



**Bedfordshire, Luton  
and Milton Keynes**  
Integrated Care Board



# Health Inequalities Information Statement

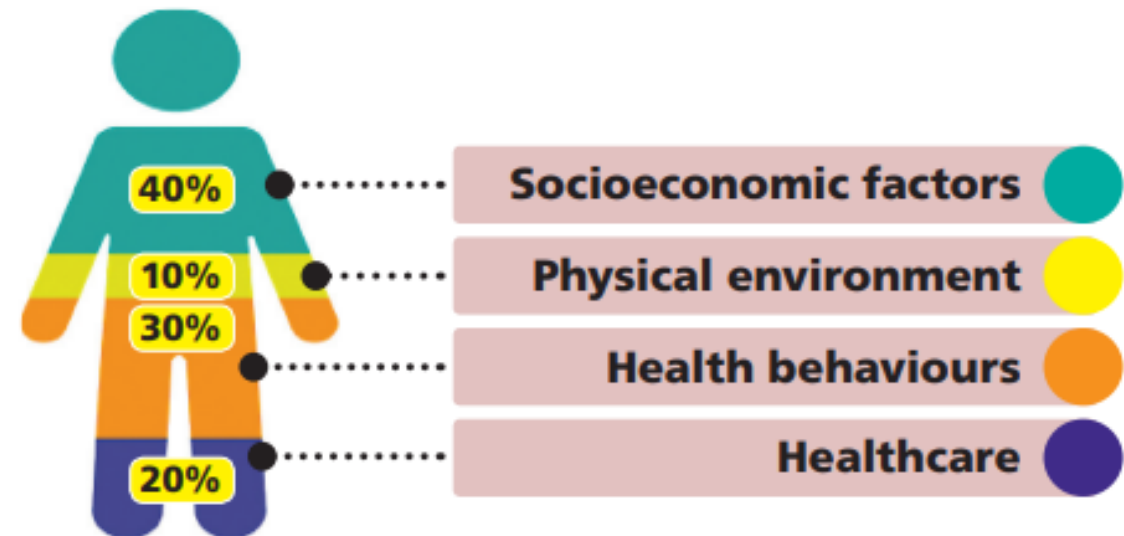
2024/2025

# What Are Health Inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health.

(NHS England, 2025)



# Who is Impacted?

Some people are much more likely to experience challenges in accessing and receiving high quality healthcare than others. Those more likely to be impacted include (but are certainly not limited to!):

People from ethnic minority backgrounds

People living in an area of high deprivation

People with physical or learning disabilities or who are neurodivergent

People who are experiencing homelessness

People experiencing drug or alcohol dependence

Vulnerable migrants

Members of the Gypsy, Roma & Traveller communities

Sex workers

People in contact with the justice system

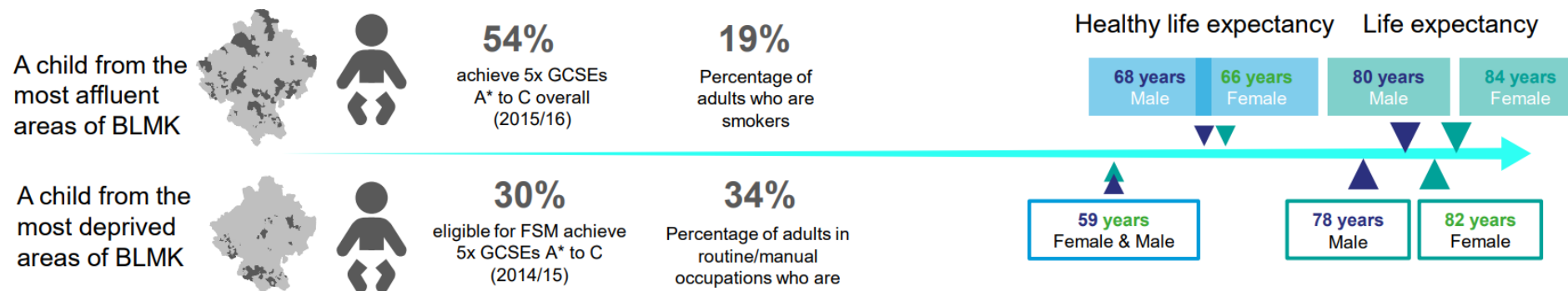
Victims of modern slavery

LGBTQIA+ people

# Our Aim for BLMK

We want **everyone** living in Bedfordshire Luton and Milton Keynes (BLMK) to live a longer, healthier life, and to reduce the gap between the healthiest and least healthy in our community. By a longer, healthier life we mean **increasing the number of years people spend in good health**, not just simply living longer.

