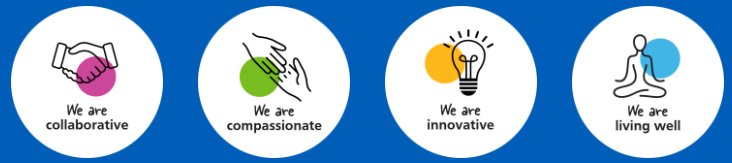
NHS
Mid and South Essex

Health Inequalities Information Statement

Annual report
2023/24

www.midandsouthessex.ics.nhs.uk



Health Inequalities Information Statement background

- Tackling inequalities in outcomes, experience and access is one of the four key purposes of ICSs
- In November 2023 NHSE published new guidance on how NHS bodies discharge their responsibility to report information on health inequalities

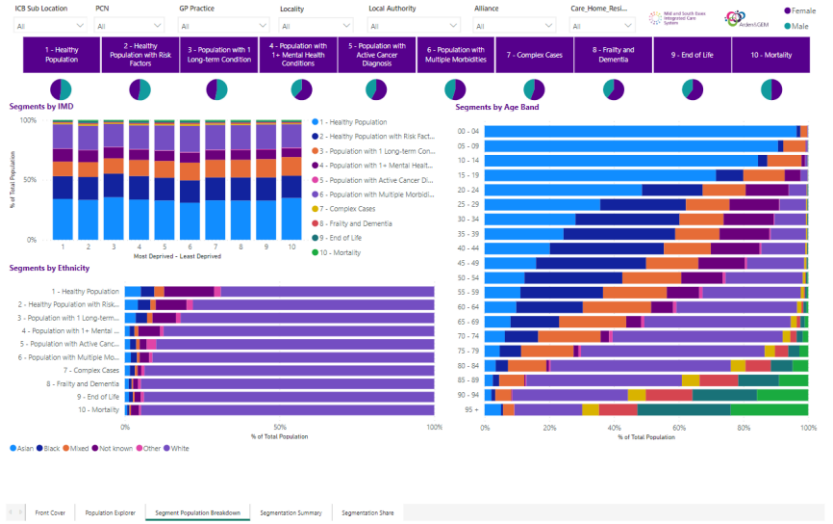
  NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)
- The guidance reflects a proportionate and phased approach to gathering and making use of available information on health inequalities and that this will evolve over time
- NHSE provided list of indicators that NHS bodies should collect, analyse and publish on health inequalities

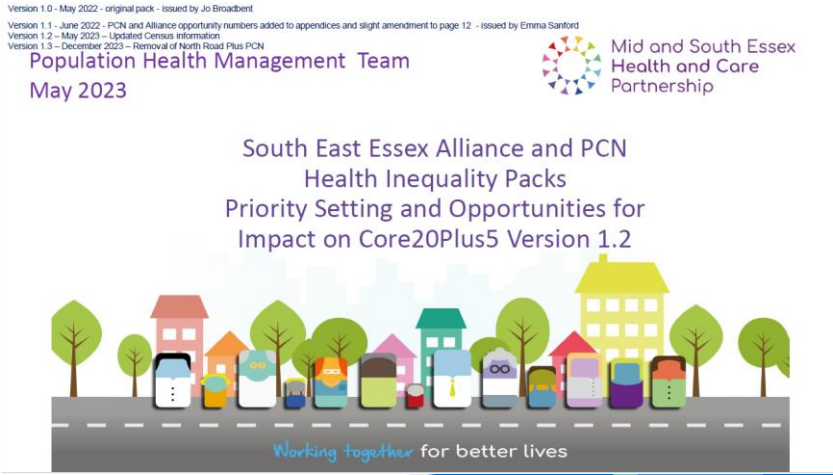
  NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006)
- MSE ICB's annual report sets out how it meets its legal duty regarding the need to reduce health inequalities that includes:
  - Taking a population health improvement approach to understanding health needs and designing interventions that reduce health inequalities
  - Utilising the Core20plus5 frameworks to target and prioritise resources for the greatest impact
- This Health inequalities information statement is supplementary to the MSE ICB annual report and together provides MSE position against the NHSE guidance.
- MSE reporting on health inequalities will continue to develop in maturity

Health inequalities reporting in MSE

MSE ICB working with its partners in public health and Arden & GEM CSU to strengthen its use of business intelligence to understand and respond to population needs through use of:

- Local Authority Joint Strategic Needs Assessments
- Integrated health and social care data and its expansion to include other socioeconomic factors such as housing data
- Population segmentation tool that provides insights at Alliance, PCN and Practice level
- Core20plus5 Alliance and PCN packs to inform priority setting and opportunities
- Health Inequalities dashboard in development
- Reports developed with standard Health Inequalities functionality enabling review by deprivation, ethnicity, sex and age
- Health Inequalities Impact Assessments and development of digital Impact EQ for use across health providers in MSE





