

Respiratory Disease: Public Health outcomes and prevention priorities for the system

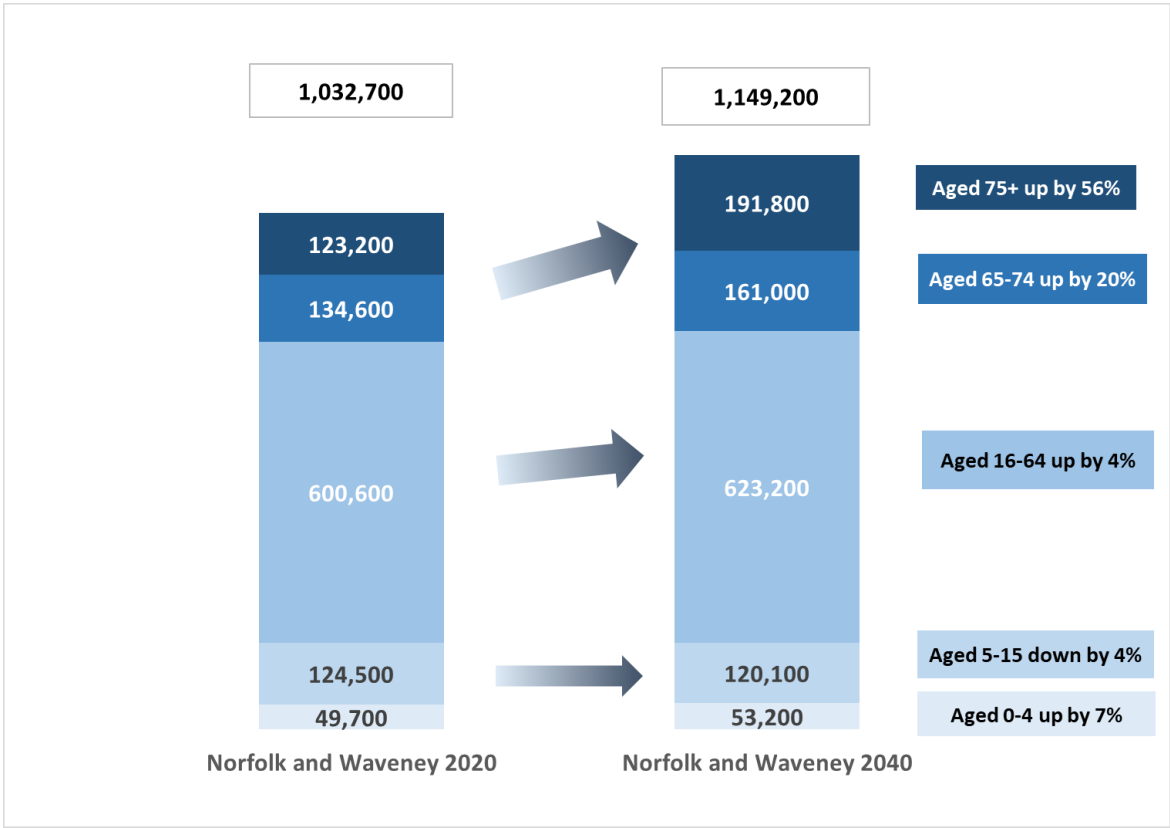
Integrated Care Partnership (ICP) meeting 27 Sep 2023

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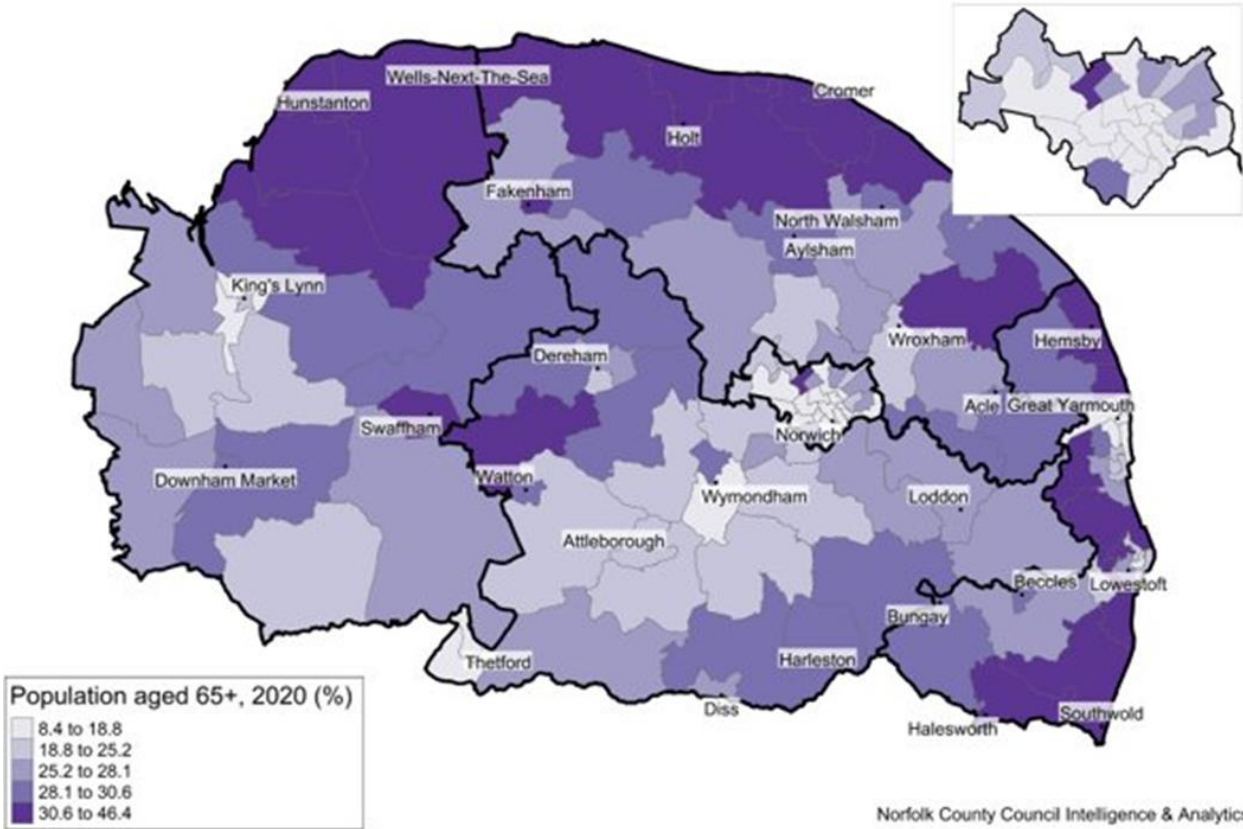
The total population of Norfolk and Waveney is increasing and most of the increase is projected to be in those 65 years or older.



From 2020 to 2040 there will be an estimated:

- 36% increase in people aged over 65, mostly in those aged 75+
- 1% decrease in children and young people under the age of 16

