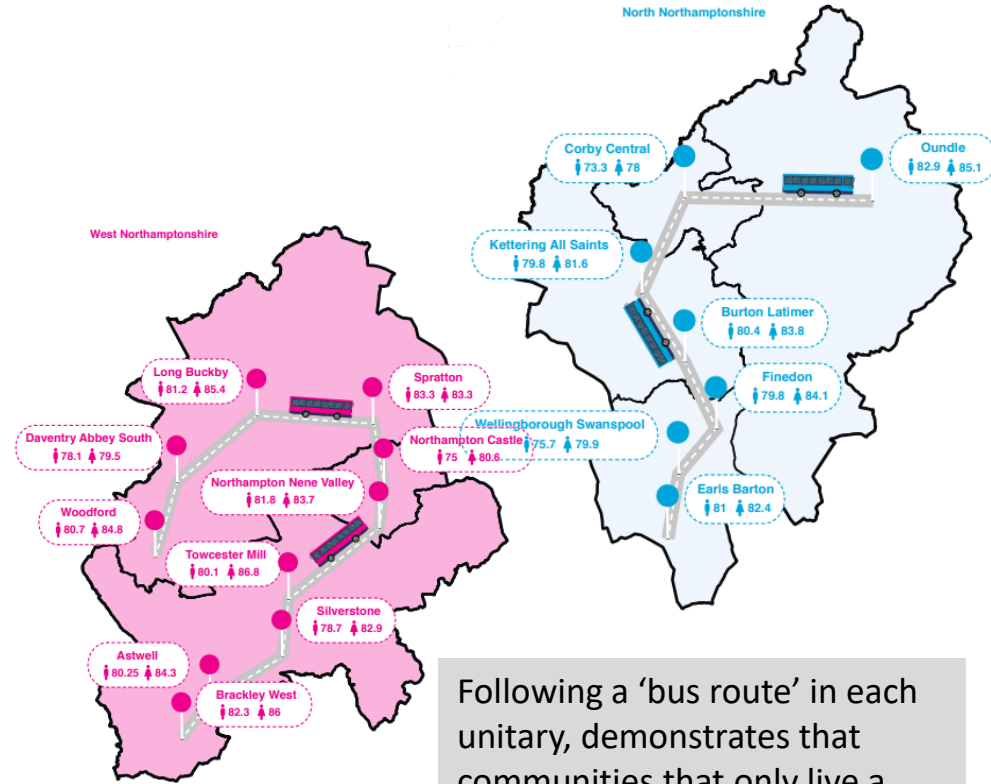
The top 3 broad causes of death that contributed the most to the life expectancy gap between the most and least deprived areas across both North and West Northamptonshire are:

- Circulatory disease
- Cancer
- Respiratory disease

Life expectancy for males and females, 2018-20

	West Northants	North Northants
Males	79.8 years at birth 18.9 years at 65	79.2 years at birth 18.3 years at 65
Females	82.7 years at birth 21.1 years at 65	82.4 years at birth 20.7 years at 65

In 2017 – 19 healthy life expectancy in Northamptonshire was 63.4 for males and 63.6 for females.



Following a 'bus route' in each unitary, demonstrates that communities that only live a few miles apart can have stark differences in life expectancy

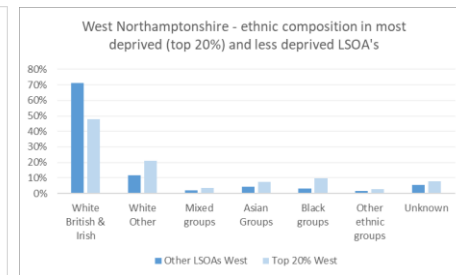
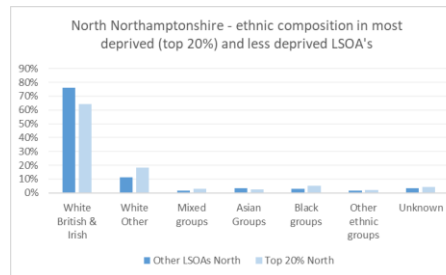
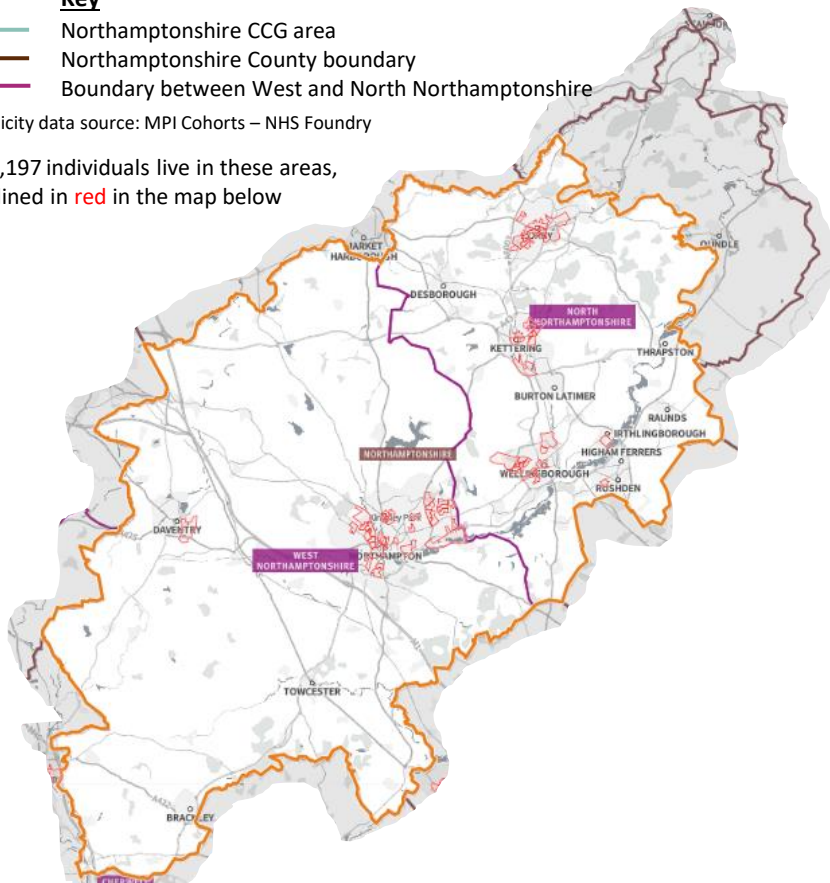
Areas of Northamptonshire that are in the top 20% most deprived nationally and ethnicity

Key

- Northamptonshire CCG area
- Northamptonshire County boundary
- Boundary between West and North Northamptonshire

Ethnicity data source: MPI Cohorts – NHS Foundry

123,197 individuals live in these areas, outlined in red in the map below

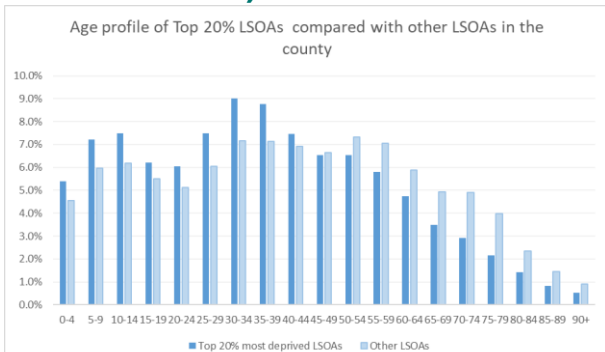


The most deprived 20% of areas have a higher proportion of non-white British/Irish groups than less deprived areas.

The level of deprivation and ethnic composition of geographically close LSOAs can vary within a small area e.g. The LSOAs in the table below are all within Castle ward in Northampton:-

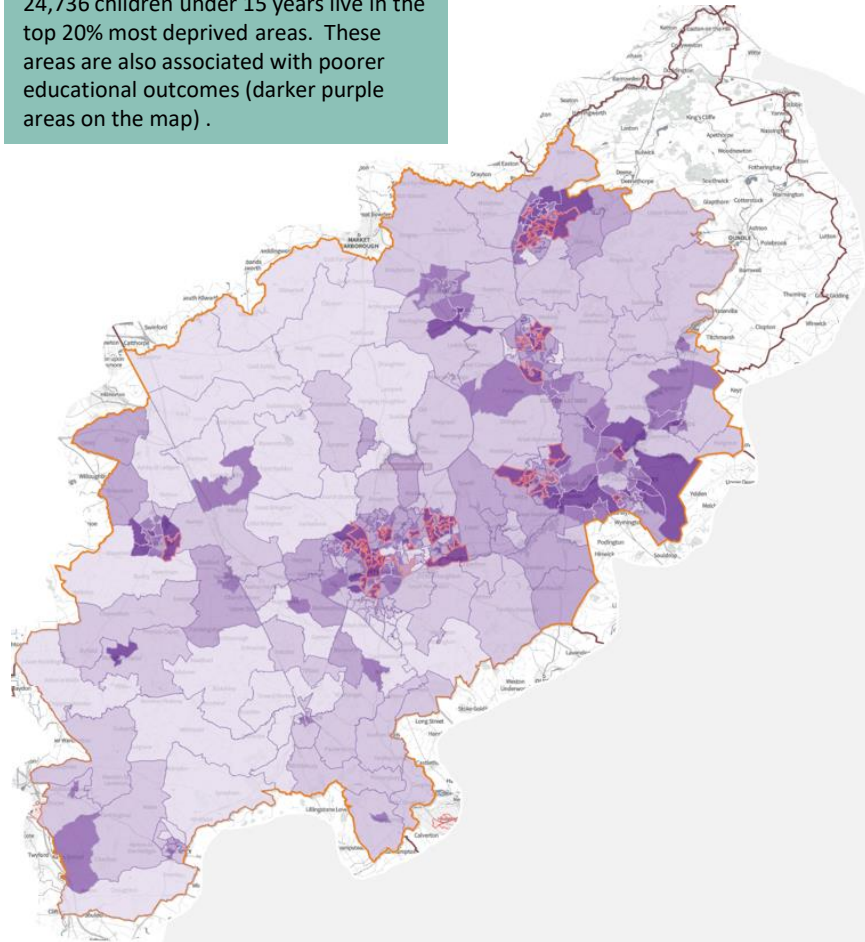
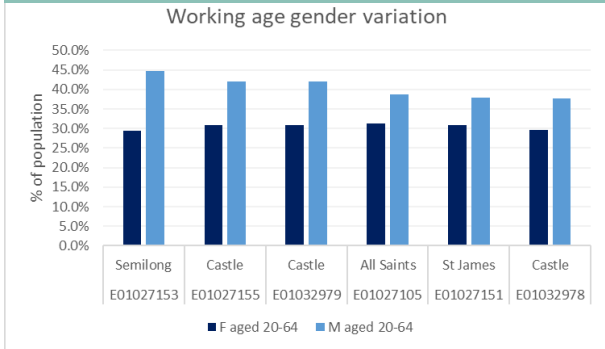
LSOA	IMD decile	White		Mixed groups	Asian Groups	Black groups	Other ethnic groups	
		British & Irish	White Other				Unknown	Other ethnic groups
E01032979	1	27.0%	26.4%	4.6%	13.5%	15.2%	5.7%	7.6%
E01032978	2	25.3%	21.3%	3.9%	15.3%	23.5%	4.4%	6.4%
E01027226	2	31.9%	33.4%	3.3%	11.8%	8.1%	3.3%	8.2%
E01027155	2	18.7%	36.4%	2.6%	19.7%	7.3%	4.0%	11.2%
E01027228	3	28.2%	32.8%	2.7%	15.3%	7.7%	3.8%	9.6%
E01027227	3	21.7%	35.5%	2.8%	17.3%	9.4%	3.5%	9.9%
E01027223	4	32.1%	26.4%	3.2%	15.7%	9.4%	7.0%	6.3%
E01027225	4	31.2%	34.5%	2.8%	10.1%	6.9%	4.2%	10.3%

Areas of Northamptonshire that are in the top 20% most deprived nationally (Age and Gender)



24,736 children under 15 years live in the top 20% most deprived areas. These areas are also associated with poorer educational outcomes (darker purple areas on the map) .