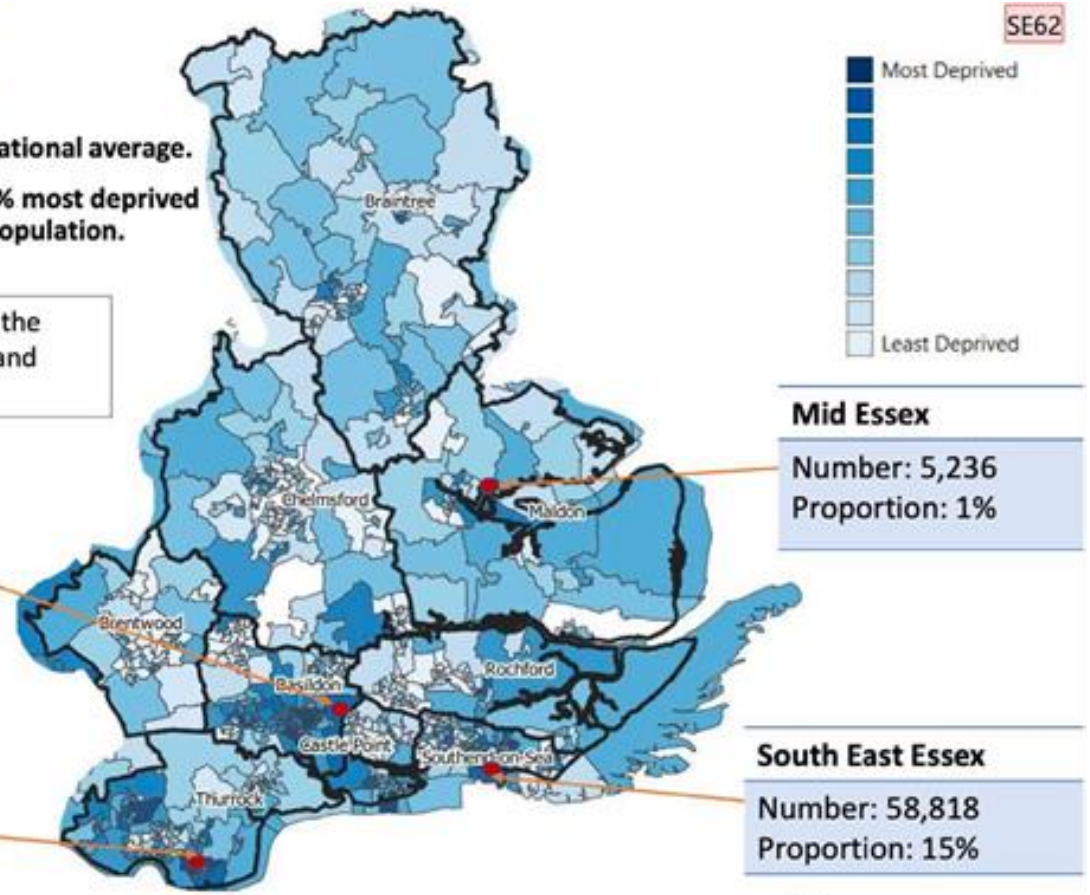
MSE population

Deprivation in MSE

On average deprivation in MSE is lower than the national average.

In MSE an estimated 133,000 people live in the 20% most deprived areas nationally. That is 10.5% of the whole MSE population.

Each box describes the Alliance population living in the 20% most deprived areas nationally (total number and percentage of their population



Basildon and Brentwood

Number: 48,217
Proportion: 17%

Mid Essex

Number: 5,236
Proportion: 1%

Thurrock

Number: 21,271
Proportion: 11%

South East Essex

Number: 58,818
Proportion: 15%

Source: patient level deprivation decile 2019 (IMD), AGEM data warehouse, March 2022

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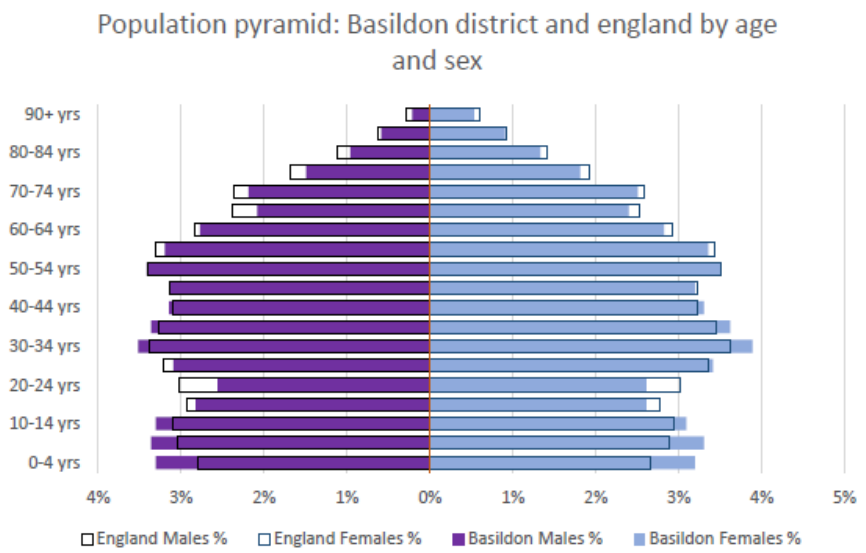
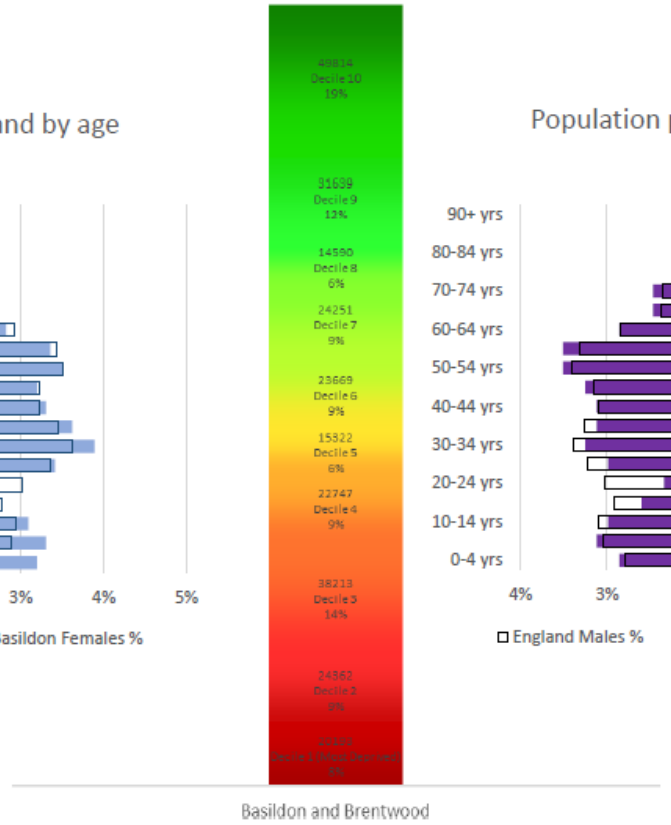
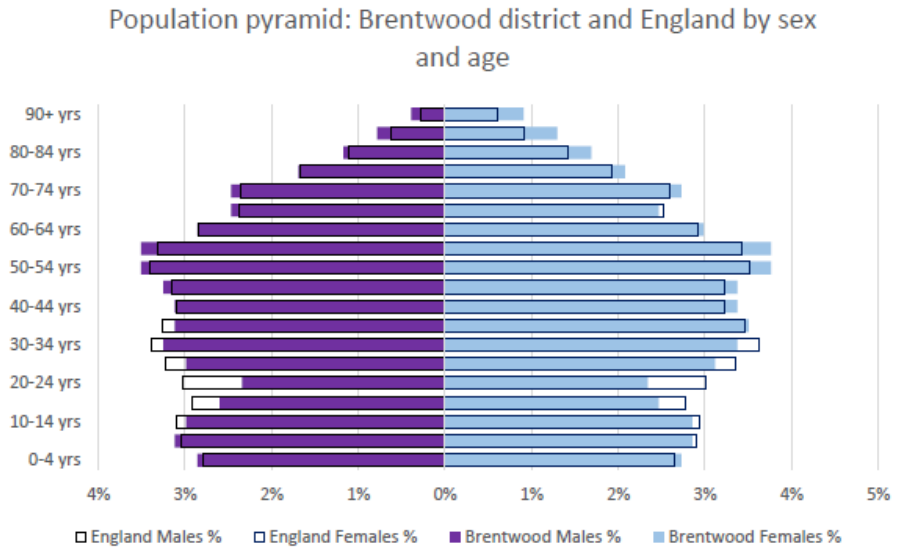
Population Structures in Basildon and Brentwood

