Bath & North East Somerset Council

Improving People's Lives

# Strategic Evidence Base for Bath and North East Somerset

# General Health & Morbidity

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# General Health & Morbidity

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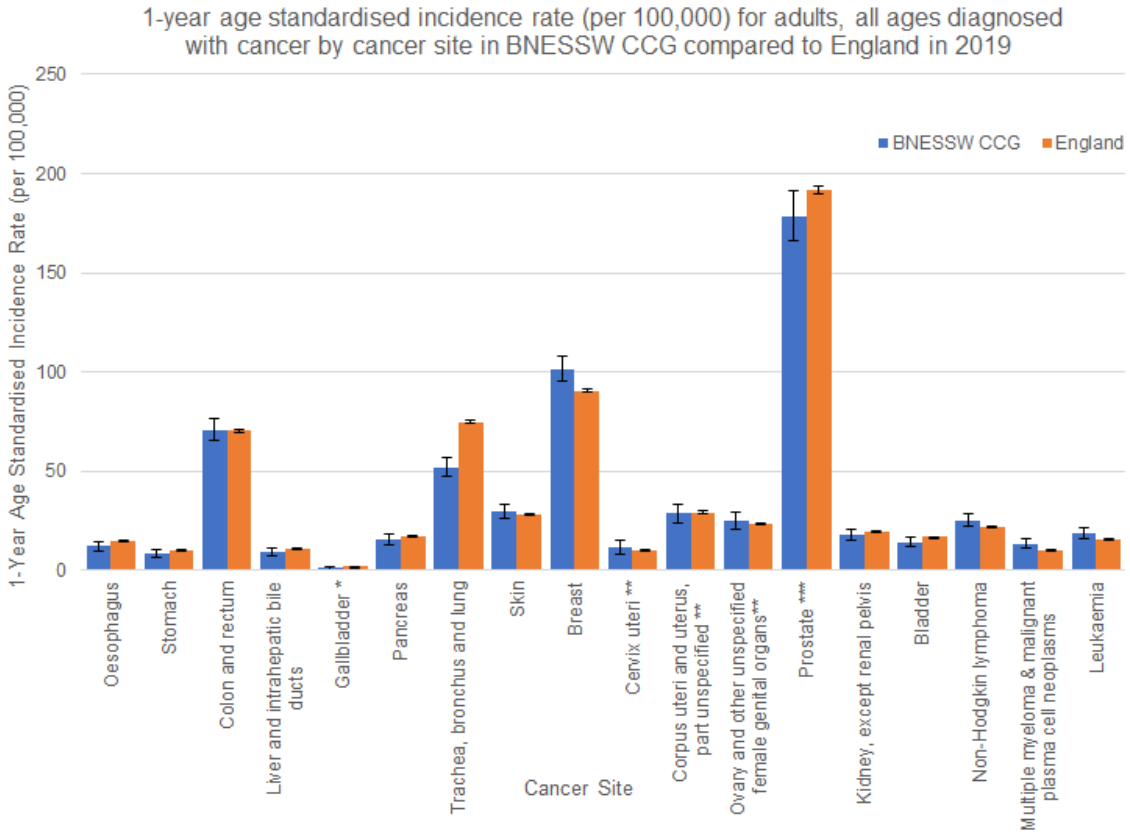
# Cancer – Incidence & Prevalence




**Source:** National Cancer Registration and Analysis Service (NCRAS) (2019), *Cancer Incidence*, available from Cancer Data

*small number of diagnoses may affect the reliability of these rates for BNESSW. **rates in females. ***rates in males. BNESSW CCG: Bath & North East Somerset, Swindon & Wiltshire CCG

**Incidence:** the number of new cases during a specified time period.

**Prevalence:** The number of cases of a disease in a specific population at a particular timepoint or over a specified period of time.

- Around 367,000 people are diagnosed with cancer each year in the UK. This is around 1,000 people every day. Men are more likely to get cancer than women. Each year, in the UK around 187,000 men and around 179,000 women are diagnosed with cancer.
- The latest available data on regional cancer incidence is for 2019. For this time period BNESSW CCG had a significantly lower incidence rate of total malignant cancers of 590.4 per 100,000 compared to the national value of 610.1 per 100,000. However, according to GP cancer registers BNESSW CCG has continuously had a significantly higher prevalence of cancer than England as a whole from 2009/10 until the most recent figures in 2019/20 (3.6% of the population vs 3.2% of the population).
- BNESSW CCG had a significantly lower incidence rate compared to the national rate for cancers of the trachea, bronchus and lung (52.1 vs 74.9 per 100,000).
- BNESSW CCG had a significantly higher incidence rate compared to the national rate for cancers of the breast (101.6 vs 90.3 per 100,000) and multiple myeloma and malignant plasma cell neoplasms (13.3 vs 10.3 per 100,000).
- Cancer incidence rates differ by ethnic group and socio-economic group. A recent study at national level found that incidence rates for most cancer sites and ethnic groups were lower in non-White minority ethnic groups compared with the corresponding White group, with particularly low rate ratios for melanoma and some smoking-related cancers. Exceptions included prostate cancer, myeloma, several gastrointestinal cancers, Hodgkin lymphoma and thyroid cancers.
- In terms of socioeconomic group, Cancer Research UK (CRUK) found that there are around 20,000 extra cancer cases each year in more deprived areas of the UK. For some cancer types, people from more deprived communities are more likely to be diagnosed at a later stage, giving them fewer treatment options. They are also 50% more likely to be diagnosed through emergency routes like A&E when looking at all cancers together. Higher proportions of emergency presentations in more deprived groups is particularly clear for bowel, lung, bladder and pancreatic cancers. People diagnosed in this way have worse survival, even when you take into account their cancer stage.

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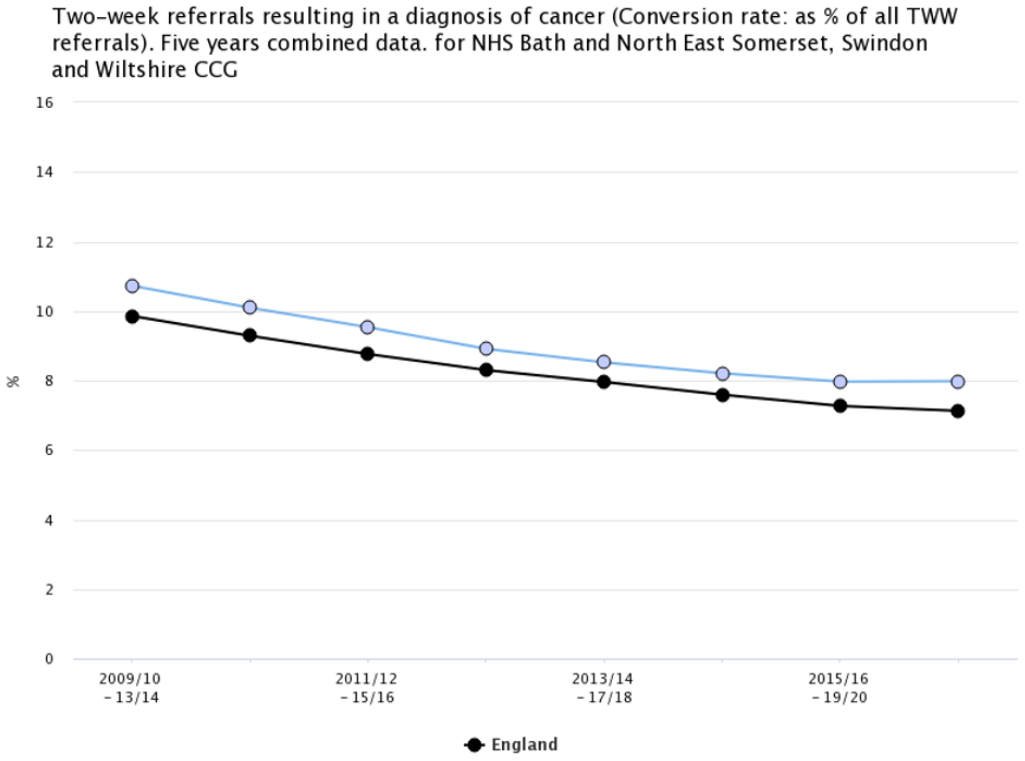
# Cancer – Diagnosis, Screening & Referrals




**Source:** OHID (2021), *Cancer Services*, available from: Cancer Services

**Definition**: The 'conversion rate', i.e., the proportion of Two Week Wait (TWW) referrals resulting in a diagnosis of cancer: the number of Two Week Wait referrals resulting in a diagnosis of cancer in the year divided by the total number of Two Week Wait referrals in the year

- It is important that cancer is diagnosed as early as possible as it is more likely to be treated successfully. However, between 2012 and 2017 37% of patients in England and Wales were diagnosed after visits to Accident and Emergency. These emergency diagnoses resulted in a two-fold higher risk of dying in the next 12 months compared with people who were diagnosed at other times. CRUK fears the outlook is worse still after the Covid-19 pandemic.
- **Cancer screening** involves testing apparently healthy people for signs of the disease. It can save lives by finding cancers at an early stage, or even preventing them. There are three screening programs in the UK; these are for **bowel cancer**, **breast cancer** and **cervical cancer**. In 2020/21 BSW CCG had a significantly higher rate of uptake for breast screening (66.8% vs 62.8%) and bowel cancer screening (74.5% vs 70.7%) than England. For breast screening this was a decrease on previous years, potentially due to the Covid-19 pandemic, but for bowel cancer screening it was an increase from the previous year, building on an ongoing positive trend.
- If it is suspected by a medical professional that a person may have cancer they will be given an urgent suspected cancer referral. In England this means they should be seen by a specialist within 2 weeks. The **two week wait referral rate** for BSW CCG was 3,379 per 100,000 population for the 5 year period 2016/17 – 2020/21. This is significantly lower than the England rate of 3,484 per 100,000 but continues an ongoing increasing trend. The percentage of these appointments that resulted in a diagnosis for cancer over the same period was 8%, which is significantly higher than the England value of 7% and continues an ongoing downwards trend (see chart on left).
- During the pandemic large numbers of patients did not present at, or were unable to access, routine NHS services. At a national level, as of Sept 2021, there were between 7.6 & 9.1 million missing referrals of patients for elective care and between 240,000 and 740,000 missing urgent referrals for suspected cancer. In Dec 2021, only 67% of patients in England with an urgent referral for suspected cancer were treated within 62 days compared with a requirement for 85% to be treated within that time. Following the decline in referrals during the pandemic, NHS England have reported a record number of cancer checks in the period March '21 to Feb '22, with almost 3 million people referred for cancer checks, an increase of over 10% on the 2.4 million people referred before the pandemic.