There is currently a big difference in the healthy life expectancy of a child from the most deprived area of BLMK compared to the most affluent. We want to change that!



Source: BLMK Health& Care Strategy Jan 2023

# Our Approach

Working in partnership with residents is central to how we approach our work to reduce health inequalities in BLMK.

In September 2023 [The Denny Review](#); a comprehensive report of health inequalities in BLMK that drew on the voices of over 2,000 local residents was published. The report concluded with a list of recommendations, broadly categorised by access, communication, representation and cultural competency.

These recommendations have been used to guide BLMK's action to reduce health inequalities.

# Quality Improvement

Quality Improvement methodology is used to drive our work to make systemic changes that improve access to, and experience of healthcare for those experiencing health inequalities.

We are working alongside the Institute for Healthcare Improvement (IHI) as part of a three-year partnership. The IHI brings world-leading expertise in Quality Improvement and broad international experience in data-driven health systems.



Local Residents and NHS staff with IHI partners at the launch of the Learning Action Network

# BLMK Health Inequalities Data

NHS England [NHS England's statement on information on health inequalities \(duty under section 13SA of the National Health Service Act 2006\)](#) outlines 23 indicators which Integrated Care Boards should report on. These are split into the following domains:

Elective Recovery

Urgent & Emergency Care

Respiratory

Mental Health

Cancer

Cardiovascular Disease

Diabetes

Learning Disabilities & Autism

Oral Health

Maternity & Neonatal

# List of Indicators

Domain	Metric Number	Indicator
Elective recovery	ELR01	Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks
	ELR02	Age standardised activity rates with 95% confidence intervals for elective and emergency admissions and outpatient, virtual outpatient and emergency admissions
	ELR03	Elective activity vs pre-pandemic levels for under 18s and over 18s
Urgent and emergency care	UEC01	Emergency admissions for under 18s
Respiratory	RES01	Uptake of the COVID vaccination by socioeconomic deprivation group
	RES02	Uptake of the flu vaccination by socioeconomic deprivation group
Mental Health	MEN01	Overall number of SMI physical health checks
	MEN02	NHS talking therapies (formerly IAPT) recovery
	MEN03	Rates of total mental health act detentions per 100,000 population
	MEN04	Rates of restrictive interventions per 100,000 population
	MEN05	Children and young people's mental health access
Cancer	CAN01	Percentage of cancers diagnosed at stage 1 and stage 2, case mix adjusted for cancer site, age at diagnosis, sex
CVD	CVD01	Stroke rate of non-elective admissions (per 100,000 age-sex standardised)
	CVD02	Myocardial infarction - rate of non-elective admissions (per 100,000 age sex standardised)
	CVD03	Percentage of patients aged 18 and over with GP recorded hypertension in whom last BP reading is below age appropriate treatment threshold (CVD007HYP)
	CVD04	Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more on lipid lowering therapy (CVD003CHOL)
	CVD05	Percentage of patients aged 18 and over with GP recorded atrial fibrillation and record of a CHAD2DS2-VASC score of 2 or more who are currently treated with anti-coagulation drug therapy (CVD002AF)
Diabetes	DIA01	Variation between % of referrals from the most deprived quintiles and % of Type 2 diabetes population from the most deprived quintile
	DIA02	Variation between % of people with Type 1 and Type 2 diabetes receiving all 8 care processes
People with a learning disability and autistic people	LDA01	Learning Disability Annual Health Checks
	LDA02	Adult mental health inpatient rates for people with a learning disability and autistic people
Oral Health	ORA01	Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted)
Maternity and neonatal care	MAT01	Preterm under 37 weeks