The population of the most deprived LSOAs tends to be younger than that of less deprived areas. This has an impact on the quantity and type of health needs in the population. In some of the top 20% LSOAs, there is a gender imbalance, particularly in the working age population. In the LSOAs below, Males make up 54% or more of the population.



Northamptonshire Health and Care Partnership

Location	Focus	Interpretation
Education, Skills and Training Deprivation		
The indicator focuses the Education, Skills and Training Deprivation domain from the Indices of Deprivation 2019.		
NHS Northamptonshire CCG's Education, Skills and Training Deprivation average score is 24.54.		
The England-wide Education, Skills and Training Deprivation distribution is 0.01 to 99.45 with a mean value of 21.69.		
Key		
Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.		
The colours represent the quintiles:		
<ul style="list-style-type: none"> 35.66 to 99.45: 102 areas 21.01 to 35.65: 99 areas 12.27 to 21.84 areas 5.91 to 12.26: 89 areas 0.01 to 5.9: 39 areas 		
Data		
Population mid-2015: 704,645		
English Indices of Deprivation 2019: www.gov.uk/government/uploads/system/uploads/attachment_data/file/414147/indices-of-deprivation-2019		
Distribution		
The chart shows the Education, Skills and Training Deprivation for the selected area.		
England mean: 21.69		

Top 20% most deprived areas and populations at risk of health problems in future

Wellbeing Acorn category: At Risk

The analysis focuses on the percentage of the estimated population in 'Wellbeing Acorn category: At Risk'.

These neighbourhoods do not generally have high incidences of illness. However, multiple unhealthy behaviours, as a result of their lifestyles, could put their health at risk in the future. They have the highest rates of smoking in the country along with some alcohol concerns. Social issues such as unemployment, debt and dissatisfaction with life overall contribute to one of the lowest scores on the mental wellbeing scale.

Corby, Daventry, East Northamptonshire, Kettering, Northampton, South Northamptonshire, Wellingborough's estimated population in 'Wellbeing Acorn category: At Risk' is 21.67% within a range of 0% to 94.5% across 422 LSOAs.

The England-wide LSOA distribution is 0% to 100% with a mean value of 22.12%.

Key

The colours represent the quintiles:

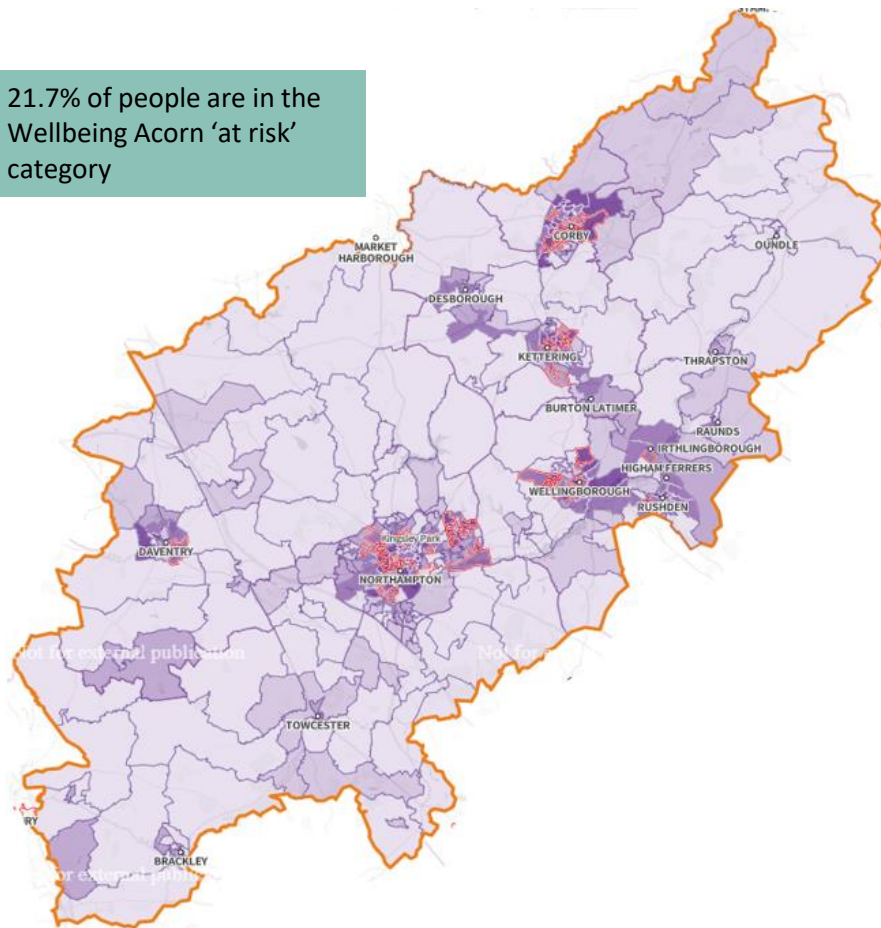
- 44% to 100%: 93 areas
- 21% to 44%: 66 areas
- 7% to 21%: 63 areas
- 0% to 7%: 67 areas
- 0% to 0%: 133 areas

Data: July 2021

Numerator: Population in 'Wellbeing Acorn category: At Risk': 164,567

Denominator: Total population: 759,512 living in 319,793 households.

21.7% of people are in the Wellbeing Acorn 'at risk' category



The Covid-19 vaccination program has shown us that populations from the top 20% most deprived LSOAs are less likely to engage with preventive healthcare.

In Northamptonshire, 49.4% of people aged 12+, living in the top 20% most deprived LSOAs, had received at least 1 dose of Covid-19 vaccine by the end of January 2022. The proportion in all the other, less deprived LSOAs was 66.2%.

There are various factors involved in this, including Ethnicity, Age and Gender but deprivation adds another element that leaves people exposed to greater health risks.

Top 20% most deprived areas and populations experiencing current health challenges

17.8% of people are in the Wellbeing Acorn 'health challenges' category

Wellbeing Acorn category: Health Challenges

The analysis focuses on the percentage of the estimated population in 'Wellbeing Acorn category: Health Challenges'.

These areas contain the population with the greatest levels of illness and consequently, those with the greatest health challenges and risky behaviours now and in the past. They contain some of the oldest people in the most deprived neighbourhoods. This group contains some of the highest levels of smoking and the lowest levels of fruit and vegetable consumption. Issues around isolation and mental wellbeing are most prevalent here with many lacking a support network in their communities.

Corby, Daventry, East Northamptonshire, Kettering, Northampton, South Northamptonshire, Wellingborough's estimated population in 'Wellbeing Acorn category: Health Challenges' is 17.97% within a range of 0% to 88.1% across 422 LSOAs.

The England-wide LSOA distribution is 0% to 100% with a mean value of 16.22%.

Key

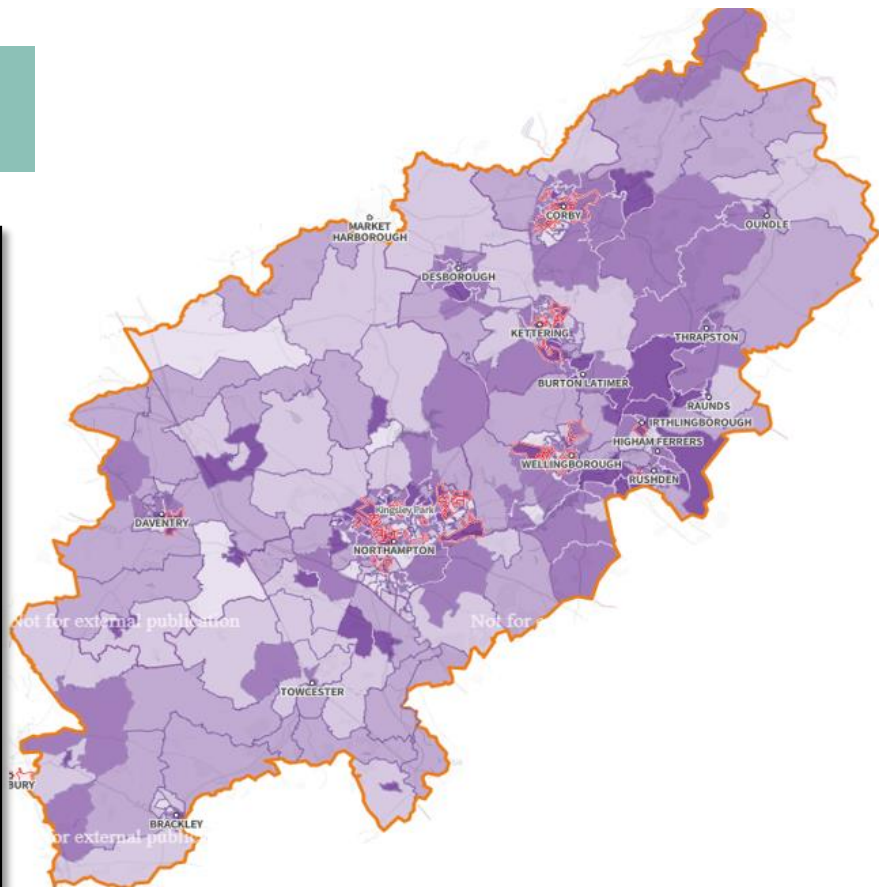
The colours represent the quintiles:

- 30% to 100%: 94 areas
- 15% to 30%: 113 areas
- 6% to 15%: 92 areas
- 0% to 6%: 72 areas
- 0% to 0%: 51 areas

Data: July 2021

Numerator: Population in 'Wellbeing Acorn category: Health Challenges': 136,447

Denominator: Total population: 759,512 living in 319,793 households.