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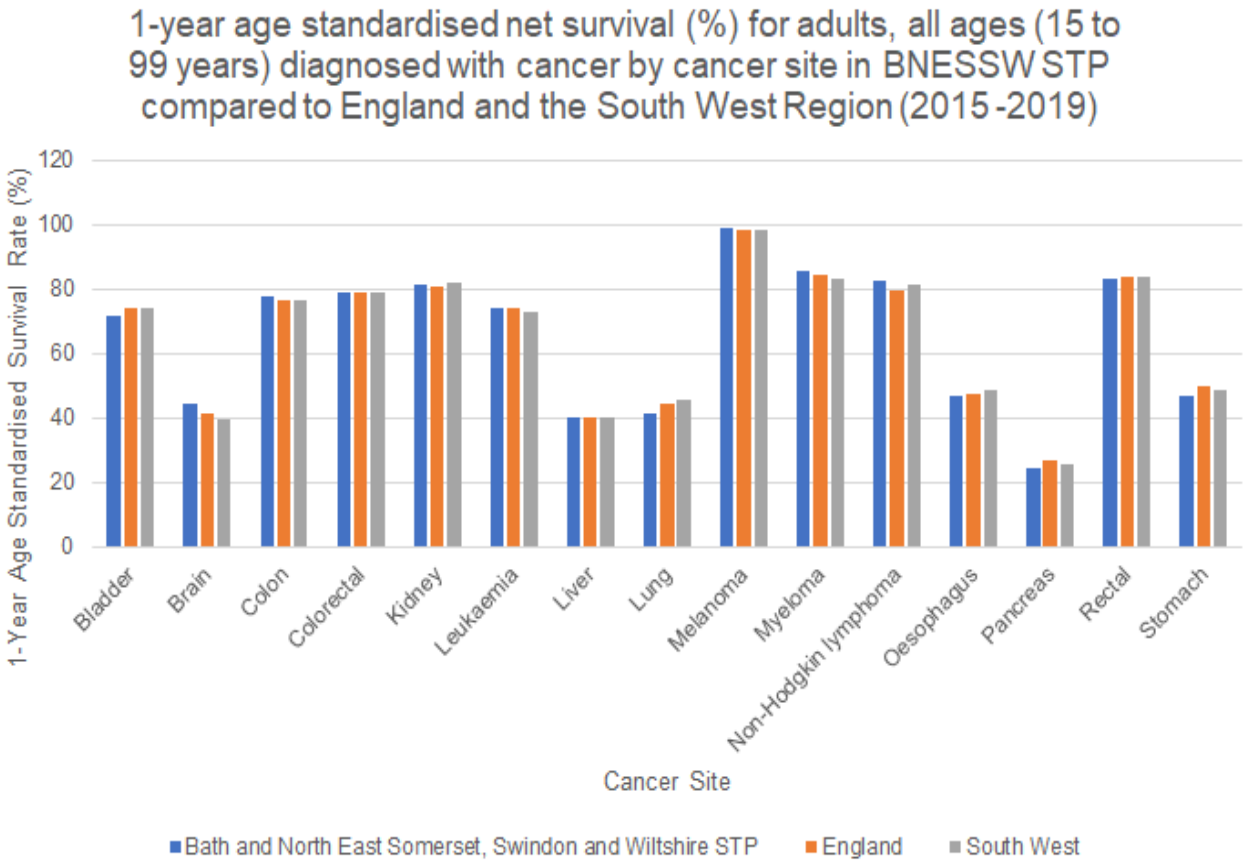
# Cancer – Survival Rates




- Cancer survival statistics are an important metric for the effectiveness of cancer management services in an area and can be used to drive improvement in health services.
- Different types of cancer, the types of treatment, an individuals genetics and lifestyles, as well as the stage at which a cancer is diagnosed all have an impact on survival rates.
- At a national level for all cancers, the age-standardised net survival is higher for both males and females living in the least deprived areas when compared to the most deprived areas. For most cancer sites, the survival increases consistently for each deprivation quintile from most deprived to least deprived.
- Cancer survival is highest for melanoma of the skin and lowest for pancreatic cancer and mesothelioma.
- B&NES, Swindon and Wiltshire (BNESSW) STP is generally in-line with England and the South West Region for 1-year age-standardised net survival rates for most cancers outlined in the chart to the left. The biggest variations away from the England rate are in bladder cancer (BNESSW 71.5% vs England 73.7%), brain cancer (BNESSW 44% vs England 41.2%), lung cancer (BNESSW 41% vs England 44.4%), non-hodgkin lymphoma (BNESSW 82.2% vs England 79.4%), and stomach cancer (BNESSW 46.9% vs England 49.6%). However, it should be noted that as the BNESSW STP has a much smaller population than England the age standardised estimates are much more volatile and subject to uncertainty.

**Source:** NHS Digital (2022), *Cancer Survival in England*, available from Adult Cancer Survival Data Tables

**Notes:** Adult cancer patients often die from causes unrelated to their cancer diagnosis. To show only the effect of cancer deaths on survival, adult survival estimates are net survival estimates. Net survival estimates compare the survival of cancer patients with that of the general population.

Sustainability and Transformation Partnerships (STPs) are partnerships between NHS organisations and local councils to improve health and care in practical ways. STPs are the smallest geographical areas this data is available at and so fewer age-standardised estimates can be presented. There is more volatility and uncertainty in their estimates because of the smaller populations.

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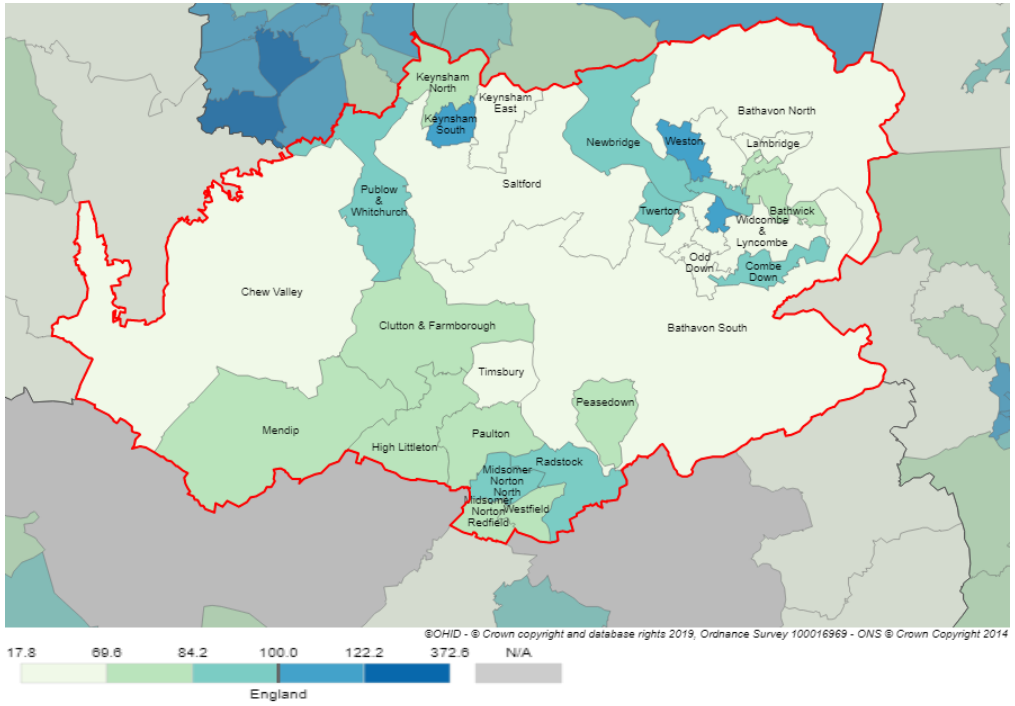
# Cardiovascular Disease (CVD) – Coronary Heart Disease (CHD)

Emergency hospital admissions for CHD, 2015/16 to 2019/20 (SAR)




**Source:** OHID (2021), *Local Health*, available from Local Health

**Definition**: The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have an emergency hospital admission for CHD compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average emergency CHD admission rates, higher than 100 indicates that the area has higher than average emergency CHD admission rates, lower than 100 indicates lower than average emergency CHD admission rates.

**GP Registers/QOF**: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

**Cardiovascular Disease (CVD)** is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle. CVD includes Coronary Heart Disease (CHD), stroke and peripheral arterial disease.

**Coronary Heart Disease (CHD)**

- CHD (sometimes called Ischaemic Heart Disease – IHD) is one of the UK's leading causes of death and the most common cause of premature death.
- In 2020-21 there were 6,051 people that were registered with CHD on the GP register within primary care networks (PCNs) in B&NES. That equates to 2.8% of all patients which is significantly lower than the England value of 3.0%. There were two PCNs that were significantly higher than the England value, these were Keynsham PCN (3.5%) and Three Valleys Health PCN (3.3%). There were two that were significantly lower, these were Bath Independents (2.5%) and Unity Medical Group PCN (1.3%)
- In 2020-21 the hospital admission rate for CHD in Bath & North East Somerset, Swindon & Wiltshire (BNESSW) CCG was 311.8 per 100,000 people (2,965 admissions). This is significantly lower than the England rate of 367.6 per 100,000 and it has been consistently reducing year on year.
- For B&NES the standardised admission ratio for emergency hospital admissions for CHD between 2015/16 to 2019/20 was 76.6. This indicates that emergency admissions to hospital due to CHD is less likely than that of the England population as a whole.
- Out of the 33 B&NES wards, 3 had a higher than 100 standardised admission ratio which indicates that people in these areas are more likely to have an emergency admission to hospital with CHD than the England population as a whole. These wards were Keynsham South (112.3), Oldfield Park (106.6) and Weston (101.7) – as seen in blue on the map.
- As a whole, the B&NES population has a lower number of diagnoses of CHD and a lower number of hospital admissions due to CHD than England, there are however smaller geographies within B&NES that have higher than England numbers.

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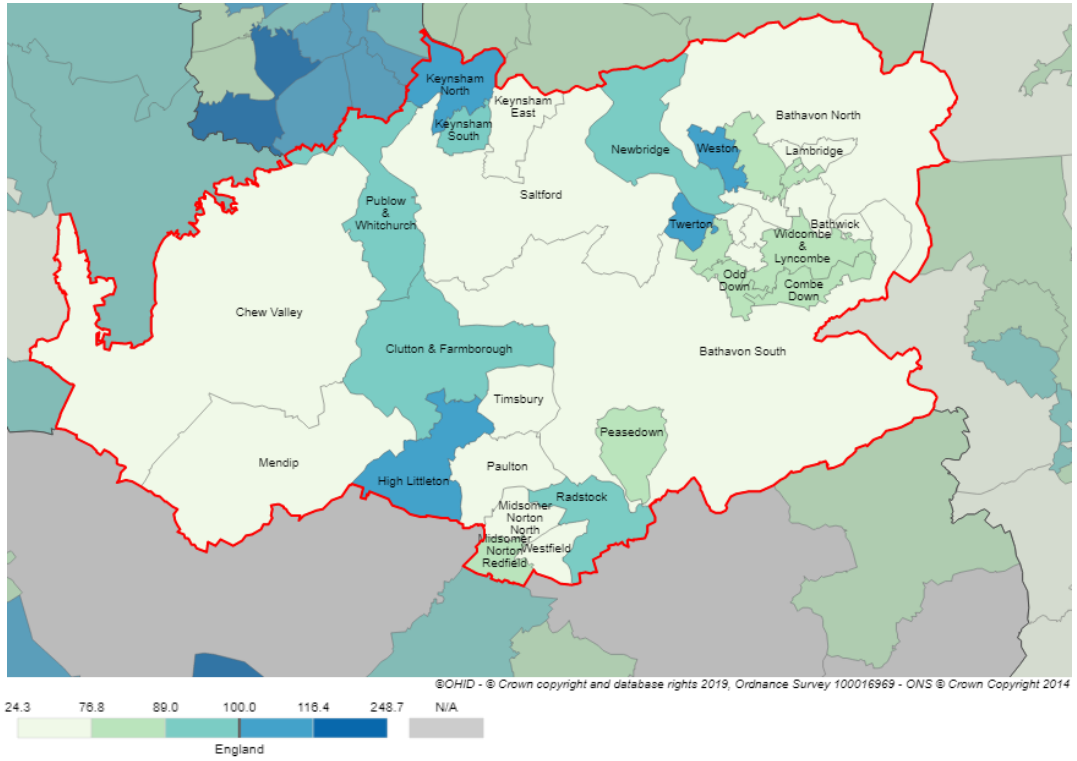
# Cardiovascular Disease (CVD) – Stroke

Emergency hospital admissions for Stroke, 2015/16 to 2019/20 (SAR)




**Source:** OHID (2021), *Local Health*, available from Local Health

**Definition**: The standardised admission ratio (SAR) is a measure of how more or less likely a person living in that area is to have an emergency hospital admission for stroke compared to the standard population, in this case England. The SAR is a ratio of the number of admissions in the area to the number expected if the area had the same age specific admission rates as England. An SAR of 100 indicates that the area has average emergency admission rates for stroke, higher than 100 indicates that the area has higher than average emergency admission rates, lower than 100 indicates lower than average emergency admission rates for stroke.

