

Board of Directors

Item 3.6

Subject: Health Inequalities Update
Date of Meeting: 29th November 2023
Presented by: Jonathan Develing, Director of Strategic Partnerships
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 9	Assurance on aspects of our health inequalities work as part of our work to be recognised as an Anchor Institution , demonstrating social value, sustainable green strategy and contribution to population health.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
x	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

The Board of Directors have previously discussed health inequalities in relation to access and the Trust waiting lists. Divisional and speciality analysis did not highlight any particular concern with regards to differential access for those with protected characteristics.

In specific service lines a higher prevalence of protected characteristics was noted akin to the service provided. (All Age Congenital Heart Disease).

Further work is progressing at system level as part of population health management and LHCH are supporting this work through Place.

2. Enhanced case Finding

The Trust has been working to co-produce specific areas of interest within the population health management tool as part of the Graphnet / CIPHER enhanced case finding platform.

This platform, shared by way of a demonstration at the Board of Directors Development Day 1st November 2023 brings together several data sources including general practice registration, QOF data, NHS provider SUS and SLAM returns and that of Public Health England.

Specific areas of interest of data source include:

- Patient demographics
- Risk stratification
- Smoking status
- 111 queries
- 999 calls
- ACG conditions
- Activity
- Disease e registration
- Care planning
- Care plans
- Frailty index
- Immunisation status

The case finding tool facilitates finding queries and enable a search of our population to identify patients fitting a certain criterion. It also allows the application of risk stratification using the John Hopkins ACG system algorithms, the frailty index and Acorn measures. The John Hopkins ACG system allows us to look at the likelihood of types of health care events and resource usage in a set period of time. The Acorn measure is a well-established geo-demographic profiling methodology.

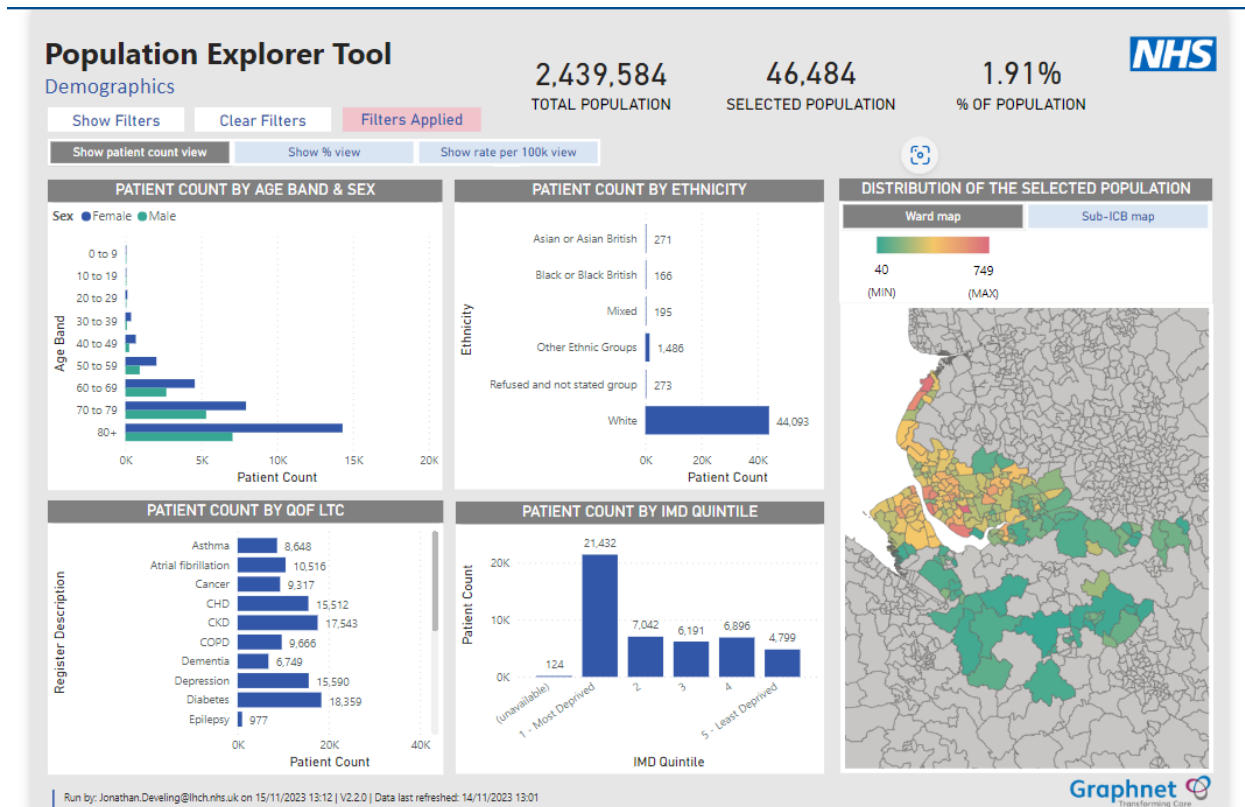
The report allows a search for patients using a set of pre-defined views, or bespoke enquiry can be built live within the system to focus on areas of interest.

3. Reporting

The case finding tool uses a series of filters to generate outputs that enable queries to run at neighbourhood and a ward level. linked with the index of deprivation this enable us to understand our population better, the disease and comorbidity of disease they are living with and their access to services.

As an example, the following output has been generated by looking at the population of Cheshire and Merseyside:

- All Sex
- Over 50
- With Heart failure
- Comorbidity using QOF as a proxy. (That is 5 or more comorbidities)
- Index of deprivation
- Frailty score



In summary this particular query indicates that there are 46,864 patients (1.91%) of the population with heart failure, more than 5 comorbidities of which 21,432 patients are living in the most deprived area. Furthermore kidney, heart disease and diabetes are the most common comorbidity.

The report also produces a helpful ward-based map that is RAG rated (Red, Amber, Green enabling visual representation.)

4. Leadership

Working through new Place based arrangements this type of analysis enables us to use our leadership and clinical acumen to facilitate conversations, share best practice, explore through workshop and partnerships how these communities could be better served. In several instances this has enabled us to deploy resource, such as the LHCH schools project in knowledge that we are targeted areas of greatest need.

This also supports our work as an Anchor Institution and begins to build further intelligence in relation to those patients that historically LHCH would not know about. This also provides an indicator for potential future patients they we can help facilitate in their preventative and early care management.

5. Recommendation

The Board of Directors is asked to note this report.