Increasing age leads to increased risk linked to respiratory disease

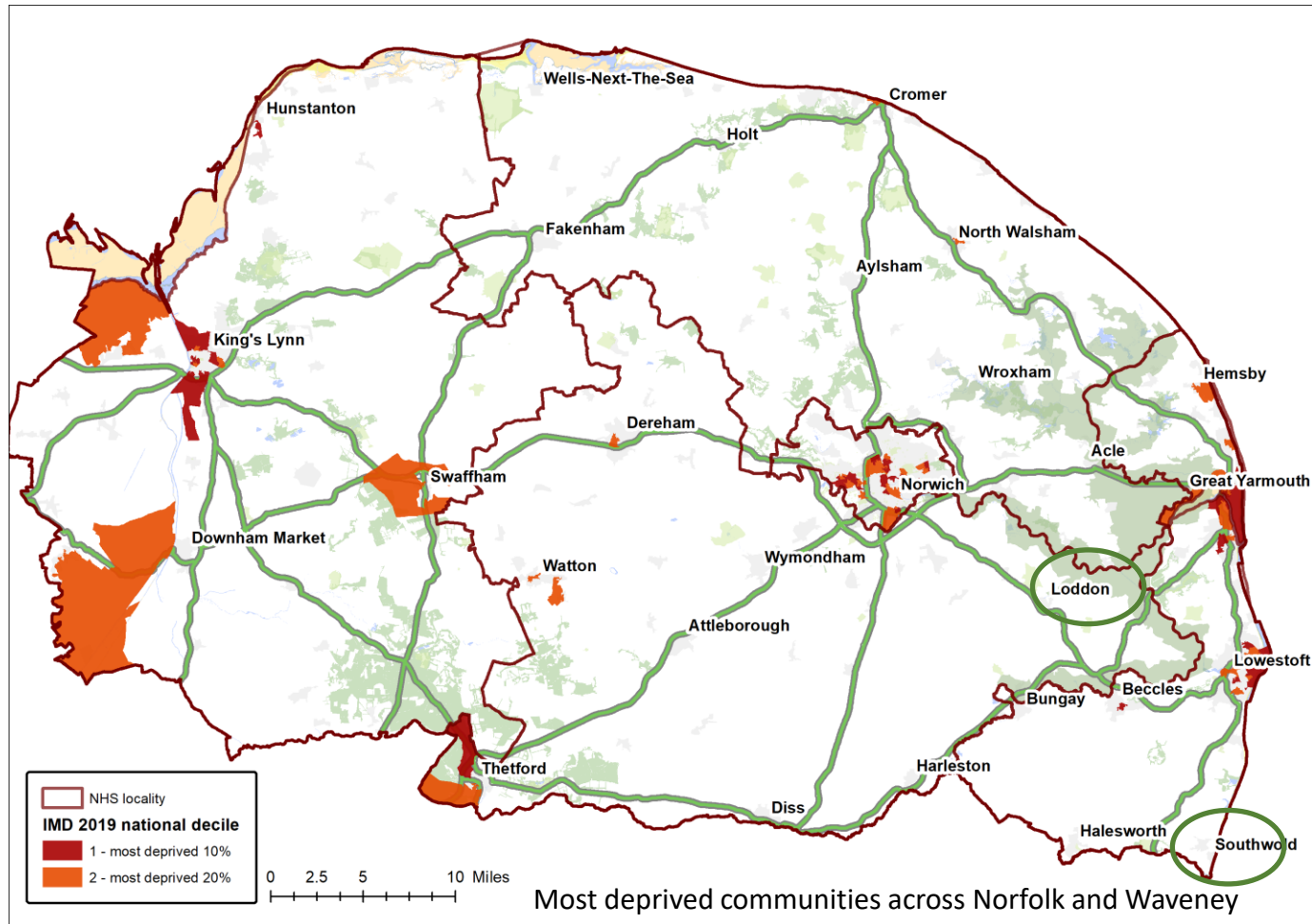


The communities with a greater proportion of people in later life are generally around the coast with some communities in central Norfolk around Swaffham and Dereham

Inequality across Norfolk and Waveney in life expectancy

A male can expect to live to 83.3 years in Loddon where as 75.1 years in Great Yarmouth

A female can expect to live for 86.4 years in Southwold where as 81 years in King's Lynn



Locality	Male Life Expectancy 2015 to 2019 (years)	Female Life Expectancy 2015 to 2019 (years)
Great Yarmouth	75.1	81.2
King's Lynn	76.7	81.0
Loddon	83.3	85.8
Southwold	82.0	86.4
Norfolk	80.0	83.8
Norfolk and Wavney	80.0	83.8

Market town life expectancy gap*

- 8.2 years for men
- 5.4 years for women

But between the most deprived and least deprived communities it is**

- 9.2 years for men
- 7.2 years for women

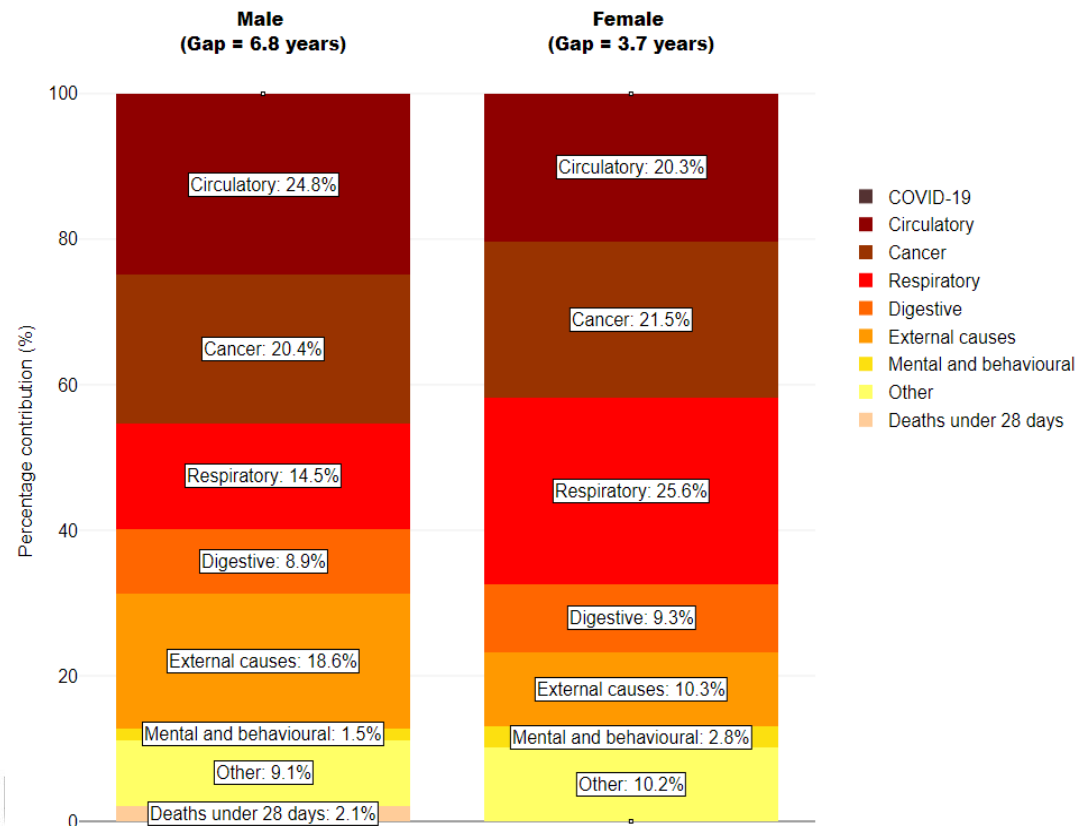
* local PHI calculations using NHS Digital civil registration data

** <https://fingertips.phe.org.uk/profile/local-health/>

What is driving the inequality gap?

Respiratory deaths made up about **15%-25%** of the Life expectancy gap between most deprived and least deprived prior to COVID19 2017-2019

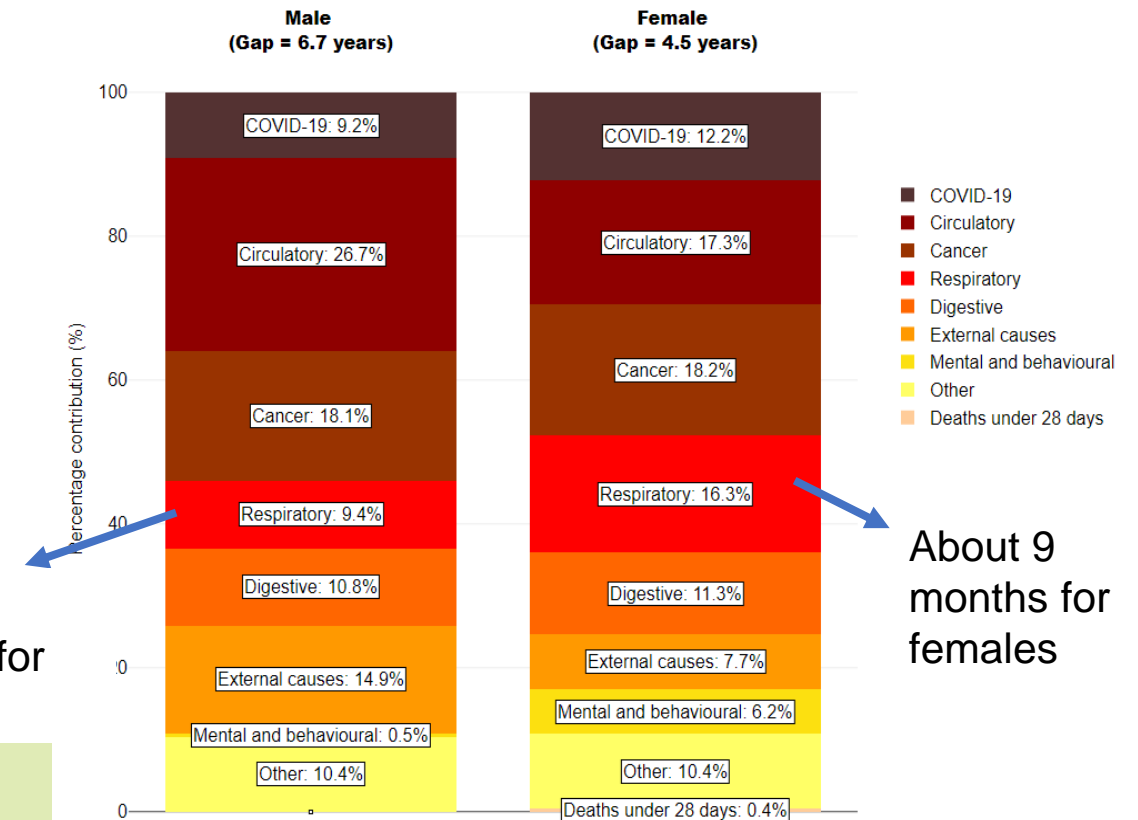
Breakdown of the life expectancy gap between the most and least deprived quintiles of Norfolk by cause of death, 2017 to 2019