# Using Data to Inform Our Work

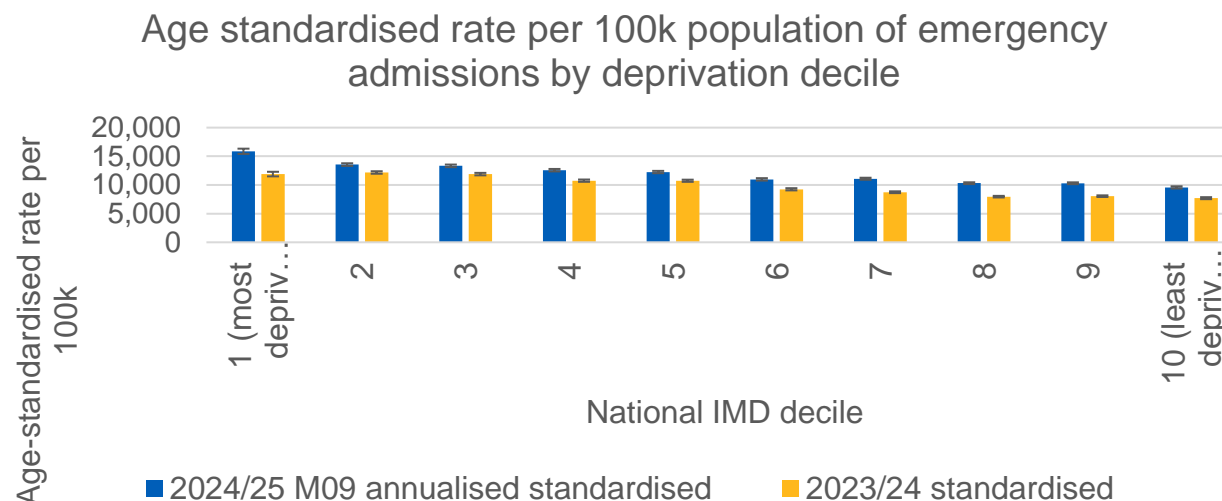
The data for each indicator is segmented by deprivation index and ethnicity, as 2 of the biggest drivers of health inequalities. Data is also arranged by age and sex where available.

The data shows where health inequalities exist for our local population. Work to “close the gap” has been undertaken, and/or is underway in alignment with indicators aligned to the following domains: Urgent & Emergency Care, Mental Health, Cardiovascular Disease, Diabetes, Oral Health and Maternity & Neonatal Care. Examples of work aligned to these indicators are summarised in the following slides.

Data for the full set of NHSE Statement of Inequalities indicators is available upon request.

# Emergency Admissions

People living in higher deprivation areas are significantly more likely to be admitted to hospital as an emergency than those living in areas of lower deprivation.



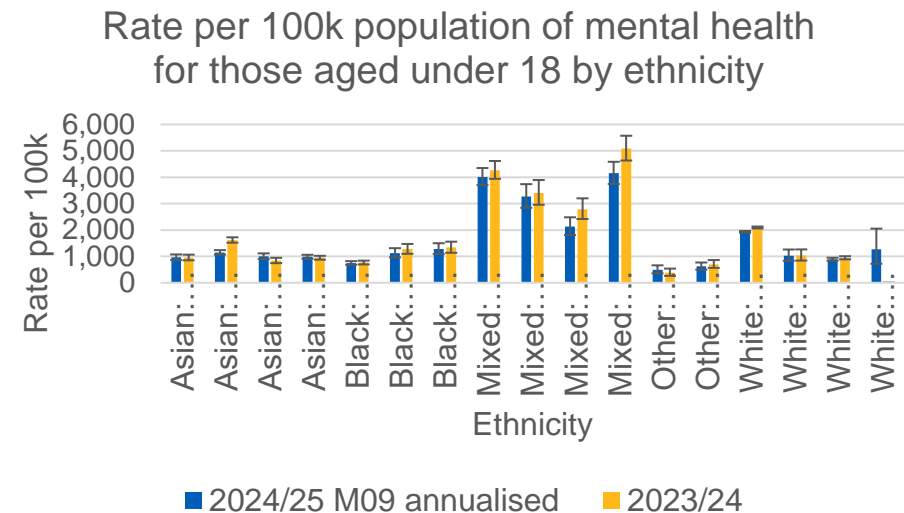
One initiative that seeks to reduce this gap is the Warm Homes project in Bedford Borough, this has supported nearly 2,000 vulnerable residents (data correct April 2025).

In addition, between October 2023 and March 2025 774 Warm & Well assessments and 254 home visits were completed by Better Housing, Better Health, providing a range of support including; 153 emergency fuel vouchers, 213 warmth packs, 127 households added to the Priority Services Register, 191 households offered debt or financial advice, 375 given switching/energy advice and 220 given warm home discount advice.

# Mental Health Access for Children & Young People (CYP)

Referrals to mental health services are proportionately much higher for under 18's of mixed ethnic background.