Population size (and percent) by Deprivation Decile.
Mid-2020 resident estimates







Source: Census 2021 data

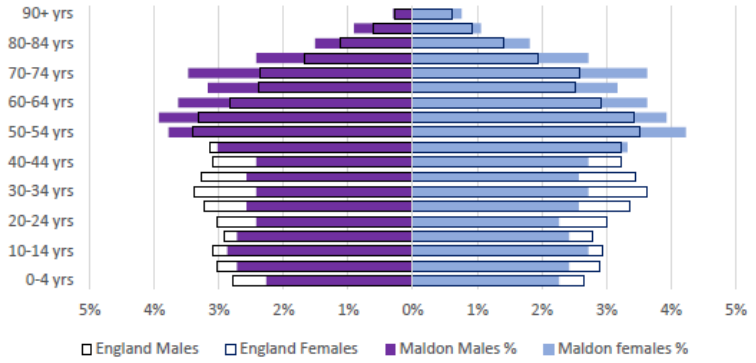
17% of the population of Basildon and Brentwood reside in the two most deprived deciles

In Basildon there is a higher proportion of children 14 years and under compared to the England average

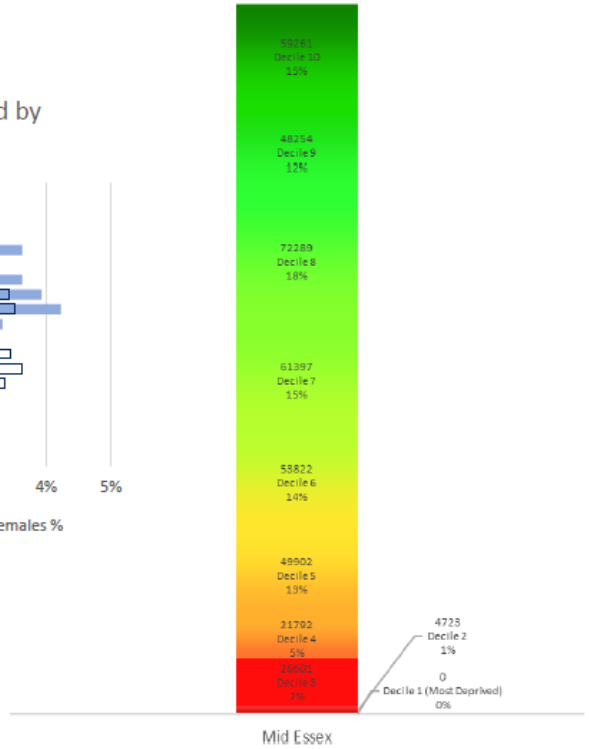
In Brentwood there is a greater proportion of older people aged 55 years and above

Population Structures in Mid Essex

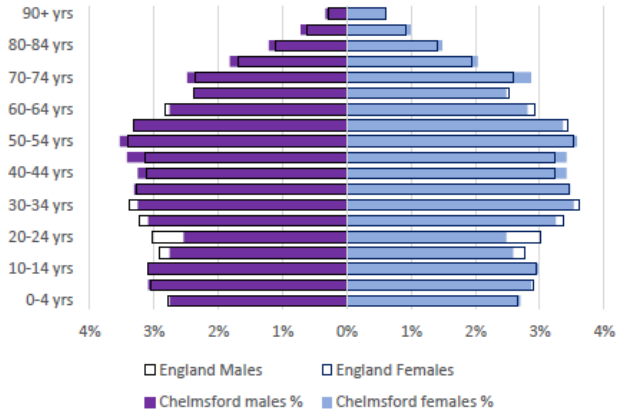
Population pyramid: Maldon district and England by age and sex



