

Lincolnshire Health and Wellbeing Board - Actions from 11 June 2019

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
11.06.19		No update to report	
24.09.19	17c	Advancing our health: Prevention in the 2020's Green paper <ol style="list-style-type: none">1. That a response be sent on behalf of the Health and Wellbeing Board, and any comments for inclusion should be sent to Alison Christie by 1 October 20192. That the Chairman of the Board sign off the response prior to submission on 14 October 2019	A formal response on behalf of the Lincolnshire Health and Wellbeing Board to the Advancing our health: Prevention in the 2020's Green Paper was submitted on 4 October 2019.

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Agenda Item 5

Lincolnshire Health and Wellbeing Board – 4 February 2020

Chairman's Announcements

Lincolnshire Clinical Commissioning Groups – In-Principle Approval of Merger

On 18 October 2019, the four Lincolnshire CCGs advised their partners that NHS England had agreed in principle to the proposed merger of Lincolnshire West, Lincolnshire East, South Lincolnshire and South West Lincolnshire Clinical Commissioning Groups (CCGs). The new Lincolnshire CCG would be established with effect from 1 April 2020.

The CCGs have advised that they had received a strong level of support for their application to merge and create a new CCG from their member practices and partners across Lincolnshire. The outline structure is likely to include four localities, largely reflecting existing CCG boundaries.

For the avoidance of doubt, I stress that this merger relates to the commissioning and other functions undertaken by clinical commissioning groups, and does not affect the direct provision of NHS-funded services by NHS trusts or other providers.

New Year Honour's List

I would like to congratulate Melanie Weatherley, co-founder and Chief Executive of Walnut Care and Chairperson of the Lincolnshire Care Association (LINCA), for being awarded a MBE for her services to social care.

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Additional Chairman's Announcements
Lincolnshire Health and Wellbeing Board
4 February 2020

Lincolnshire Clinical Commissioning Group – Appointment of Chair

On 27 January, as part of the appointment process for a single governing body and executive team, it was announced that Sean Lyons had been appointed as the Chair of the new Lincolnshire CCG with effect from 1 April 2020. Sean Lyons has a professional background in engineering, management and leadership in the steel industry and was Chair at Sherwood Forest Hospitals NHS Trust from 2013 to 2016, and is currently the Chair at West Nottinghamshire College.

Wuhan Novel Corona Virus

You will have seen the national media coverage about the outbreak of a new form of a virus originating from the city of Wuhan in China. The virus belongs to a family of viruses called 'Corona Viruses', which are fairly common in the mix of winter viruses which cause generally mild cold like illnesses in the UK and all over the world. Occasionally a human virus will either change slightly and be able to cause more illness or a member of a virus family that usually lives in another species will adapt and be able to cause infection in humans. This new virus seems to have done the latter and has also now been proven to be able to move between humans as well as from animals to humans.

So far there have been more than 20,000 confirmed cases across the globe, primarily in China, and around 425 people have died to date. Modern and speedy travel enables new viruses like this to move quickly around the world and the global public health system has already put a range of actions in place to control the spread of the disease in this respect.

Whilst we are not entirely clear yet how this new Corona Virus is passed between people, the same precautions which will protect you from other viral illnesses hold true: wash your hands regularly and thoroughly; cover your mouth and nose if coughing and sneezing (and ask others to do the same) and dispose of tissues promptly after they are used. If you are in contact with anyone who has recently travelled from the areas of China affected, personally or professionally, help them to be vigilant about cold like systems or fevers and take the action advised in national sources to get themselves checked out.

There is no need for any other precautions at this time but do take heed of the usual sources of travel and other advice if you think you may be planning travel into areas of the world where the virus is more common.