22.7% of adults (18+) living in the top 20% most deprived LSOAs were within the 'At Risk' cohort (C6) identified by JCVI in relation to the Covid 19 vaccination roll out.

For the less deprived LSOAs, the percentage was lower at 17.4%.

This is significant, given that the populations of the top 20% of LSOAs tend to be much younger.

JCVI 'At Risk' groups include people with clinical conditions such as:

- a blood cancer
- diabetes
- dementia
- a heart problem
- a chest complaint or breathing difficulties (e.g. bronchitis, emphysema or severe asthma)
- a kidney disease
- a liver disease
- lowered immunity due to disease or treatment
- rheumatoid arthritis, lupus or psoriasis have had an organ transplant
- had a stroke or a transient ischaemic attack (TIA)
- a neurological or muscle wasting condition
- a severe or profound learning disability
- a problem with the spleen e.g. sickle cell disease, or splenectomy
- are seriously overweight (BMI of 40 and above)
- are living with a severe mental illness

Average Gradient of Inequality in emergency admissions for Chronic Ambulatory Care Sensitive Conditions (ACSCs)

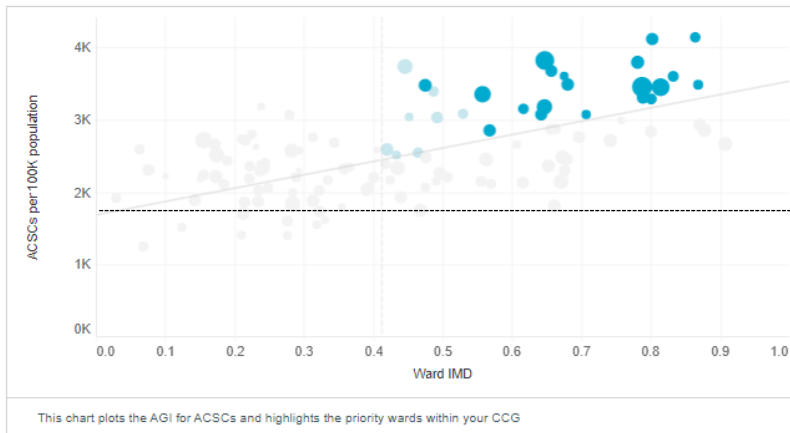
Priority Wards ⓘ

The Average Gradient of Inequality (AGI) measures the inequality across a CCG area.

Ward level deprivation scores and the rate of emergency admissions for ACSCs are plotted on a graph to give a general trend line.

The gradient of the line represents the level of inequality, with steeper lines representing greater inequality.

The darker blue dots on the graph represent the wards shown in the Table below.



The height of this line is the AGI score.

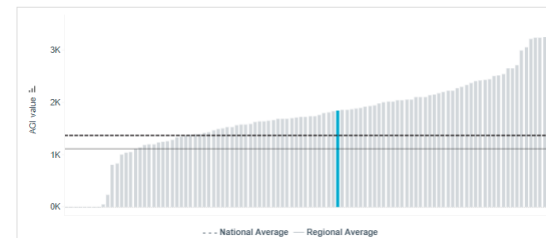
The AGI score as at September 2021 was 1848. This was an 8.7% drop on the previous year, which indicates a reduction in inequality.

At a score of 1848 it is higher than the national average of 1366 and the regional average of 1119.

In the graph below Northamptonshire CCG is highlighted in blue.

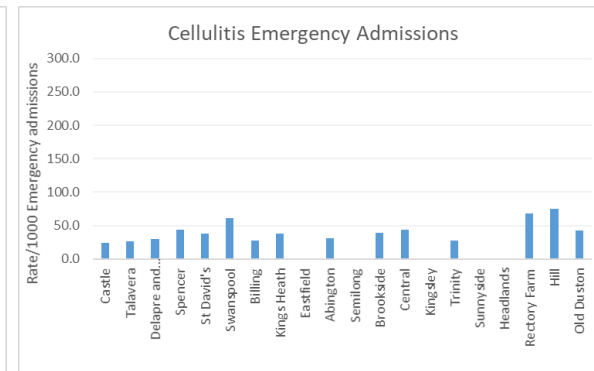
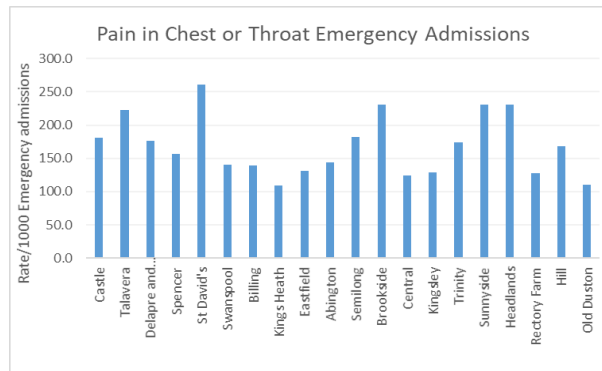
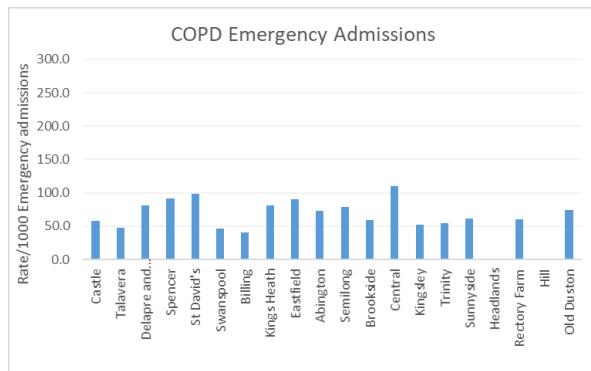
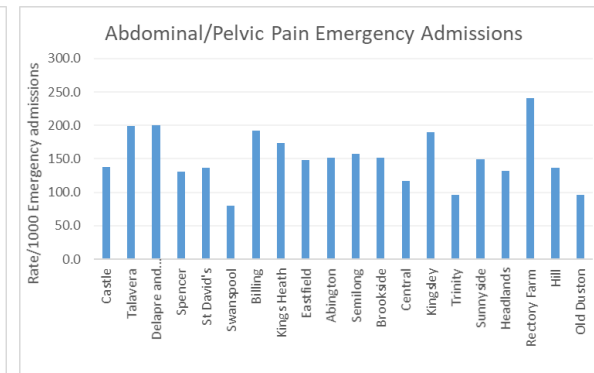
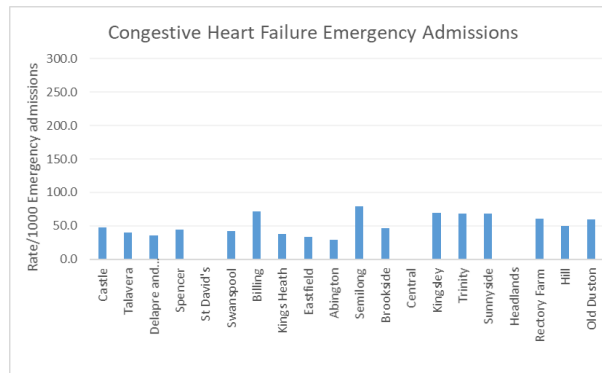
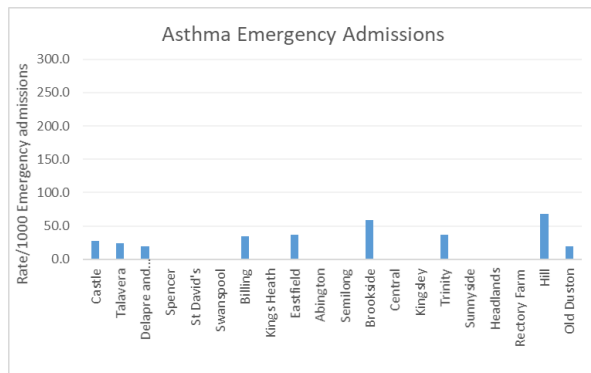
The Wards highlighted in red in the table below are those which include at least one LSOA in the top 20% most deprived nationally.

Ward Name	Rank	Town	Ward includes a Top20% LSOA	ACSCs per 100000 pop	Percentage of emergency admissions that are ACSCs	Opportunity for saved ACSCs
Castle	1	Northampton	Y	3454	26.8%	103
Talavera	2	Northampton	Y	3450	27.1%	89
Delapre and Briar Hill	3	Northampton	Y	3819	29.4%	76
Spencer	4	Northampton	Y	4115	31.5%	63
St David's	5	Northampton	Y	3794	32.7%	53
Swanspool	6	Wellingborough	Y	3288	30.1%	50
Billing	7	Northampton	Y	3178	26.3%	48
Kings Heath	8	Northampton	Y	4139	29.8%	47
Eastfield	9	Northampton	Y	3487	28.4%	42
Abington	10	Northampton	N	3353	31.4%	38
Semilong	11	Northampton	Y	3307	23.7%	38
Brookside	12	Northampton	Y	3600	29.5%	37
Central	13	Corby	Y	3484	35.6%	37
Kingsley	14	Northampton	N	3073	27.4%	35
Trinity	15	Northampton	N	3674	30.0%	35
Sunnyside	16	Northampton	N	3604	32.6%	26
Headlands	17	Kettering	Y	3073	27.0%	19
Rectory Farm	18	Northampton	Y	3151	26.7%	19
Hill	19	Daventry	Y	2854	30.5%	18
Old Duston	20	Northampton	Y	3470	31.7%	16



Ambulatory Care Sensitive Conditions (ACSCs): the conditions and variation across wards (Top 20 wards to target)

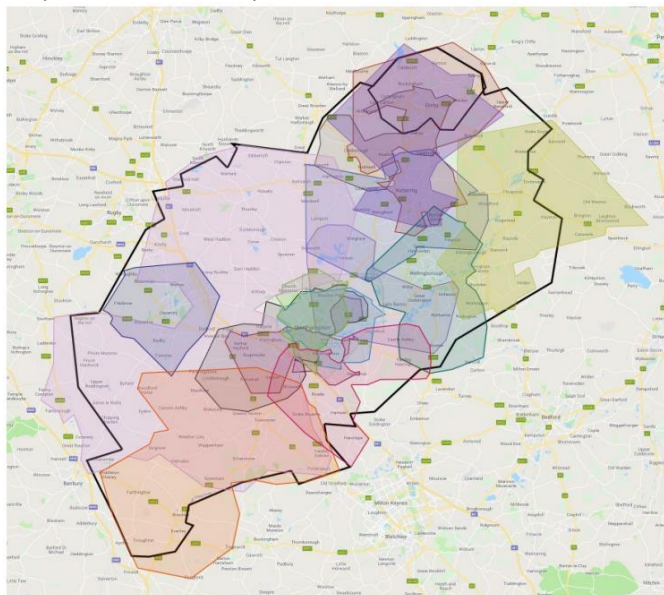
There is variation between wards in both the quantity and type of ACSC emergency admissions. It is not only deprivation that contributes to this picture. Other factors affecting it are age, gender and ethnicity.