Source: Office for Health Improvement and Disparities based on ONS death registration data and mid year population estimates for the relevant years, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Respiratory deaths (excluding COVID19) made up about **9%-16%** of the Life expectancy gap between most deprived and least deprived during COVID19 2020-2021

Breakdown of the life expectancy gap between the most and least deprived quintiles of Norfolk by cause of death, 2020 to 2021 (Provisional)

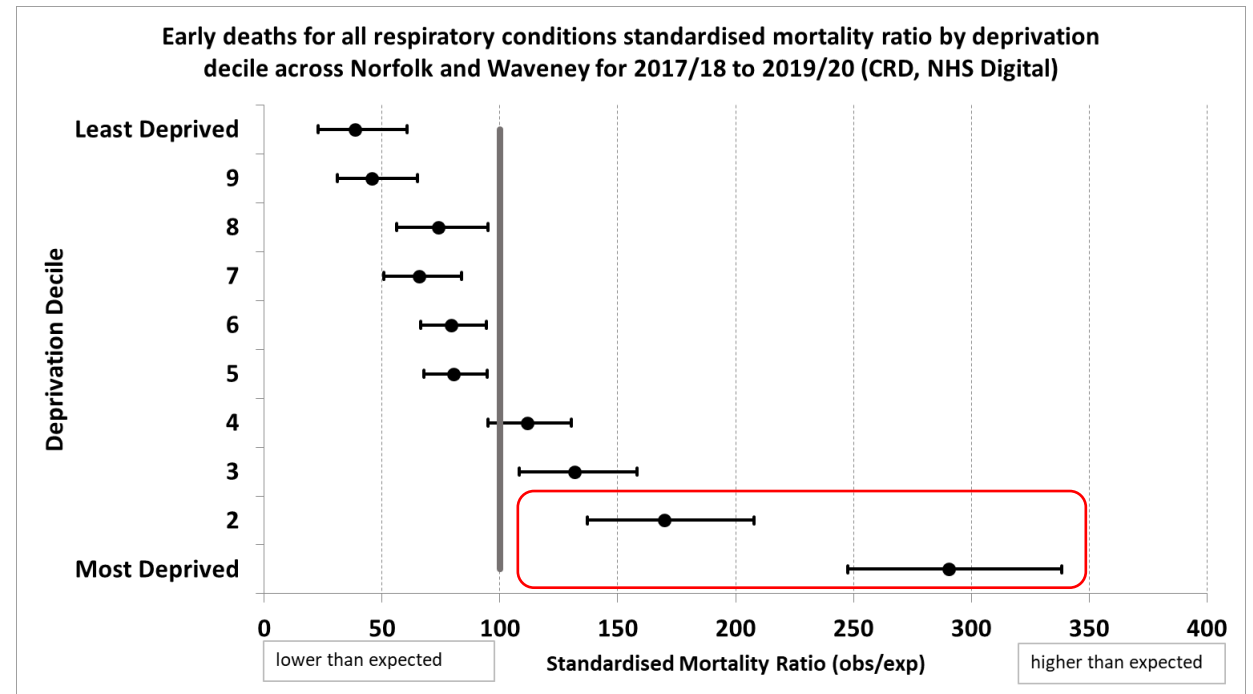
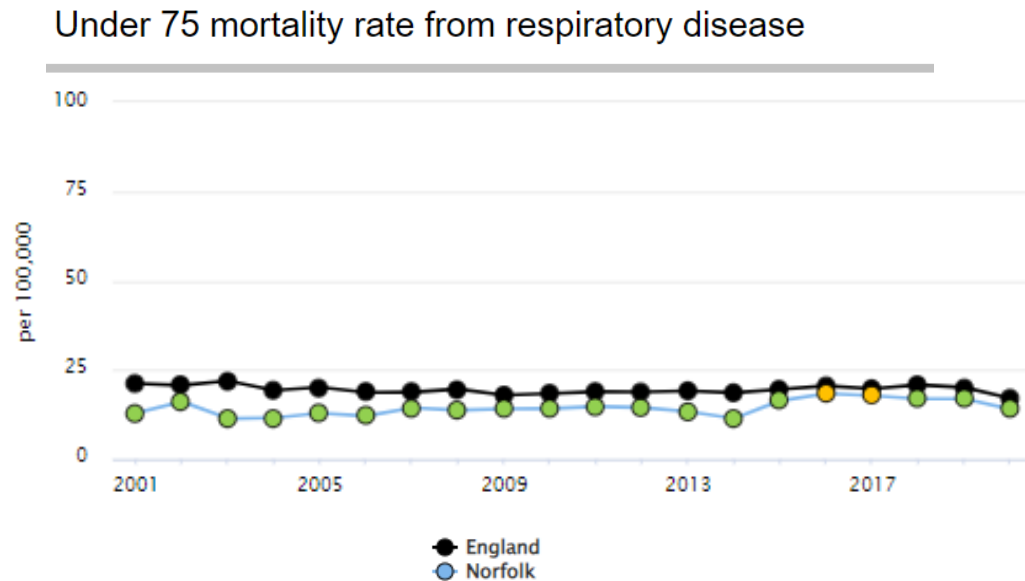


About 8 months for males

About 9 months for females

Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

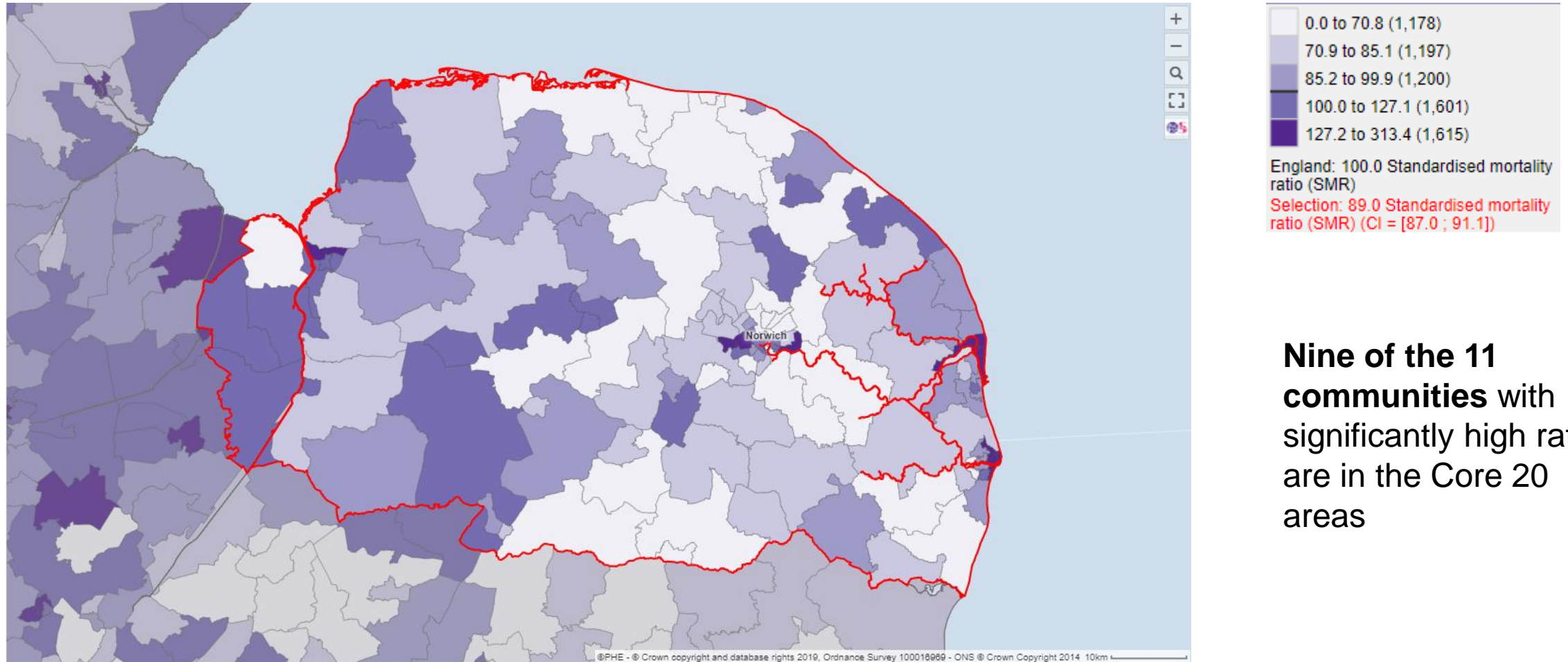
- # More than 1,500 respiratory deaths per year across Norfolk and Waveney.
- # Early deaths from respiratory disease are lower than England average.
- # Inequality gradient across deprivation deciles for deaths from respiratory conditions, and each year there are 50 extra early deaths than expected in the most deprived Core20 communities.