The Centre for Ageing Better

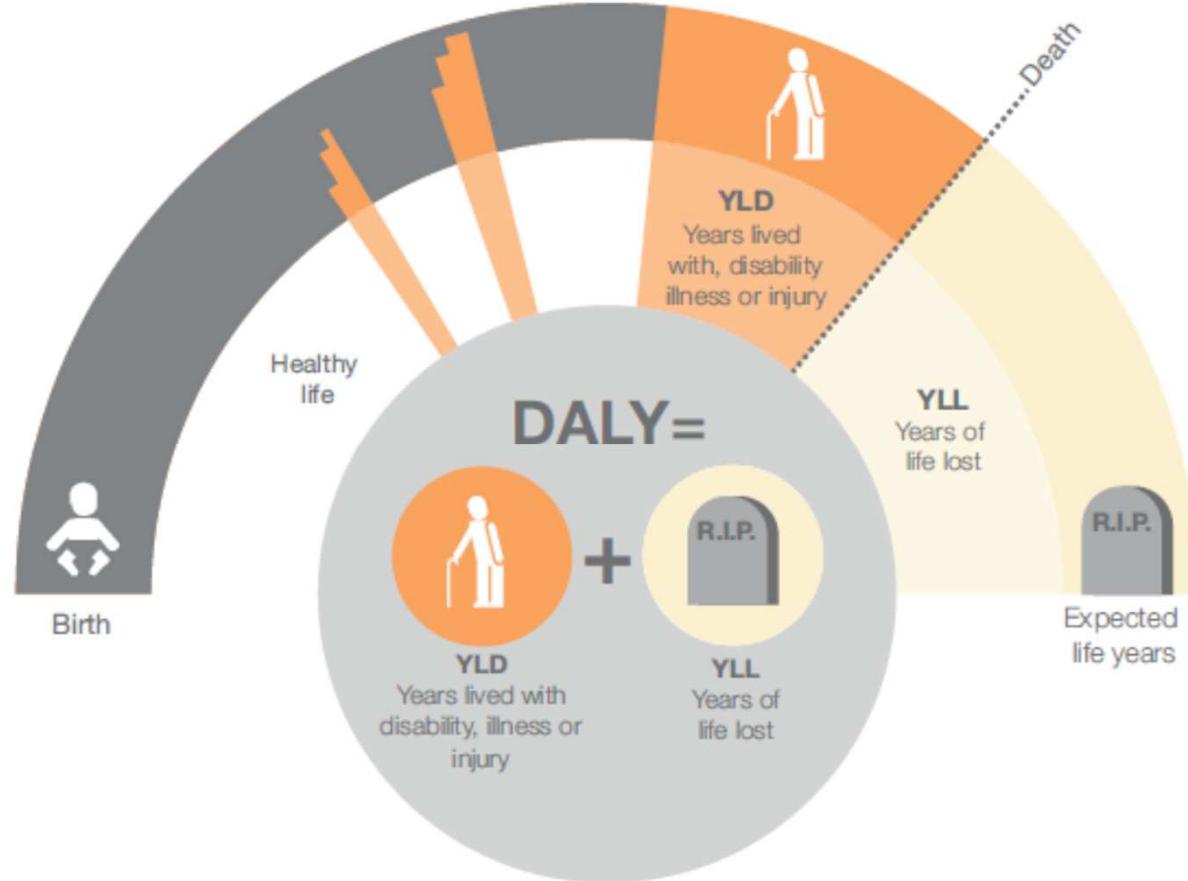
Following several months in which eleven council areas competed to be chosen as a partner site with the Centre for Ageing Better programme – alongside Leeds City Council and Greater Manchester I am delighted to say that The Centre for Ageing Better has concluded its selection process and, subject to board approval, Lincolnshire has been chosen as the strategic rural localities partner. As the recommendation makes its way through the formal approval channels, work will commence to refine joint priorities and draft a Memorandum of Understanding. A formal partnership launch is expected to take place in April.

A paper is on this agenda later that provides further information, though at this stage I would like to offer my heartfelt thanks to the staff and Councillors, both District and County, who contributed and helped ensure our successful bid. Our ability to work collectively, to find common endeavour has once again helped Lincolnshire achieve a result. Now we will need to build on this opportunity.

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Global Burden of Disease in Lincolnshire

DPH annual report headlines 2019



WHAT IS THE GLOBAL BURDEN OF DISEASE (GBD) METHOD?

- A study into how disease affects populations in terms of both morbidity and mortality. It also shows which risk factors are the main drivers of each disease
- GBD makes it possible to compare diseases and their impacts on the population against other diseases
- It can be used to compare different areas of the world against each other
- GBD provides the ability to look at the major risk factors behind the causes of morbidity and mortality. This can be used to drive change in order to improve the populations health

WHY USE THE GLOBAL BURDEN OF DISEASE?

