

Board of Directors

Item 3.5

Subject: Health Inequalities
Date of Meeting: 26th April 2023
Presented by: Director of Strategic Partnerships
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 9	Assurance regarding the progress of work in respect of population health management.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

Health inequalities refer to differences in health outcomes, access to health services, and exposure to health risks that exist between different population groups within a society. An action plan has been developed to help Liverpool Heart and Chest Hospital understand any health inequalities in access and outcomes to care.

The Analytics, Data Engineering and Research teams have been working together with the divisions to explore health inequalities. Analysis has been performed on Referral to Treatment data and presented back to clinical teams showcasing any variation in access to care. Further work has been completed to explore the data quality and completeness of Ethnicity and Learning Disabilities data and action plans have been put in place to improve these.

The next steps for the health inequalities work are to complete further reviews with the clinical teams and provide further analysis on other areas of access. A new quarterly report will be created to provide feedback to board on health inequalities as per the new code of governance.

The Board of Directors is asked to note and approve the following recommendations:

- Review progress to date
- Review and approve governance structure
- Review and approve next steps

2. Background

Health inequalities refer to differences in health outcomes, access to health services, and exposure to health risks that exist between different population groups within a society. In the context of the NHS, health inequalities refer to disparities in health outcomes and access to care between different population groups, such as differences between socio-economic groups, ethnic groups, or geographic regions. These inequalities can be due to a range of factors, including differences in income, education, employment, housing, and access to health services, as well as broader societal factors such as discrimination and prejudice. Addressing health inequalities is a key priority for the NHS, as reducing these disparities can lead to improved health outcomes for all and a more equitable distribution of health resources.

3. Action Plan

To achieve our strategic goals, we will look to leverage a 7 point action plan to review and improve Health Inequalities:

Ref.	Action	Detail	Responsibilities and timeframes
1	Data quality and analysis	Analyse and understand data on health inequalities to understand the extent of the problem and identify priority areas for intervention.	Led by Health inequalities group, Q1 23/24
2	Engagement with services	Engage with services and key stakeholders, including Consultants, Nurses, AHPs, as well as Operational leads and patients, to understand their experiences and perspectives on health inequalities.	Led by health inequalities group, Q2 23/24
3	Identification of root causes	Identify the root causes of health inequalities, including social determinants of health such as income, education, employment, and housing.	Led by health inequalities group, Q2 23/24
4	Development of targeted interventions	Develop targeted interventions that address the root causes of health inequalities.	Led by health inequalities group and strategic partnership team, Q3 23/24
5	Monitoring and evaluation	Regularly monitor and evaluate the impact of the interventions, including their effectiveness in reducing health inequalities and their impact on health outcomes.	Led by health inequalities group and strategic partnership team, Q2 23/24
6	Continual improvement:	Use the results of the monitoring and evaluation to continually improve the action plan and make changes as needed.	Led by health inequalities group and strategic partnership team, Q2 23/24
7	Communication and education	Develop and implement a communication and education strategy to raise awareness about health inequalities and the action plan, and to encourage participation and engagement from all stakeholders.	Led by health inequalities group, Q1 23/24.

4. Progress to Date

The Analytics, Data Engineering and Research teams have been working together with the divisions to explore the health inequalities of access to care within Liverpool Heart and Chest Hospital. The initial analysis, in line with point 1 of the action plan, was compiled by looking at the Referral to Treatment data from 1st April 2021 to 21st September 2022. The team

performed statistical test and looked at physical and social characteristics of our patients including:

- Age
- Gender
- Ethnicity
- Social Deprivation

It was concluded that Speciality of Treatment was the biggest factor in Referral to Treatment time. Once this was considered there was some statistical significance in some characteristic groups. It was not possible to infer from these data the precise reasons for the variation and it was felt further data and engagement with clinical teams was required to understand our services.