The most deprived core20 communities experience about **50 extra early deaths per year** compared to what is expected for the age and sex of the population

Significantly high mortality rates:

11 communities across Norfolk and Waveney where the mortality rate is significantly higher than expected; these are in the urban areas of Great Yarmouth, King's Lynn and Lowestoft.



Nine of the 11 communities with significantly high rates are in the Core 20 areas

Deaths from respiratory diseases, all ages, Indirectly standardised ratio, 2015 to 2019 (Standardised mortality ratio (SMR))

<https://www.localhealth.org.uk/>

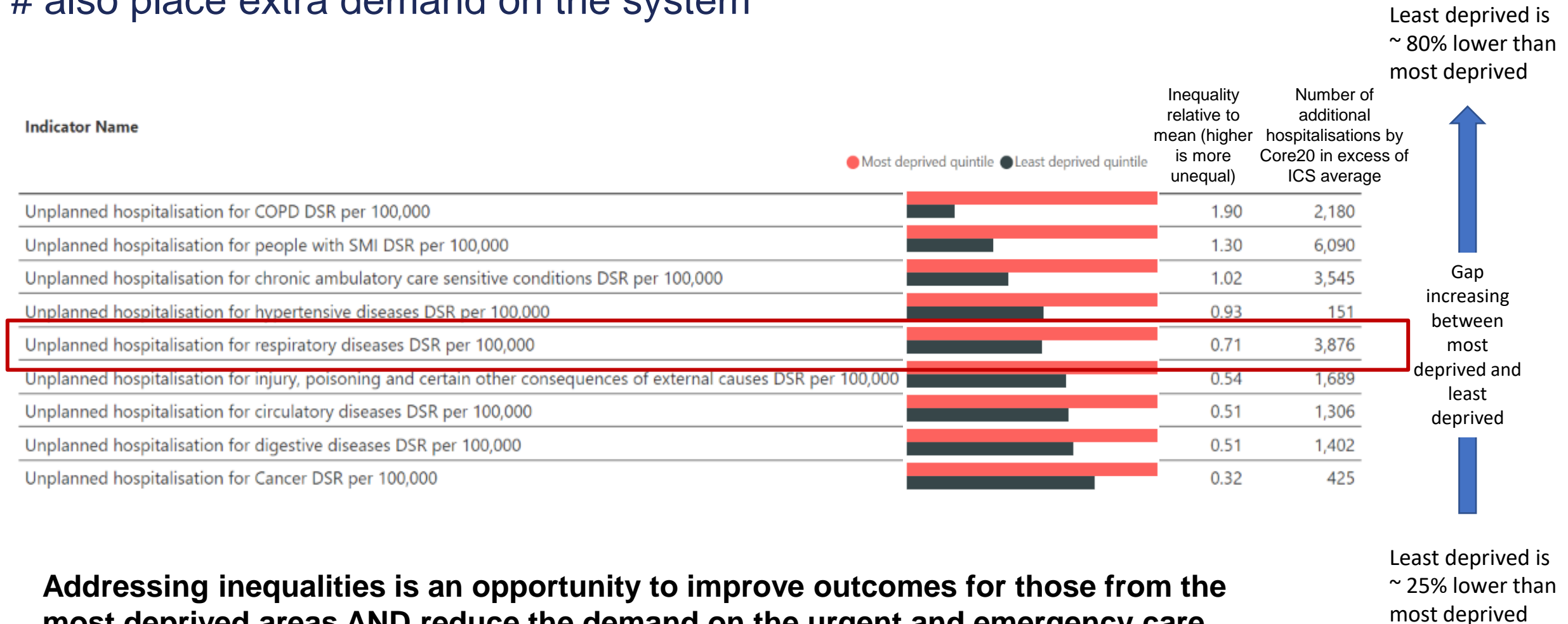
Emergency admissions for respiratory related conditions

About 14,000 each year pre-COVID, accounting for 15% of all emergency admissions

Place	Acute upper respiratory infections	Asthma	COPD	Influenza	Other acute lower respiratory infections	Pneumonia	Other	Grand Total
Great Yarmouth and Waveney	260	150	315	35	345	445	240	1,790
North Norfolk	300	135	330	100	505	795	330	2,495
Norwich	510	235	390	135	630	795	435	3,130
South Norfolk	500	180	440	145	575	965	430	3,240
West Norfolk	435	190	710	125	720	955	365	3,500
Norfolk & Waveney	2,010	890	2,185	535	2,780	3,955	1,805	14,160

Additional unplanned hospital admissions

- # the core 20 population experience around 3,900 more admissions for respiratory conditions compared to the ICB average
- # also place extra demand on the system

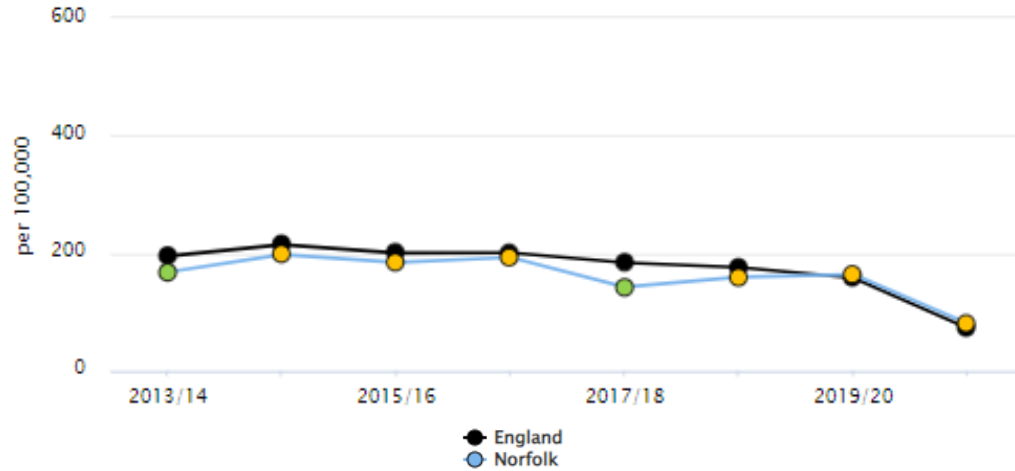


Addressing inequalities is an opportunity to improve outcomes for those from the most deprived areas AND reduce the demand on the urgent and emergency care pathway.