While individuals generally know when they are healthy or sick, there is no consensus about how to define the health of a population or on how much a given population is affected by illness or disease. For many years, population health was evaluated using mortality-based indicators only, i.e. how many people died and from what causes. Although mortality based indicators are useful, they do not provide all the information necessary to assess the health of a population or to compare the effectiveness of interventions to protect or improve health. The GBD allows us to explore morbidity as well as mortality, and some of the causes that lie behind ill health.

THE HISTORY OF THE GLOBAL BURDEN OF DISEASE?

- First edition in 1990 produced by World Health Organisation
- 2016 data was first available at Upper Tier Local Authority Level
- Each release backdates previous versions with the new methodology
- GBD analyses:
 - Over 360 diseases
 - 85 risk factors
 - 188 countries
 - England Upper Tier Authority level, region and Country level

WHAT MAKES UP THE GLOBAL BURDEN OF DISEASE?

- DALY (Disability-Adjusted Life years)
- YLL (Years of life lost)
- YLD (Years lived with disability)
- DALYs = YLL + YLD
- Unlike other measures (SMRs, DASRs, QALYs) YLLs, YLDs, & DALYS can be compared to each other, across different diseases or risk factors & across time and place

LINCOLNSHIRE BURDEN OF DISEASE

Years lived with disability (YLDs) are defined as years of life lived with any short-term or long-term health loss.

+

Years of life lost (YLLs) are defined as years lost due to premature mortality.

=

Disability adjusted life years

(DALYs) equal the sum of years of life lost (YLLs) and years lived with disability (YLDs). One DALY equals one lost year of healthy life.

Top 10 YLD

1. Low back pain
2. Headache disorders
3. Depressive disorders
4. Neck pain
5. Age-related hearing loss
6. Diabetes
7. COPD
8. Falls
9. Anxiety disorders
10. Oral disorders

Top 10 YLL

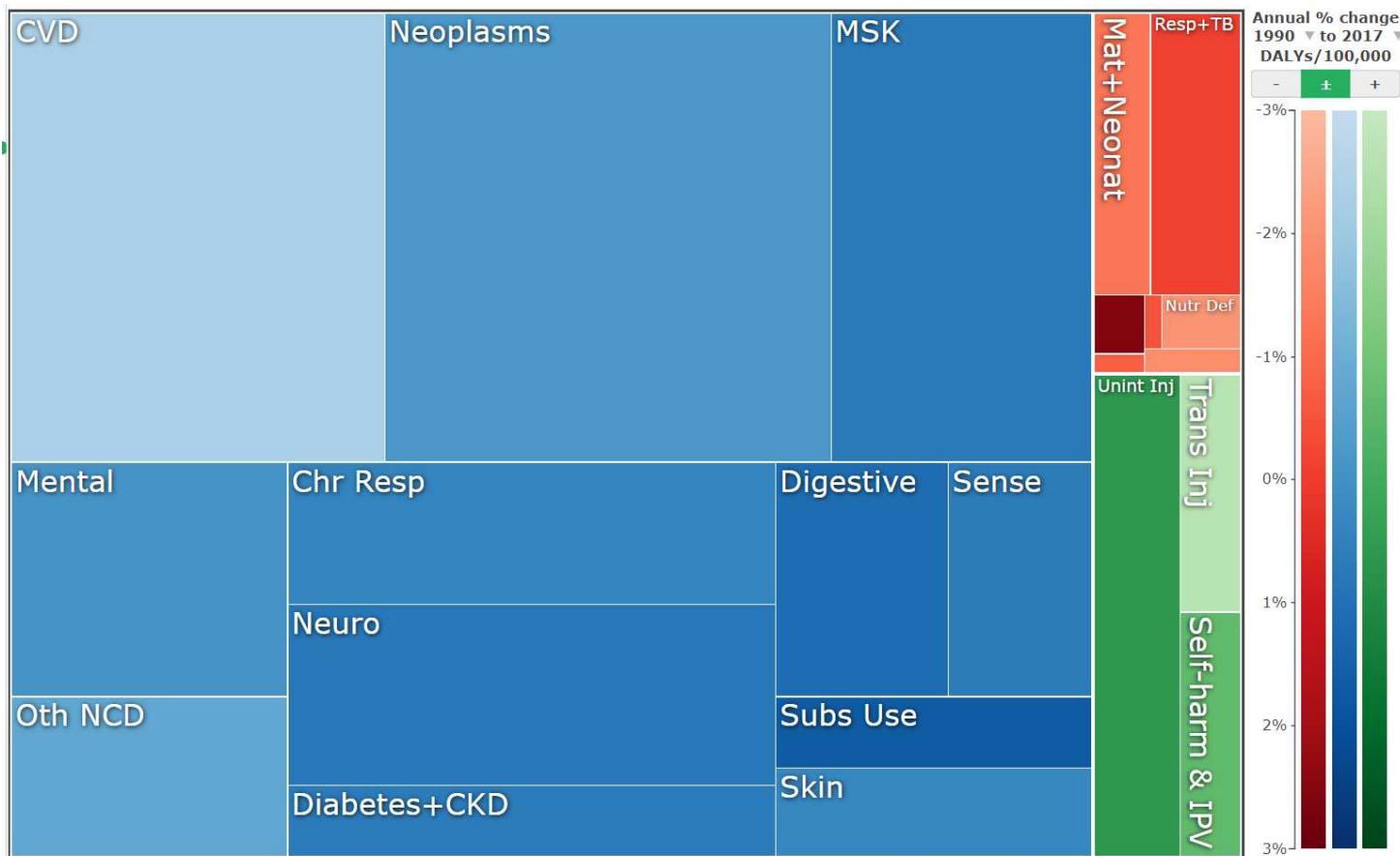
1. Ischemic heart disease
2. Lung cancer
3. Stroke
4. COPD
5. Alzheimer's
6. Lower respiratory infection
7. Colorectal cancer
8. Breast cancer
9. Self-harm
10. Pancreatic cancer

