Coventry and Warwickshire
Integrated Care System

Health Inequalities - a partnership approach

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The aims of the ICS

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- **Enhance productivity** and **value for money**
- Help the NHS **support broader social and economic development**.

Health inequalities & the wider determinants of health in Coventry

- Average life expectancy masks significant differences within the City
- #7 bus runs from NW to NE passing through some of our most deprived and most affluent neighbourhoods
- Height of each stop represents LE of residents living in the area

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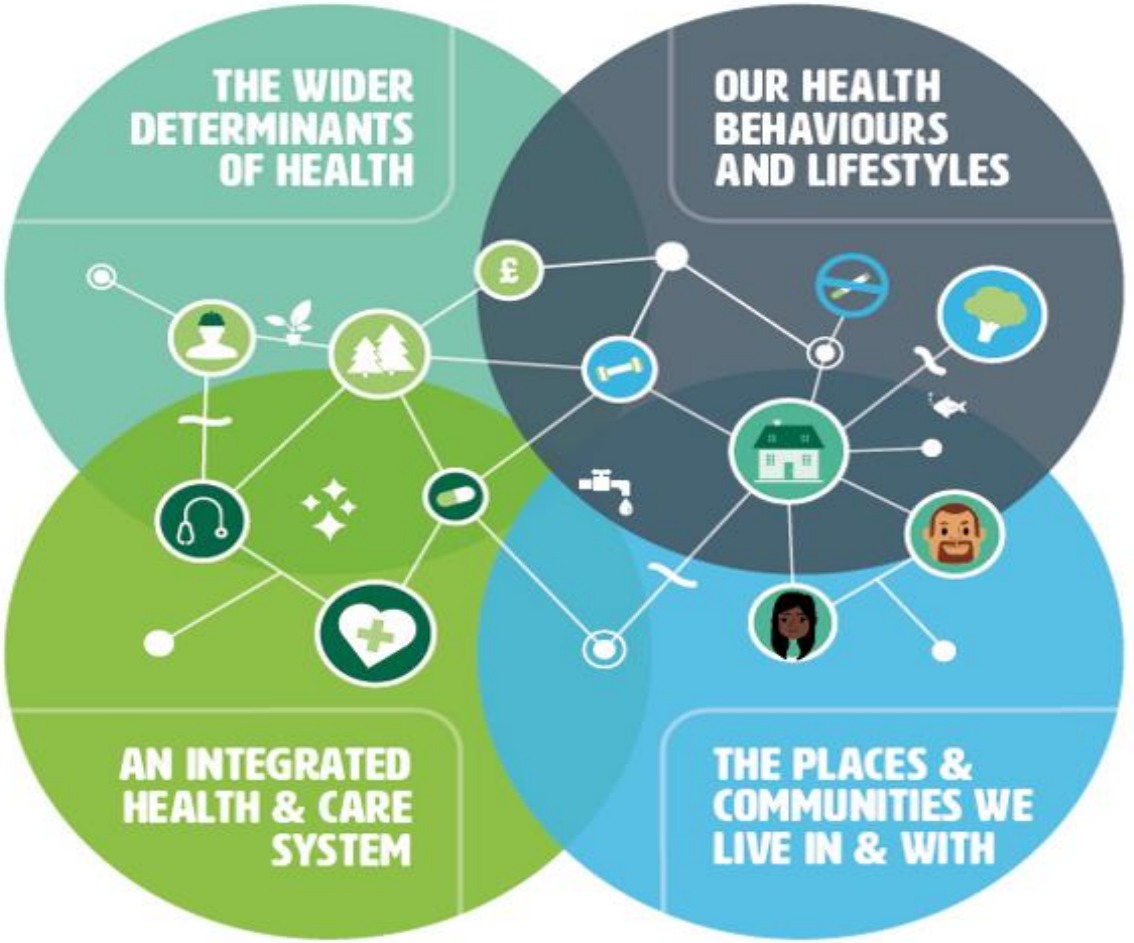
Population Health Model

- The Health and Care system has some direct impact into health outcomes (20-30%)
- But the wider determinates and lifestyle have a much greater impact
- The overlap with the other quadrants are the strength of the ICS