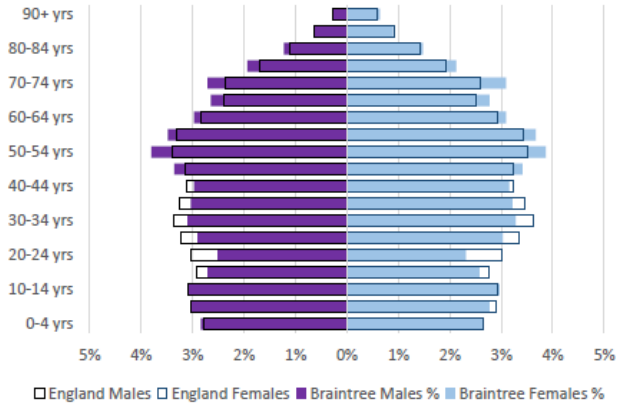
Population size (and percent) by Deprivation Decile. Mid-2020 resident estimates



Population pyramid: Chelmsford district and England by age and sex



Population pyramid: Braintree district and England by age and sex



Source: Census 2021 data

1% of the population of Mid Essex reside in the two most deprived deciles

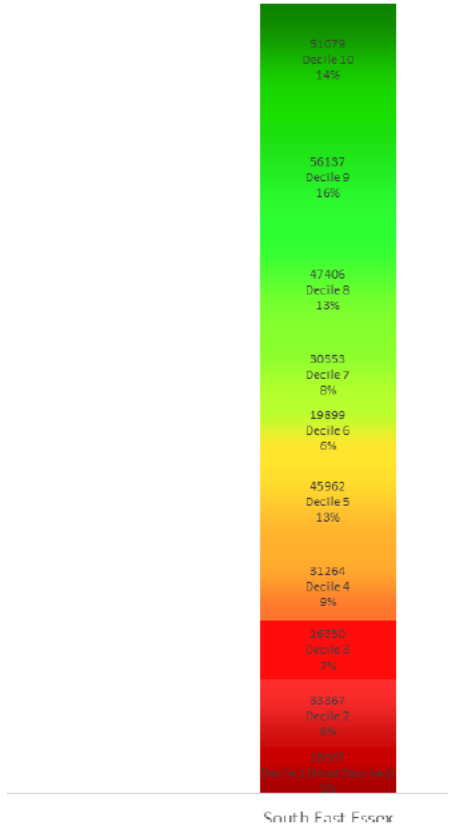
Maldon has a significantly older population compared to national average

In Chelmsford there is a higher proportion of working age 35 years to 65 years

Braintree also has a higher older population, aged 50 years to 80 years.

Population Structures in South East Essex

Population size (and percent) by Deprivation Decile.
Mid-2020 resident estimates

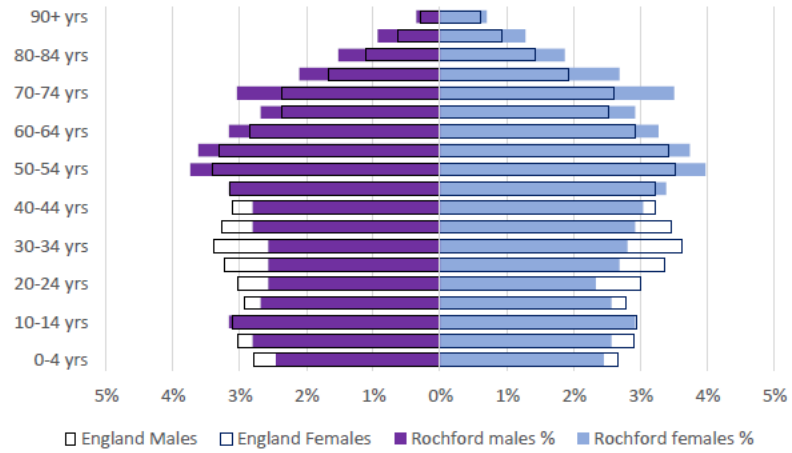


Rochford

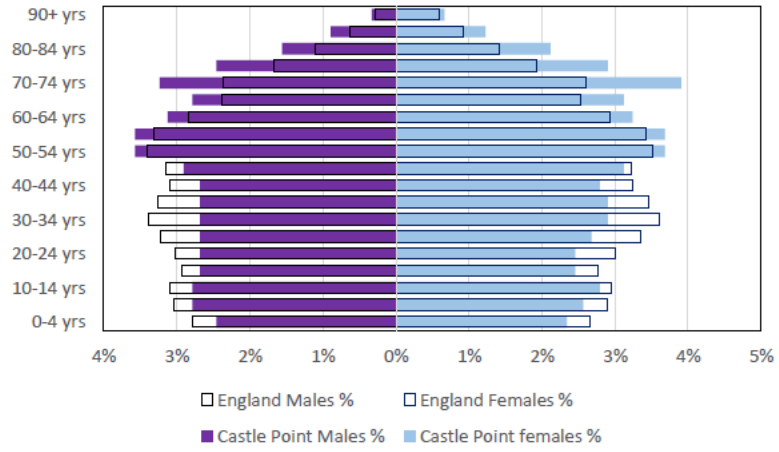
Castle Point

Southend

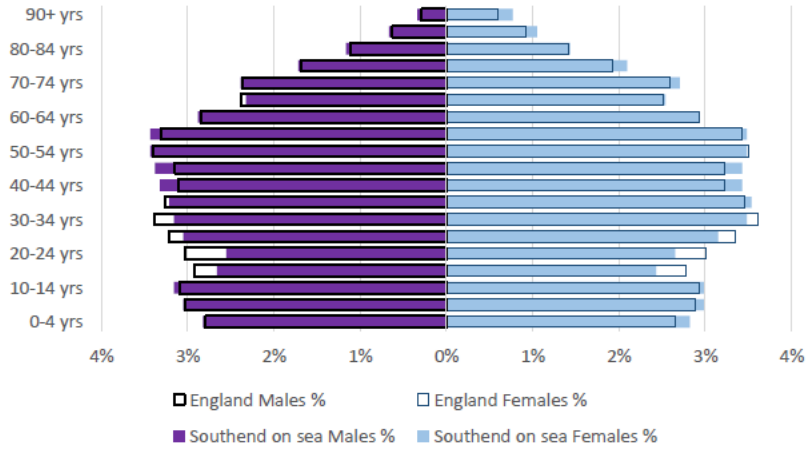
Population pyramid: Rochford district and England by age and sex



