Theme: Delivering high quality systematic care for major causes of ill health and disability **Appendix F**

Outcome: People are prevented from developing long term health conditions, have them identified early if they do develop them, and are supported to manage them effectively

Theme Position Statement

The Lincolnshire Director of Public Health Annual Report 2014 focusses on premature mortality (deaths <75 years) and the years of life lost (YLL) as a result of these premature deaths. The Annual Report addresses the main causes of premature mortality which includes Theme 3 priority areas, i.e. cancer (43% of premature deaths), circulatory diseases (24%) and respiratory disease (9%).

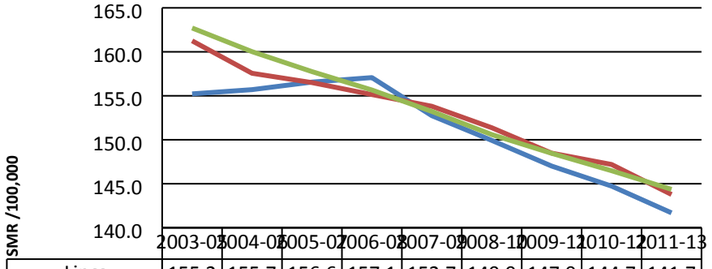
Whilst cancer and cardiovascular disease (CVD) are the main causes of premature mortality in Lincolnshire, the mortality rates have declined during 2003-2013. To ensure that there continues to be a reduction, effective prevention and treatment interventions need to continue to be put in place. This includes public health interventions and quality healthcare to address those causes of death which are considered to be amenable to healthcare.

Theme 1 of the JHWS provides information on some of the public health interventions that contribute to the prevention of the priority areas in Theme 3, for example, smoking cessation and physical activity programmes. Many of the key areas in the CCG 2014/16 Operational and Strategic Plans (2014/15- 2018/19) support the delivery of the Theme 3 priorities.

Cancer

- In Lincolnshire during 2011-2013, 3021 people died prematurely from cancer of which 1684 (56%) were considered preventable through public health interventions. During this time, 721 cancer deaths were potentially amenable to healthcare, with 16918 YLL.
- The standardised mortality rate from cancer (<75years) in 2003-2005 was 155/100,000, compared to 141/100,000 in 2011-2013.

Under 75 mortality from cancer

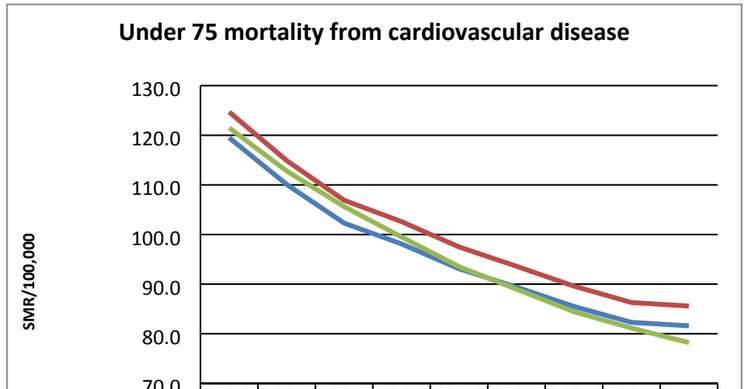


	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Lincs	155.2	155.7	156.6	157.1	152.7	149.9	147.0	144.7	141.7
East Mid	161.3	157.6	156.5	155.1	153.8	151.4	148.5	147.2	143.8
England	162.7	160.0	157.8	155.7	153.2	150.6	148.5	146.5	144.4

CVD

- In Lincolnshire during 2011-2013, 1719 people died prematurely from CVD of which 1184 (69%) were considered preventable. During this time, 1263 deaths from heart disease and cerebrovascular disease were potentially amenable to healthcare with 25460 YLL.
- The standardised mortality rate from CVD (<75years) in 2003-2005 was 119/100,000, compared to 81/100,000 in 2011-2013.