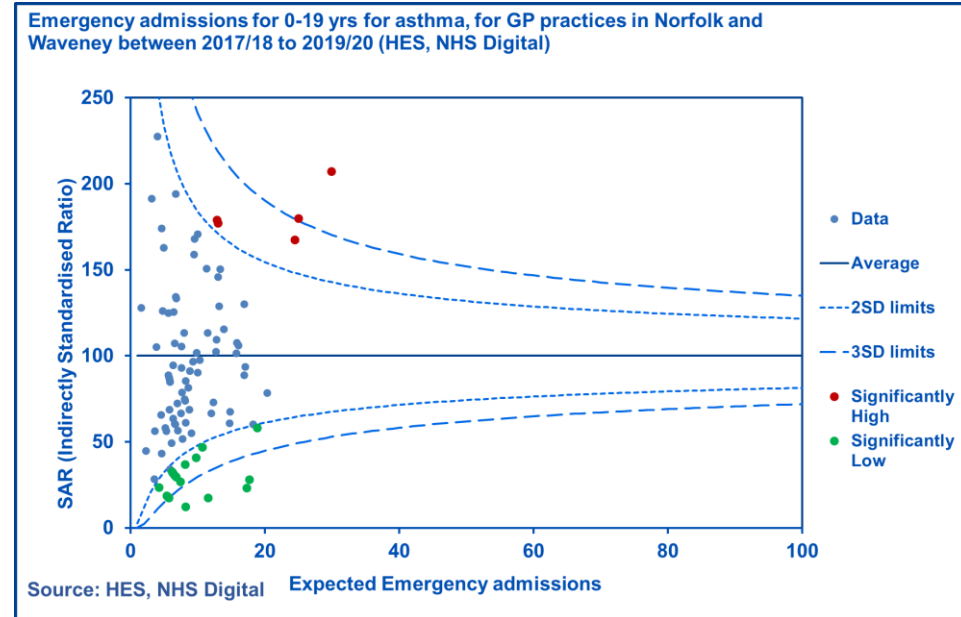
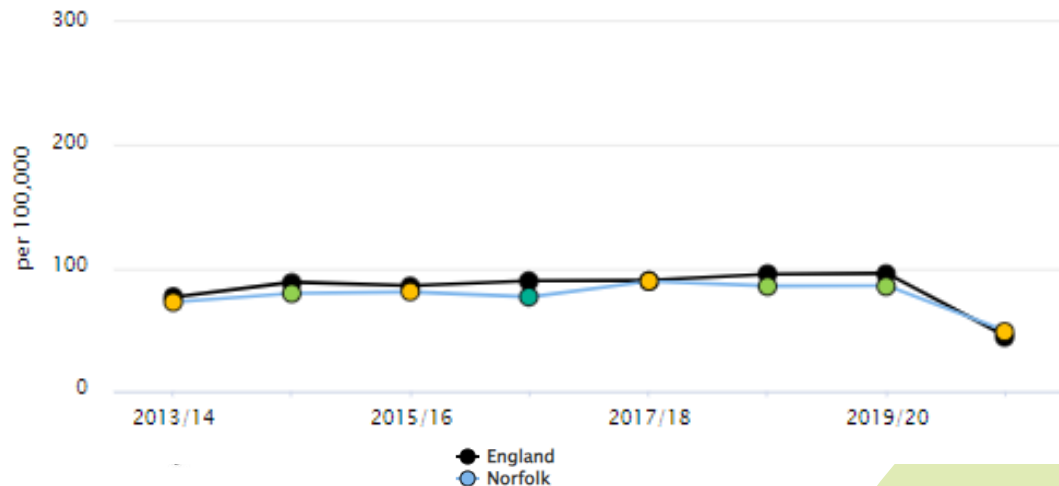
Asthma: respiratory related emergency admissions in Norfolk and Waveney as a whole are generally in line with, or better than England.

Emergency admissions for asthma for children and young people have been gradually declining over the last few years whereas for adults they have remained relatively static (apart from 2020/21).

Under 19 emergency asthma admissions

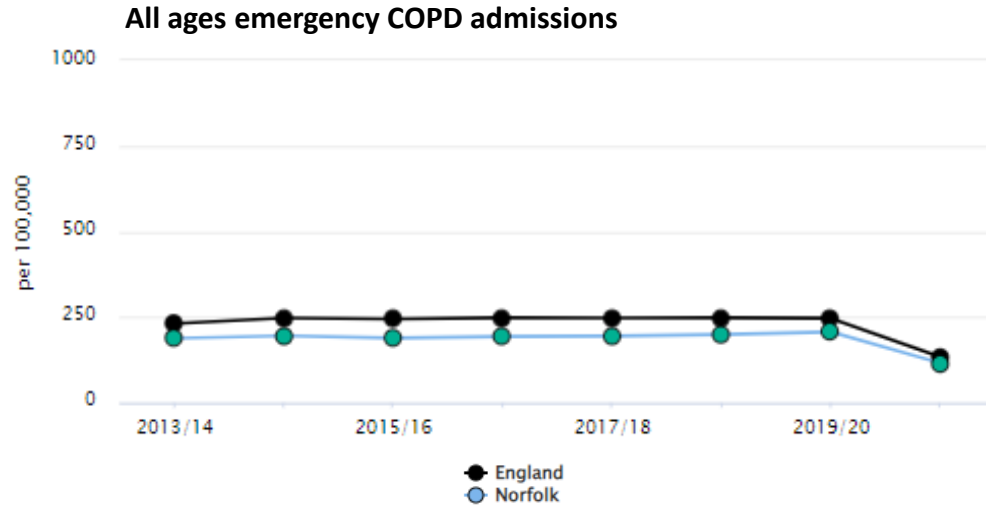


Over 19 emergency asthma admissions

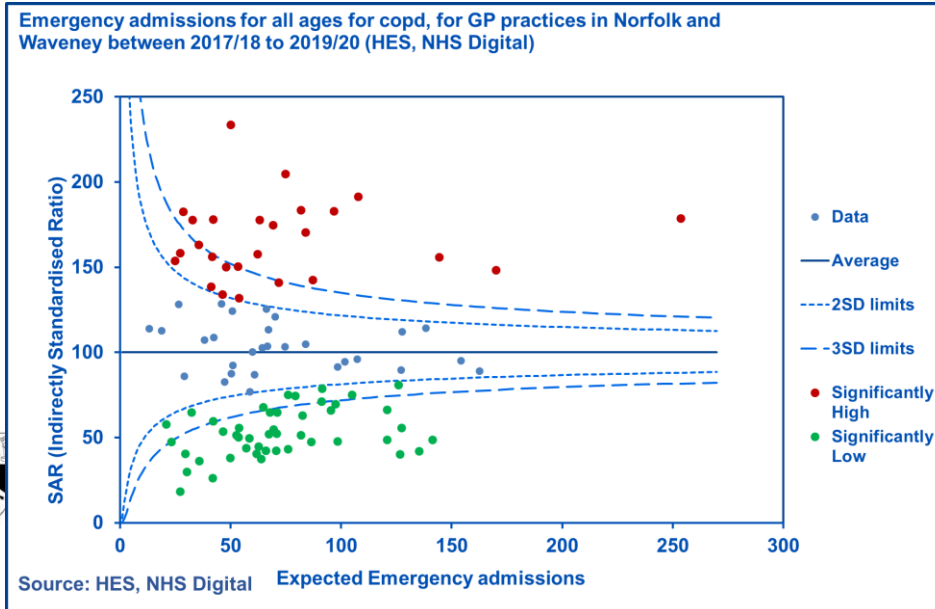


There is a clear gradient in admissions across deprivation deciles with the core20 most deprived experiencing about **80** additional admissions per year compared to what is expected. There are several practices across Norfolk and Waveney where admissions are higher than expected. These are all opportunities to improve outcomes.

COPD: Emergency admission rates have been reasonably consistent over the last few years and lower than England, like other emergency admission rates COPD admission rates declined in 2020/21.

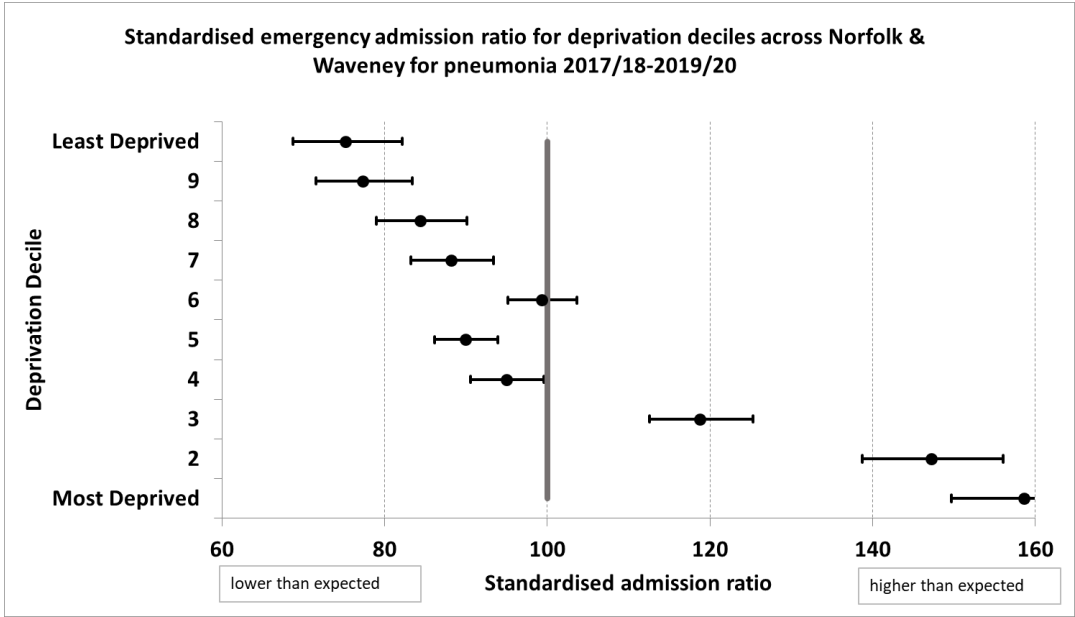
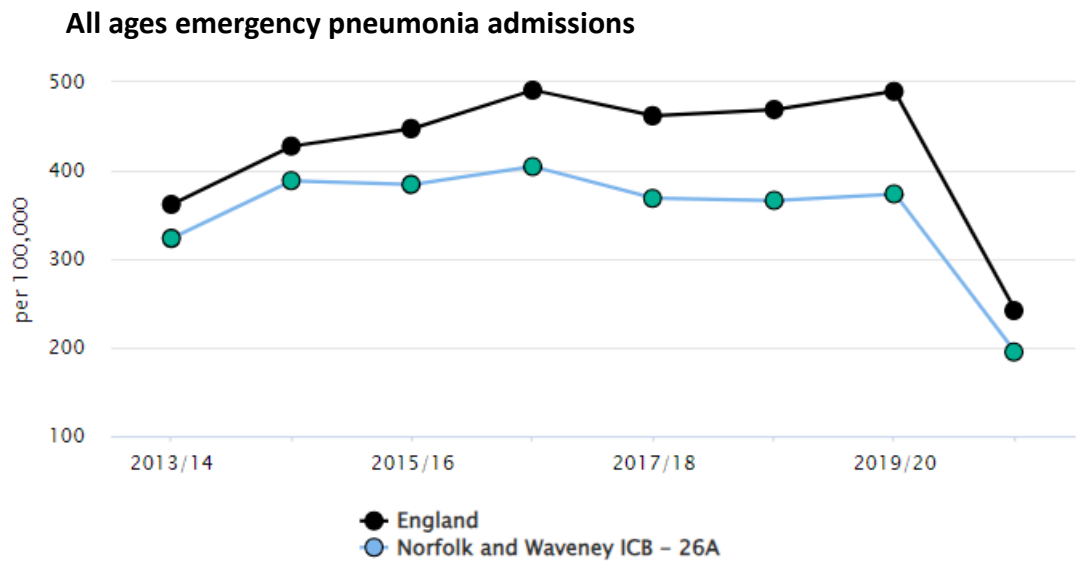