There were areas of data capture within the organisation which needed to be addressed to confirm the validity of analysis. Overall ethnicity data capture was at 66.4% completed which on the face of it presented significant gaps in our analysis. When these data were further analysed it was shown that this was due to poor data capture in our community division. Ethnicity data capture in Surgery was 91.5% and Medicine was 77.8%, there are still gaps in these data collection and the teams have worked in outpatients to try and understand the gaps in data capture. The following problems were identified in the ability to capture accurate ethnicity in outpatients:

- Language Barrier – some patients arrived without an interpreter
- Ethnicity is not mandatory in PAS
- Patients querying why they have to provide Ethnicity
- Some patients are not turning over the paper form

An action plan has been put in place to update the form and explore the option of making ethnicity mandatory data item.

Learning disabilities (LD) is a further area of exploration as part of our health inequalities work and we have completed early investigations into how LD data is captured within our digital systems. An assessment of ACHD patients was completed and showed that of the 6 LD patients on the ACHD Medical PTL 3 were recorded as having LD on PAS. Of the 6 patients, 4 had been waiting over 34 weeks at the time of review which were among the top 5 waits on the PTL.

5. Next Steps

As per the action plan highlighted earlier in the paper, we are still in the first two steps as part of the Health Inequalities work. This is, in part to having not discovered any significant inequalities of access to care. Further meetings will be arranged for clinical teams to review the data packs for the following specialities:

Speciality	Delivery Date
Heart Rhythm	30-Jun-23
Aortic surgery	30-Jun-23
Intervention – cardiology	30-Jun-23
Respiratory medicine	30-Jun-23
ICC cardiology	29-Sep-23
Sleep studies	29-Sep-23
Structural TAVI	29-Sep-23

We will also look to explore the following other areas of access:

Area	Delivery Date
Did Not Attend	29-Sep-23
Mortality	29-Sep-23
Additional Clinical Outcomes	15-Dec-23
Patient Experience	29-Mar-24

Our work will continue validating our ethnicity and LD data to make sure our analysis is representative of our population.

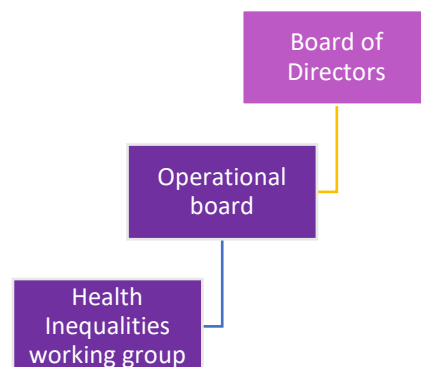
6. Governance

The New code of governance for 2023-24 details the following:

The Board of Directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance, ensuring performance reports are disaggregated by ethnicity and deprivation where relevant.

Health inequalities work at LHCH will be developed by a new Health Inequalities working group chaired by the Associate Director of Data & Analytics. This group will provide a quarterly report as part of the Strategic Operating Framework. These reports will be presented to Operational Board and then onto Board of Directors with the dates outlined below:

Operational Board	Board of Directors
30-Jun-23	26-Jul-23
29-Sep-23	29-Nov-23
15-Dec-23	31-Jan-24
29-Mar-24	Apr-24



7. Conclusion

Significant work has taken place to investigate health inequalities around access to care at Liverpool Heart and Chest Hospital. Physical and social characteristics were reviewed and analysed for completion show areas of improvement for Ethnicity and Learning Disabilities. A statistical test was performance against specialities and these characteristics to determine if there was any statistically significant variance indicating inequality of access of care. This analysis on its own isn't enough to identify health inequalities and processes have been put in place to review these data with the clinical teams to review.

Further work has been completed to understand the quality of our data around ethnicity and learning disabilities with actions plans developed to improve upon these.

The next steps for the health inequalities work are to form a working group to oversee the completion further reviews with clinical teams and provide further analysis on other areas of access. The output of this working group will be governed by Operational board with a quarterly report provided.

8. Recommendations

The Board of Directors is asked to note and approve the following recommendations

- (i) Note progress to date
- (ii) Review and approve governance structure and next steps