Top 10 DALY

1. Ischemic heart disease
2. Low back pain
3. COPD
4. Stroke
5. Lung cancer
6. Alzheimer's
7. Headache disorders
8. Diabetes
9. Depressive disorders
10. Neck pain

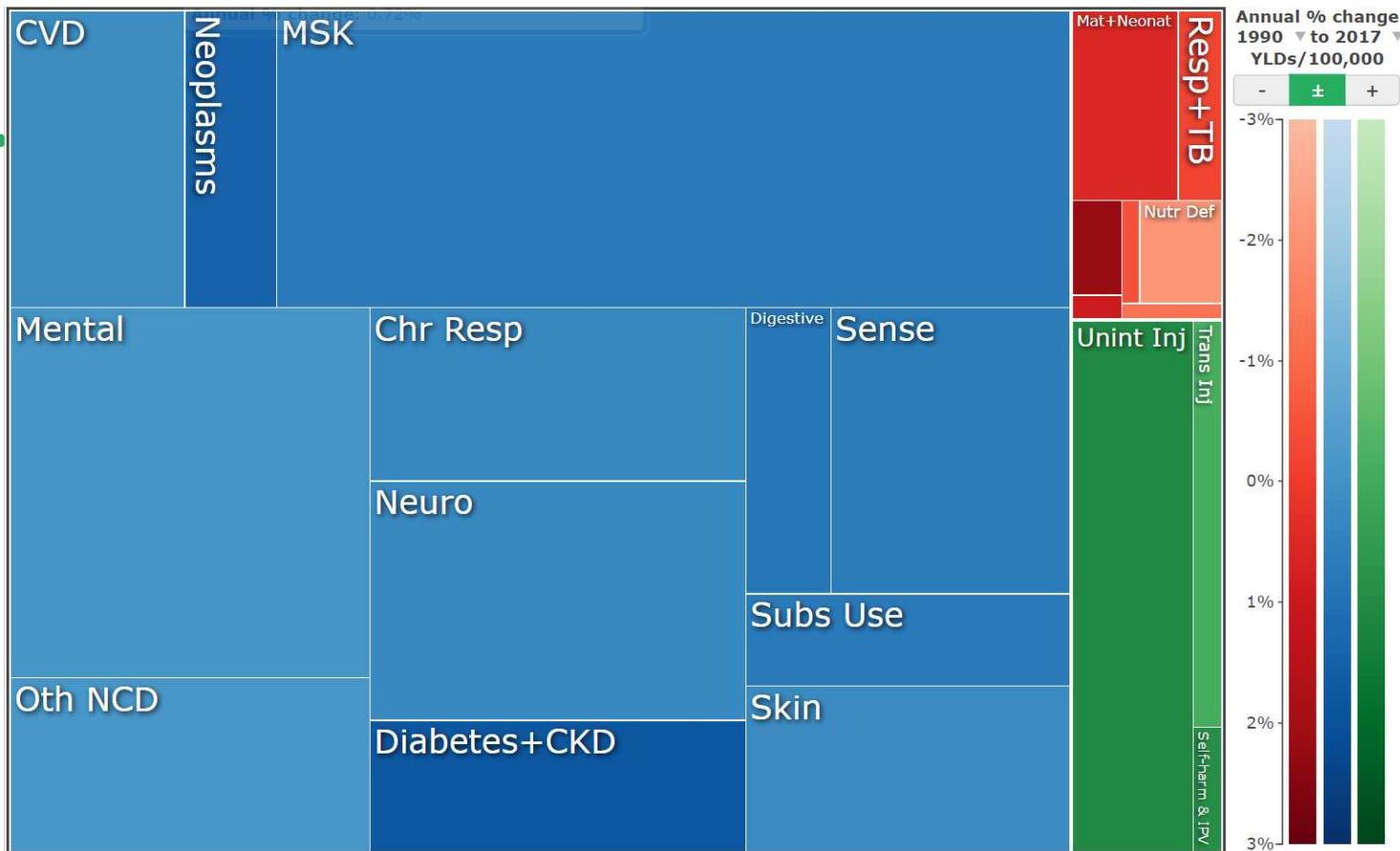
DISABILITY ADJUSTED LIFE YEARS

Lincolnshire DALY, 2017



YEARS LIVED WITH DISABILITY

Lincolnshire YLD, 2017



LINCOLNSHIRE'S TOP 10 DALYs

Table 1: Both sexes, all ages, DALYs per 100,000.

Condition	Rate	Percentage	DALYs	% Change from 1990	% Change from 2010
Ischemic heart disease	2,455	8.0%	18,678	-59.0%	-2.1%
Low back pain	1,932	6.3%	14,702	18.7%	6.4%
Chronic obstructive pulmonary disease (COPD)	1,494	4.9%	11,367	19.1%	2.1%
Stroke	1,212	4.0%	9,221	-38.8%	0.3%
Lung cancer	1,183	3.6%	9,004	-15.6%	2.7%
Alzheimer's	1,309	3.7%	8,666	55.4%	13.2%
Headache disorders	881	2.9%	6,705	-1.7%	-1.3%
Diabetes	763	2.5%	5,805	23.6%	16.7%
Depressive disorders	718	2.4%	5,459	-4.4%	0.1%
Neck pain	714	2.31%	5,429	32.5%	6.4%

LINCOLNSHIRE'S TOP 10 YLLs

Table 2: Both sexes, all ages, YLL per 100,000

Condition	Rate	Percentage	YLL	% Change from 1990	% Change from 2010
Ischemic heart disease	2,331	14.6%	17,737	-60.1%	-2.4%
Lung cancer	1,161	7.3%	8,833	-16.2%	2.5%
Stroke	933	5.6%	7,092	-46.6%	-3.6%
Chronic obstructive pulmonary disease (COPD)	909	5.7%	6,917	11.7%	6.5%
Alzheimer's	906	5.7%	6,894	58.4%	14.1%
Lower respiratory infection	628	3.9%	4,778	-0.2%	11.6%
Colorectal cancer	591	3.7%	4,493	-18.0%	1.4%
Breast cancer	486	3.1%	3,701	-30.5%	1.3%
Self-harm	370	2.3%	2,814	-15.4%	10.2%
Pancreatic cancer	353	2.2%	2,689	28.8%	9.1%