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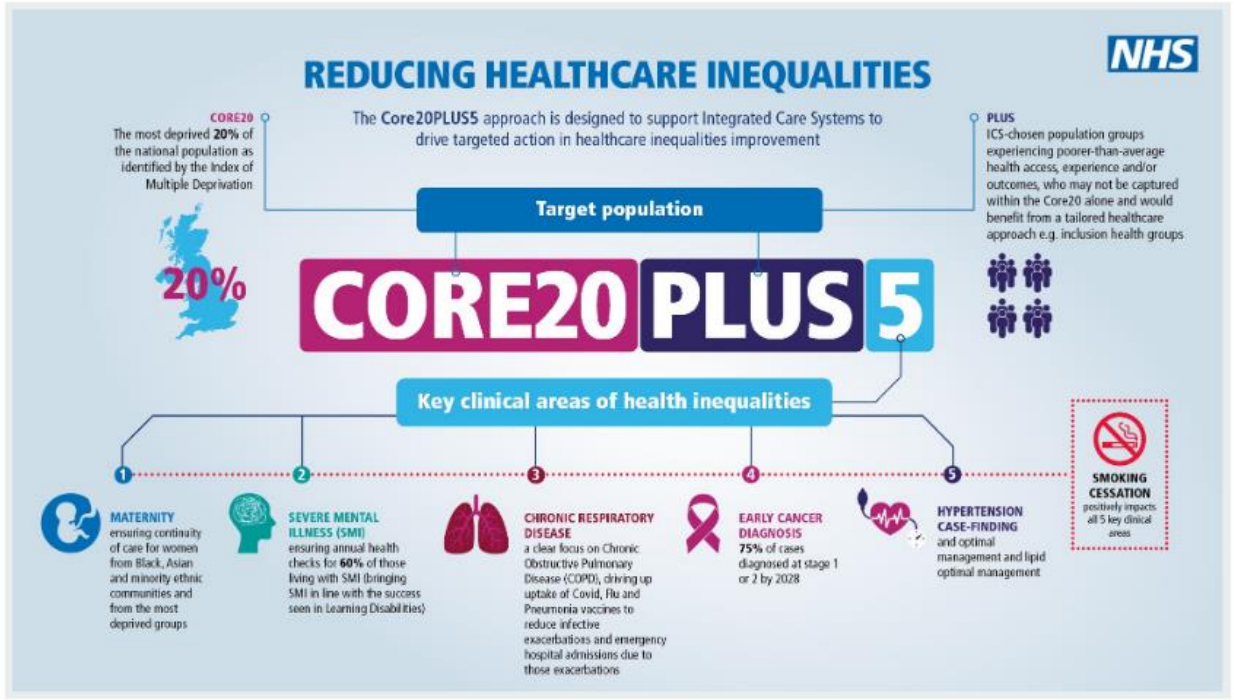
Core20Plus5 – Adults and CYP