**GP Registers/QOF**: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- In England, one in six people will have a stroke in their lifetime. It is estimated that around 30% of people who have a stroke will go on to experience another stroke. Stroke is one of the biggest killers in the UK, causing around 35,000 deaths each year, it is also the single biggest cause of severe disability in the UK.
- In 2020-21 there were 3,896 people that were registered with having had a stroke on the GP register within PCNs in B&NES. That equates to 1.8% of all patients which is the same as the England rate. There were two PCNs that were significantly higher than the England rate, these were Keynsham PCN (2.5%) and Three Valleys Health PCN (2.0%). There were two that were significantly lower, these were Bath Independents (1.4%) and Unity Medical Group PCN (0.9%)
- In 2020-21 the hospital admission rate for strokes in BNESSW CCG was 165.5 per 100,000 people (1,595 admissions). This is similar to the England rate of 161.8 per 100,000 and in keeping with the longer term trend.
- For B&NES the standardised admission ratio for emergency hospital admissions for stroke between 2015/16 to 2019/20 was 79.5. This indicates that emergency admission to hospital due to a stroke is less likely than that of the England population as a whole.
- Out of the 33 B&NES wards, 4 had a higher than 100 standardised admission ratio which indicates that people in these areas are more likely to have an emergency admission to hospital with a stroke than the England population as a whole. These wards were Weston (111.9), Twerton (107.3), Keynsham North (106.0) and High Littleton (100.3) – as seen in blue on the map.
- As a whole, the B&NES population has a lower prevalence of stroke and a lower number of hospital admissions due to stroke than England, there are however smaller geographies within B&NES that have higher than England numbers and these are not necessarily the same as those wards with higher levels of CHD.

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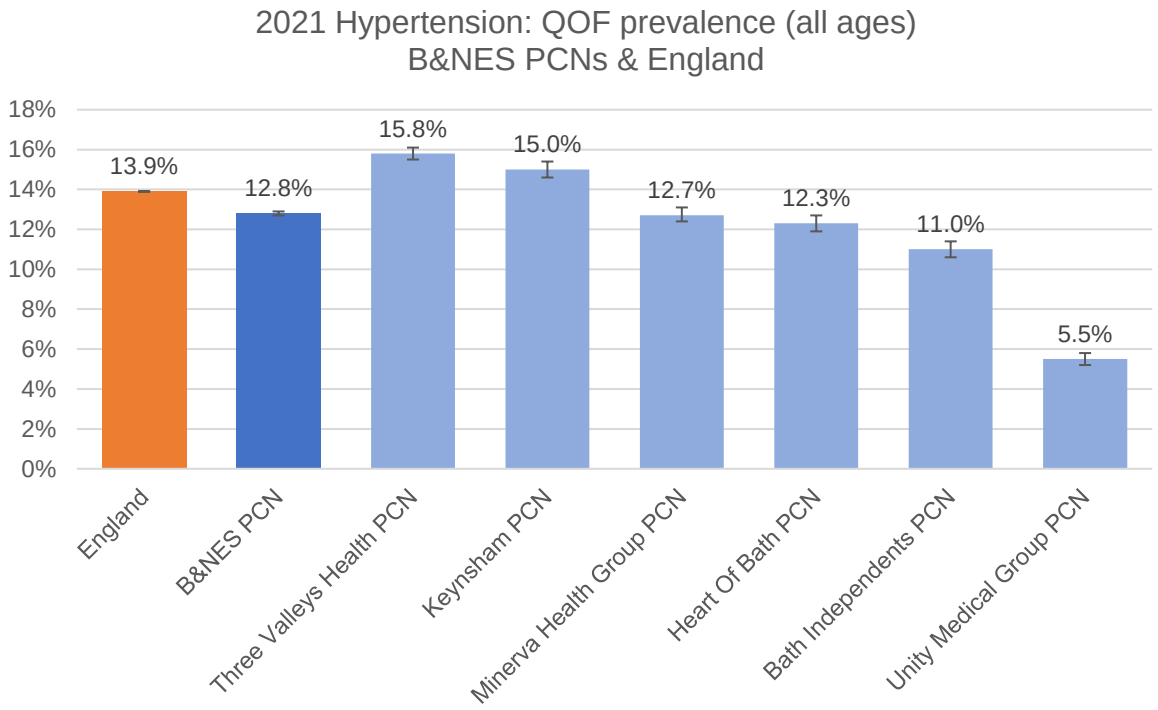
# CVD Risk Factors – Hypertension




**Source:** OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

**B&NES PCN Region** is the B&NES council regional value as aggregated from PCN level data.

**GP Registers/QOF**: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- There are a range of conditions that are considered high risk conditions for CVD, these include hypertension, atrial fibrillation, high cholesterol, diabetes, non-diabetic, hyperglycaemia and chronic kidney disease. Late diagnosis and under-treatment of these high risk conditions is common, and this substantially increases the incidence of stroke and heart attack.
- High blood pressure (hypertension) is the leading modifiable risk factor for heart and circulatory disease in the UK. An estimated 28% of adults in the UK have high blood pressure – this equates to 15 million adults and it is estimated that at least half of them are not receiving effective treatment.
- According to 2020/21 GP registers (QOF), 12.8% of the population registered with GPs in primary care networks (PCNs) in B&NES were recorded as having hypertension, this equates to 27,411 people. This is a significantly lower proportion than the England rate of 13.9%, however there are two PCNs in the area with a significantly higher rate than England; these are Three Valleys Health PCN (15.8%) and Keynsham PCN (15.0%).
- It should be noted that the real proportion of the population living with hypertension is estimated to be much higher as a person may have hypertension with no symptoms for a long time.
- Other risk factors include smoking, air pollution, overweight/obesity, diet & exercise, impaired kidney function, old age, gender, family history, and ethnicity.

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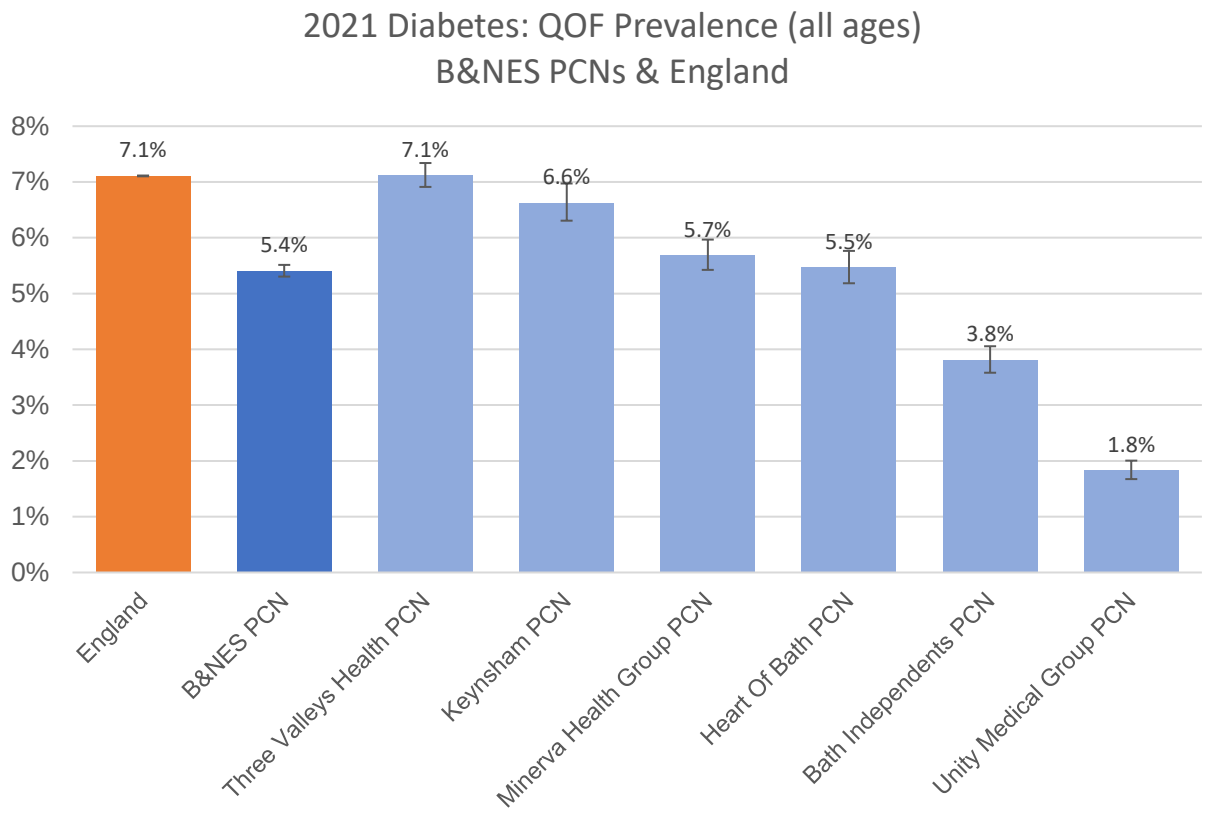
# CVD Risk Factors – Diabetes




**Source:** OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

**B&NES PCN Region** is the B&NES council regional value as aggregated from PCN level data.

**GP Registers/QOF**: NHS Digital have stated that changes in the Quality and Outcomes Framework (QOF) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are more than 4.9 million people in the UK who live with diabetes (7%), and 13.6 million people that are at increased risk of type 2 diabetes (20%).
- Diabetes is a significant risk factor for heart and circulatory diseases (CVD) and adults with diabetes are 2-3 times more likely to develop heart and circulatory diseases and are nearly twice as likely to die from heart disease or stroke as those without diabetes.
- As well as increasing the risk of heart attack and stroke, CVD can affect the circulation which makes many complications of diabetes worse.
- The B&NES estimated diabetes diagnosis rate as of 2018 is significantly lower than the England rate and has been since at least 2015, suggesting some **underdiagnosis** in B&NES.
- According to 2020/21 GP registers (QOF), 5.4% of the population registered with GPs in primary care networks (PCNs) in B&NES were recorded as having diabetes (see chart opposite), this equates to 9,663 people. This figure is significantly lower than England at 7.1% of the total population but has been increasing year on year similarly to the England trend.

