



Integrated Care Board

Health Inequalities

Prevention & Health Inequalities

Steve GoldenSmith

The NHS can play a role in reducing Health Inequalities in four distinct ways.

- 1. Influencing / Supporting / Promoting multi-agency action to address social determinants of health
 The role of integrated care systems (ICSs) working with local authorities and local communities is particularly critical
 here. (Housing/ Welfare Benefits / Green Spaces / Employment / Education / Health Services)
- 2. The NHS as an Anchor Organisation

The functions, processes, investments and the choices we make as a strategic commissioner, employer, partner, purchaser will impact on inequalities.

- 3. Tackling the existing inequalities in Healthcare
 - The enduring mission of the NHS is high quality care for all. That means tackling existing disparities in access to services, patient experience and healthcare outcomes.
- 4. A focus on III Health Prevention and influencing Healthy Lifestyle Behaviours

Making the case for change: in BOB there is higher prevalence of many conditions particularly CVD, cancer and depression than the national average at sub-place level

				Below national		In line with national		Above national					
Conditions		Cardiovascular disease					Respiratory diseases		Other				
		AF	CHD	HF	НҮР	PAD	S/TIA	Asthma	COPD	Obesity	Cancer	Dementia	Depression
Buckinghamshire	Buckinghamshire	2.44%	2.96%	0.95%	14.82%	0.45%	1.78%	6.51%	1.21%	9.91%	4.12%	0.75%	0.89%
Oxfordshire	Cherwell	2.21%	2.54%	0.96%	13.68%	0.51%	1.85%	6.36%	1.42%	12.72%	4.33%	0.74%	1.05%
	Oxford	1.33%	1.56%	0.63%	9.10%	0.34%	1.20%	4.70%	1.00%	7.31%	2.68%	0.49%	0.95%
	South Oxfordshire	2.66%	2.55%	1.09%	14.83%	0.48%	1.94%	6.85%	1.36%	10.79%	4.82%	0.82%	1.17%
	Vale of White Horse	2.56%	2.67%	1.05%	15.19%	0.49%	2.39%	6.80%	1.53%	12.95%	4.78%	0.81%	1.09%
	West Oxfordshire	2.97%	2.88%	1.30%	17.15%	0.52%	2.07%	7.06%	1.50%	12.79%	5.33%	1.08%	1.15%
Berkshire West	Reading	1.40%	1.78%	0.84%	11.99%	0.29%	1.18%	5.41%	1.08%	10.55%	2.58%	0.54%	1.05%
	West Berkshire	2.40%	2.53%	1.09%	15.34%	0.44%	1.74%	7.19%	1.48%	11.61%	4.22%	0.78%	0.98%
	Wokingham	2.17%	2.27%	0.99%	13 47%	0.30%	1.51%	6.34%	1.02%	8.80%	3.90%	0.78%	0.92%
ВОВ		2.19%	2.46%	0.85%	13.78%	0.41%	1.68%	6.25%	1.24%	10.36%	3.93%	0.73%	1.50%
Peer average		2.38%	2.86%	1.05%	14.66%	0.50%	1.11%	6.58%	1.58%	11.67%	3.93%	0.80%	1.28%
National		2.18%	2.97%	1.06%	14.79%	0.56%	1.86%	6.53%	1.86%	12.80%	3.64%	0.76%	1.48%

REDUCING HEALTHCARE INEQUALITIES



CORE20 O

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

O PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5



Key clinical areas of health inequalities



MATERNITY

ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)

ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS

75% of cases diagnosed at stage 1 or 2 by 2028



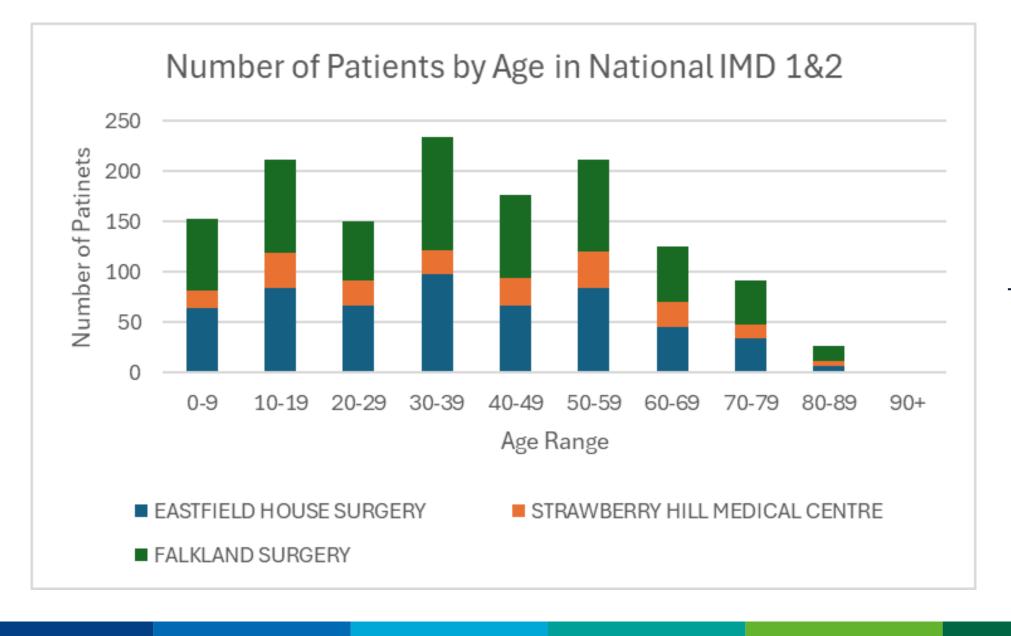
HYPERTENSION CASE-FINDING

and optimal management and lipid optimal management



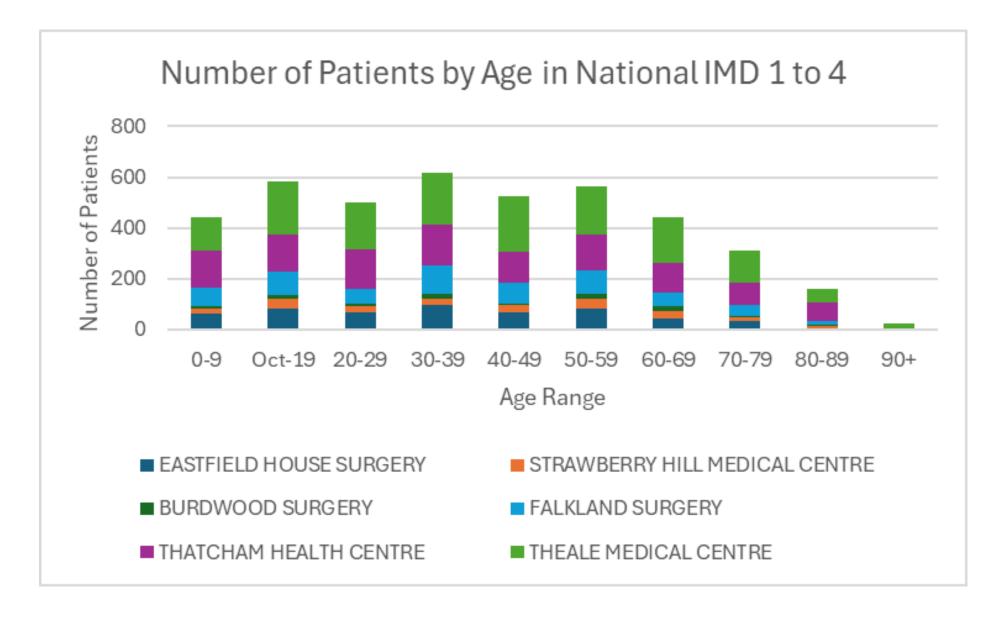
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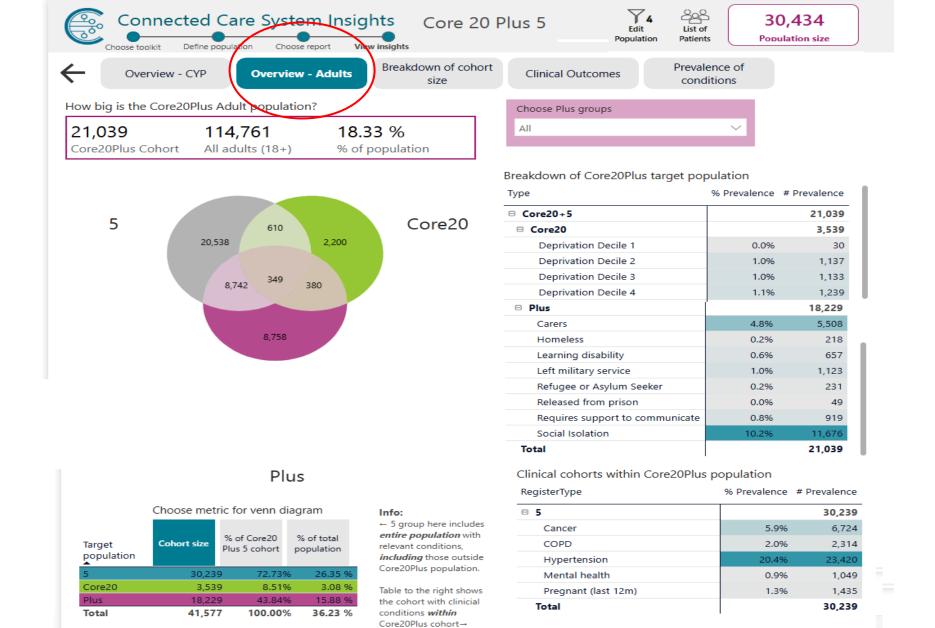
Total 1379