Population pyramid: Castle Point district and England by sex and age



Population pyramid: Southend-on-sea district and England by age and sex



Source: Census 2021 data

14% of the population of South East reside in the two most deprived deciles

Castle Point and Rochford have significantly older populations compared to national average

Southend-on-Sea has a higher working age population, aged 40 to 60 years

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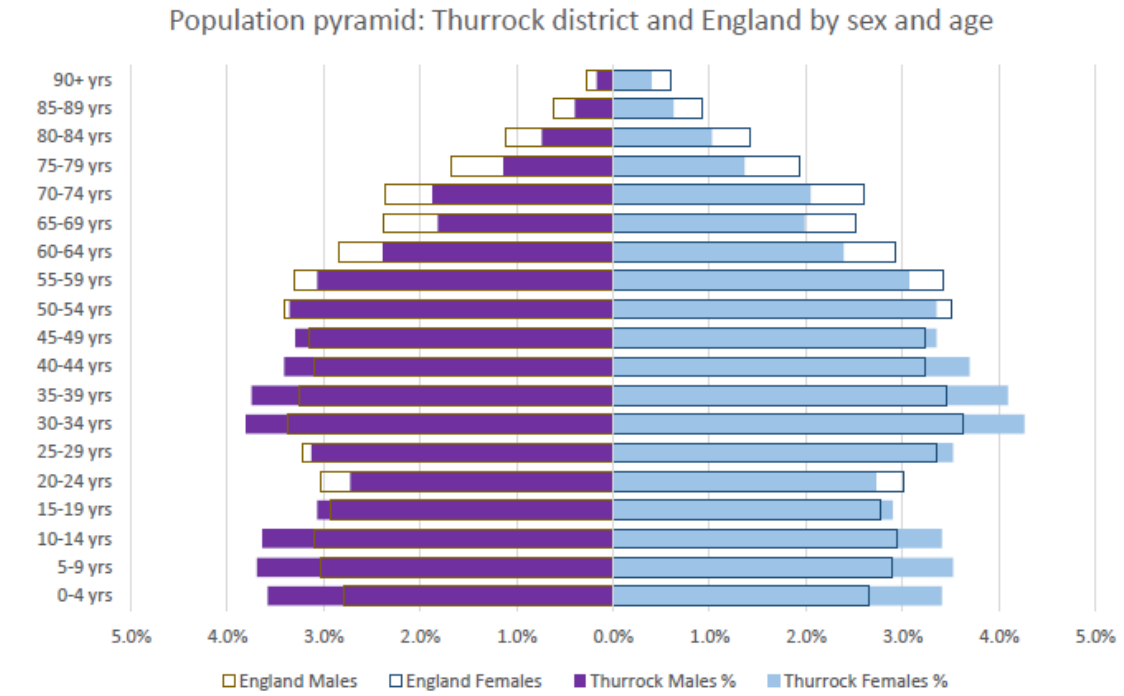
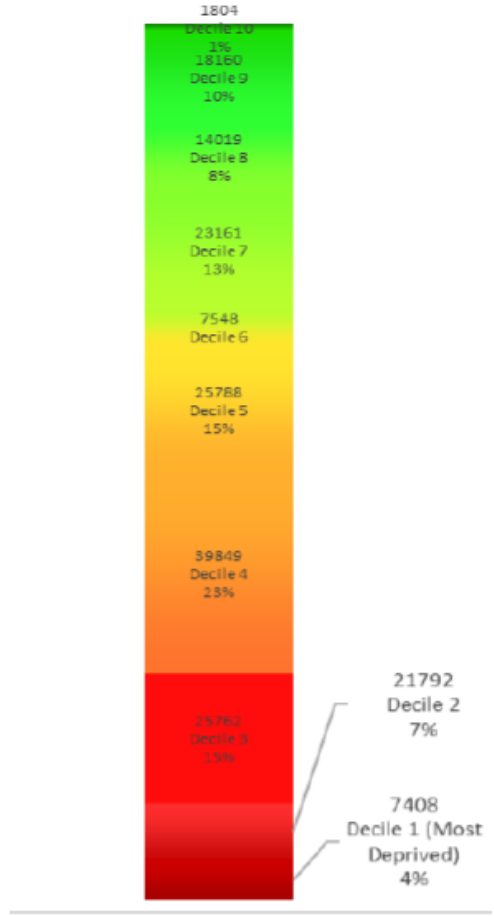
Population Structures in Thurrock



Source: Census 2021 data



11% of the population of Thurrock reside in the two most deprived deciles

Thurrock has a higher working age population, aged 30 to 50 years.

2021 Census Ethnicity data

na=not available due to small number suppression

000s

Area Name	Total	White British	%	Other White	%	Mixed	%	Asian	%	Black	%	Other	%
Basildon	188	154	81.91%	10	5.32%	5	2.66%	8	4.26%	9	4.79%	2	1.06%
Braintree	155	140	90.32%	7	4.52%	3	1.94%	3	1.94%	2	1.29%	na	na
Brentwood	76	64	84.21%	4	5.26%	2	2.63%	4	5.26%	2	2.63%	na	na
Castle Point	89	83	93.26%	2	2.25%	1	1.12%	2	2.25%	1	1.12%	na	na
Maldon	64	62	96.88%	2	3.13%	na	na	na	na	na	na	na	na
Rochford	85	80	94.12%	3	3.53%	1	1.18%	1	1.18%	na	na	na	na
Chelmsford	182	150	82.42%	10	5.49%	5	2.75%	10	5.49%	5	2.75%	2	1.10%
Southend-on-Sea	182	147	80.77%	12	6.59%	6	3.30%	10	5.49%	5	2.75%	2	1.10%
Thurrock	176	116	65.91%	19	10.80%	5	2.84%	12	6.82%	21	11.93%	3	1.70%
Total	1,197	996	83.21%	69	5.76%	28	2.34%	50	4.18%	45	3.76%	9	0.75%

Data taken from the 2021 Census data Some suppression is present in smaller groups.