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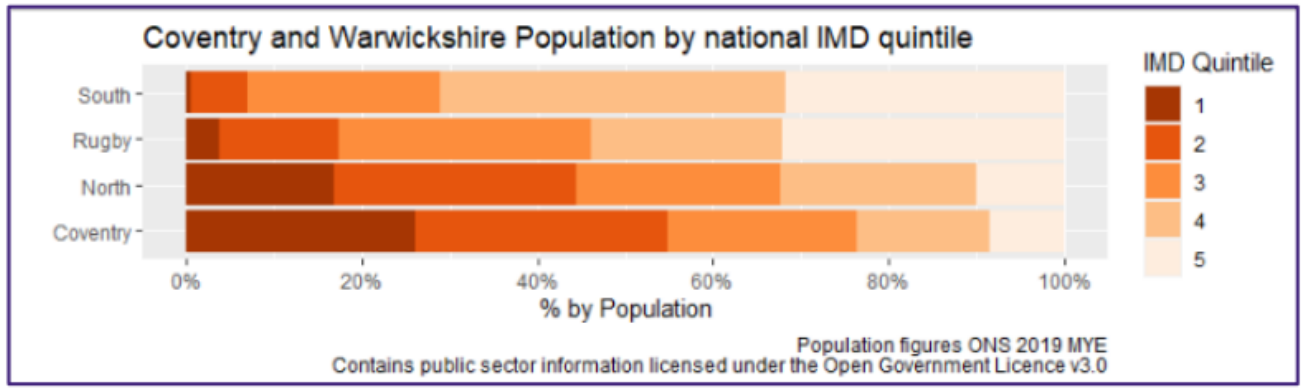
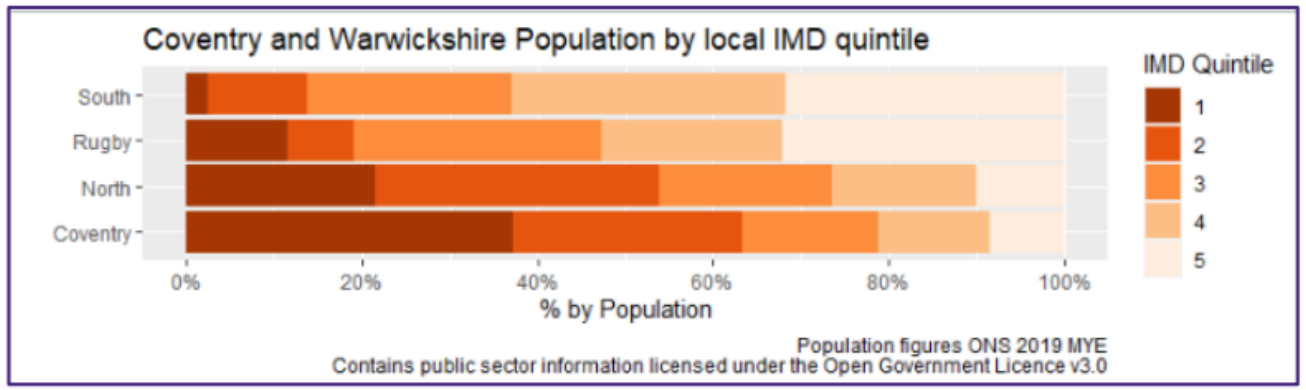
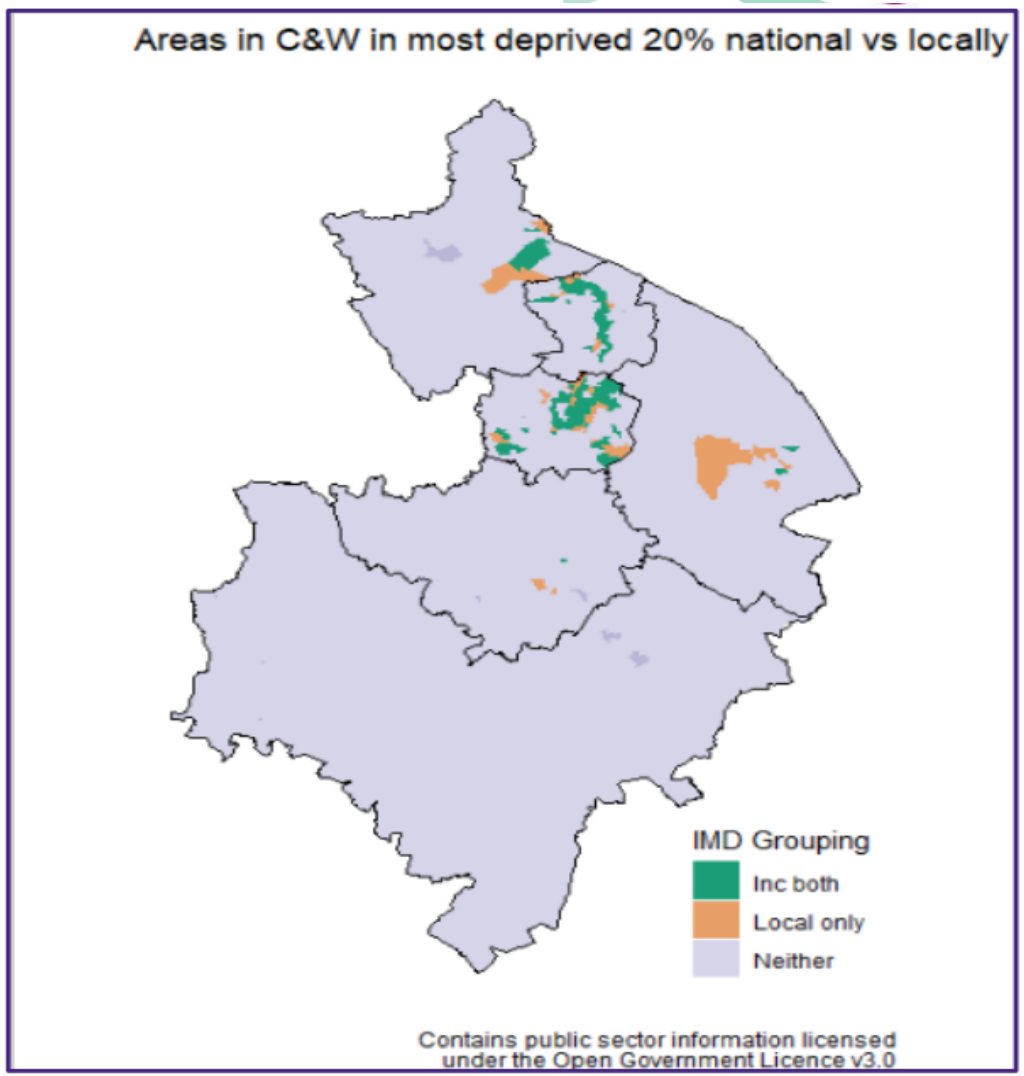
“Core 20”