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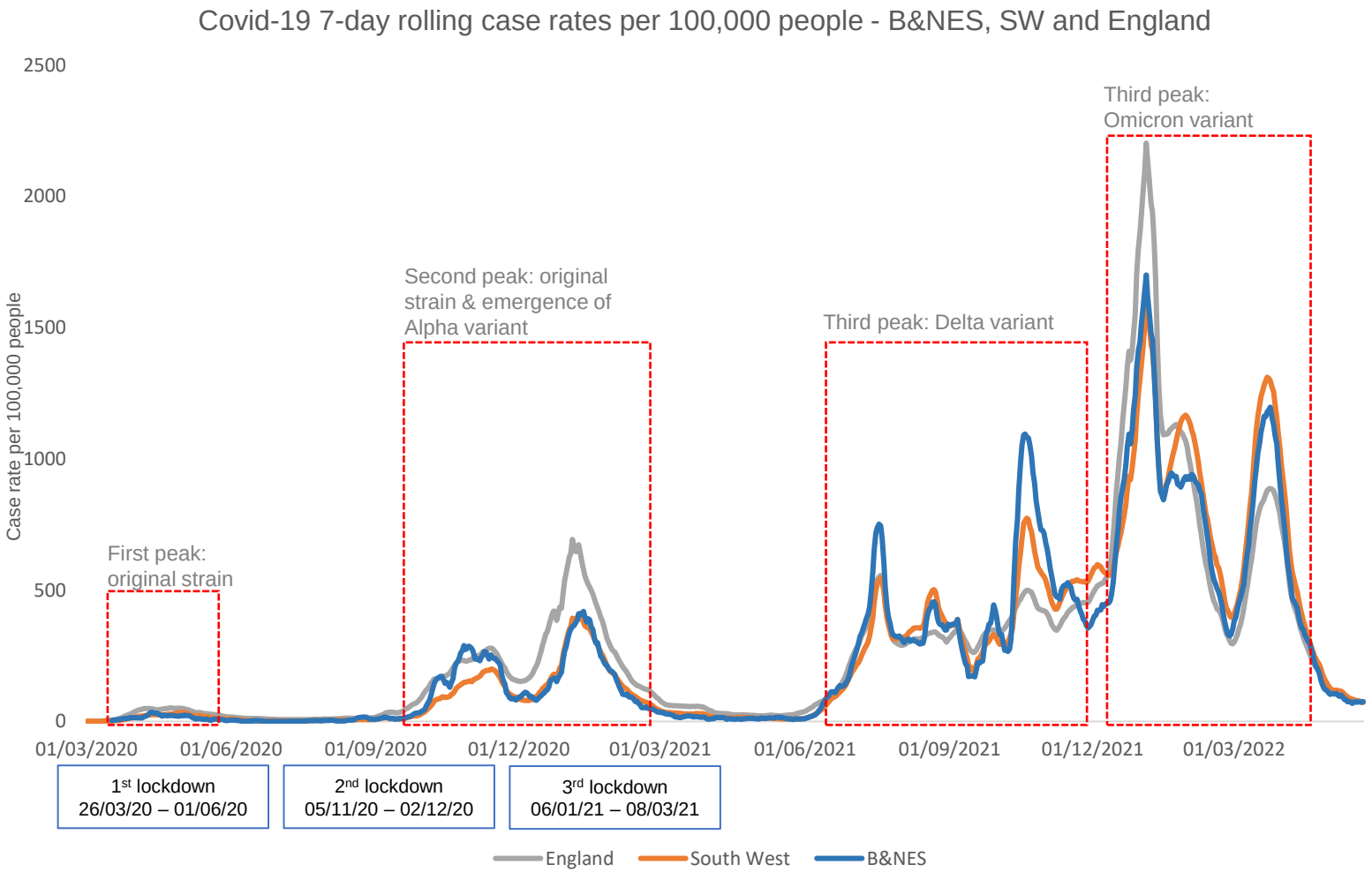
# Coronavirus Pandemic: Covid-19 cases




- The World Health Organisation (WHO) **declared a pandemic** on 11th March 2020.
- The first peak in cases of the original strain of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was seen between March and May 2020, peaking in early April across the UK.
- Mass community testing accelerated in scale from September 2020.
- A second peak in cases was seen from late Summer/Autumn 2020 as the **Alpha variant** (B.1.1.7) was identified in Kent and spread across the UK.
- In late October/early November 2020 B&NES experienced higher case rates compared to the South West as the virus spread rapidly, first through its HE student population.
- A third peak began in Summer 2021 as the **Delta variant** (B.1.617.2) became dominant and B&NES temporarily experienced the highest case rates of any local authority in England in October 2021.
- Winter 2021 saw the roll out of mass vaccinations and the Government's **Winter Plan.** Even though the Delta variant resulted in high case numbers, there have since been lower rates of hospitalisations and deaths due to vaccinations.
- The highest case rates of the pandemic were then recorded in December to January 2021/22 as the **Omicron variant** (B.1.1.529) emerged and became dominant.
- Free mass testing ended on 1st April 2022, although testing continues in health and social care settings.

**Data Sources:** National Coronavirus Dashboard

**Data note:** Please note that recorded cases will always undercount the number of actual infections

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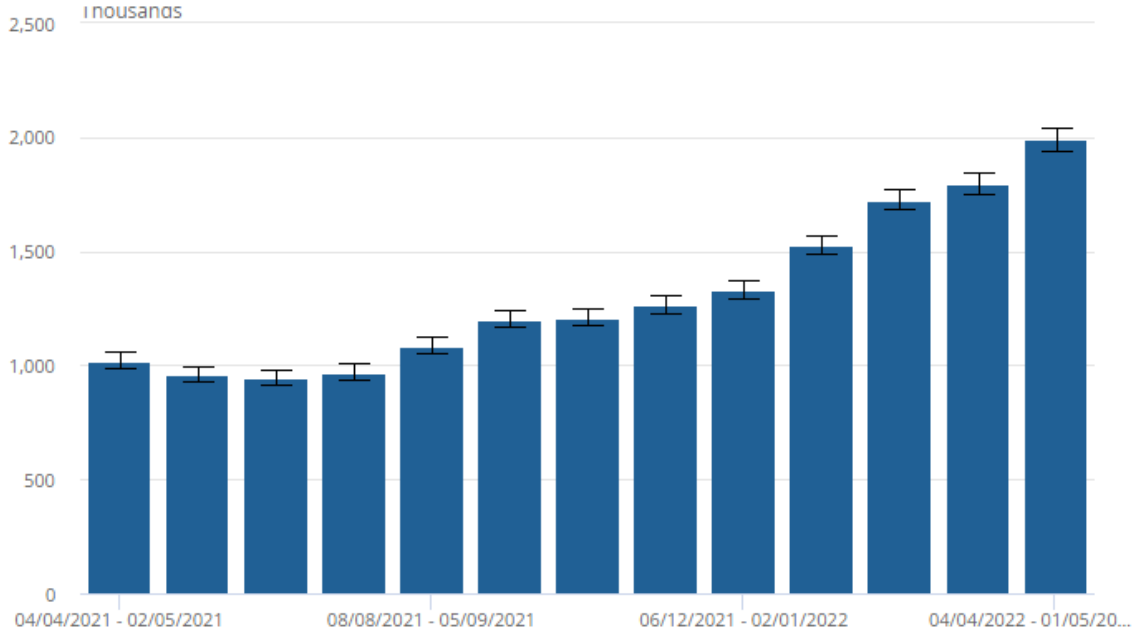
# Long-COVID (Post COVID Syndrome)

**Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 1 May 2022**




- As of 1st May 2022, ONS estimates **2 million** people living in private households in the UK (3.1% of the population) were experiencing **self-reported** long-COVID. This is the highest prevalence to date.
- Long-COVID symptoms **adversely affected the day-to-day activities of 1.4 million people** (71% of those with self-reported long-COVID), with 398,000 (20%) reporting that their ability to undertake their day-to-day activities had been "limited a lot" (as of 1st May 2022).
- **Prevalence** appears to be highest in those aged 35 to 49 years, females, people living in deprived areas, those working in social care, teaching and health care, and people with other activity-limiting disabilities.
- Exact local prevalence is unknown as self-reported long covid is not systematically recorded by GPs. Applying the national estimates to our local population would mean approximately **6,087 people in B&NES** with long-COVID.
- A recent study suggests a reduction in the odds of self-reported long COVID with the omicron variant versus the delta variant.
- UKHSA reports that people who have been fully vaccinated against covid-19 are around half as likely to develop long covid symptoms as people who have received only one vaccine dose or are unvaccinated.
- Symptoms vary but commonly include fatigue, shortness of breath, loss of smell, and difficulty concentrating.
- A recent study also suggests a high incidence of longer-term **olfactory disorder** after recovering from Covid-19 with 65% of individuals in the study experiencing olfactory dysfunction of some form 18 months after recovering from COVID-19.
- In November 2021, the B&NES, Swindon and Wiltshire (BSW) Long-Covid Clinic reported **271 referrals** to the service in B&NES. Data from the service suggests lower referral rates amongst men and older people across the BSW area.

**Definition**: 'Long COVID' is commonly used to describe signs and symptoms that continue to develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (12 weeks or more).

**Source**: ONS (2022), Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK : 3 February 2022, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1june2022

**Note**: cases and symptoms are self-reported, and estimates based on lab-confirmed cases vary between 3 and 11.7%.

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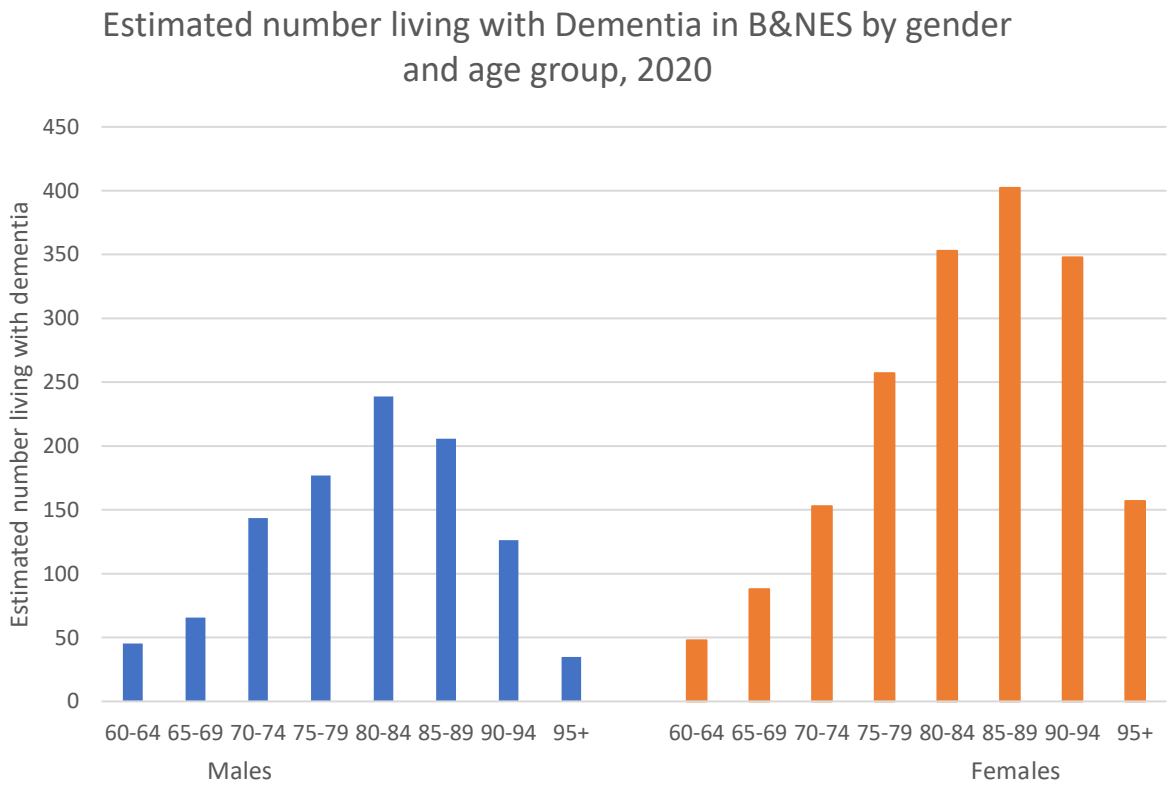
# Dementia Prevalence




**Graph Source:** Dementia UK 2014 prevalence estimates applied to ONS 2020 B&NES population mid-year estimates. Prevalence estimates taken from Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

**Note:** population estimates for 90-94 and 95+ groups are based on UK proportions in each age group

[1] Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019 – 2040, Nov 2019.