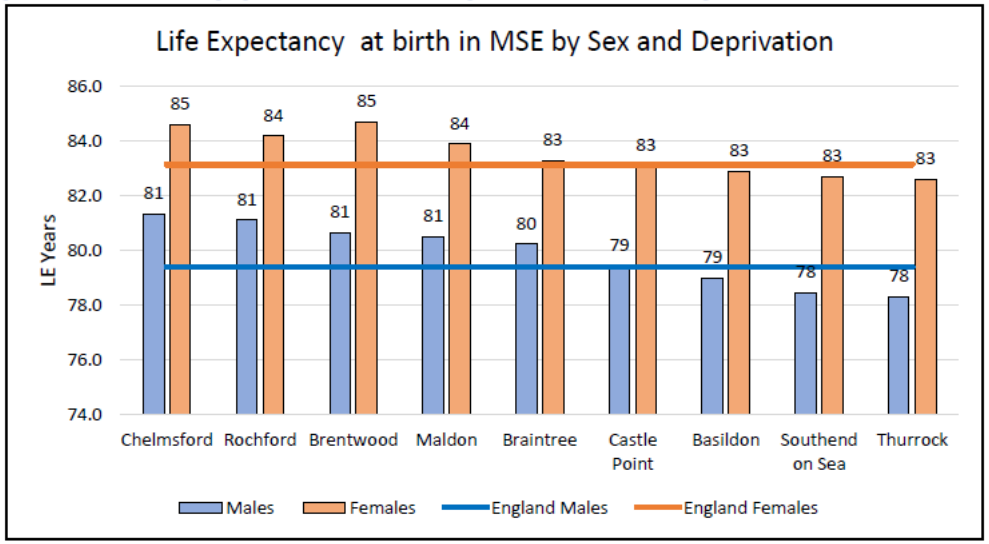
83% of the population of MSE is White British. This is a higher proportion compared to England as a whole 73.5%.

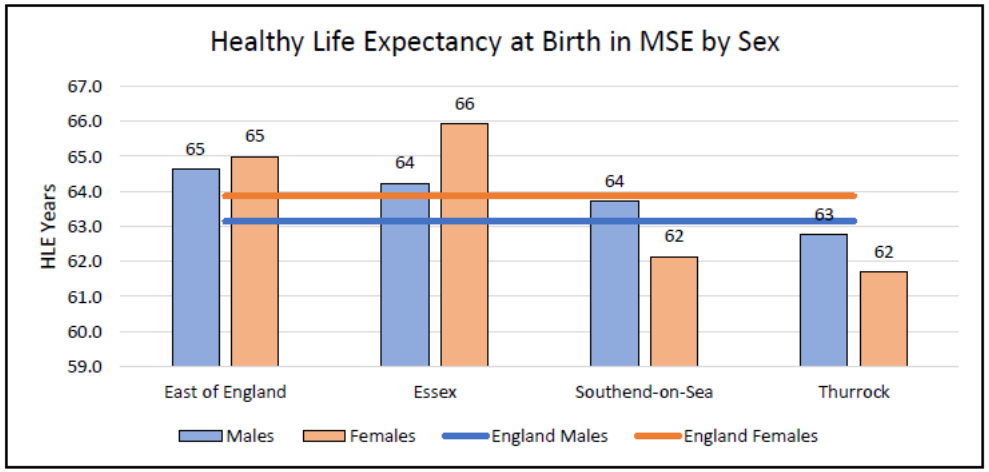
The second largest ethnic group is ‘Other white’.

Basildon, Southend and Thurrock have the greatest Black, Asian and Minority Ethnic groups.