16 non White



Total 4168

234 non White



Over 18s

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks



DIABETES

Increase access to Real-time
Continuous Glucose
Monitors and insulin pumps
in the most deprived
quintiles and from ethnic
minority backgrounds &
increase proportion of
children and young people
with Type 2 diabetes
receiving annual health
checks



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism



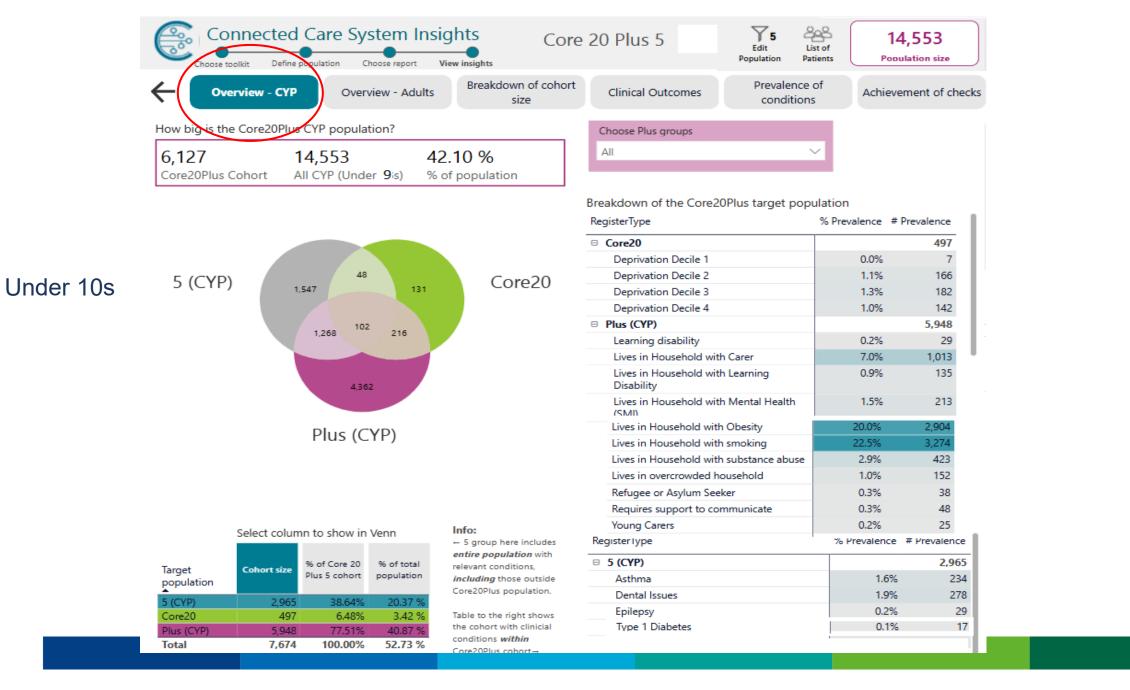
ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



The inequalities work we have undertaken to date around CYP Long Term Conditions has been across the whole CYP age spectrum and *not specifically been for the under 5 age group*.