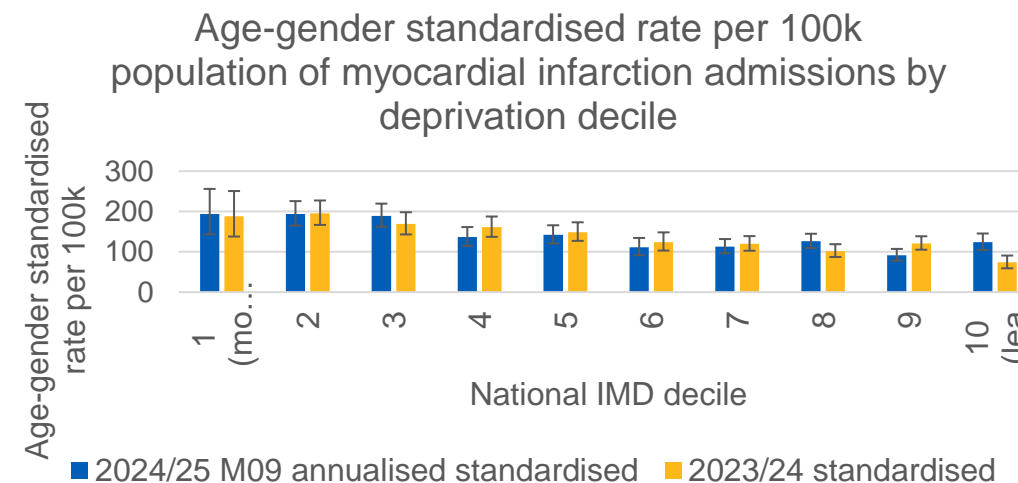
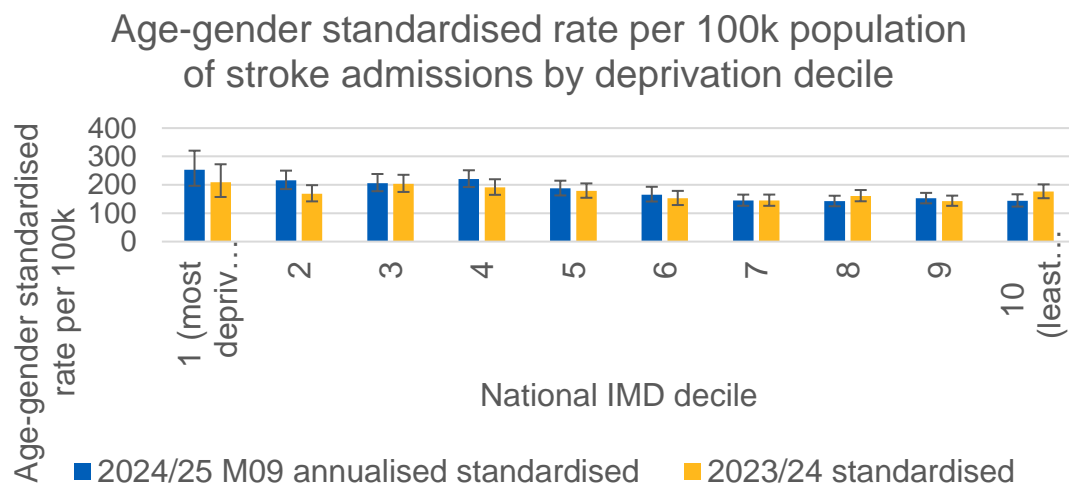
Research Champions have been developed who are focused on increasing participation in mental health research among children and young people (CYP) from groups that are typically underserved by research. This project responds directly to BLMK's system-wide priorities: the rising prevalence of CYP mental health needs, the diverse demographic profile of the local population, and the recognised underrepresentation of these groups in research.



The programme included bespoke mental health training, co-designed with CYP and delivered by East London NHS Foundation Trust (ELFT) social prescribing link workers, people participation workers from ELFT, and CHUMS (mental health and emotional wellbeing service) child welfare practitioners.