[2] Global Burden of Disease Study

[3] UKHSA: Health Inequalities and Dementia

- **Dementia** is a syndrome associated with an ongoing decline of brain functioning. There are many different causes of dementia and many different types. Symptoms include memory loss, changes in mood and behaviour, problems with communication, reasoning and the ability to carry out daily activities. **Alzheimer's disease** is the most common cause of dementia. The risk of developing dementia **increases exponentially with age**.
- The **prevalence** rate of dementia among **older people (65+) in B&NES** was estimated to be **7.26%** in 2019 and is projected to increase to **8.09%** in 2040[1]. As age is the biggest risk factor for dementia, increasing life expectancy is the driving force behind this projected rise.
- In 2021, there were an estimated **2,715 people aged 65 and over in B&NES with dementia** (diagnosed and undiagnosed). The estimated **dementia diagnosis rate (65+)** for B&NES was **58.6%**. Thus, there is an estimated gap of 1,124 over 65s who may benefit from access to support for dementia. This diagnosis rate is significantly below the 66.7% target set by the NHS.
- The **higher life expectancy of women** is translated into higher prevalence of dementia in older age groups. In 2020, it was estimated there were over **1,200 Females aged 80+** with dementia in B&NES and around **600 Males aged 80+.**
- There is greater prevalence, up to 4 times greater, of dementia in Black and South Asian ethnic groups. The prevalence of dementia is 4 times greater among people with a learning disability. Dementia is much more common in people with Down's syndrome, and onset often begins earlier [3].
- The GBD[2] estimates that **6.36% of total deaths in B&NES were from Dementia and Alzheimer's disease in 2019.** This was the 4th leading cause of death in B&NES in 2019.

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# Dementia Projections

| B&NES Projection[1] | 2019 | 2025 | 2030 | % growth from 2019 |
|---|---|---|---|---|
| Projected number of older people (65+) with dementia (persons) | 2,700 | 3,170 | 3,670 | 36% |
| Projected number of **Males** (65+) with dementia | 999 | 1,173 | 1,358 | |
| Projected number of **Females** (65+) with dementia | 1,701 | 1,997 | 2,312 | |
| Projected total costs of dementia (£million) | 110 | 140 | 180 | 66.3% |
| Projected prevalence rates of dementia in old age (65+) | 7.26% | 7.75% | 8.09% | 11.4% |
| Projected number of older people living with dementia by severity (persons) | | | | |
| Mild | 393 | 430 | 489 | 24.4% |
| Moderate | 741 | 744 | 826 | 11.4% |
| Severe | 1,564 | 1,997 | 2,355 | 50.6% |
| Projected costs of dementia by type of care (£million) | | | | |
| Healthcare | 15 | 18.7 | 23.6 | 57.3% |
| Social care | 51 | 68.5 | 87.9 | 72.4% |
| Unpaid care | 42 | 53.7 | 67.8 | 61.4% |
| Other | 0.5 | 0.9 | 1.2 | 115.7% |

- In **2030**, it is projected there will be **3,670 older people (65+)** with dementia in B&NES, an increase of 36% since 2019, made up of **1,358 Males** (37%) and **2,312 Females** (63%)
- The **total costs of dementia in B&NES** are projected to increase from **£110 million in 2019 to £180 million by 2030**, an increase of 66%
- **Early onset dementia** is defined as symptoms of dementia diagnosed under the age of 65, presenting different issues for the person affected, their carer and their family. Prevalence of early onset dementia, as with late onset dementia, increases exponentially with age, **roughly doubling every 5 years**[2]
- In **2030**, it is projected there will be **28 Males aged 30-64** in B&NES with **Early Onset Dementia** and **20 Females**[3]. These numbers are similar to the estimated numbers in 2020.

[1] Projections of older people with dementia and costs of dementia care in the United Kingdom, (Nov 2019). Note: At the time of writing (March '22), these are the most recent projections. Cases of Dementia are projected to increase over time but at a lower rate than previous projections suggested.

[2] Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

[3] Projecting Adult Needs and Service Information (PANSI)

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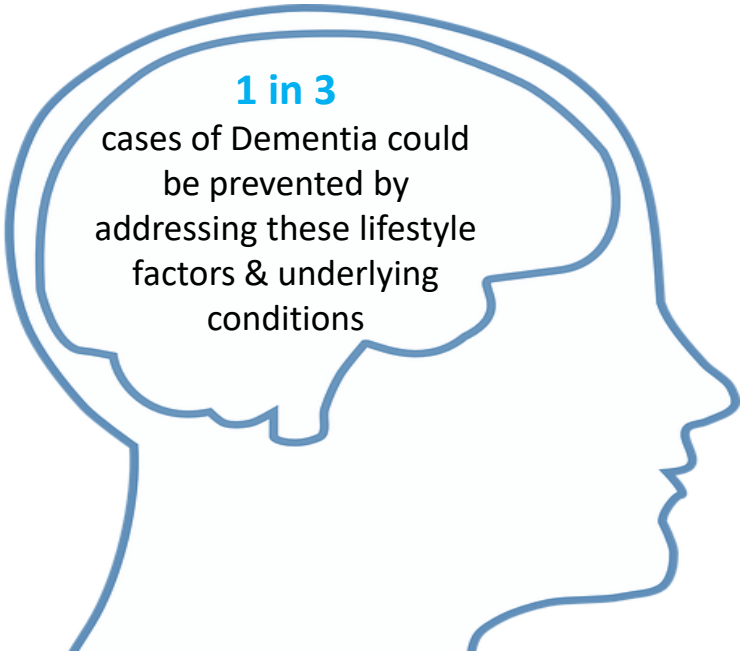
# Dementia & Prevention




| Increase | Decrease |
|---|---|
| Education | Hearing Loss |
| Physical Activity | Hypertension |
| Social Contact | Obesity |
| | Smoking |
| | Depression |
| | Diabetes |
| | Air pollution |
| | Alcohol consumption |
| | Brain injury |

*Credit: Keck Medicine of USC*

- The 2020 Lancet Commission Report on Dementia prevention, intervention, and care[1] highlight 12 modifiable risk factors which may prevent or delay up to 40% of dementias. They recommend focusing on:
  - Tackling hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, improving educational attainment, excessive alcohol consumption, traumatic brain injury and air pollution
- A recent study[2] found that multimorbidity[3] in midlife rather than later life has a robust association with subsequent dementia.
  - **Having 2 or more chronic conditions at age 55** was associated with a **2.4 fold increase in risk of dementia**. Developing 2 or more conditions **between 60 and 65** was associated with a **1.5-fold higher risk**
  - **For every 5 year younger age at onset of multimorbidity** up to age 70, the **risk of dementia was higher by 18%**
  - Increased severity of multimorbidity strengthened associations with dementia, particularly multimorbidity in midlife
- These findings highlight the role of prevention and management of chronic diseases over the course of adulthood to mitigate adverse outcomes in old age.

[1] Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

[2] Whitehall II cohort study including over 10,000 subjects and a median follow-up time of 31.7 years. Association between age at onset of multimorbidity and incidence of dementia: 30 year follow-up in Whitehall II prospective cohort study: BMJ 2022; 376 (Feb 2022).

[3] Multimorbidity defined as 2 or more chronic conditions (of coronary heart disease, stroke, heart failure, diabetes, hypertension, cancer, chronic kidney disease, COPD, liver disease, depression, mental disorders, Parkinson's disease, arthritis)

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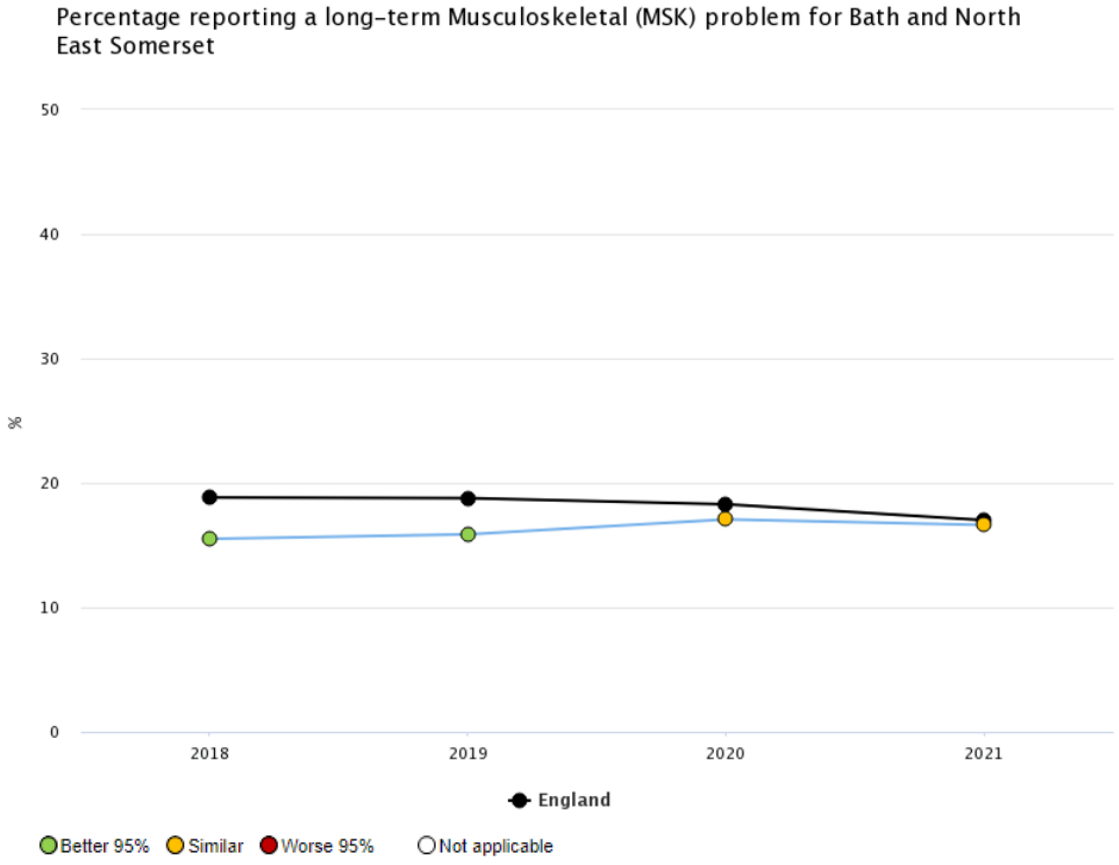
# Musculoskeletal Health




- Around a third of the UK population are suffering from musculoskeletal (MSK) conditions, mainly arthritis and lower back pain. 38% of UK males and 35% of UK females suffer from MSK conditions.
- MSK conditions affects people of all ages but becomes more prevalent with increasing age. In 2021, 11% of people under age 35, 40% of people aged 35-64 and 61% of people aged 65 and over, live with MSK conditions in the UK. Further information can be found here.
- There are inequalities in the prevalence of long-term MSK conditions with the most deprived areas in England having a higher prevalence of MSK conditions than the least deprived (18.3% compared 14.3% in 2021).
- In 2021, 16.6% of the B&NES population suffered from long-term MSK health problems, slightly lower than the national rate (17.0%) *[see chart opposite]*.
- In 2019, just over a fifth (22%) of the total Years Lived with a Disability in B&NES was accounted for by MSK conditions. Further information can be found here.
- According to a survey by The Royal Society for Public Health, 39% of people working from home in the UK due to the Covid-19 pandemic are reported to have developed musculoskeletal problems.
- MSK accounted for 11% [334 | 3,043] of the total Employment Support Allowance (ESA) claims in B&NES as at 31 August 2021 (Source: DWP. Note: there will be some people in receipt of Universal Credit who are missing from these figures).