Under 75 mortality from cardiovascular disease

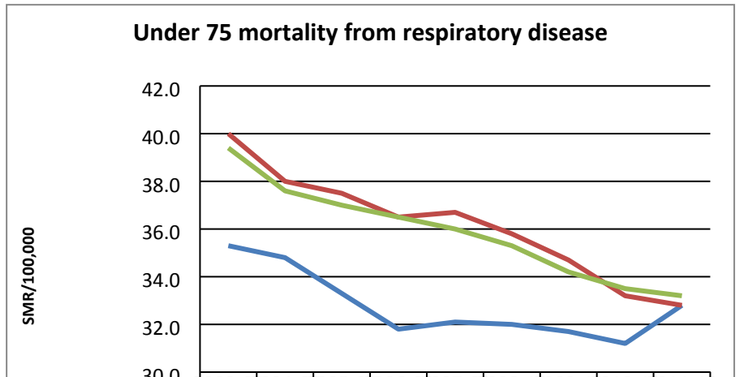


	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Lincs	119.5	110.1	102.3	98.1	93.1	89.4	85.5	82.3	81.6
East Mid	124.7	114.9	106.9	102.6	97.5	93.6	89.6	86.3	85.6
England	121.5	112.8	105.6	99.5	93.5	89.0	84.4	81.2	78.2

Respiratory Disease

- In Lincolnshire during 2011-2013, 693 people died prematurely from respiratory disease of which 358 (52%) were considered preventable. During this time, 180 deaths from respiratory disease were potentially amenable to healthcare with 4402 YLL.
- The standardised mortality rate from respiratory disease (<75years) in 2011- 2013 was 32/100,000.

Under 75 mortality from respiratory disease

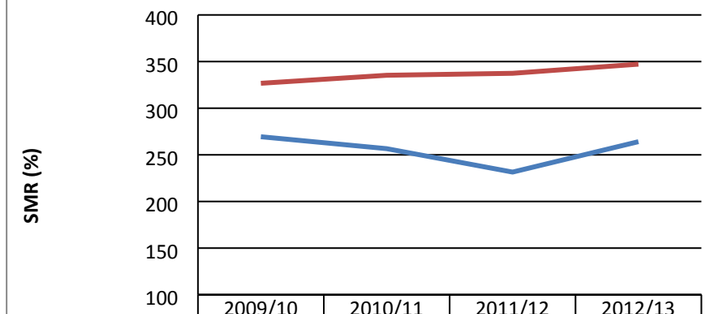


	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Lincs	35.3	34.8	33.3	31.8	32.1	32.0	31.7	31.2	32.8
East Mid	40.0	38.0	37.5	36.5	36.7	35.8	34.7	33.2	32.8
England	39.4	37.6	37.0	36.5	36.0	35.3	34.2	33.5	33.2

Lincolnshire East CCG area has the highest levels of mortality from cancer (similar levels in West Lincolnshire), CVD and respiratory disease.

Higher rates of premature mortality, among people with a serious mental illness (SMI) are mainly due to a higher burden of CVD, cancer and liver disease. Therefore prevention, early intervention and early diagnosis of co-morbidities are essential to reduce mortality rates for people with a SMI. Addressing excess mortality amongst people with a SMI is an indicator in the Public Health Outcome Framework and Lincolnshire has a lower rate than England.

Excess under 75 mortality rate in adults with serious mental illness



	2009/10	2010/11	2011/12	2012/13
Lincs	269.4	256.6	231.5	264.1
England	326.7	335.3	337.4	347.2

Cancer Screening

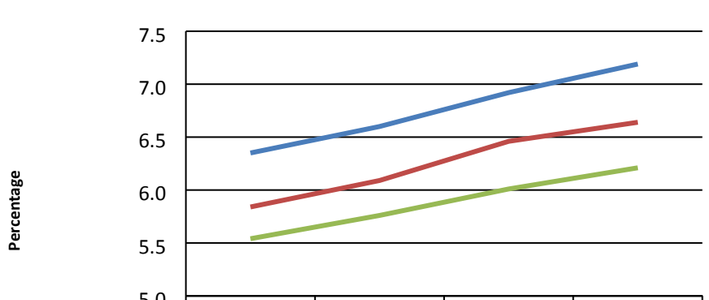
NHS England has an objective to ensure effective commissioning of cancer screening programmes, for example, cervical and breast. Local Authority Public Health has a role in delivering effective screening programmes, for example, encouraging participation. In Lincolnshire in 2014 both the breast and cervical screening programmes had a coverage just below 80%.

Identification and Management of Long Term Conditions (LTCs)

A range of interventions are commissioned and provided to identify people with LTCs, for example, the NHS Health Check Programme. In Lincolnshire during 2014/15, 55% of people who were invited for a NHS Health Check were assessed.