PCN level inequalities

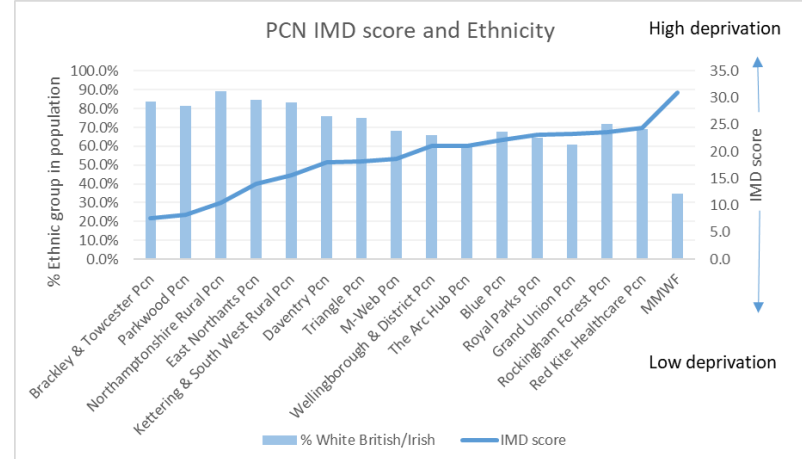
The map shows the approximate locations of PCN populations – since PCNs are not geographical areas it is not possible to be very precise. The demographics of main geographical areas covered by PCNs are reflected in each PCN. The example of ethnicity and IMD score is shown below:-

Map of PCNs in Northamptonshire



- ◆ Arc Hub PCN
- ◆ Blue PCN
- ◆ Grand Union PCN
- ◆ M-Web PCN
- ◆ MMWF PCN
- ◆ Rothwell, Desborough and Great Oakley...
- ◆ Red Kite Healthcare PCN
- ◆ Kettering and South West Rural PCN
- ◆ Wellingborough and District PCN
- ◆ Royal Parks PCN
- ◆ Northamptonshire Rural PCN
- ◆ Daventry PCN
- ◆ Brackley and Towcester PCN
- ◆ Parkwood PCN
- ◆ East Northants PCN
- ◆ Rockingham Forest PCN

PCN	White British/Irish	Any other White background	Mixed Asian or Asian background	Black or Black British	Other ethnic groups	Unknown
MMWF Pcn	34.8%	28.1%	2.8%	11.0%	3.2%	9.8%
Grand Union Pcn	60.9%	16.4%	3.0%	7.2%	2.2%	5.0%
The Arc Hub Pcn	61.5%	14.1%	3.0%	5.8%	2.0%	7.8%
Royal Parks Pcn	64.4%	12.9%	2.7%	5.7%	2.1%	7.4%
Wellingborough & District Pcn	65.9%	15.5%	3.2%	6.2%	1.3%	2.4%
Blue Pcn	67.8%	13.0%	2.5%	4.8%	5.0%	5.1%
M-Web Pcn	68.4%	10.7%	2.8%	4.2%	3.0%	6.2%
Red Kite Healthcare Pcn	69.1%	15.4%	2.2%	4.5%	1.6%	3.9%
Rockingham Forest Pcn	71.9%	14.4%	1.6%	1.6%	3.2%	5.1%
Triangle Pcn	75.2%	11.9%	1.7%	2.0%	1.4%	3.5%
Daventry Pcn	75.8%	12.4%	1.2%	1.8%	1.3%	6.4%
Parkwood Pcn	81.4%	6.1%	1.9%	3.4%	1.3%	4.1%
Kettering & South West Rural Pcn	83.3%	6.5%	1.5%	2.7%	0.7%	3.0%
Brackley & Towcester Pcn	83.7%	8.2%	1.1%	0.9%	0.5%	4.7%
East Northants Pcn	84.5%	7.4%	1.4%	1.2%	0.8%	3.2%
Northamptonshire Rural Pcn	89.1%	4.4%	1.1%	0.7%	0.5%	3.7%



- Some groups in society are particularly disadvantaged: for example people who are homeless, refugees and asylum seekers, including those who receive no financial support and for whom absolute poverty remains a reality.
- The concept of inclusion health has typically encompassed homeless people; Gypsy, Roma, and traveller communities; vulnerable migrants; and sex workers but other groups can be included. These groups can be socially excluded, which can be defined broadly as processes driven by unequal power relationships that interact across economic, political, social, and cultural dimensions.
- Social exclusion is associated with the poorest health outcomes, putting those affected beyond the extreme end of the gradient of health inequalities.
- Inclusion health groups commonly have very high levels of morbidity and mortality, often with multiple and complex needs including overlapping mental and physical ill-health, and substance dependency, creating complex situations that health services are not always equipped to deal with and that traditional population-based approaches generally fail to address.
- The average age at death of people who sleep rough was 44 years for men and 42 years for women
- People living with severe mental illness (SMI) have 15–20 years shorter life expectancy than the general population.
- Gypsy and Traveller women live 12 years less than women in the general population and men 10 years less
- Hepatitis B and C infection among female prisoners are 40 and 28 times higher than in the general population
- Local data on some of these groups is not routinely available and this means that it can be hard to understand the impacts on health and how to support these groups.

5

Learning Disabilities, Serious Mental Illness, Child & Maternal Health, Respiratory & Air Quality, Hypertension, Cancer & Screening, Immunisations



CORE 20PLUS 5 in Northants

Veterans – estimated 3,000 - 4,000 serving or former armed forces personnel (2018)

Care leavers – almost 700 young people left care in 2017/18

Homeless – approx. 6,000 (2018)

Rough sleepers – 91 counted (2018)

6,410 people from BAME groups, 100,125 from white other, 70,170 unknown (2021)

Carers –estimated 75,000+ unpaid carers in Northamptonshire (2019)

3,147 in treatment for substance misues (2020/21)

Gypsy/Travellers – 527 (2011)
Around 250 permanent pitches

123,197 individuals live in top 20% most deprived areas

Maternity continuity of care as of Oct 21 was 5% KGH and 7% NGH. Plans in place to achieve 55% by end of 2022 and 75% by 2023.

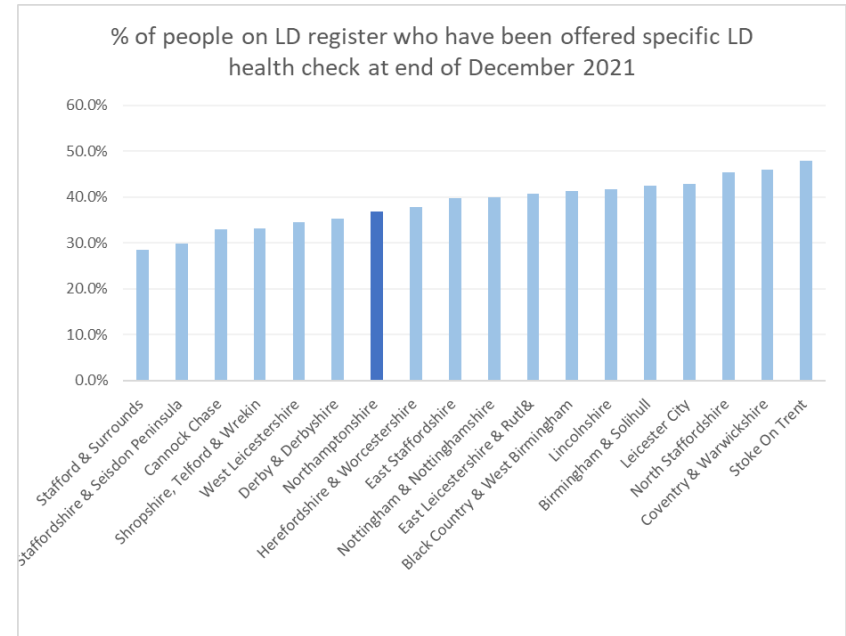
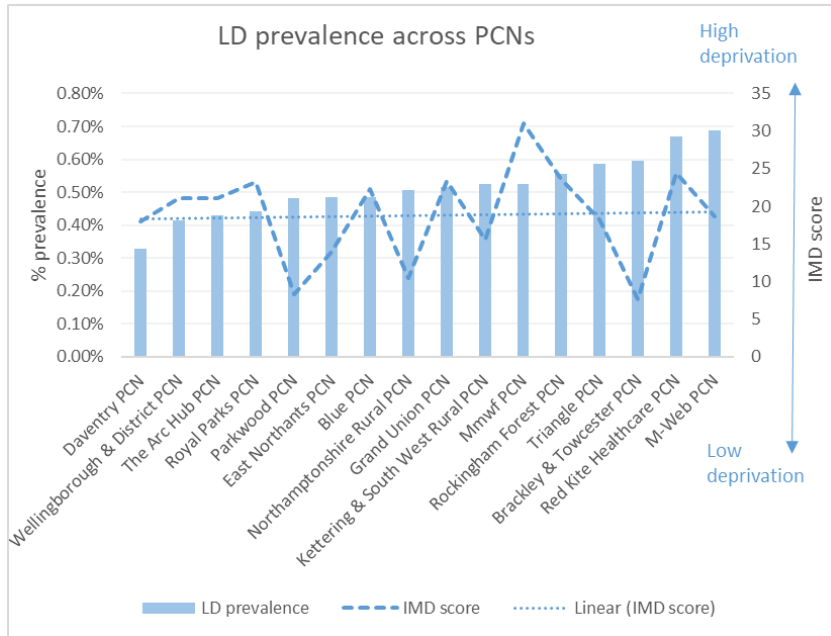
In December 2021 38% of people with LD and 25% of people with MH conditions had received an annual health check. Plans are in place to achieve the 60% target for SMI and 75% target for LD.

In Jan 22 49.4% aged 12+ in the top 20% most deprived LSOAs, had received at least 1 dose of Covid-19 vacc. In the other less deprived LSOAs 66.2%.
In 2020/21 Flu vacc was 80.9% in over 65s and 53% for at risk groups.

In 2019 early cancer diagnosis rate was 55%.
The proportion of new cancers treated following 2 week wait referral varies across PCNs, from 46% to 67.8%.

In 2021/22 QOF prevalence of hypertension was 14.4%.
In 2019-20 QOF identified 32,704 individuals with uncontrolled hypertension – 29% of the total with hypertension.