There are several initiates in place across the system:

Asthma:

An Asthma Pilot runs in Royal Berkshire Hospitals to improve patient access to an asthma nurse specialist, with the aim of reducing the over reliance on reliever medications and decrease the number of asthma attacks. One of the Key Performance Indicators (KPIs) is to target CYP with asthma living in areas of deprivation with the aim of increasing engagement and improving outcomes. Asthma is not usually diagnosed before the age of 5, and so this does not specifically target children in their Early Years'.

Epilepsy:

We are hosting an Epilepsy Nurse Specialist Pilot on behalf of NHSE for the southeast region. This is to provide access to Epilepsy Nurse Specialists to address the variation in care. One of the targets is to improve support to CYP with a Learning Disability or Autism. *This would include children in their early years*.

Diabetes:

We have recently hosted the CYP Diabetes Technology Pilot for the Southeast region, with the aim of improving access to Diabetes technologies, again specifically targeting those CYP in areas of deprivation and from ethnic and minority backgrounds. The Pilot also provided education to health professionals and the Thames Valley and Wessex Diabetes Network have provided Poverty Proofing Training to all three acute providers, including RBH. *This again was all ages of CYP and so includes CYP in their Early Years*.

Dental

Presently, we have 475 children waiting a new patient consultation (approximate waiting time or new patient consultation is 13-14 weeks).

Those who have been assessed and are awaiting extraction under general anaesthetic for children is approx. :

- 160 Royal Berkshire Hospital, a 6-7 month wait,
- 82 Wexham Park Hospital, an 8 month wait

For those with special needs awaiting general anaesthetic

105 Royal Berkshire Hospital, a 9-10 month wait.

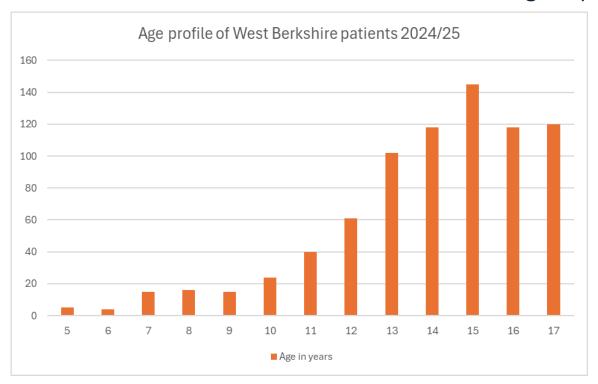
Issues

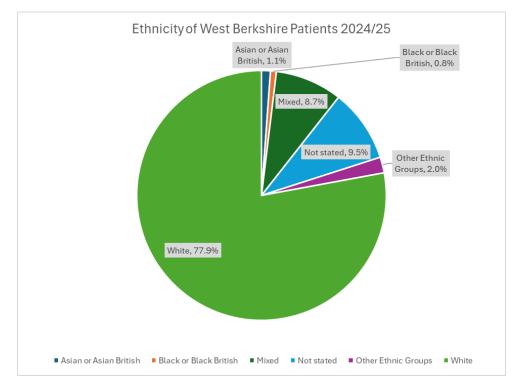
Children are seeming to be increasingly anxious,

More neurodivergence identified (or on a pathway for possible diagnoses),

Potential changes to how anaesthetists prefer to manage the airway in theatre, plus other hospital level challenges, such as increasing demand but no more theatre space/staff.

Children & Young Peoples Mental Health Services





The ethnicity profile is not significantly adrift to the ethnicity profile for West Berkshire. Starting to utilise improved data to understand where unwarranted variation in access /experience /outcomes lie.

Inequality is a golden thread through the Reimagining Community CAMHS transformation programme.

We don't provide specific mental health services for the under 5's. That is reflected in the low numbers of referrals to that age group.