The Quality and Outcomes Framework (QOF) requires general practices to maintain a register of people with certain LTCs. For example, during 2013/14, the recorded prevalence of diabetes amongst the adult population was 7.2%, with Lincolnshire East CCG having the highest prevalence (8.2%) amongst the four CCGs. Lincolnshire East also has the highest recorded prevalence of other LTCs, for example, Chronic Obstructive Pulmonary Disease (COPD).

Recorded diabetes (aged 17+)



	2010/2011	2011/2012	2012/2013	2013/2014
Lincs	6.4	6.6	6.9	7.2
East Mid	5.8	6.1	6.5	6.6
England	5.5	5.8	6.0	6.2

General Practices, using the ongoing management QOF indicators provide interventions for people on the disease registers, for example, effective control and monitoring (e.g. blood pressure, cholesterol and HbA1c) of diabetics.

CCGs commission a range of service to support the delivery of Theme 3 and a range of standards are used to measure the performance of these services, for example, that 80% of stroke patients spend at least 90% of their time in hospital on a stroke unit and cancer wait (2week) and treatment times (31 and 62days).

Actions to promote the need to be vigilant for the potential signs for cancer are having a positive impact and the number of 2 week wait referrals continuing to rise. This is challenging providers throughout Lincolnshire to deliver the required level of capacity to meet the growing demand for 2 week wait appointments and subsequent treatments. New and improved ways of working including one stop diagnostic appointments, direct access by GPs and streamlined pathways are being developed to ensure that patients are treated in accordance with the constitutional standards. With improved survival rates, cancer is becoming recognised as a long term condition and services are being developed to support people to reduce their risk of reoccurrence.

The NHS England CCG Commissioning for Value Packs provide data on a range of pathways that address Theme 3 priorities, for example, diabetes, heart disease, stroke and COPD. This identifies those CCG that are performing better or worse than similar CCGs on a range of indicators, for example, % of patients receiving the National Diabetes Audit Eight key processes, Transient Ischaemic Attack (TIA) cases treated within 24hours (both worse for Lincolnshire CCGs compared to their peers) and Improving Access to Psychological Therapies (IAPT) services (better for Lincolnshire CCGs compared to their peers).

What's Working Well – examples of key achievements 2014/15

- Lincolnshire CCGs operational plans for 2014-16, include a range of interventions that address Theme 3 Priorities. Some of the QIPP (Quality, innovation, Productivity and Prevention) schemes have supported Theme priorities, for example Atrial Fibrillation (AF) Grasp and COPD tools to address variation in practice performance and management of these conditions.
- CCGs are taking forward Neighbourhood Teams which are addressing some of the priority areas for the Theme.
- The Lincolnshire Strategic Cancer Board has carried out work looking at system wide plans for cancer pathways.
- Lincolnshire CCGs are reviewing their diabetes pathways and services and making service improvements to existing services.
- A range of public health programmes have been commissioned that address the Theme's outcome, for example, Early Presentation of Cancer (EPOC), NHS Health Check, smoking cessation and Making Every Contact Count (MECC).
- Physical health care has been embedded into contracts to help reduce the health inequalities between people with a SMI and the general population.

Future Challenges

- Despite the decline in mortality from some priority areas in this Theme (e.g. cancer and CVD), these conditions continue to causes significant premature mortality in Lincolnshire, with specific communities being particularly affected.
- With the current financial challenges there is a concern regarding the impact of short term prevention agenda on the prevalence of long term conditions and longer term mortality targets.

Future Opportunities

- Reducing premature mortality is an aim that is shared between the NHS Outcomes Framework and the Public Health Outcomes Framework. Both CCGs and local authorities have a significant impact on reducing premature mortality by determining which contributory factors have the greatest effect on their local population, and commissioning and providing interventions accordingly.
- By organisations working together, a range of effective interventions can be commissioned and provided. This includes general prevention (e.g. promoting lifestyle change), population screening, risk identification/management and effective treatment. All CCGs have a Quality Premium target to reduce the potential YLL from causes amenable to healthcare.
- The Lincolnshire Health and Care Programme (LHAC) offers opportunities to address the priorities in this Theme, particularly through the Delivery Boards.
- Primary care co-commissioning offers opportunities to take forward some of the actions that have been identified in the refresh of this theme, for example, optimising the management of long term conditions, through the delivery of the General Practice QOF. The four Lincolnshire CCGs are taking on delegated responsibility for co-commissioning.