There is a clear gradient in admissions across deprivation deciles with the core20 most deprived experiencing about **300** additional admissions per year compared to what is expected. There are several practices across Norfolk and Waveney where admissions are higher than expected. These are all opportunities to improve outcomes.



Highlighting variation in COPD outcomes (admissions) indicates that there might be almost **500** avoidable admissions per year across Norfolk and Waveney, with the highest opportunities in King's Lynn, Lowestoft and Great Yarmouth.

Pneumonia: Emergency admission rates and deaths for pneumonia are also below the England average and reduced in 2020/21 similar to other respiratory conditions correlating with increases in COVID19 admissions. Pneumonia admissions are highest in more deprived areas of Norfolk & Waveney especially in King's Lynn, Great Yarmouth and Lowestoft.

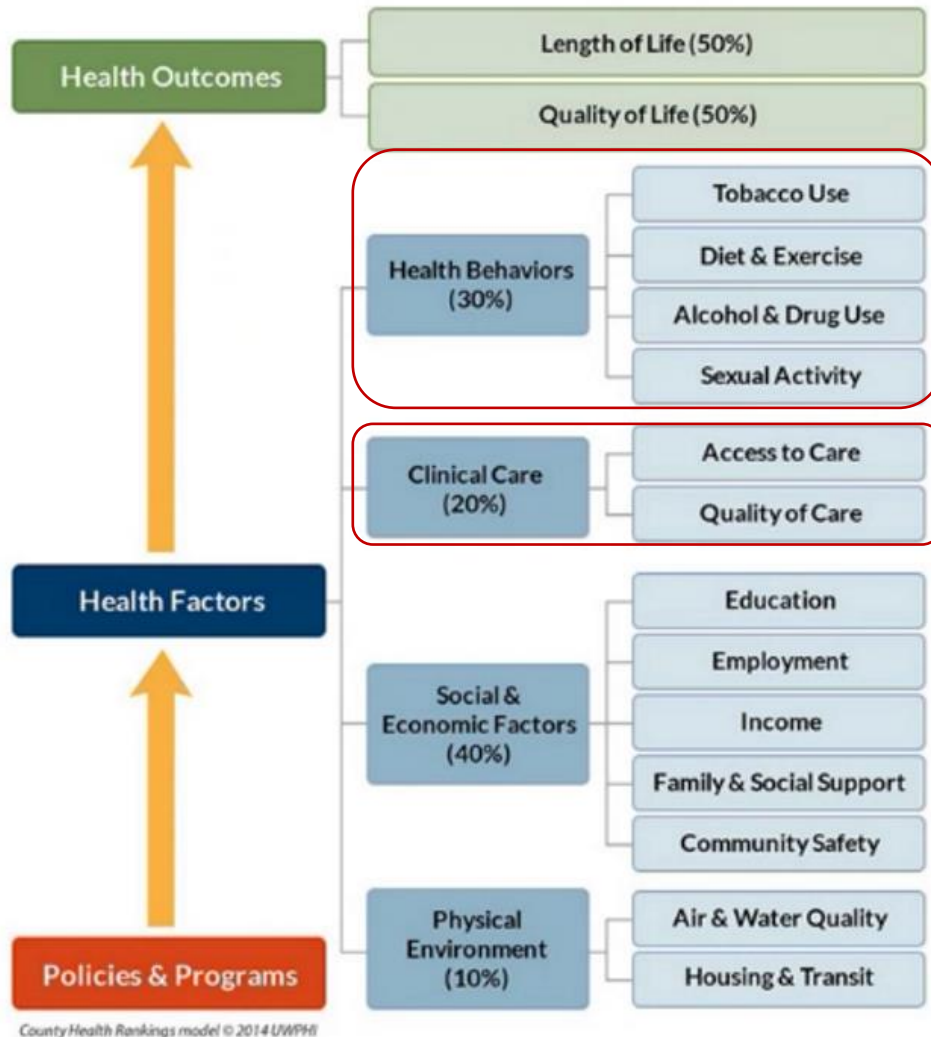


There is a clear gradient in admissions across deprivation deciles with the core20 most deprived experiencing about **270** additional admissions per year compared to what is expected.

Jigsaw of total health

.....where we can make a difference for people and reduce inequalities in outcomes

To start with, by changing health behaviours and by improving clinical care.....

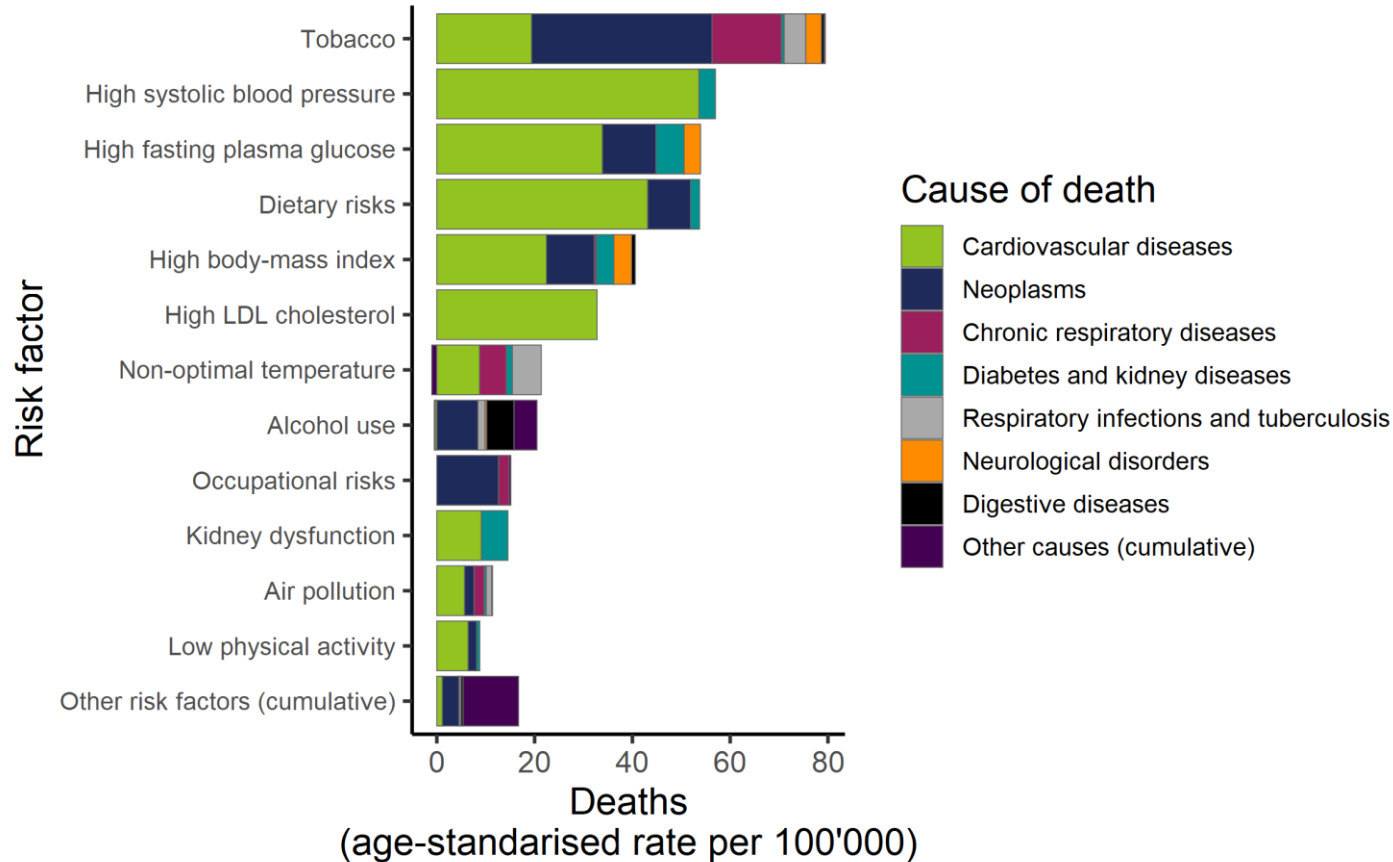


We can make a difference and help reduce the need for urgent and emergency care in the Core20 populations by:

- Working with people to change **health behaviours** (smoking, diet, exercise, alcohol, screening) – everybody's business, led by the HITG
- Ensuring better **access to care**
 - Accessible financially and physically in the core20 areas
 - Poverty proof services by considering transport costs and timing of appointments to negate the need for time off work etc.
- Focusing on even better **quality of care** (and improving patient engagement) both in primary care and in hospital

Risk factors for respiratory disease

Some can be reduced by changing health behaviours and some can be reduced through clinical care and secondary prevention



Global Burden of Disease information highlights that tobacco, occupational risks and air pollution contribute to deaths due respiratory disease

Tobacco, high body-mass index, occupational risks and air pollution were the highest contributors to the years of life lived in poor health with respiratory disease

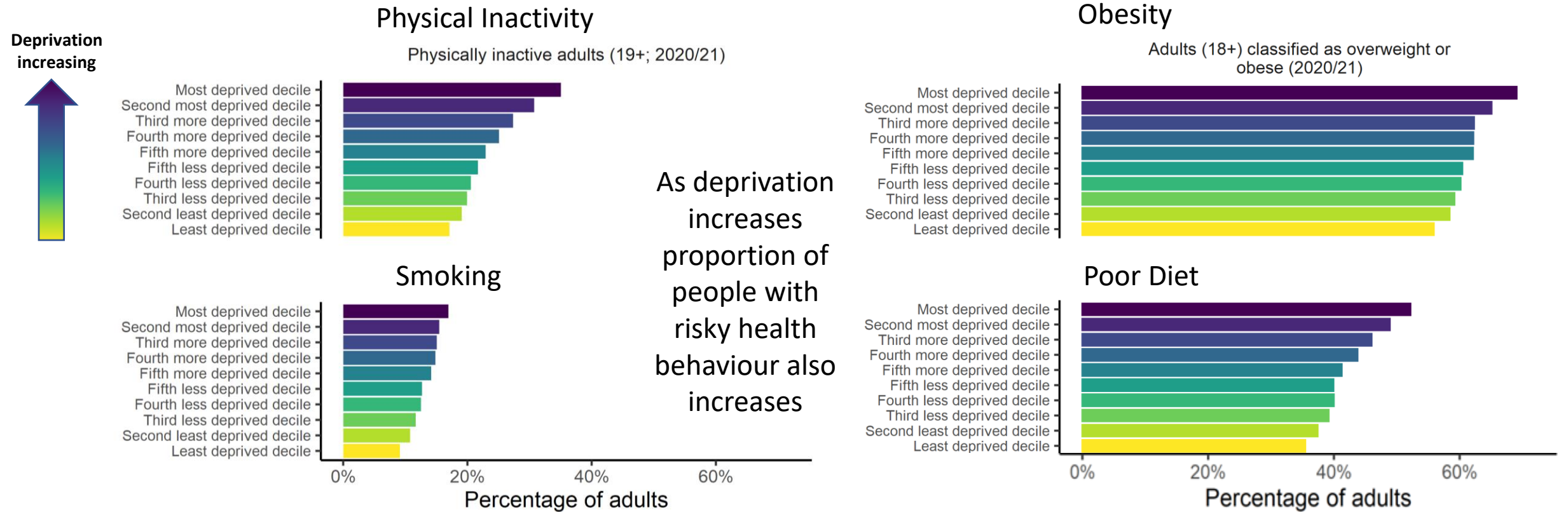
<https://www.healthdata.org/gbd/2019>

Deprivation and Health Behaviours

As deprivation increases the proportion of people with risky health behaviour also increases

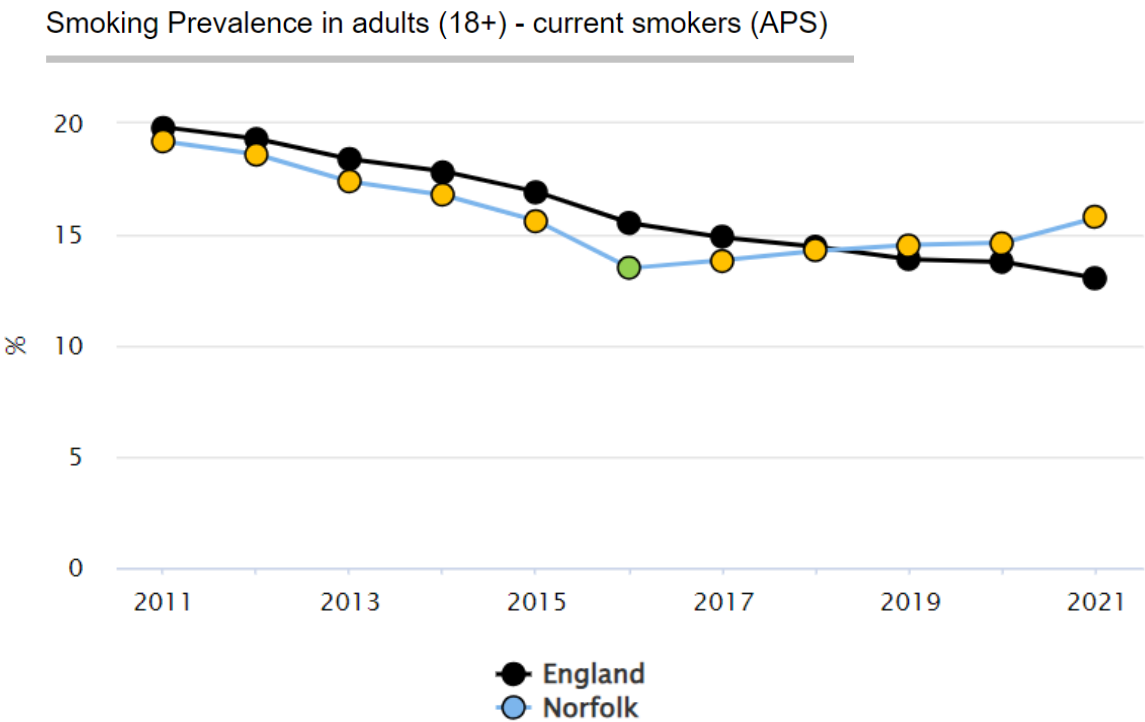
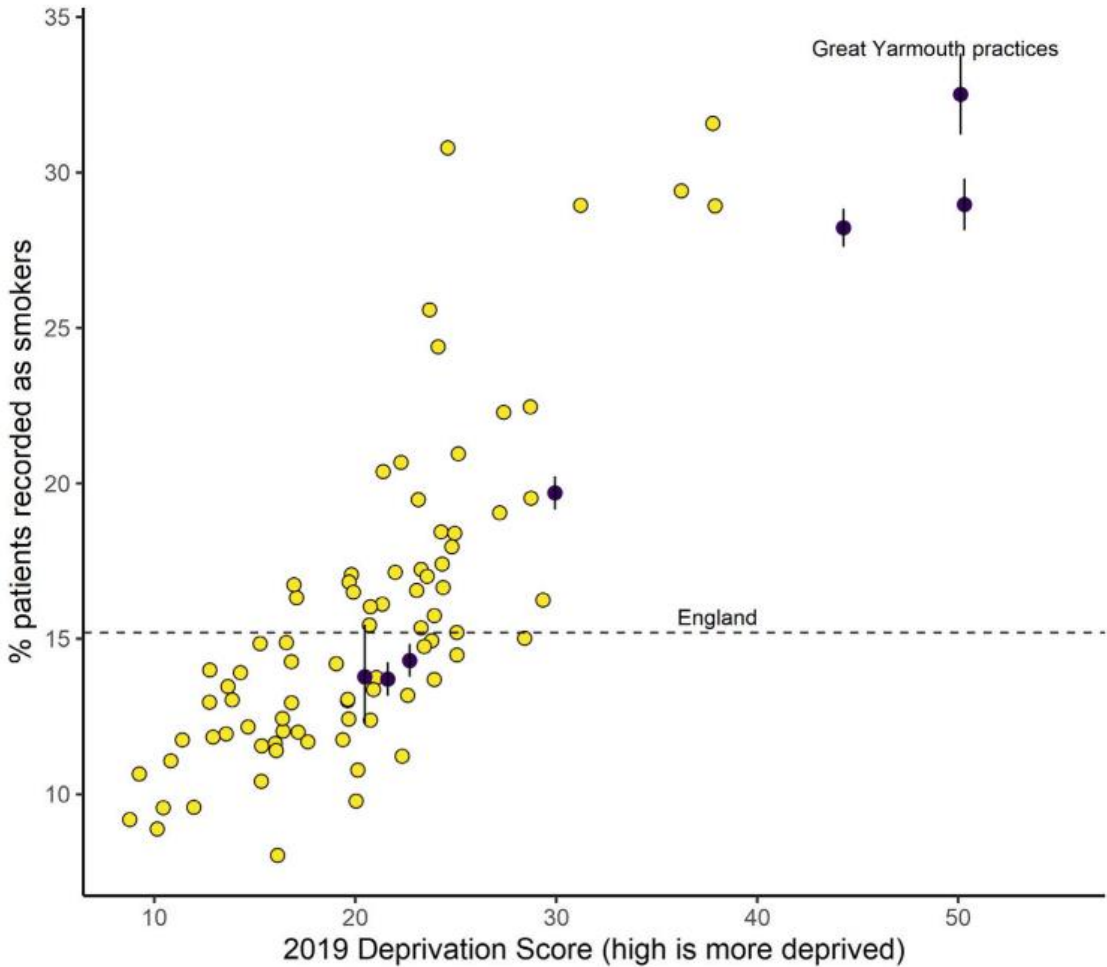
Thus opportunities are likely to be greater in the core 20 most deprived communities.