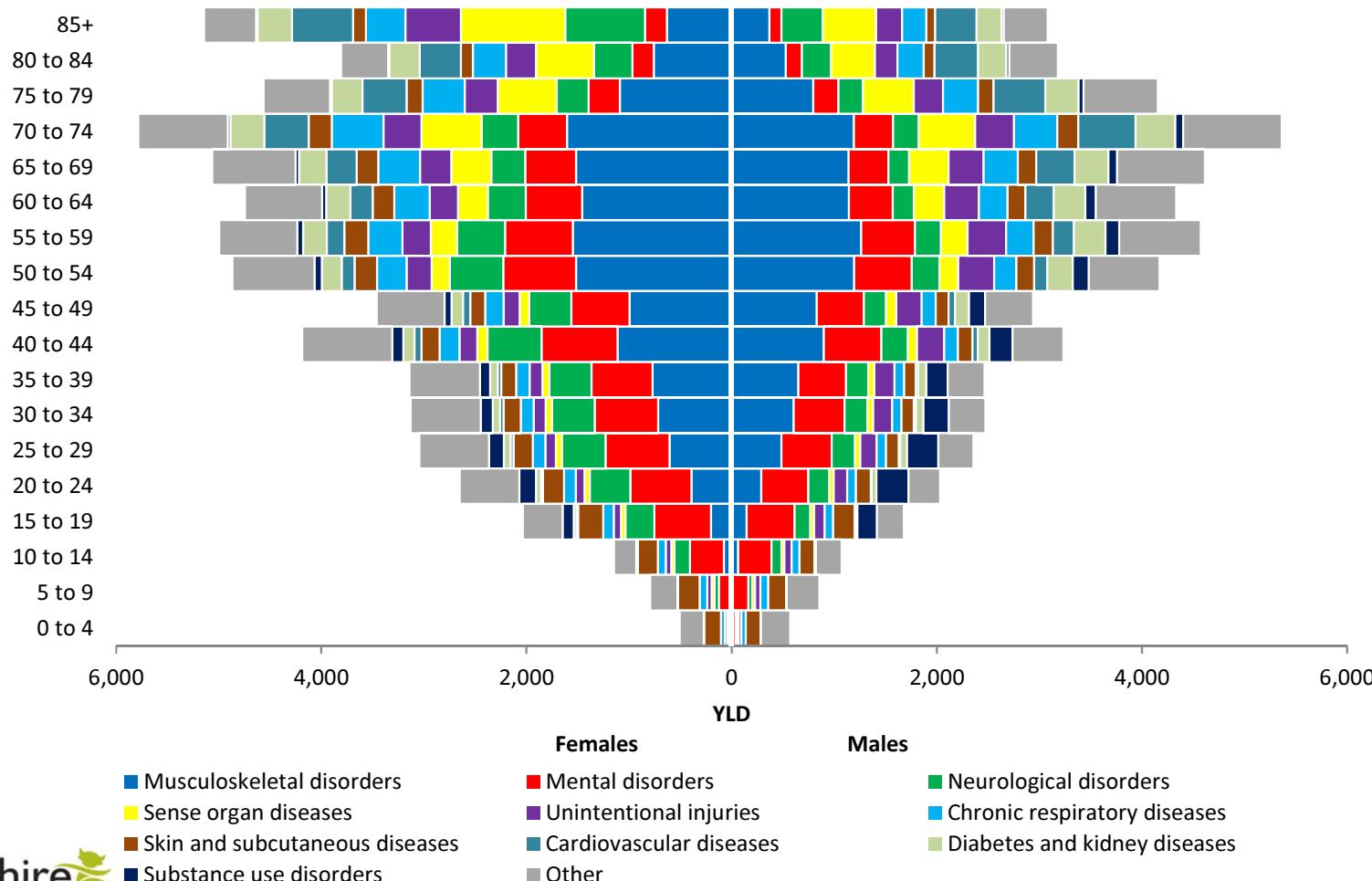
LINCOLNSHIRE'S TOP 10 YLDs

Table 3: Both sexes, all ages, YLD per 100,000. 2017

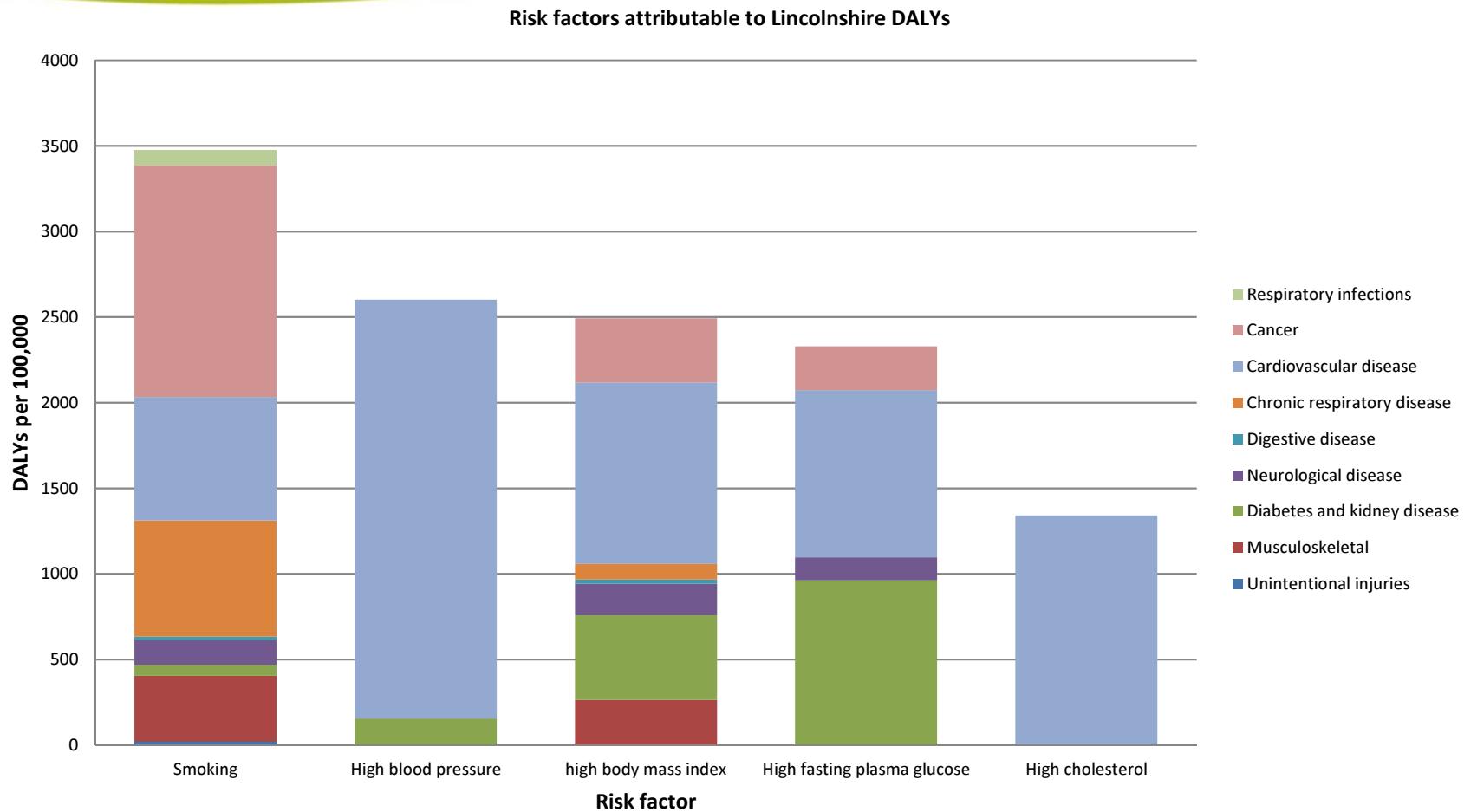
Condition	Rate	Percentage	YLDs	% Change from 1990	% Change from 2010
Low back pain	1,932	13.1%	14,702	18.7	6.4%
Headache disorders	881	6.0%	6,705	-1.7%	-1.3%
Depressive disorders	718	4.9%	5,459	-4.4%	0.1%
Neck pain	714	4.8%	5,429	32.5%	6.4%
Age-related hearing loss	628	4.2%	4,780	27.9%	6.6%
Diabetes	608	4.1%	4,628	77.6%	21.5%
Chronic obstructive pulmonary disease (COPD)	585	4.0%	4,450	32.9%	-4.0%
Falls	569	3.8%	4,326	39.2%	8.8%
Anxiety disorders	407	2.8%	3,093	-0.4%	-1.3%
Oral disorders	388	2.6%	2,952	-6.9%	9.0%