**Definition:** Musculoskeletal (MSK) health conditions are long-term conditions that affect the normal functioning of bones, muscles, joints, and spine. They are mostly inflammatory conditions, osteoporosis and fragility fractures, and conditions of MSK pain.
**Source**: OHID (2022), Musculoskeletal Conditions, available from: https://fingertips.phe.org.uk/profile/msk
**Note**: percentage of people aged 16+ reporting a long-term MSK condition, either arthritis or ongoing problem with back or joints.

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# Respiratory Disease

**COPD: QOF number of diagnoses (all ages) 2020/21**

Proportion - %

| Area | Count | Value | 99.8% Lower CI | 99.8% Upper CI |
|---|---|---|---|---|
| **England** | 1,170,437 | 1.9 | 1.9 | 1.9 |
| B&NES PCN Region | 3,043 | 1.4* | 1.3 | 1.5 |
| Three Valleys Health PCN | 1,202 | 1.8* | 1.6 | 1.9 |
| Keynsham PCN | 414 | 1.6* | 1.4 | 1.8 |
| Heart Of Bath PCN | 426 | 1.5* | 1.3 | 1.8 |
| Minerva Health Group PCN | 518 | 1.5* | 1.3 | 1.7 |
| Bath Independents PCN | 357 | 1.2* | 1.0 | 1.4 |
| Unity Medical Group PCN | 126 | 0.5* | 0.4 | 0.6 |

**Asthma: QOF number of diagnoses (6+ yrs) 2020/21**

Proportion - %

| Area | Count | Value | 99.8% Lower CI | 99.8% Upper CI |
|---|---|---|---|---|
| **England** | 3,629,071 | 6.4 | 6.4 | 6.4 |
| B&NES PCN Region | 13,589 | 6.7* | 6.5 | 6.9 |
| Keynsham PCN | 1,901 | 7.8* | 7.2 | 8.3 |
| Three Valleys Health PCN | 4,837 | 7.5* | 7.2 | 7.8 |
| Heart Of Bath PCN | 1,888 | 7.1* | 6.6 | 7.6 |
| Minerva Health Group PCN | 2,252 | 6.8* | 6.4 | 7.3 |
| Bath Independents PCN | 1,680 | 6.0* | 5.5 | 6.4 |
| Unity Medical Group PCN | 1,031 | 3.9* | 3.5 | 4.2 |

**Source:** OHID (2021), *National General Practice Profiles*, available from: General Practice Profiles

**QOF** – Quality of Outcomes Framework

**B&NES PCN Region** is the B&NES council regional value as aggregated from PCN level data. **Asthma QOF:** The percentage of patients aged 6 years and older with a recorded diagnosis of asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 years and older. **COPD QOF:** The percentage of patients with a recorded diagnosis COPD, as recorded on practice disease registers.

**GP Registers/QOF**: NHS Digital have stated that changes in QOF during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading.

- Respiratory diseases are those that affect the airways and lungs. They are diagnosed in 1 in 5 people and are the third leading cause of death in the UK after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a variety of conditions, including asthma, Chronic Obstructive Pulmonary Disease (COPD), lung cancer, and infections such as pneumonia and influenza.
- Nationally, incidence of respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.
- B&NES has a significantly lower rate of recorded diagnoses of COPD than the England rate (1.4% vs 1.9%) with the majority of PCNs in the area also having a significantly lower rate.
- B&NES has a significantly higher rate of recorded diagnoses of asthma than the England rate (6.7% vs 6.4%) with the majority of PCNs in the area also having a significantly higher rate.
- B&NES, Swindon and Wiltshire (BNESSW) CCG has consistently had a significantly lower rate of emergency hospital admissions for pneumonia than England with 201.4 admissions per 100,000 vs 241.7 admissions per 100,000 in 2020/21. This value is much lower than in previous years coinciding with the Covid-19 pandemic.

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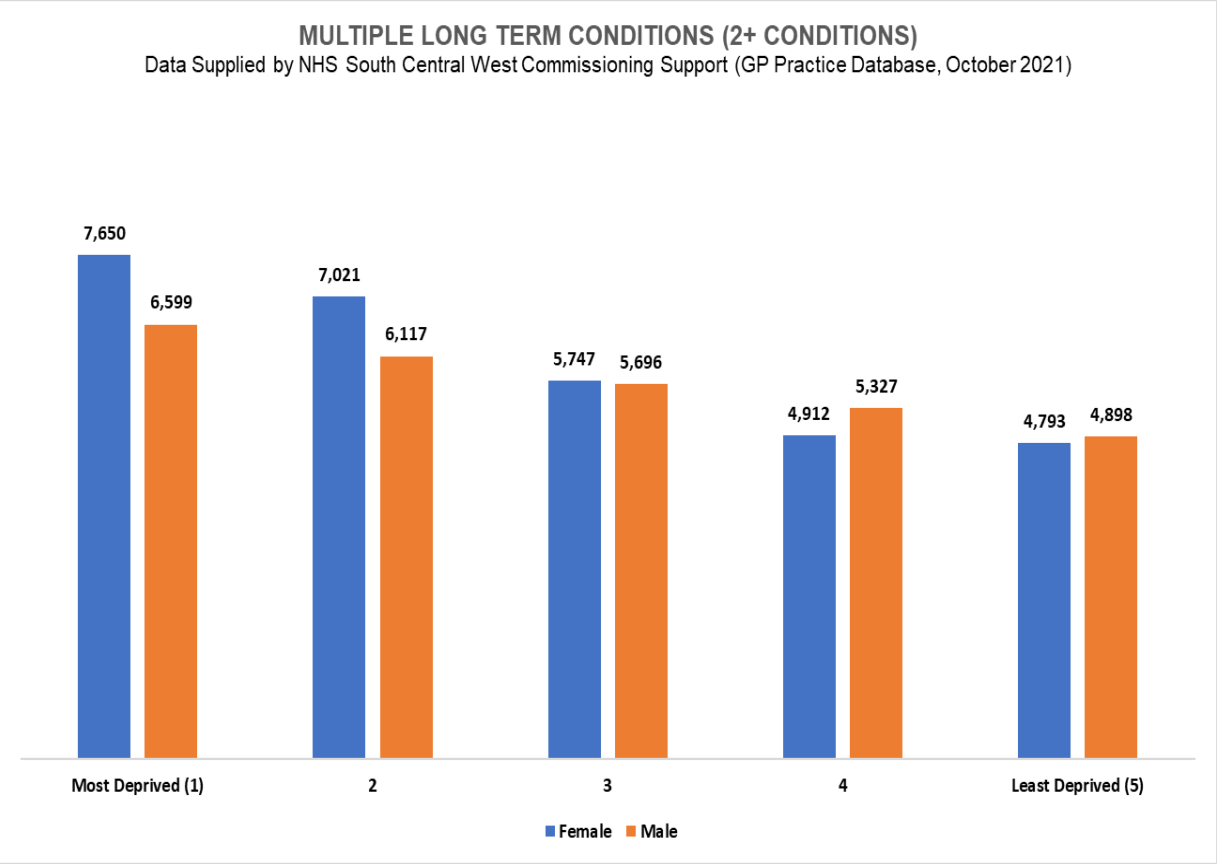
# Multiple Long-Term Conditions




- Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatments, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.
- The King's Fund reported that "*people with long-term conditions now account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days*".
- In B&NES, for 2+ conditions: 2% and 33% of affected people are within the 20-29 and 80+ age groups respectively, i.e. prevalence increases with age.
- In B&NES, for 3+ conditions: 1% and 35% of affected people are within the 20-29 and 80+ age groups respectively, i.e. prevalence increases with age.
- In the most deprived areas in B&NES (quintiles 1 & 2), more females than males experience 2 or more long term conditions; whereas in the least deprived areas (quintiles 4 & 5), more males than females experience 2 or more long term conditions (see chart opposite).
- According to NHS England, 10 million people in England have 2 or more long term conditions. For B&NES, approximately 58,000 people have 2+ conditions (internal analysis).

**Source**: Data supplied by NHS South Central West Commissioning Support Unit (SCWCSU Bath), extracted from GP Practice Database in October 2021. Internal analysis, which was conducted using Quality and Outcomes Frameworks – NHS performance measures. All figures quoted above relate to B&NES only.

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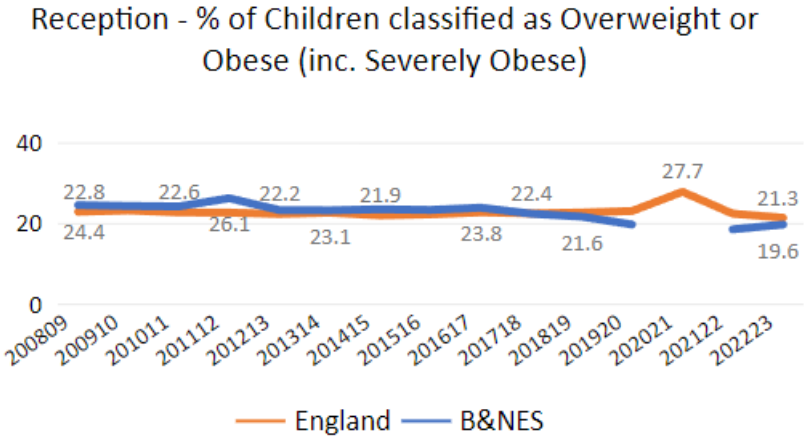
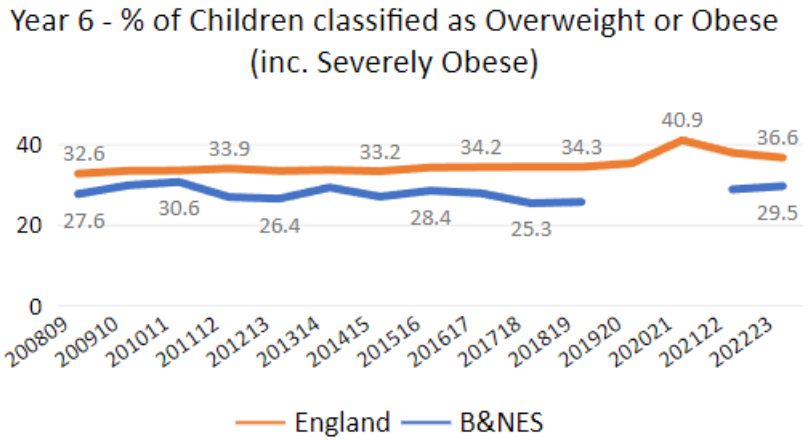
# Childhood Weight - NCMP




- Childhood obesity is predictive of adult obesity, but also separately increases the risks of asthma, early onset type-2 diabetes, and cardiovascular risk factors. The predictive ability of childhood weight is stronger with the year 6 cohort than for the reception year cohort and gets stronger still into adolescence.
- In 2022/23, 19.6% of **Reception** aged children resident in B&NES were overweight or obese, lower than the national figure (21.3%). **7.5% were obese or severely obese in B&NES, which is statistically significantly lower than the national rate (9.2%)**.
- In 2022/23, 29.5% of **Year 6** aged children resident in B&NES were **overweight or obese**, which is statistically significantly **lower than the national figure** (36.6%). 17.1% were obese or severely obese in B&NES, also statistically significantly lower than the national figure (22.7%).
- Since the national measurement programme began in 2006/07, the shape of the BMI distribution has become more skewed, with the 2022/23 distribution showing a larger proportion of Year 6 pupils in England having higher BMI values. In B&NES, the percentage of **Reception children classified as overweight** (including those living with obesity) has **decreased** from 23.8% in 2016/17 to 19.6% in 2022/23. However, following the pandemic, there has been an **increase in** the percentage of **Year 6 pupils who are obese**, both nationally and in B&NES.
- Levels of obesity increase with age, and by Year 6, both nationally and in B&NES, there is a higher proportion of boys living with obesity, compared to girls. However, the percentage of girls who were obese (inc. severely obese) increased from 12.5% in 2021/22 to 15.4% in 2022/23. This is approaching the percentage of boys who are obese (18.8%), which remained largely unchanged.
- Deprivation is a significant factor in the number of those living with obesity among Year 6 children, both in B&NES and nationally, and this is even more marked for Year 6 boys. In 2022/23, there were more than twice as many children in B&NES who were obese or severely obese in the most deprived areas, compared to the least deprived areas. National figures show that in the most deprived areas, there is a much larger proportion of children classified as overweight or obese.