# Stroke & Myocardial Infarction Admissions

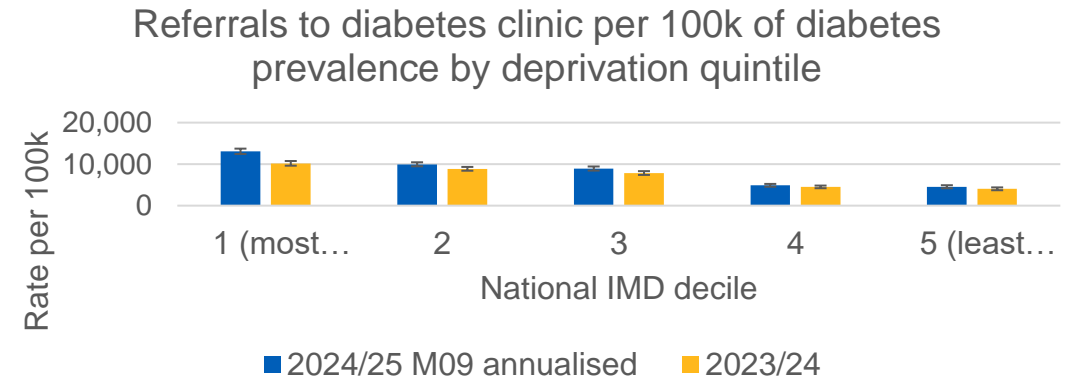
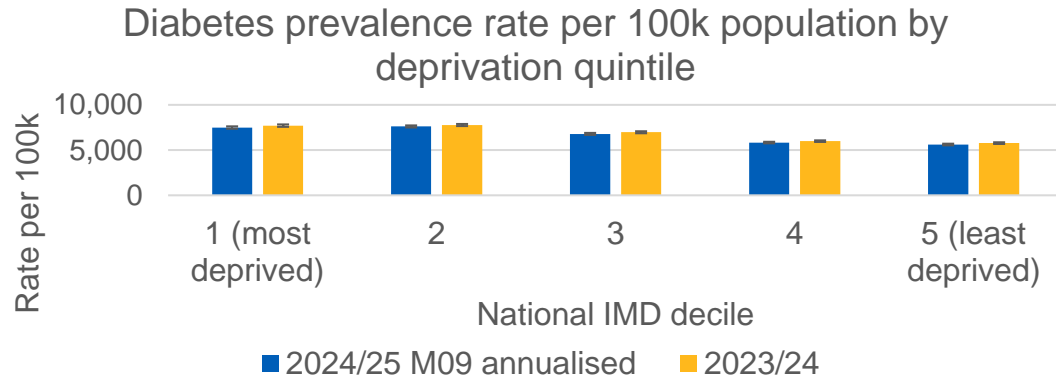
Stroke and Myocardial Infarction (MI) admissions are significantly higher for people from certain ethnic groups.



Hypertension is one of the biggest risk factors for stroke and MI. In November 2024 we established our system-wide [Learning Action Network](#) (LAN) alongside the Institute of Healthcare Improvement. The LAN brings local residents and health and care professionals together to co-produce community led approaches to hypertension treatment and prevention, collaborating with residents who experience the worst outcomes, engaging them as equal partners by recruiting them into our core project teams.

# Diabetes Prevalence

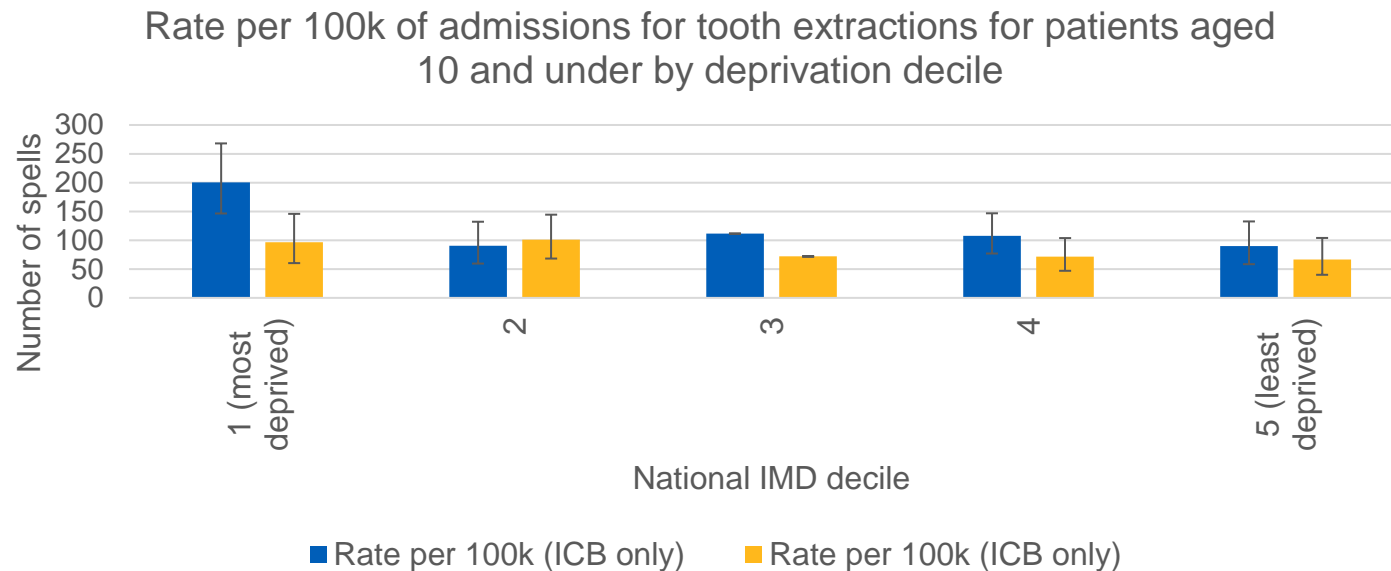
Diabetes is more common amongst residents of areas of deprivation, and proportionately more referrals are received into specialist diabetes services from patients living in deprived areas.