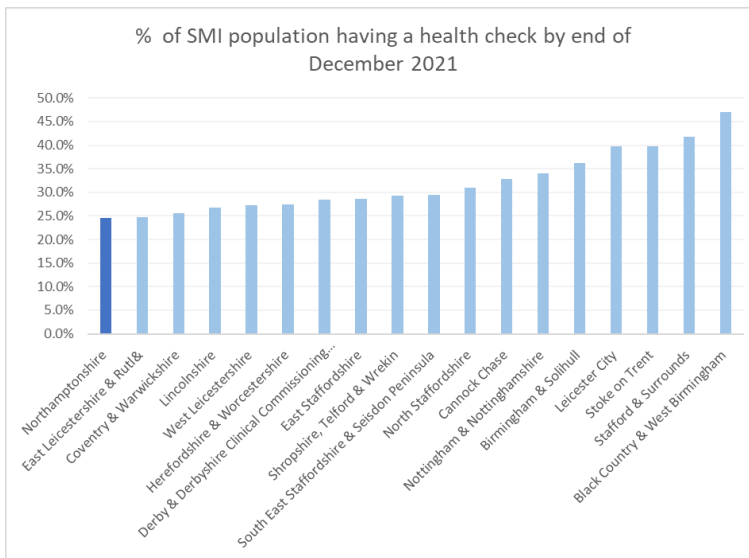
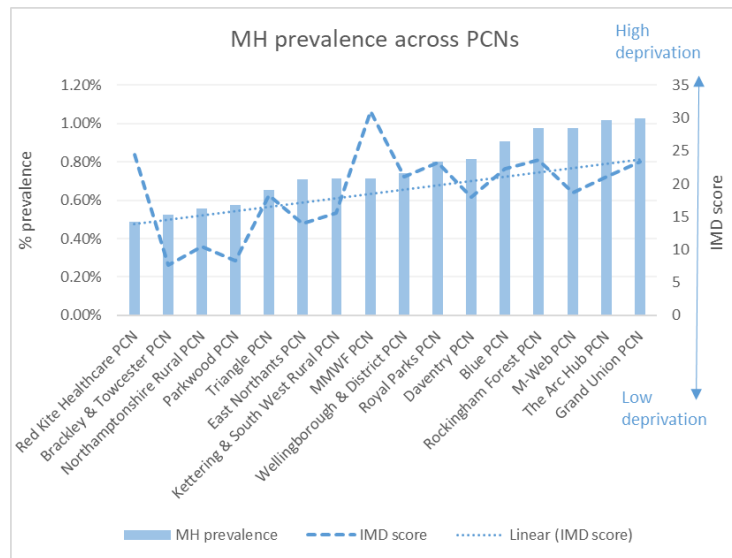
Learning Disability (LD) health checks: LTP ambition is 75%



The QOF prevalence for Learning Disabilities is derived at GP practice level. It is important that these are accurate so that people with LD can be contacted and called in for health checks as well as Flu and Covid-19 vaccinations.

Health Checks for people with LD consists of a collaborative review of the physical and mental health of the individual. This includes the review of specific health needs related to particular syndromes, medication checks, communication issues e.g. how the individual can communicate pain or discomfort, family carer reviews, if appropriate, and support for the individual in looking after and making decisions about their own healthcare.

Serious Mental Illness (SMI) health checks: LTP ambition is 75%



Serious MH Prevalence

QOF MH prevalence covers: Schizophrenia, Bipolar Disorder and other psychoses. The proportion of people with these disorders varies, with a strong tendency for a greater proportion in more deprived areas due to social drift. This is the tendency for people with long term illnesses, particularly mental illness, to move downwards in terms of social mobility.

SMI Health Checks

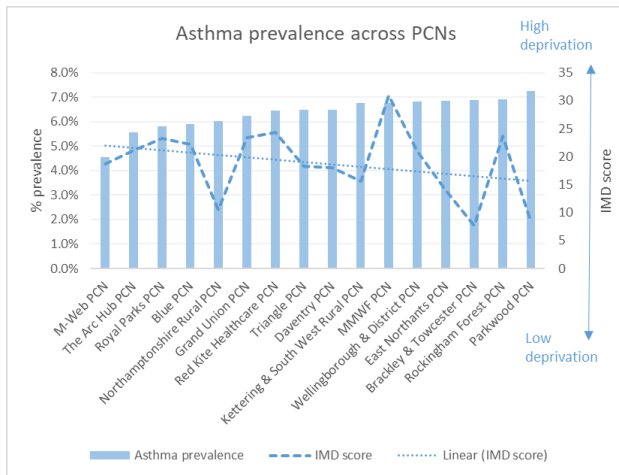
People with a serious mental illness suffer from poorer health, a fact reflected in their life expectancy which is 20 years lower than that of the general population. Cardiovascular disease and cancers are two of the main causes of early death.

The physical health complaints of people with SMIs are sometimes mis-diagnosed as manifestations of their mental health. For this reason, health checks include assessment of Alcohol consumption, Weight, Blood Pressure, Cholesterol, Blood Glucose and Cytology. Physical health checks can take place in either primary or secondary care.

Maternity: LTP ambition 75% of women from BAME and deprived areas have continuity of care

Maternity continuity of care as of Oct 21 was 5% KGH and 7% NGH. Plans in place to achieve 55% by end of 2022 and 75% by 2023.

Indicator	Period	N Northamptonshire							W Northamptonshire										
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest	Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest				
		Region England							Region England										
Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	2019/20	-	-	-	14.3%	20.5%	1.7%			62.2%	-	-	-	14.3%	20.5%	1.7%			62.2%
General fertility rate	2019	-	-	-	55.8	57.7	34.8			77.5	-	-	-	55.8	57.7	34.8			77.5
Under 18s conception rate / 1,000	2019	↓	81	13.8	15.4	15.7	37.1			3.9	↓	90	13.4	15.4	15.7	37.1			3.9
Under 18s conceptions leading to abortion (%)	2019	→	46	58.0%	49.9%	54.7%	32.5%			91.3%	→	52	57.8%	49.9%	54.7%	32.5%			91.3%
Folic acid supplements before pregnancy	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Early access to maternity care	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Obesity in early pregnancy	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Drinking in early pregnancy	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Drug misuse in early pregnancy New data	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Smoking in early pregnancy	2018/19	-	-	-	-	-	-			-	-	-	-	-	-	-			-
Smoking status at time of delivery	2020/21	-	418	12.2%	12.6%	9.6%	21.4%			1.8%	-	489	12.3%	12.6%	9.6%	21.4%			1.8%
Teenage mothers	2019/20	-	-	-	0.7%	0.7%	2.3%			0.2%	-	-	-	0.7%	0.7%	2.3%			0.2%
Caesarean section %	2019/20	-	-	-	30.2%	30.1%	37.8%			22.2%	-	-	-	30.2%	30.1%	37.8%			22.2%
Multiple births	2018	-	-	-	14.6	15.4	9.0			25.2	-	-	-	14.6	15.4	9.0			25.2
Low birth weight of term babies New data	2020	-	84	2.50%	2.62%	2.86%	4.85%			1.35%	-	83	2.04%	2.62%	2.86%	4.85%			1.35%
Low birth weight of all babies	2018	-	-	-	7.2%	7.4%	11.1%			4.7%	-	-	-	7.2%	7.4%	11.1%			4.7%
Very low birth weight of all babies	2018	-	-	-	1.08%	1.16%	2.15%			0.24%	-	-	-	1.08%	1.16%	2.15%			0.24%
Premature births (less than 37 weeks gestation)	2016 - 18	-	-	-	83.8	81.2	112.2			61.9	-	-	-	83.8	81.2	112.2			61.9
Stillbirth rate	2017 - 19	-	-	-	3.5	4.0	6.6			2.0	-	-	-	3.5	4.0	6.6			2.0
Neonatal mortality and stillbirth rate	2019	-	20	5.0	6.6	6.6	11.4			1.8	-	37	8.0	6.6	6.6	11.4			1.8
Admissions of babies under 14 days	2019/20	-	-	-	86.6	78.1	220.7			23.0	-	-	-	86.6	78.1	220.7			23.0
Baby's first feed breastmilk	2018/19	-	-	-	64.7%	67.4%	43.6%			98.7%	-	-	-	64.7%	67.4%	43.6%			98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	-	-	-	*	47.6%*	-	Insufficient number of values for a spine chart							-				
Healthy life expectancy at birth (Male)	2017 - 19	-	-	-	62.2	63.2	53.7			71.5	-	-	-	62.2	63.2	53.7			71.5
Healthy life expectancy at birth (Female)	2017 - 19	-	-	-	61.9	63.5	55.3			71.4	-	-	-	61.9	63.5	55.3			71.4
Life expectancy at birth (Male) New data	2018 - 20	-	-	-	79.2	79.2	79.4	74.1		84.7	-	-	-	79.8	79.2	79.4	74.1		84.7
Life expectancy at birth (Female) New data	2018 - 20	-	-	-	82.4	82.7	83.1	79.0		87.9	-	-	-	82.8	82.7	83.1	79.0		87.9
Infectious Diseases in Pregnancy Screening - HIV Coverage	2017/18	-	-	-	99.4%*	99.6%*	-	Insufficient number of values for a spine chart							-				
Sickle Cell and Thalassemia Screening - Coverage	2016/17	-	-	-	99.3%	99.3%	-	Insufficient number of values for a spine chart							-				



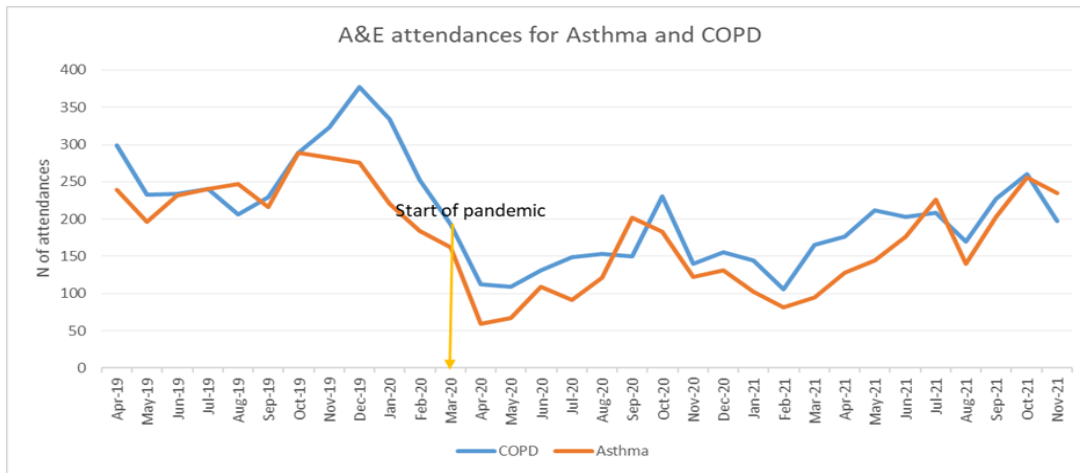
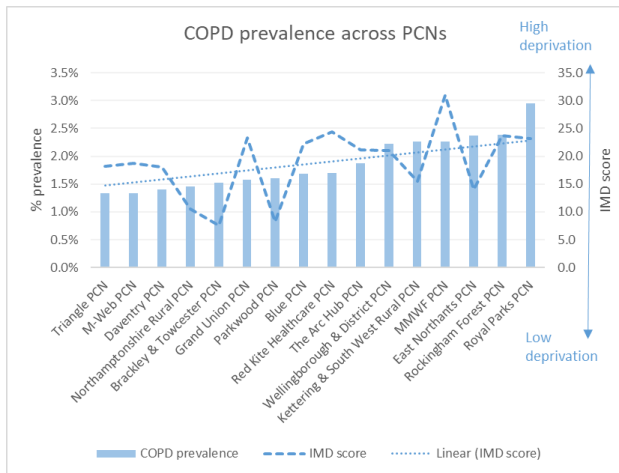
While Asthma prevalence is similar in North and West Northamptonshire (around 6%), COPD is more prevalent in the north of the county. North Northants has a prevalence of 2.4%, while West Northants is at 1.6%.