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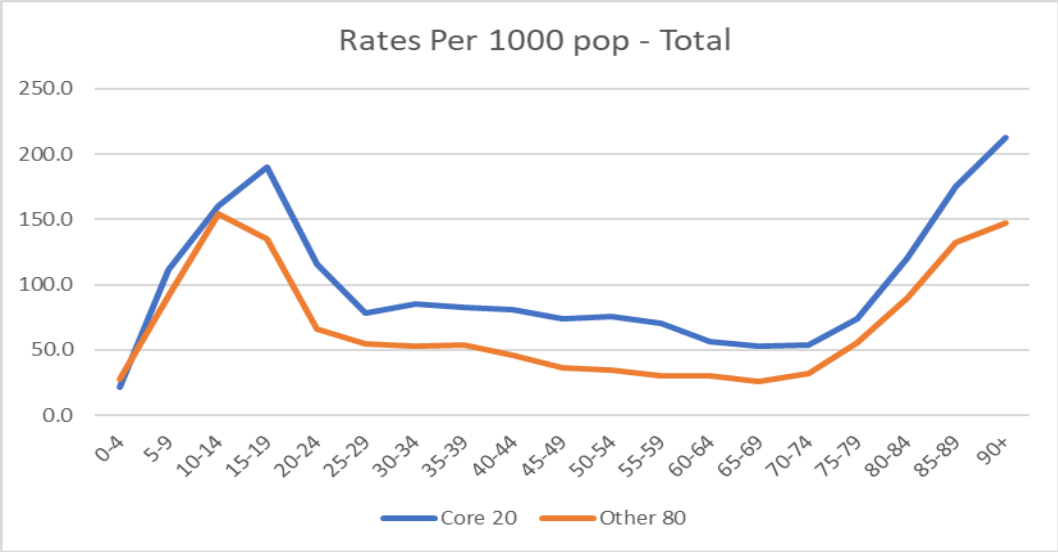
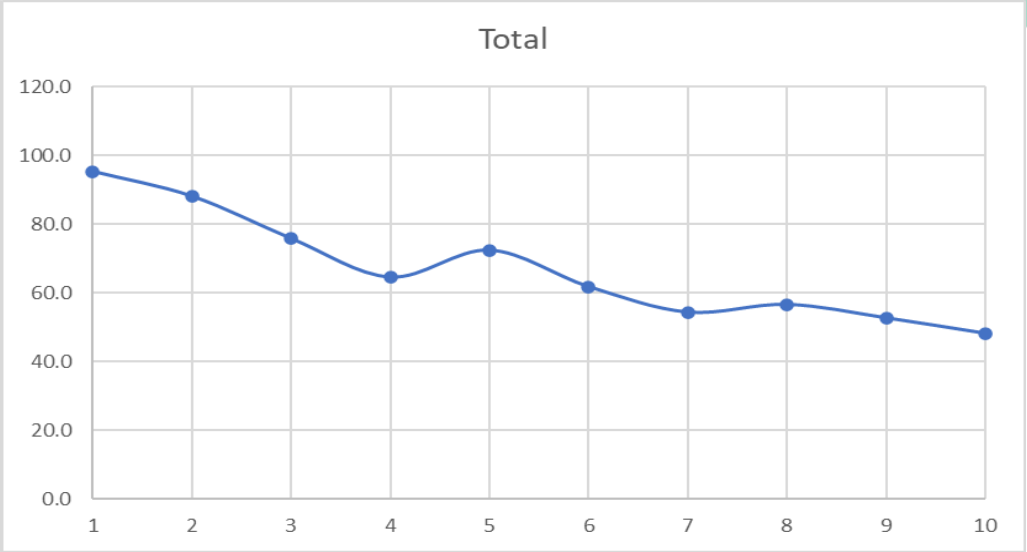
Individuals Accessing Mental Health Services – MH CDS – 2021-2022