To reduce inequality in life expectancy over the long term, we will have to address the deprivation gradient in health behaviours (smoking, physical activity, obesity and diet).

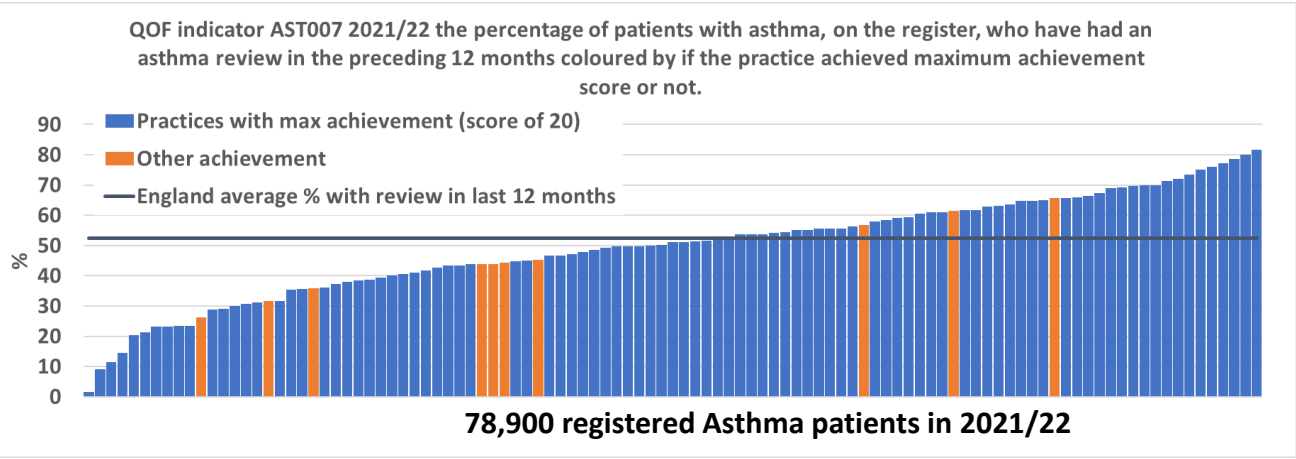


Smoking rates in general and smoking in pregnancy are higher than England. Smoking prevalence is highest in Great Yarmouth and King's Lynn, especially in more deprived areas.

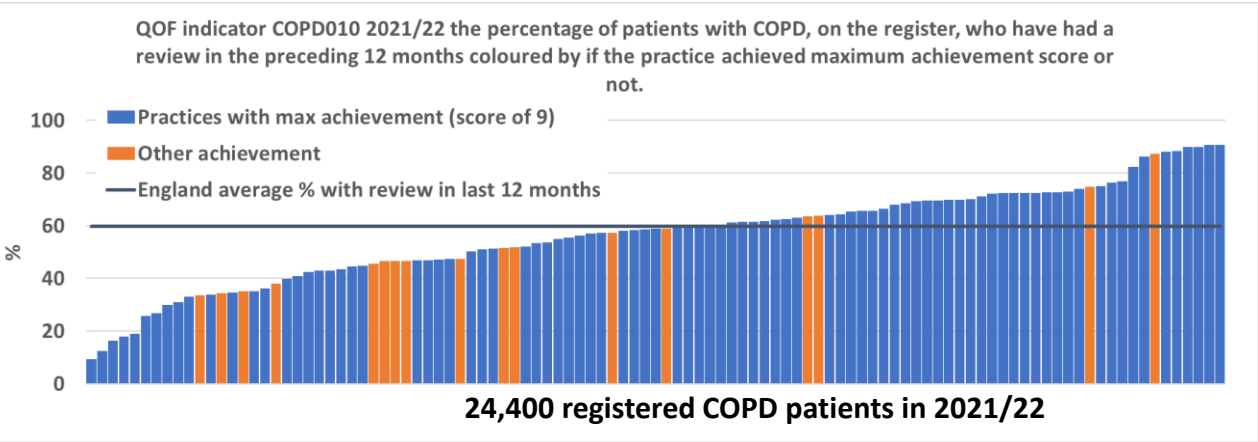
Proportion of patients aged 15+ who are recorded as current smokers.
Norfolk practices in yellow and Great Yarmouth practices in blue, 2021-2022
(Source: Quality and Outcomes Framework).



Clinical care opportunities for Asthma and COPD



https://www.asthma.org.uk/65fe870b/contentassets/927811d182034c45bebeb56824a023bf/aas-2020_2a-1.pdf



https://www.asthmaandlung.org.uk/wp-content/uploads/2022/11/COPD-SURVEY-2022_Exec-sum-and-recommendations_3.pdf

Asthma

There are opportunities to improve **patient experience** and **patient care**. For patient care, across Norfolk and Waveney there are **57** practices where the proportion of Asthma patients that have had an annual review is lower than the England average. If the England average applied to these practices then an additional **6,660** Asthma patients would have had an annual review

COPD

Like Asthma, there are opportunities to improve **patient experience** and **patient care**. For patient experience the recent survey from Asthma + Lung UK indicates that quality of care has declined for people with COPD with levels of routine care falling lower than the previous survey (4). For patient care, across Norfolk and Waveney there are **56** practices where the proportion of COPD patients that have had an annual review is lower than the England average. If the England average applied to these practices then an additional **2,300** COPD patients would have had an annual review

Clinical care: Flu vaccination rates for those in at-risk groups and people aged 65+ is higher than the England average, and within the top 25% in the country when comparing local authorities.

Indicator	Period	Norfolk		Region		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: Flu (aged 65 and over) <div><75%</div> <div>≥75%</div>	2021/22	↑	186,217	84.5%	83.3%*	82.3%	62.5%		88.8%
Population vaccination coverage: Flu (at risk individuals) <div><55%</div> <div>≥55%</div>	2021/22	↑	-	59.0%	55.0%*	52.9%	35.5%		73.1%
Population vaccination coverage: Flu (2 to 3 years old) <div><40%</div> <div>40% to 65%</div> <div>≥65%</div>	2021/22	↑	-	58.2%	53.7%*	50.1%	26.2%		84.4%
Population vaccination coverage: Flu (primary school aged children) <div><65%</div> <div>≥65%</div>	2021	—	46,024	70.6%	62.3%*	57.4%	31.7%		77.3%

Flu vaccinations uptake was 84.5% in people aged 65+ in Norfolk & Waveney in 2021

How would ICP partners work together to improve respiratory health?

- ... for discussion at the meeting and then continued

Recommendation: The ICP is asked to endorse:

- ICP partners to work together to improve respiratory health, reduce inequalities and reduce emergency admissions and deaths due to respiratory diseases in Norfolk and Waveney

Officer Contact:

If you have any questions about matters contained in this presentation, please get in touch with:

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