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021

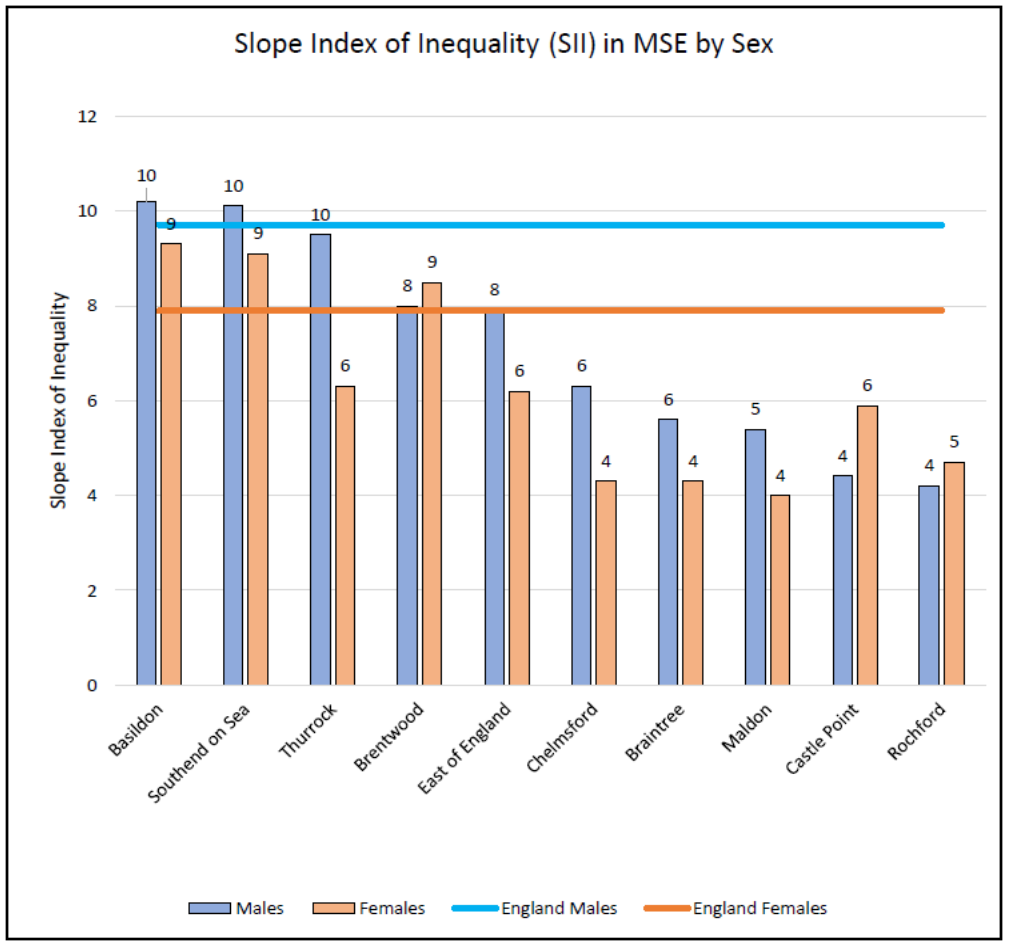
(Healthy) Life Expectancy in MSE





- Life expectancy is a key metric for assessing a population's health. Healthy life expectancy indicates how long a population is expected to experience good health.
- Overall, Females have a higher life expectancy than Males
- Male healthy life expectancy is lower than East of England average across Mid and South Essex but lower than England average only in Thurrock.
- Female healthy life expectancy is higher in Essex than that the England average, however in Southend-on-Sea and Thurrock it is much lower

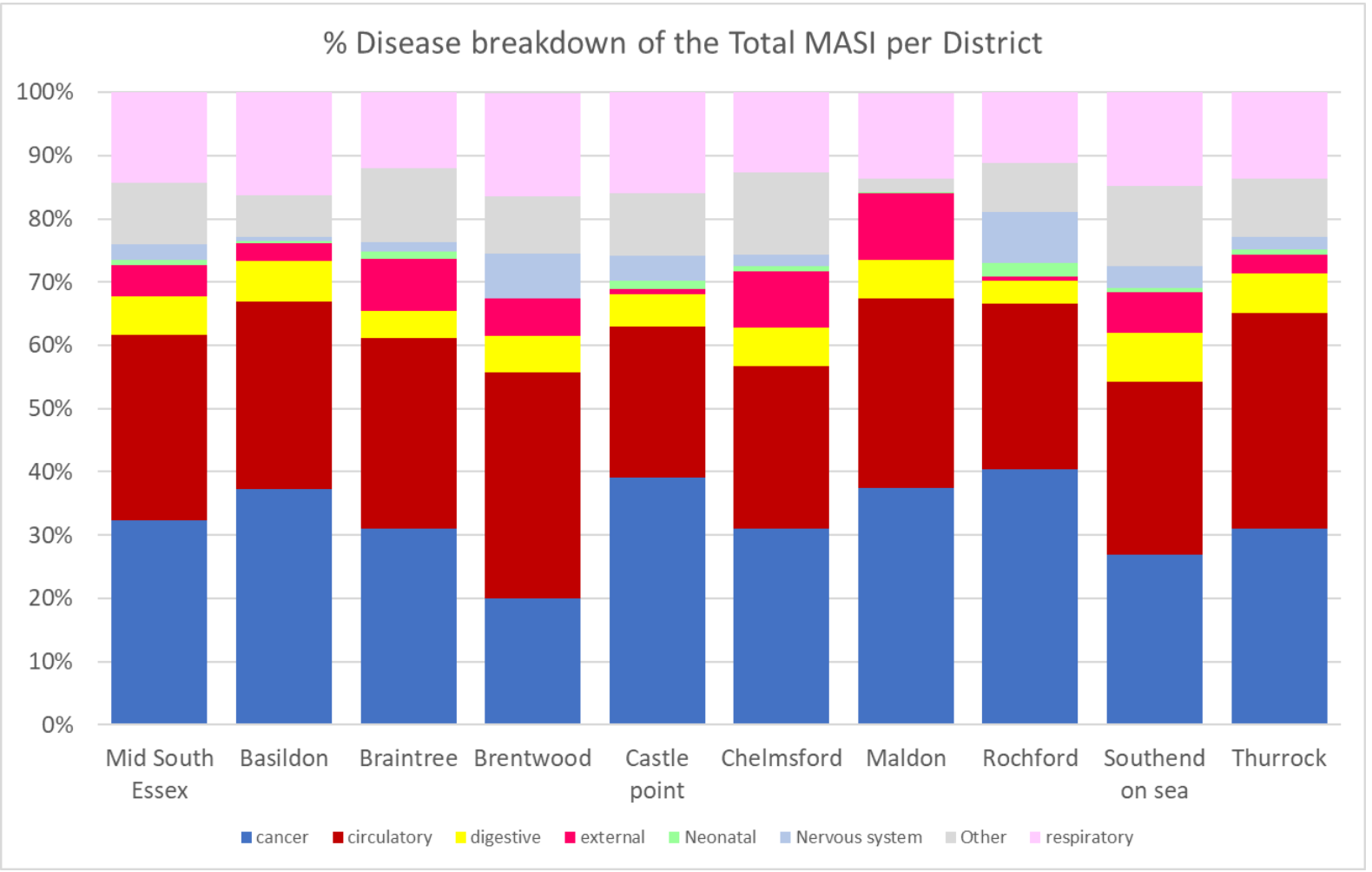
Inequality in Life Expectancy in MSE



Source: ONS data from fingertips 2020

- The Slope index of inequality is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range of years of life expectancy across the social gradient from most to least deprived.
- Basildon and Southend-on-Sea have an inequality gap within their than is greater than the average for England for both men and women. Brentwood has a greater inequality gap than average for women.
- Chelmsford, Braintree, Maldon, Castle Point and Rochford have an inequality gap within their populations that is lower than England average.
- The areas that have a lower life expectancy overall (Thurrock, Southend-on-Sea and Basildon) also have a greater inequality of life expectancy within their populations.