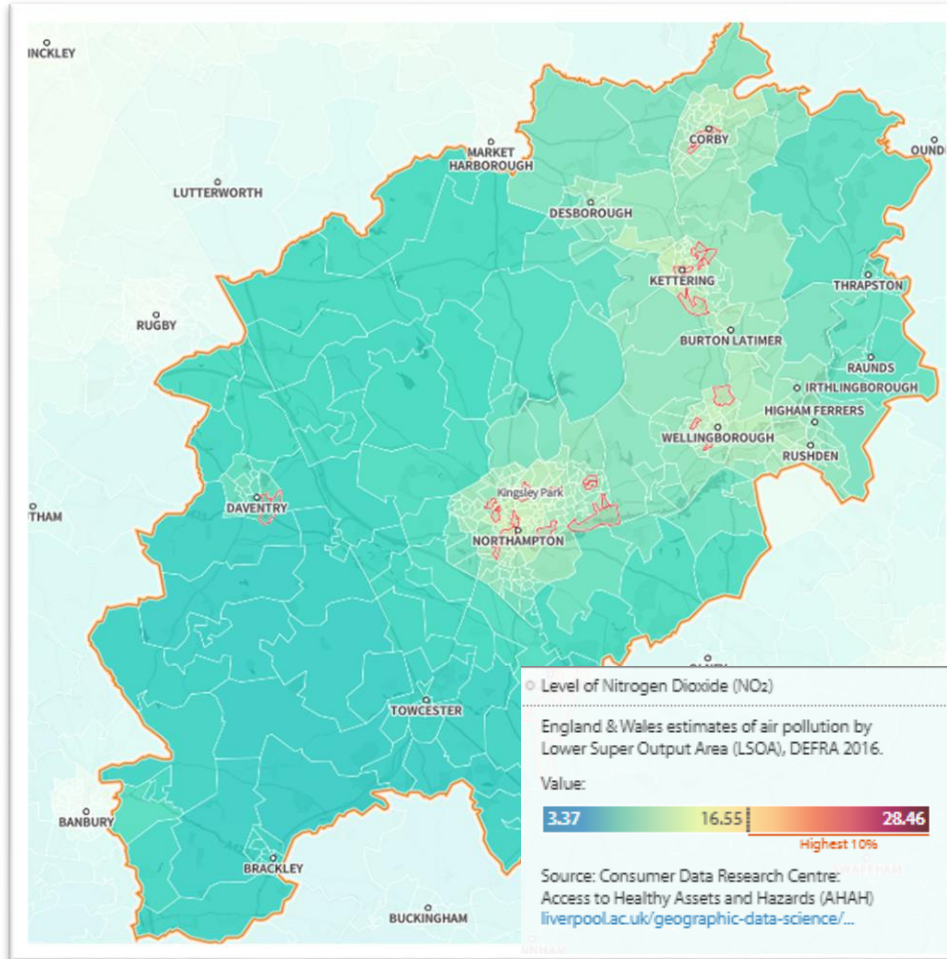
In Corby, COPD prevalence at Dr Kumar’s practice is 4% - the highest in the county and there 3 other practices where prevalence exceeds 3%.

In East Northamptonshire PCN, one practice has an Asthma prevalence of 11.6%, the highest in the county. In 3 other practices (two in North and one in West Northamptonshire), Asthma prevalence is higher than 7.5%.

A&E attendances for Asthma and COPD decreased during the Covid-19 pandemic. Attendances usually increase in the winter months when the diseases become complicated by respiratory infections.

Rockingham Forest and Red Kite PCN have the highest A&E attendance rates for both Asthma and COPD.



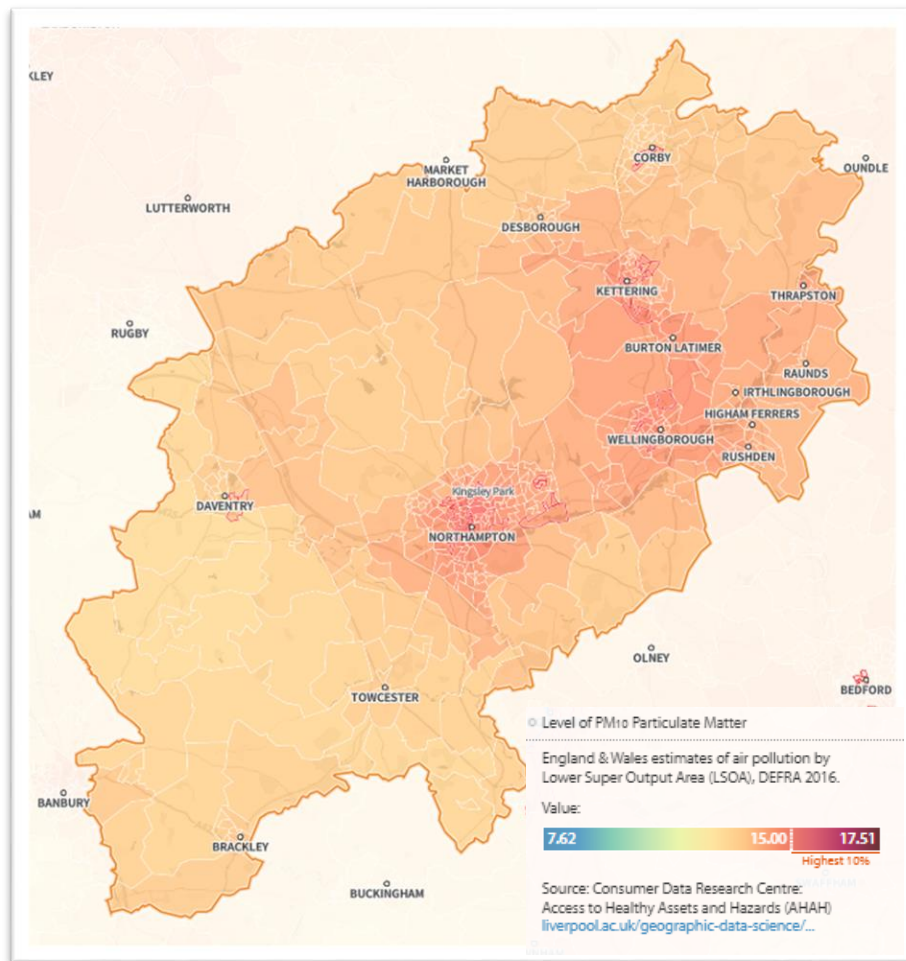


Nitrous Oxide – largely derives from motor vehicle exhaust and industry. It has various effects depending on concentration in the air and duration of exposure:

- Short term high levels – aggravate existing respiratory diseases and are linked with increased A&E attendances and admissions.
- Longer term exposure – linked to development of asthma and susceptibility to respiratory infections.

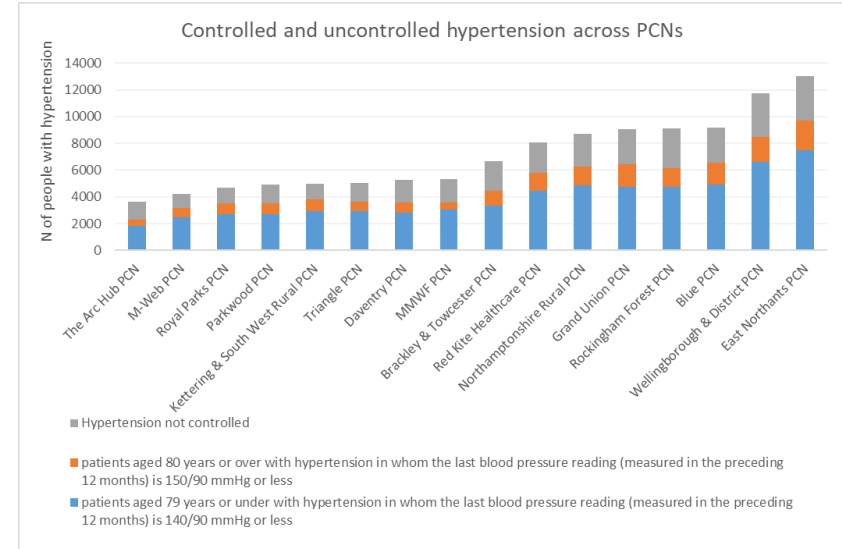
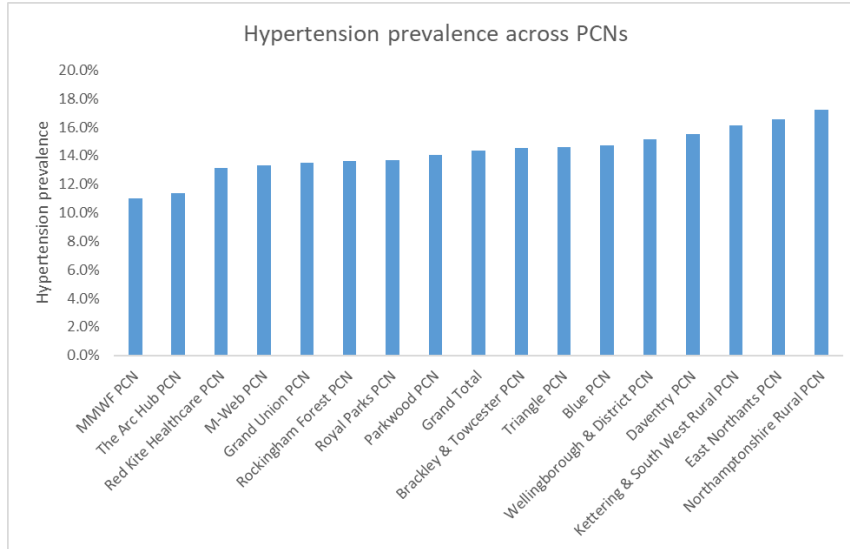
LSOA's that are in the top 10% most deprived nationally are highlighted in red

Since LSOA areas of increased deprivation in Northants tend to be within urban areas, the air quality may cause and/or exacerbate existing respiratory disorders. A similar picture is seen for particulate matter in the next slide.