**Definitions:** Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Obesity is defined as BMI on or above the 95th centile of the UK90 growth reference. Reception aged children: 4 to 5 years old. Year 6 aged children: 10 to 11 years old. School closures during the pandemic have resulted in missing data for 2019/20 and 2020/21. Only a small fraction of the Year 6 measurements were obtained for B&NES in 2019/20, so the results published for this year are for Reception only. Neither year group were measured during 2020/21.

**Source:** OHID Obesity Profile (based on postcode of child residency).

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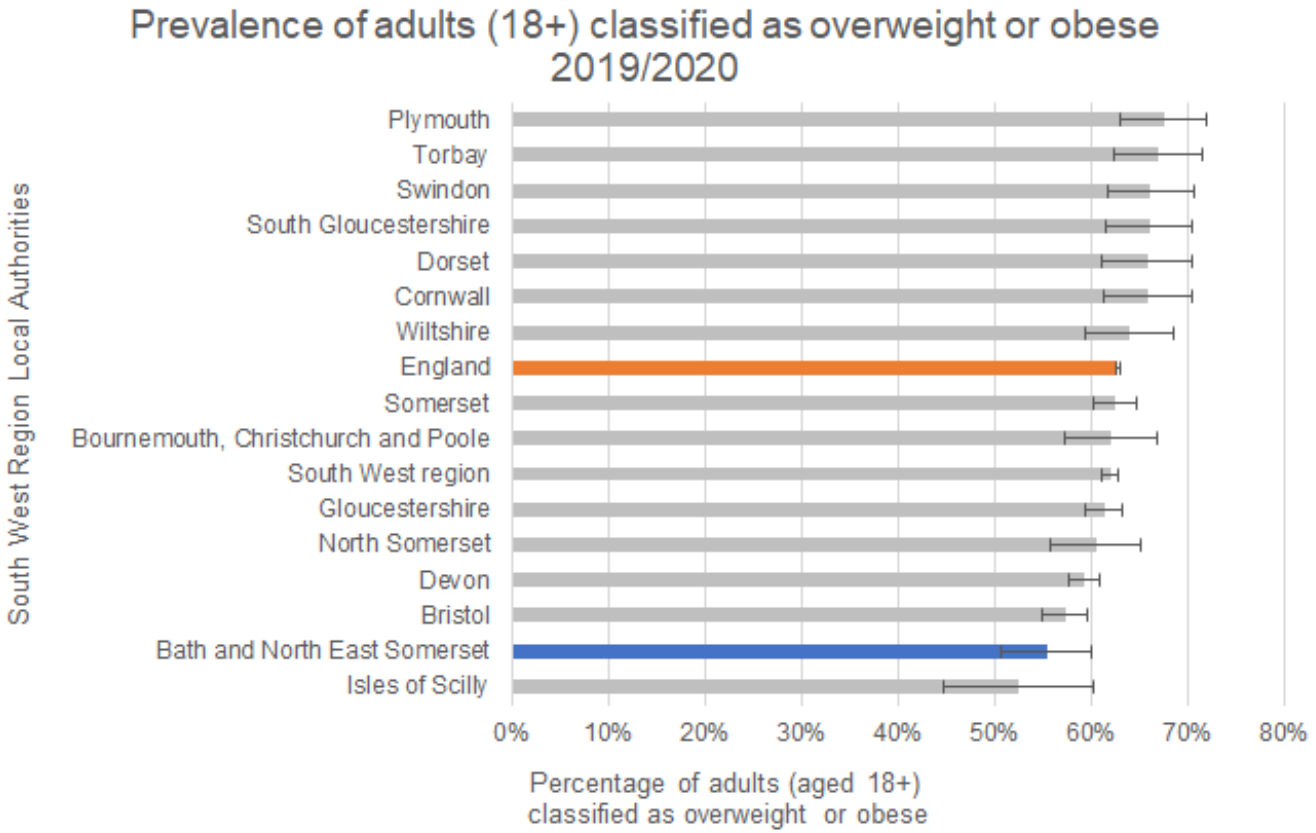
# Adult Weight




- Obesity is a major public health problem in England and globally. In adults, being overweight or obese is associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, and some cancers as well as osteoarthritis.
- According to the Health Survey for England for adults 16 and over in 2019, 27% of men and 29% of women were obese. Around two thirds of adults were overweight or obese, this was more prevalent among men (68%) than women (60%).Obesity increased across age groups up to 75 years old.
- Adults living in the most deprived areas of England were the most likely to be obese. This difference is particularly pronounced for women, where 39% of women in the most deprived areas are obese, compared to 22% in the least deprived areas.
- In 2019/20, B&NES has some of the lowest levels of overweight and obesity in the South West with a prevalence of 55% compared to the England rate of 63%. However, this is still more than 1 in 2 adults carrying excess weight.
- In a recent national study, people referred to the NHS Diabetes Prevention Programme for help to lose weight during 2020/21 were on average five pounds heavier than those starting the programme during the previous three years.

**Definitions:** Percentage of adults aged 18 and over classified as overweight or obese based on the Active Lives Survey, Sport England

**Source:** OHID (2021), *Local Authority Health Profiles*, available from: https://fingertips.phe.org.uk/profile/health-profiles/

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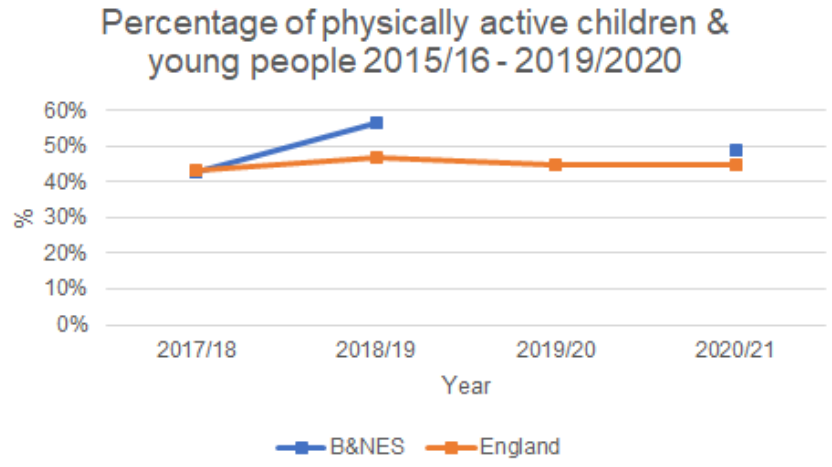
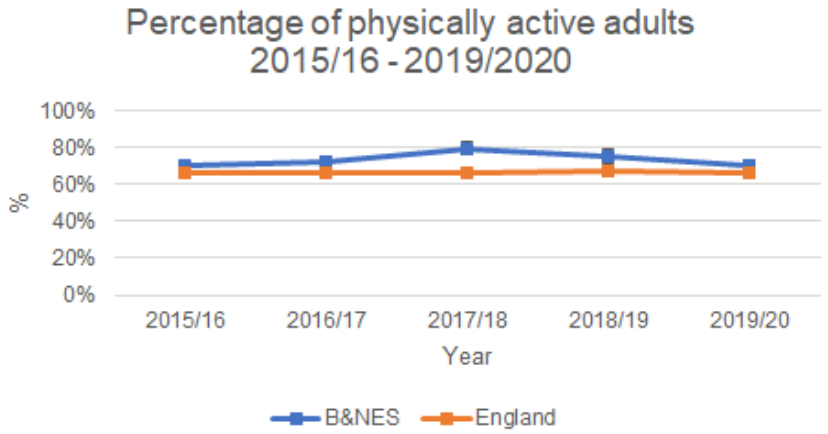
# Physical Activity and Inactivity




- Regular physical activity provides a range of physical and mental health, and social benefits, many of which are increasing issues for individuals, communities and society. These include reducing the risk of many long-term conditions, helping manage existing conditions, ensuring good musculoskeletal health, developing and maintaining physical and mental function and independence, supporting social inclusion, helping maintain a healthy weight, and reducing inequalities for people with long-term conditions. A recent systematic review has also linked muscle-strengthening activities with a lower risk of all-cause mortality and major non-communicable diseases.
- Improvements in health are especially significant for those currently doing the lowest levels of activity as the gains per additional minute of physical activity will be proportionately greater, As at 2019, 1 in 4 people in England do less than 30 minutes of physical activity a week.
- In B&NES in 2020/21, **49% of children and young people are physically active** compared to the national average of 45%. There is no data for 2019/20 due to disruption caused by the coronavirus pandemic but we can see that this is a decrease from the 2018/19 total of 57%.
- In B&NES the latest figures suggest that **70% of adults are physically active** compared to the national average of 66%. This is a continuation of a negative trend whereby the percentage of active adults has decreased from a peak of 80% in 2017/18.
- The time periods 2019/20 and 2020/21 include the various restrictions imposed in response to the coronavirus pandemic. The restrictions had an unprecedented impact on peoples ability to excise and engage in sport and this should be taken into account when interpreting figures for this period.
- The ONS opinions and lifestyle survey found that at a national level, although the ability to engage in sports was negatively impacted, exercise levels were actually at their highest during lockdown in spring 2020, and there was an increase in the use of parks and public green spaces during summer 2020.