YEARS LIVED WITH DISABILITY

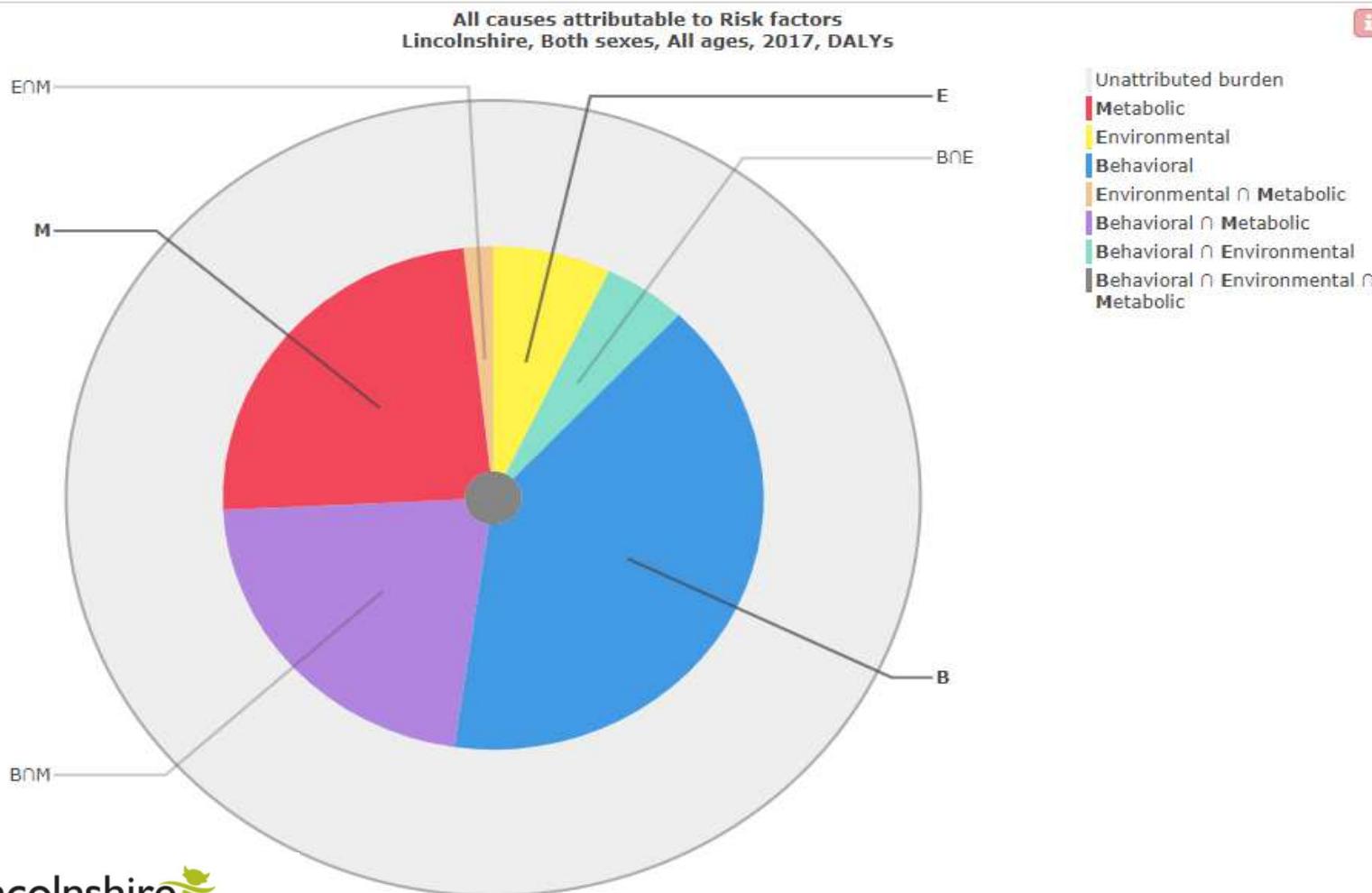
YLD for top contributing conditions by age in Lincolnshire, 2017



RISK FACTORS IN LINCOLNSHIRE DALYs



RISK FACTORS IN LINCOLNSHIRE DALYs



TALKING POINTS

- Ischaemic Heart Disease
- High blood pressure
- Musculoskeletal problems
- Alzheimer's disease
- COPD
- Smoking
- Increase physical activity & Healthy weight

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