Using the MH Contracting Data Set – this is an analysis of the proportion of each LSOA Population across Coventry & Warwickshire recorded as accessing Mental Health services between April 2021 through to end of March 2022.

The first graph shows the proportion per 1000 population of the population by 5 year age ranges where access is greatest for children, falls for people of working ages and then increases again for patients over 75 as EMI becomes more of an issue.

In absolute numbers accessing mental health services is predominately children and younger adults.

Age and sex standardised access rates show that more patients access Mental Health services in deprived LSOAs than in less deprived LSOAs. Reasons for this are complex as having a Mental Health condition is related to inability to be in secure employment, and as a consequence living in more deprived areas as life choices are restricted.

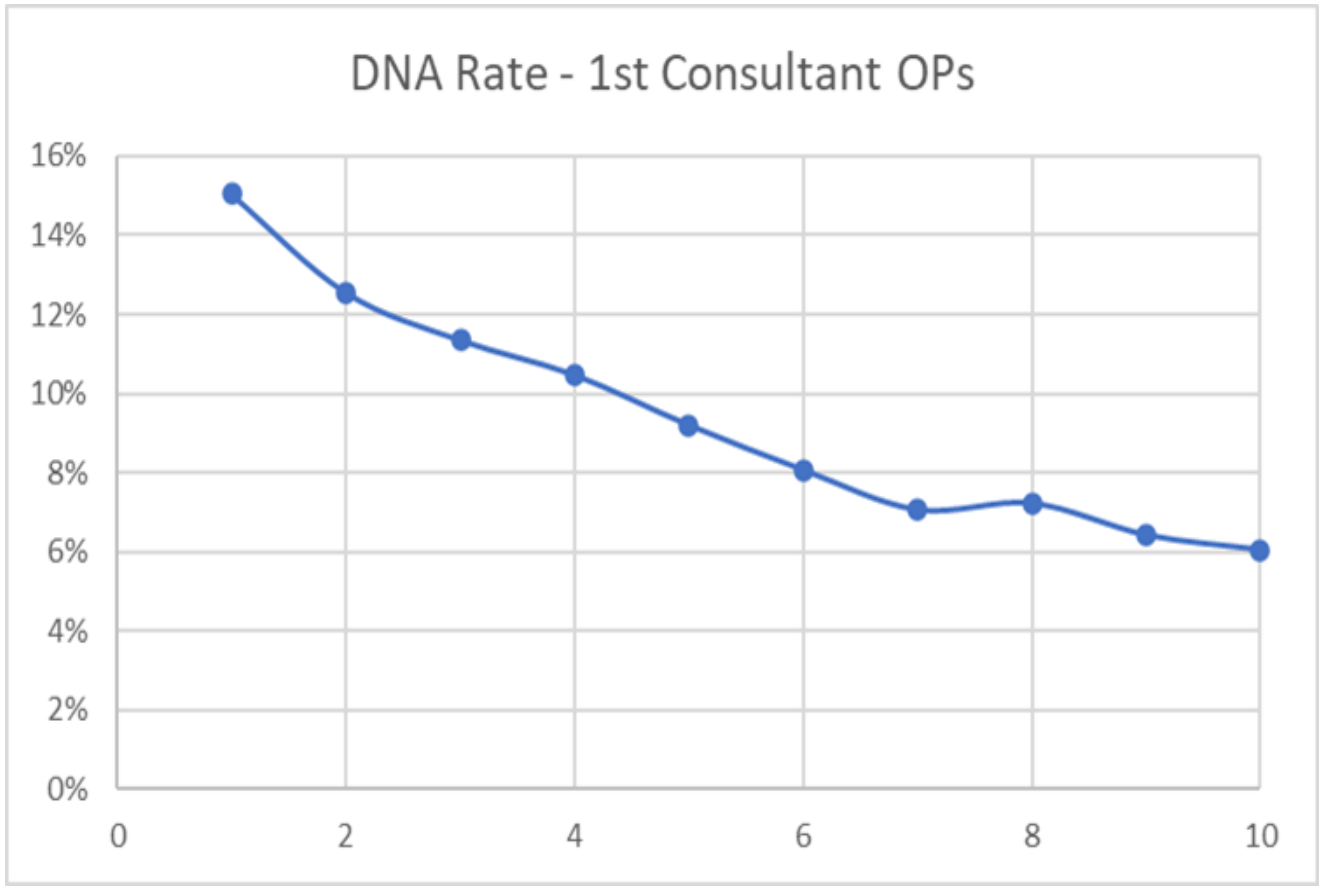
Overall those in the core 20 LSOAs access **Mental health services by 31% more than people living in non-core LSOAs**, the greatest variances being from age 15 through to 65 – working age.