Mental Health

- Our data tells us that there do not seem to be major inequalities between ethnicity groups for young people once they get into the service, but there is under-representation in some communities being referred in.
- Targeted work is being undertaken in these areas, through our MHST & Getting Help level teams, but also some specialist services e.g in adult ED we have identified that in some cultural groups people do not seem to seek help until they are very unwell, with higher levels of acuity and risk. We are working up a QI project with representatives from those communities to seek to understand the reasons for this & work together to address it.
- In terms of deprivation, there does seem to be a correlation between the level of deprivation
 and how likely referrals are to be 'urgent' and how likely patients are to not attend appointments.
- Our least deprived patients are more likely to be seen quickly, with a higher proportion seen within 6 weeks.

Berkshire West Summary

Community Wellbeing Outreach Programme

Community Wellbeing Outreach Programme

What does the programme do?

We are delivering enhanced NHS Health Checks to priority population groups within community settings, detecting CVD risk and supporting behavioural change.

By using population health management data, we are targeting communities disproportionately affected by inequalities in access and health outcomes. The project partnership involves local authorities, primary care, the voluntary sector, the ICB and our acute trust.

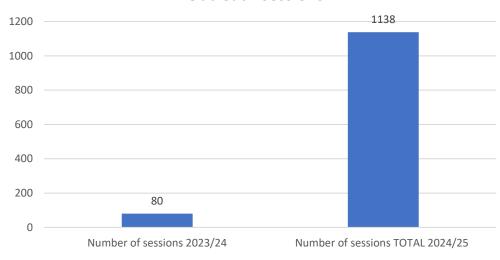
What does the programme provide to residents?

It helps inform residents of their risk of getting certain health conditions, such as heart disease, diabetes, kidney disease, & stroke. If you are over 65, you will also be told about symptoms of dementia to look out for. During the check you will discuss how you can reduce your risk of these conditions.

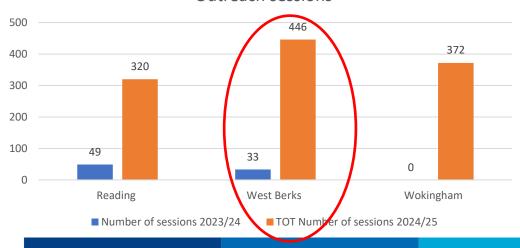
The health check takes about 30 minutes and includes:

measuring your height and weight measuring your waist a blood pressure check a cholesterol test a blood sugar test

CWO Number of delivered Community Wellness Outreach sessions



CWO Number of delivered Community Wellness Outreach sessions

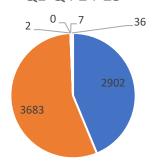


Activity – Sessions delivered

The number of sessions delivered continues to grow

TOT PEOPLE ATTENDED TOT BWEST SO FAR West Berks 121 0 1000 2000 3000 4000 5000 6000 7000 8000 Number of people 2024/25 Number of people 2023/24

Number of people attended Community Wellness Outreach sessions by gender O1-O4 24-25

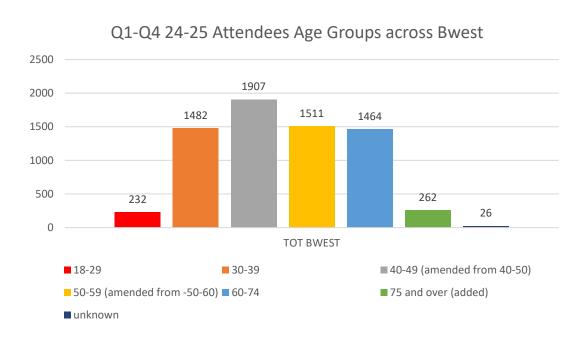


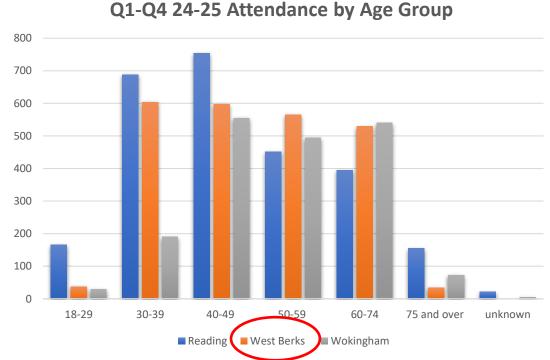
Targeted Activity – Number of people who attended the Community Wellness Outreach sessions

3989 are in the priority cohorts, 71% of Reading's activity, **73% of West Berks activity** and 22% of Wokingham's activity. We know that Wokingham are missing data on invites sent by GP practices and have not been able to count priority cohorts against this.