Particulate matter – fine particles are of most concern but map shows PM10 – larger particles.

- The lungs of people with existing cardiac or lung diseases, including asthma and COPD, are irritated by the particles
- Longer term exposure is associated with reduced lung function, development of Chronic Bronchitis and premature death
- Short term exposure to high levels aggravates existing lung disease, causes asthma attacks and acute bronchitis and susceptibility to lung infections



There are many population factors that can be involved in a higher prevalence of hypertension: age, gender, ethnicity, genetics, being over weight or obese, smoking, physical inactivity, having other diseases such as chronic kidney disease and diet.

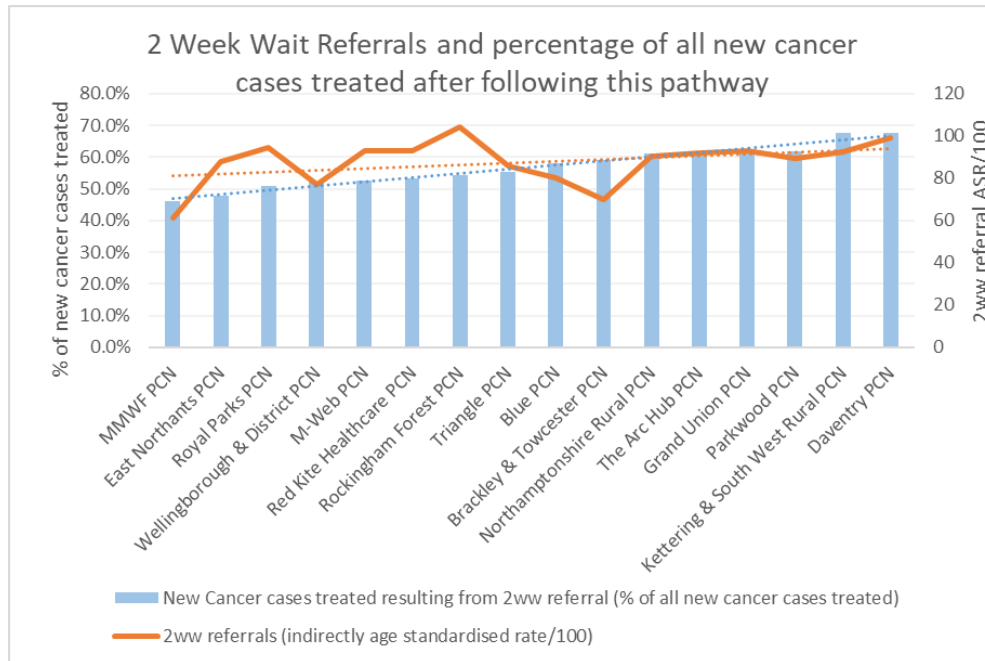
Some of these factors are modifiable and it is important that populations are supported in doing this, to prevent the development of serious cardiovascular disease.

In 2021/22 QOF prevalence of hypertension was 14.4%.

In Northamptonshire, the 2019-20 QOF identified 32,704 individuals with uncontrolled hypertension – 29% of the total with hypertension.

Many of the risk factors for developing hypertension are also those associated with poor control, particularly older age, male gender, higher alcohol use, black ethnicity and obesity. Lower socio-economic status is also associated with poorer control.

Early Cancer Diagnosis



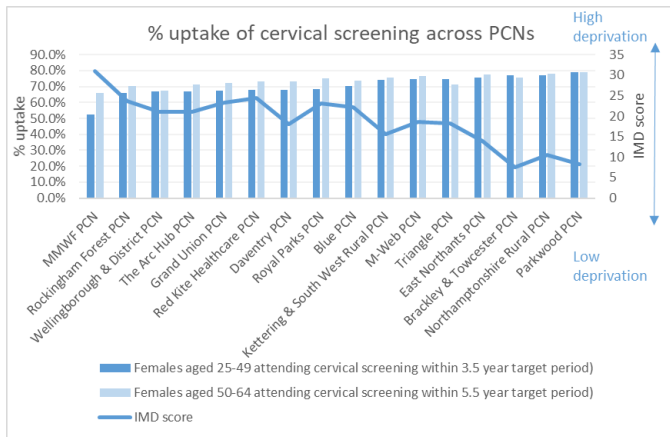
In 2019 early cancer diagnosis rate was 55%.

The proportion of new cancers treated following 2 week wait referral varies across PCNs, from 46% to 67.8%.

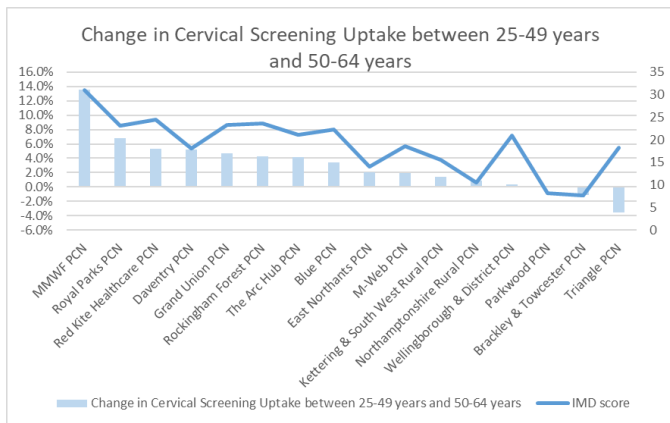
There is some relationship with the rate of 2 week wait referrals but this is not the only factor affecting the proportion of new cancers treated after following this pathway.

In the following graphs, the uptake of various types of cancer screening is shown for PCNs in Northamptonshire and for all, it is seen that the uptake is lower in the presence of greater deprivation.

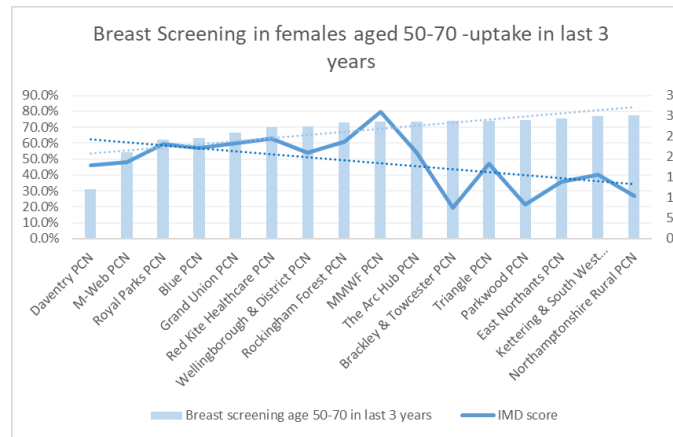
Uptake of screening across PCNs



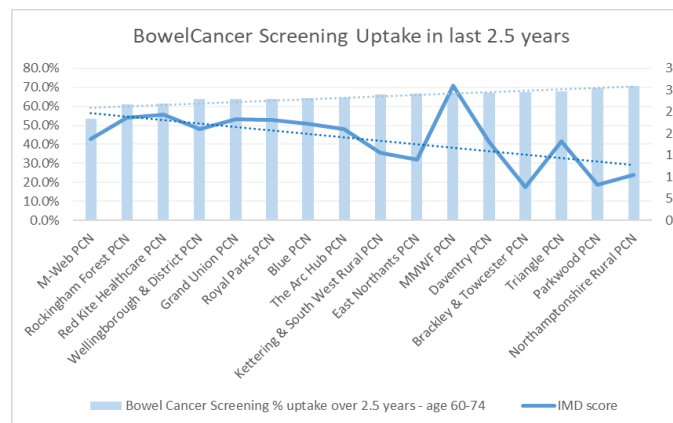
There is some inequality in uptake of cervical screening across PCNs. Uptake generally reflects deprivation levels, with lower uptake occurring in PCNs with higher deprivation.



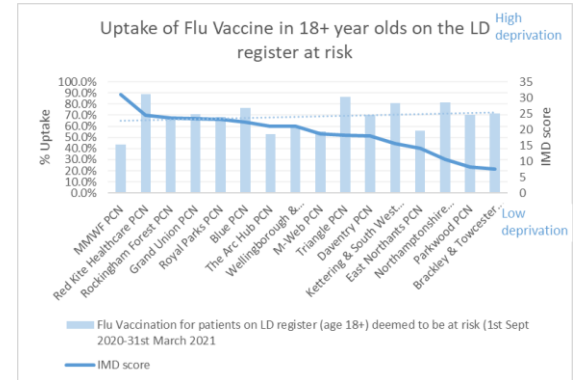
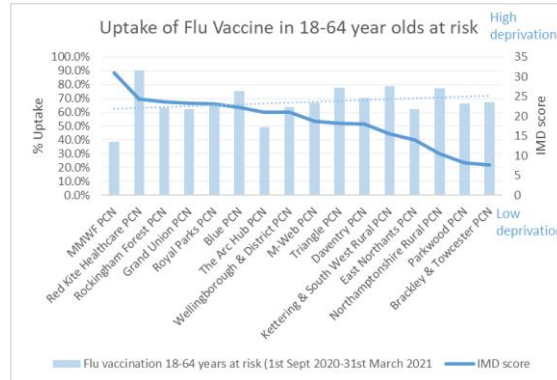
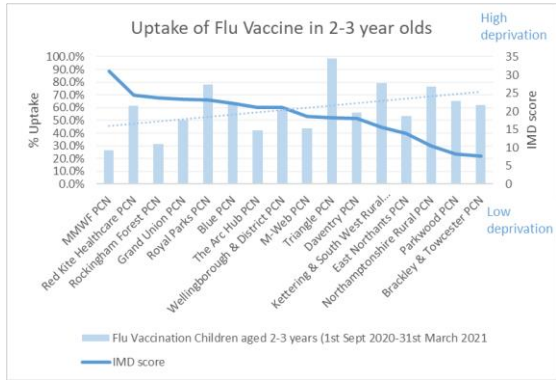
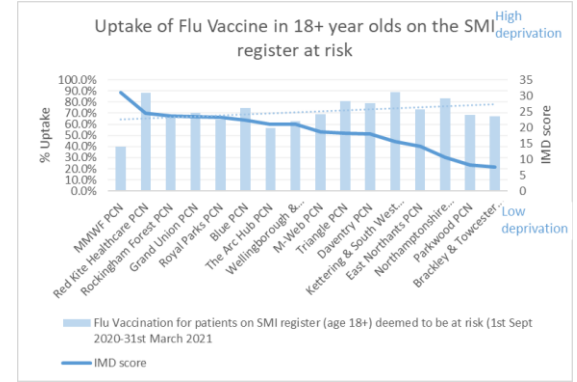
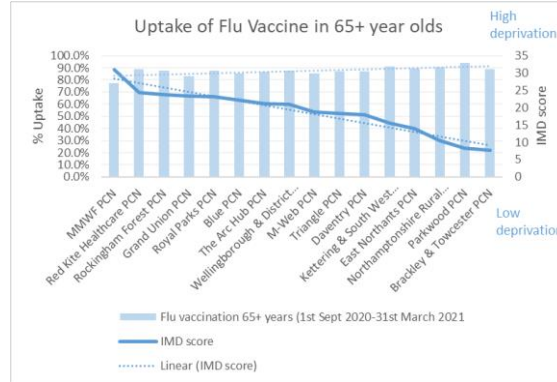
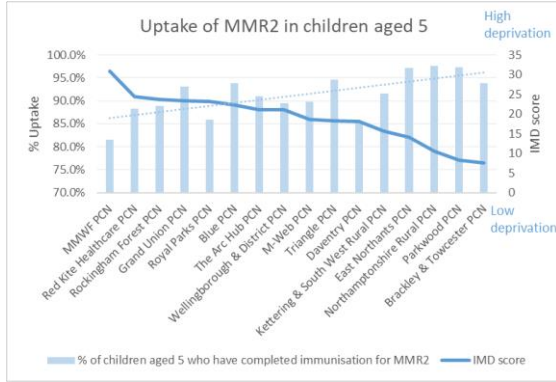
In PCNs with higher deprivation levels, the gap between uptake in younger and older age bands is greater.