Data quality issues :- include missing NHS numbers, internal referrals, gender and ethnicity recoding, data per provider, duplicate records lining data sets across years.

DNA rate 1st consultant OP by inequality gradient (all specialities)

DNA Rates are higher the more a person lives in a deprived area

Opportunity to improve attendance rates, and potentially improve health status and outcomes for those in the core 20 specifically the ‘5’ and plus group.



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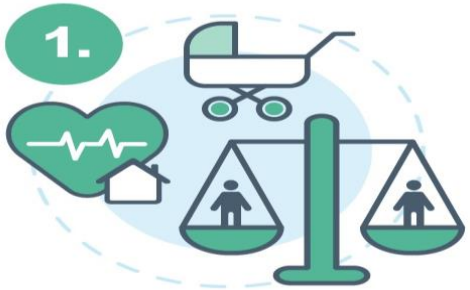
Coventry and Warwickshire Integrated Care Strategy

1.



Prioritising prevention and improving future health outcomes through tackling health inequalities

- Reducing health inequalities
- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities
- Enabling the best start in life for children and young people

2.

Improving access to health and care services and increasing trust and confidence

- Enabling personalised care
- Improve access to services especially primary care
- Engaging and involving our people, communities and stakeholders
- Making services more effective through greater collaboration and integration

3.

Tackling immediate system pressures and improving resilience

- Supporting people at home
- Develop, grow and invest in our workforce, culture and clinical and professional leadership

So why are people from deprived communities more likely to access health care via acute services

- Health literacy
- Digital literacy
- Culturally appropriate literature and settings
- Trust
- Direct and indirect cost of elective and preventative care

And some very practical barriers :-

- Transport
- Appointment times
- Cost and availability of refreshments
- Waiting times for diagnosis
- Those with the long term conditions had the most barriers.

What can Ambulance Services do – some practical partnership suggestions.

Communities

- Be creative in how and where services are described – community events etc
- Work collaboratively to gain a greater understanding about those less likely to access local services in a planned way
- Collaborate with charities and social enterprises to strengthen local community support networks to help promote best use of ambulance services and prevent hospital admissions and reduce readmissions

Staff

- Identify champions for Inequalities at all levels of leadership
- Tackle health inequalities amongst your staff – targeted healthy living initiatives for staff on lowest pay bands with highest sickness rates

Service

- Embed HEAT training across services
- Weight capacity and resource dependant upon deprivation
- Improve patient data quality specifically NHS number, ethnicity, postcode
- Embrace PHM and opportunities provided by linked data
- Use the 'Make every contact count' resource, and take every opportunity to support brief interventions
- Support patients to access services to improve their physical health and wellbeing including NHS screening and health checks
- Work collaboratively to review patient pathways to identify if any aspects of care quality vary across different patient cohorts including those from minority ethnic groups, transient communities and those living in more deprived areas.
- Ensure patient information is accessible for those with poor health literacy and there is timely access to interpreting services
- Support local system plans to strengthen public mental health and promote mental wellbeing in local communities