**Definitions:** The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over. Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)

**Source:** OHID (2021), *Physical Activity Profiles*, available from **Physical Activity Profile**

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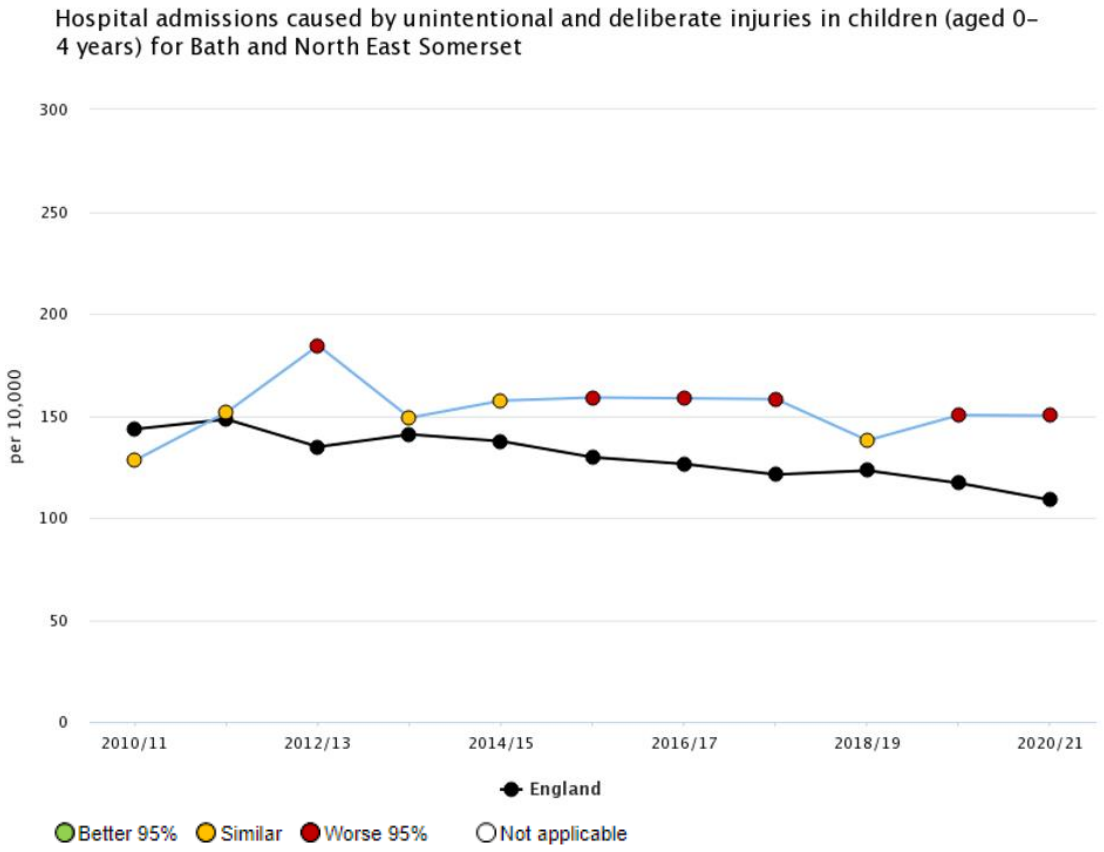
# Unintentional and Deliberate Injuries (Under 5s)




- In 2017, the UK Health Security Agency reported that unintentional injuries are one of the main causes of premature death and illness for children. It also noted "*There are 450,000 visits to A&E departments and 40,000 emergency hospital admissions in England each year because of accidents at home among under-fives*".
- In 2020/21, there were 140* hospital admissions in B&NES caused by unintentional and deliberate injuries in children (age 0-4 years), a rate of 150.0 per 10,000 population, **significantly higher** than the national rate of 108.7. The rate in B&NES has been consistently higher than the national rate since 2011/12.
- According to the Child and Maternal Health Profile for B&NES, the top two common causes for emergency hospital admissions (specific unintentional injuries) for under 5s during the three year period 2018/19 to 2020/21 are as follows:
  - *Falls* - rate of 588 per 100,000 and a count of **165*** (higher than the South-West rate of 522 and significantly higher than the national rate of 429 per 100,000); and
  - *Accidental Poisoning* - rate of 213.7 per 100,000 and a count of **60*** (significantly higher than both the South-West rate of 155.4 and the national rate of 114.1 per 100,000).
- Emergency admissions for *exposure to heat and hot substances* has shown an increase in B&NES in 2018/19 to 2020/21 with 40* admissions, a rate of 142.5 per 100,000 which is higher than the South-West rate of 103.2 and significantly higher than the national rate of 76.1 per 100,000

NICE Guidance: https://www.nice.org.uk/guidance/ph30
Source: OHID (2021), *Child and Maternal Health*, available from: Child and Maternal Health
Definition: Unintentional injury - An accidental physical damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. - Injury Surveillance Guidelines (WHO)
* counts are rounded to the nearest 5
Note: Falls ICD-10 W00-W19; Exposure to heat and hot substances ICD-10 X00-X19; and Accidental Poisoning ICD-10 X40-X49.

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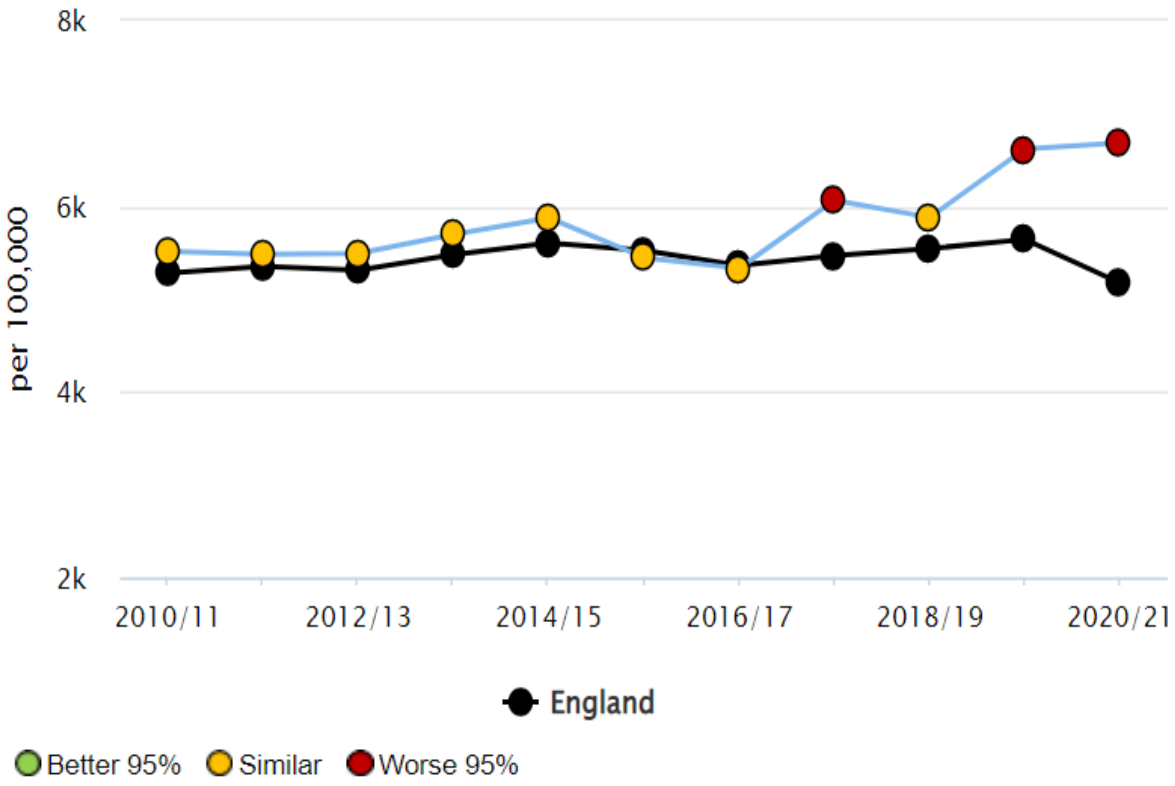
# Falls (Older People)

## Emergency hospital admissions due to falls in people aged 80+ (B&NES)




- According to the Global Burden of Disease study (GBD), falls had the highest number of cases of natural injuries (all ages, males & females) in B&NES in 2019.
- The NHS state age as a major risk factor for falls. Older people are more likely to fall as they may have *muscle weakness, balance problems, vision loss, osteoporosis, hypotension or dizziness.* Falls are more likely from issues such as *wet floors, running in the house, falls from stairs, history of hip fractures, and alcohol drinking.*
- The rate of emergency hospital admissions in B&NES due to falls in people aged 80+ in 2020/21 was 6,683 per 100,000 population, significantly higher than the England rate of 5,174 per 100,000. During recent years the number of admissions has increased from 547 in 2016/17 to 720* in 2020/21.
- In 2019/20 and 2020/21 there were 1,005* and 1,000* emergency hospital admissions respectively due to falls in people aged 65 and over in B&NES. In the period 2010/11 – 2017/18, the annual number of emergency hospital admissions were relatively stable (ranging from 738 to 845).
- In 2020/21, 195* people in B&NES were reported to have hip fractures (aged 65 and over), a rate of 487 per 100,000 population. This is slightly below the national rate of 529 per 100,000 and is a slight decrease from 2019/20 (215* fractures).

**Source**: OHID Public Health Outcomes Framework, C29 - Emergency hospital admissions due to falls in people aged 80+.

* numbers are rounded to the nearest 5

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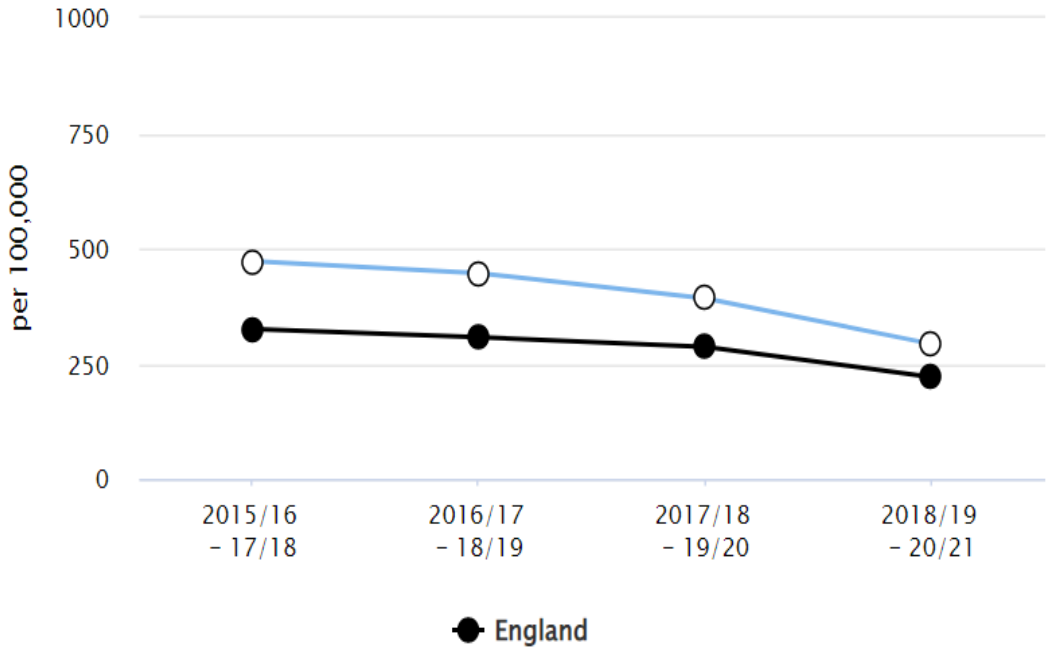
# Childhood Oral Health

## Hospital admissions for Dental Caries (0-5 years) B&NES and England




**Source**: OHID Child and Maternal Health

**Note**: There is another oral health survey expected to take place this year (2022) by PHE to assess the prevalence of dental decay among children in England.

* numbers are rounded to the nearest 5

- Tooth decay is often caused by having too much sugary food and drink and not cleaning your teeth and gums. If it worsens it can lead to problems such as dental cavities.
- According to the 2019 PHE Oral Health Survey, the prevalence of experience of dental decay in 5-year-old children in England was 23.4% (of 78,767 children examined). The 2017 Oral Health Survey also yielded similar results (23.3%). In 2018/19, the percentage of 5 year olds with experience of dental decay in B&NES was 20.8%, lower than the national rate.
- The percentage of 5-year-olds with experience of dental decay in B&NES has fluctuated over the past ten years, dropping from 25.7% in 2007/08 to 15.0% in 2014/15 and rising again to 25.8% in 2016/17. The drop to 20.8% in 2018/19 is slightly higher than the South West rate of 20.4% in that period but lower than the national rate of 23.4%.
- The number of hospital admissions for dental caries (0-5 years) has decreased locally and nationally in recent years as shown in the chart on the left. In the period 2015/16 – 17/18 there were 164 admissions in B&NES, while in 2018/19 – 20/21 this dropped to 100* admissions. The admission rates per 100,000 populations were consistently higher than both regional and national rates since 2015/16 – 17/18.
- Children in B&NES (5-year-olds) had a mean of 0.37 (2014/15), 0.72 (2016/17), and 0.51 (2018/19) **decayed, missing or filled teeth.** These rates are generally lower than the regional and national values.