This split has been consistent throughout the project

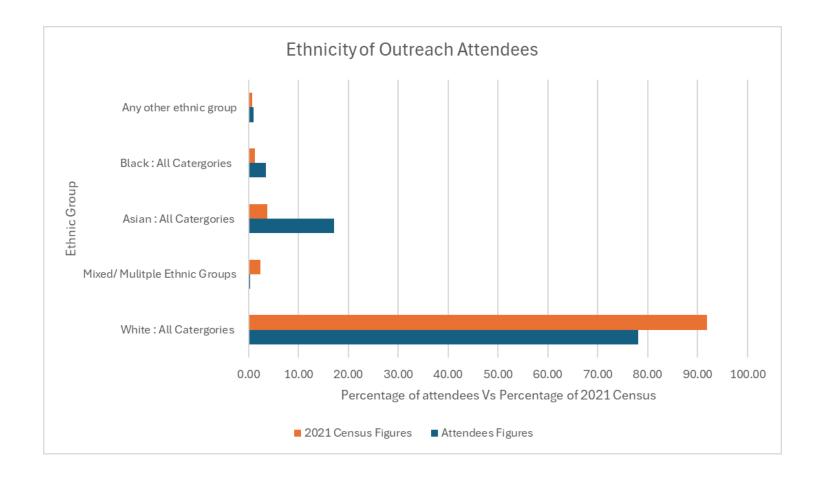
Activity – Number of people who attended the Community Wellness Outreach sessions





In Reading highest attendance is for the 40-59 age groups. We have a high number of people attending for the 30-39 age group in West Berks and Reading. In West Berks 30-39 is the group with highest attendance. Wokingham's highest attendance is for the 40-59 followed closely by the 60-74 age group.

Ethnicity of those attending sessions based on place - West Berkshire

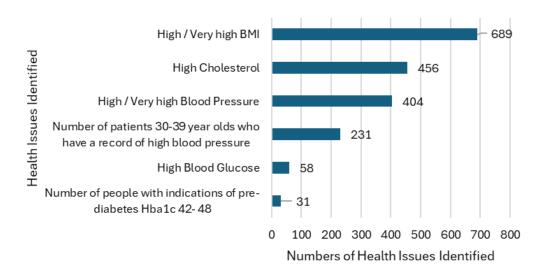


In addition to the standard groups (30-74, IMD 1-4 and haven't accessed general practice in last 12 months), West Berkshire are focussing on minority ethnic groups men in routine and manual occupations, carers, people with disabilities, people with drug or alcohol dependencies and Gypsy Roma and Traveller communities.

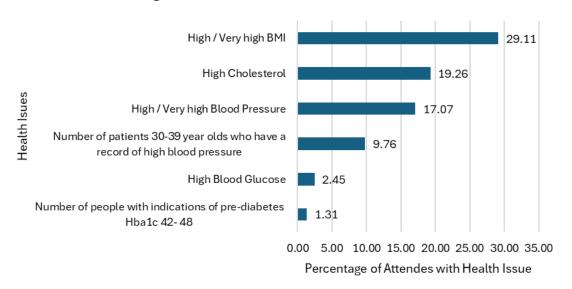
There is also a particular focus on residents of wards including IMD 1-3 decile.