For bowel and breast screening a similar relationship between uptake and deprivation level is seen.

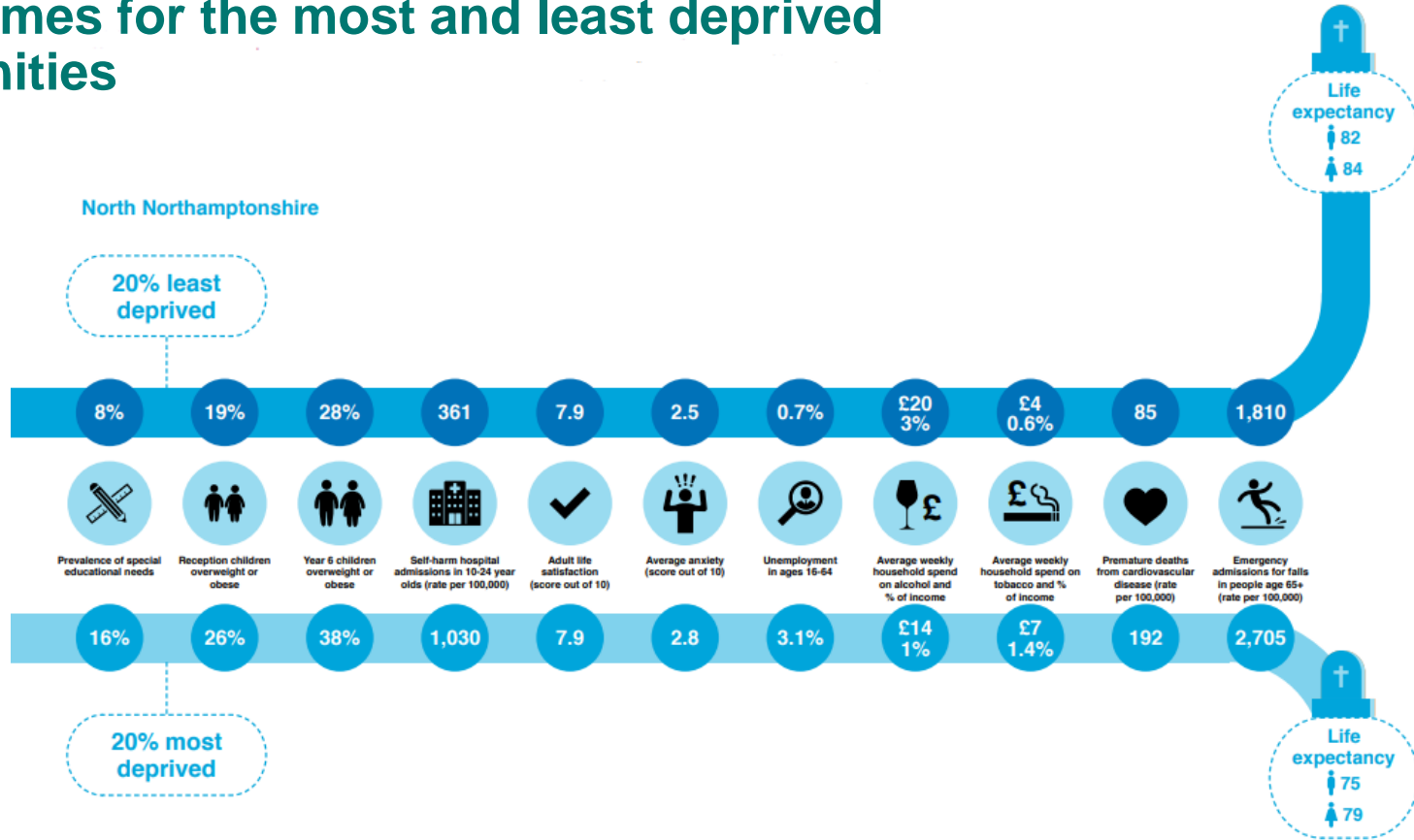


Other Prevention uptake - immunisations



The uptake gradients against deprivation are steepest for vaccinations in children, for the vaccinations covered here.

North Northamptonshire summary of the differences in outcomes for the most and least deprived communities



West Northamptonshire summary of the differences in outcomes for the most and least deprived communities

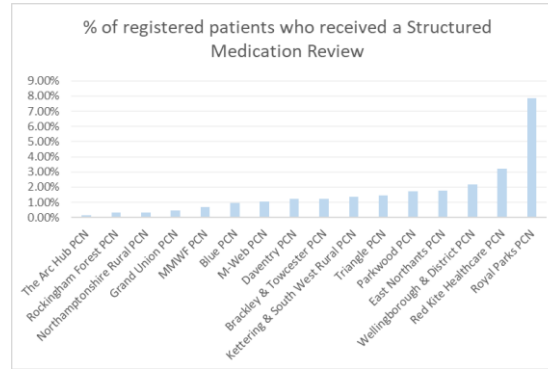
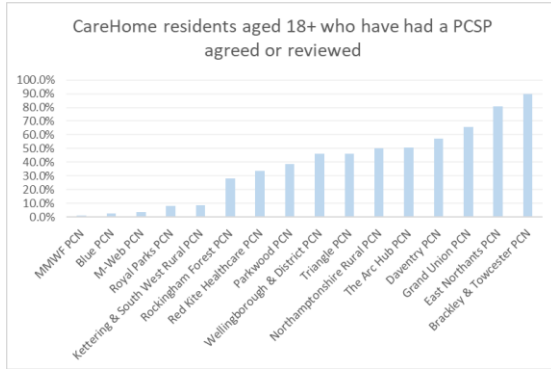


Other

Personalised Care Plans, Medication
Reviews, Workforce, Digital exclusion



Variation in services



A PCSP is a 'Personalised Care Support Plan'. This is a collaborative approach to the care of people with Long Term Conditions, which involves the individual, carers and health professionals. It is a holistic approach which is based on what is important to the individual at present but also looks at preparing for deterioration or emergencies and for future care needs.

Structured Medication Reviews (SMRs) are a clinical intervention designed to help patients with long term conditions involving complex polypharmacy. They result in better physical and personal outcomes for patients who receive them.

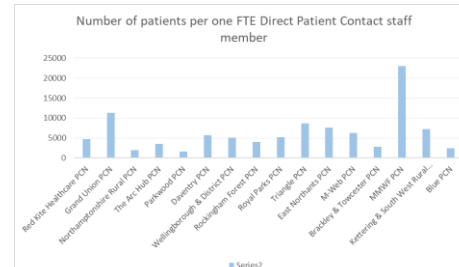
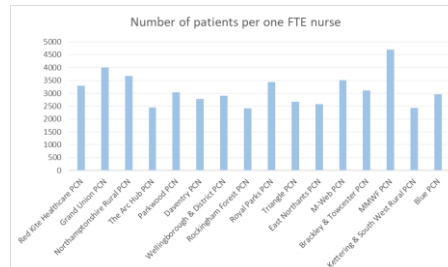
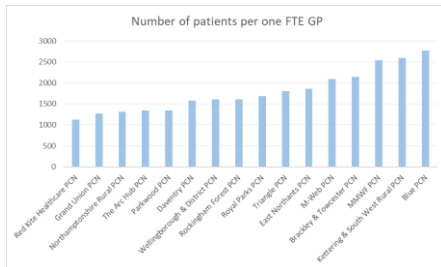
PCSPs and SMRs

Personalised Care Support Plans and Structured Medication Reviews are two approaches which aim to improve the quality of care provided to individuals.

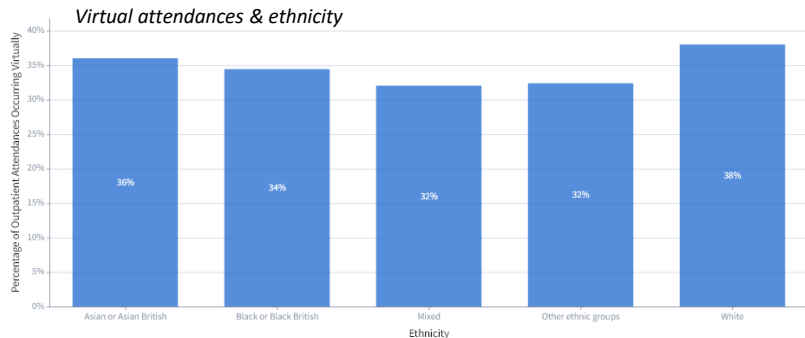
The level of need for these approaches will vary across PCNs. These level of provision will be influenced by the number and availability of staff in the Primary Care Workforce, to provide these services.

The graphs below illustrate the level of variation across PCNs in terms of GPs, nursing staff and other patient facing roles.

Primary Care Workforce across PCNs



Digital Exclusion – Virtual Follow Up Outpatient Attendances



Where an increasing number of consultations are being carried out remotely, it is possible for some people to be disadvantaged by this. The graph on the left shows the percentage of outpatient attendances that have taken place remotely since March 2020, for broad ethnic groups.

The graph below shows the same data split by deprivation quintile. White groups in any deprivation quintile are more likely to have virtual consultations in outpatients.

For all ethnicities and levels of deprivation, the proportion of Outpatient Attendances taking place virtually, declines with age.