- In Bedford Borough The Queens Park pre-diabetes project is led by BeActive - Bedfordshire's Active Partnership involves the voluntary sector, the NHS, and the place team and local GP surgery. Project participants are offered a weekly programme which supports them to improve their health literacy and develop healthy lifestyle changes.
- The programme is centred on wellbeing, health coaching, physical activity, and health education. In Luton The Research Champions programme delivered six community roadshows (Feb–Sept 2024), engaging over 400 residents, primarily from underserved and ethnically diverse communities.
- Feedback from participants showed that 84% reported an improved understanding of health research, helping to build trust, awareness, and readiness for future diabetes-related research participation.

# Oral Health

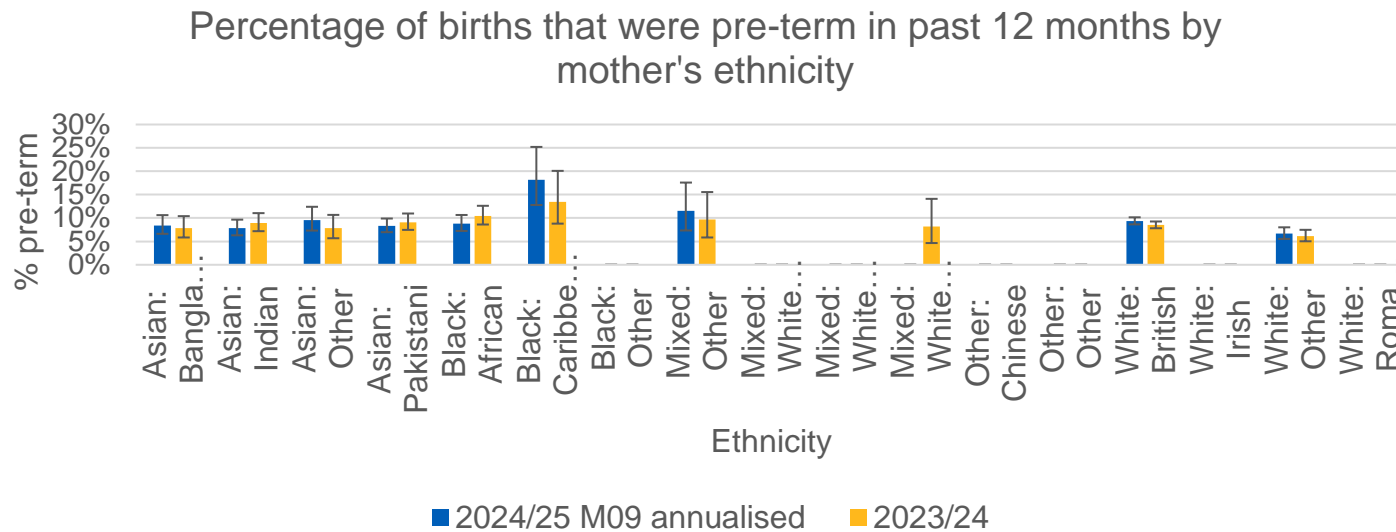
Children living in the most deprived areas of BLMK were significantly more likely to be admitted to hospital requiring tooth extraction.



In Bedford Borough targeted oral health education sessions with toothbrushing packs for schools in the 40% most disadvantaged areas have taken place, alongside universal distribution of toothbrushes and toothpaste to children in their first year of primary school.

# Maternity

The pre-term\* birth rate was highest in women of Black Caribbean or Black African ethnicity.



BLMK ICB is now part of a national research collaborative with National Institute of Health and Care Research to develop a national framework to deliver preconception care. This is a national movement to change the dial in addressing national disparities in maternity care. Our systemwide BLMK preconception program is being considered as a blueprint.

\* <37 weeks gestation length