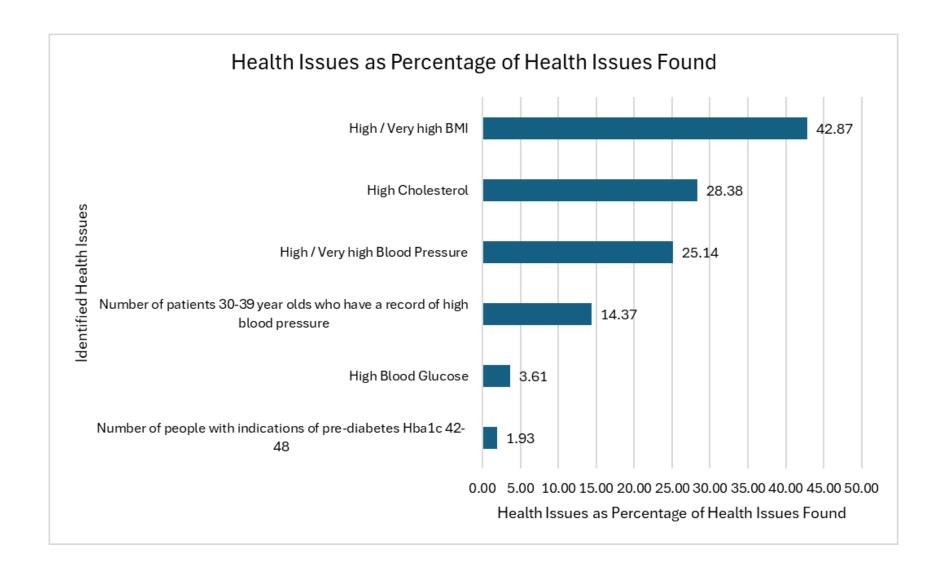
West Berks - 2367 Checks	Total Ind April - March 2367	Percentage of Patienst with Issue Issue	Percentage of Issues
2024/25	Totals	a	a
High / Very high BMI	689	29.11	42.87
High Cholesterol	456	19.26	28.38
High / Very high Blood Pressure	404	17.07	25.14
Number of patients 30-39 year olds who have a record of high blood pressure	231	9.76	14.37
High Blood Glucose	58	2.45	3.61
Number of people with indications of pre-diabetes Hba1c 42- 48	31	1.31	1.93

Number of Health Issues Identified



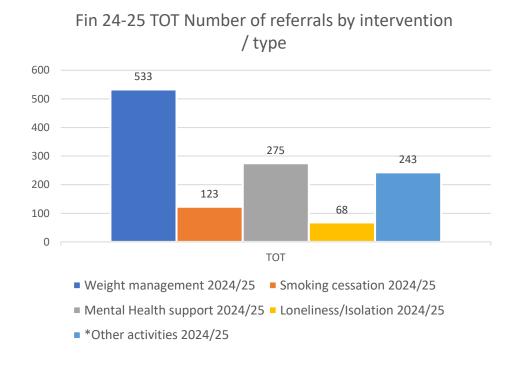
Percentage of Attendees Identifed with Health Issue

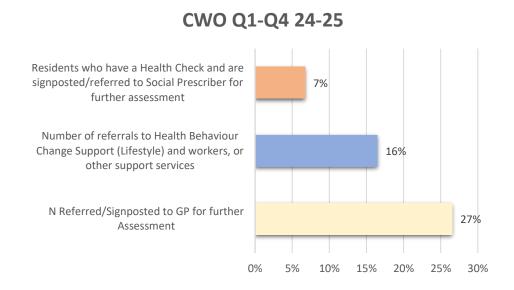




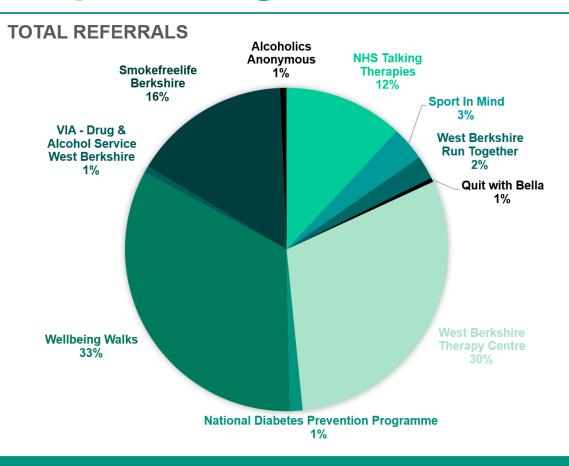
Onwards Referrals and Signposting

There are some challenges within data but the known data indicates that the highest number of referrals was made to Weight Management services, followed by Mental Health Support Services.





Who are people being referred to?





PCN	Eligible Population	Vaccin	ations	% Uptake	
A34	5,484		3,469	63.26%	
Kennet	5,466		3,537	64.71%	
West Berkshire Rural	West Berkshire Rural 3,491				
West Reading Villages	5,890		3,545	60.19%	
ВОВ	228,421	1	129,065	56.50%	
	Ethnicity	*	Average Uptake 📢		
Unknown			16.13%		
P: Black or Black Briti	sh - Any other Black backg	round	21.73%		
N: Black or Black Briti	ish - African		23.26%		
R: Other ethnic group	s - Chinese		24.24%		
J: Asian or Asian Britis	29.17%				
K: Asian or Asian Briti	30.56%				
F: Mixed - White and A	34.38%				
H: Asian or Asian Briti	36.43%				
99: Not known	38.58%				
E: Mixed - White and E	39.64%				
L: Asian or Asian Britis	L: Asian or Asian British - Any other Asian background				
M: Black or Black Brit	46.33%				
S: Other ethnic group	48.76%				
G: Mixed - Any other n	49.70%				
D: Mixed - White and I	52.50%				
B: White - Irish	55.60%				
C: White - Any other w	56.48%				
A: White - British	64.48%				

COVID
Vaccination
Summary
Spring 25 updates
for
West Berkshire

Deprivation Decil	e is 07, 08, 09, or 10 / Age Band is 0-9	Deprivation Decile is 01, 02, 03, or 04 / Age Band is 0-9						
RegisterType	RegisterDescription •	% Prevalence	RegisterType	▼ RegisterDescription	% Prevalence			
Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose	86.9%	Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose	85.6%			
Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses	64.0%	Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses	63.5%			
Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose	92.4%	Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose	94.5%			
Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses	89.9%	Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses	92.1%			
Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses	82.1%	Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses	84.0%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)	93.8%	Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)	95.3%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)	86.0%	Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)	87.2%			
Rotavirus (Child Imms)	Vaccinated - 1 dose	92.2%	Rotavirus (Child Imms)	Vaccinated - 1 dose	91.9%			
Rotavirus (Child Imms)	Vaccinated - 2 doses	89.7%	Rotavirus (Child Imms)	Vaccinated - 2 doses	89.2%			
Deprivation Decile is 01, 02, 0	3, or 04 / Ethnicity LO is White / Age	Band is 0-9	Deprivation Decile is 01, 02, 03, or 04 / Ethnicity LO is BAME/ Age Band is 0-9					
RegisterType	RegisterDescription	% Prevalence	3 .:		% Prevalence			
Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose		Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose	86.5%			
Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses		Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses	57.7%			
Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose		Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose	86.5%			
Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses		Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses	80.8%			
Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses		Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses	71.2%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)		Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)	98.1%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)		Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)	82.7%			
Rotavirus (Child Imms)	Vaccinated - 1 dose		Rotavirus (Child Imms)	Vaccinated - 1 dose	82.7%			
Rotavirus (Child Imms)	Vaccinated - 2 doses	90.7%	Rotavirus (Child Imms)	Vaccinated - 2 doses	80.8%			
Ethnicit	ry is White Age Band is 0-9		Ethnic	city BAME / Age Band is 0-9				
RegisterType	RegisterDescription	% Prevalence	RegisterType	▼ RegisterDescription	% Prevalence			
Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose	87.8%	Measles, Mumps, Rubella (MMR)	Vaccinated - 1 dose	82.0%			
Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses	64.8%	Measles, Mumps, Rubella (MMR)	Vaccinated - 2 doses	59.5%			
Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose	94.6%	Meningitis B - MenB (Child Imms)	Vaccinated - 1 dose	75.6%			
Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses	92.2%	Meningitis B - MenB (Child Imms)	Vaccinated - 2 doses	71.2%			
Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses	84.4%	Meningitis B - MenB (Child Imms)	Vaccinated - 3 doses	63.3%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)	94.6%	Pneumococcal (PCV - Child Imms)	Vaccinated - 1 dose (under 2yo)	87.2%			
Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)	86.7%	Pneumococcal (PCV - Child Imms)	Vaccinated - 2 doses (under 2yo)	77.4%			
Rotavirus (Child Imms)	Vaccinated - 1 dose	93.5%	Rotavirus (Child Imms)	Vaccinated - 1 dose	81.9%			
Rotavirus (Child Imms)	Vaccinated - 2 doses	90.9%	Rotavirus (Child Imms)	Vaccinated - 2 doses	79.1%			