Mortality attributable to socioeconomic inequality



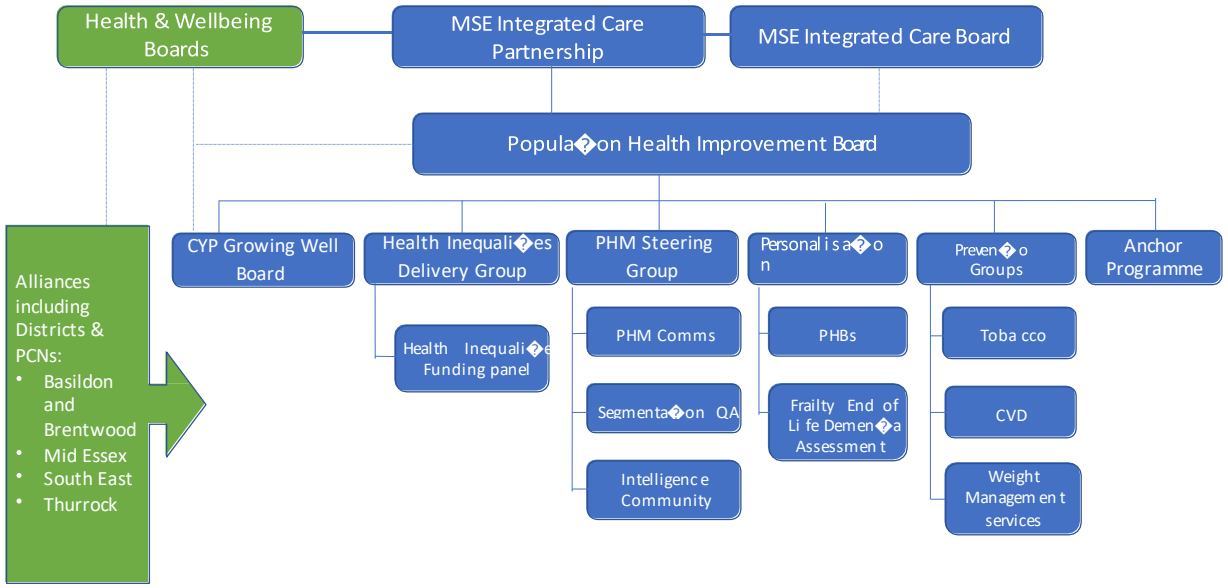
- Mortality attributable to socioeconomic inequality (MASI) relates to excess number of deaths compared to the least deprived areas in England
- There is over 14,500 excess deaths in mid and south Essex relating to socioeconomic inequality
- The graphs shows percentage that each disease category contributing to MSAI overall
- All districts in mid and south Essex have Cancer, Circulatory disease and Respiratory disease in their top three contributors to MASI
- Patterns are similar in most districts

Health inequalities governance in MSE

MSE established a Population Health Improvement Board with representation from partners across the system to drive an integrated approach inequalities improvement.

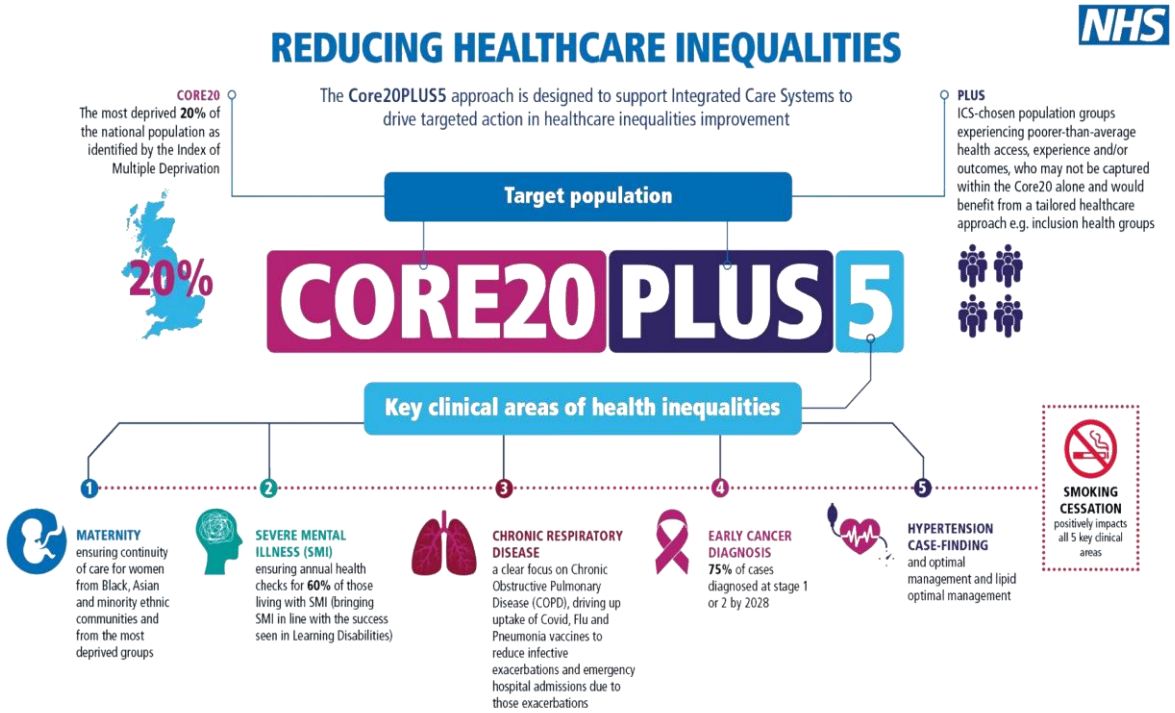
This Board brings together programme of work across:

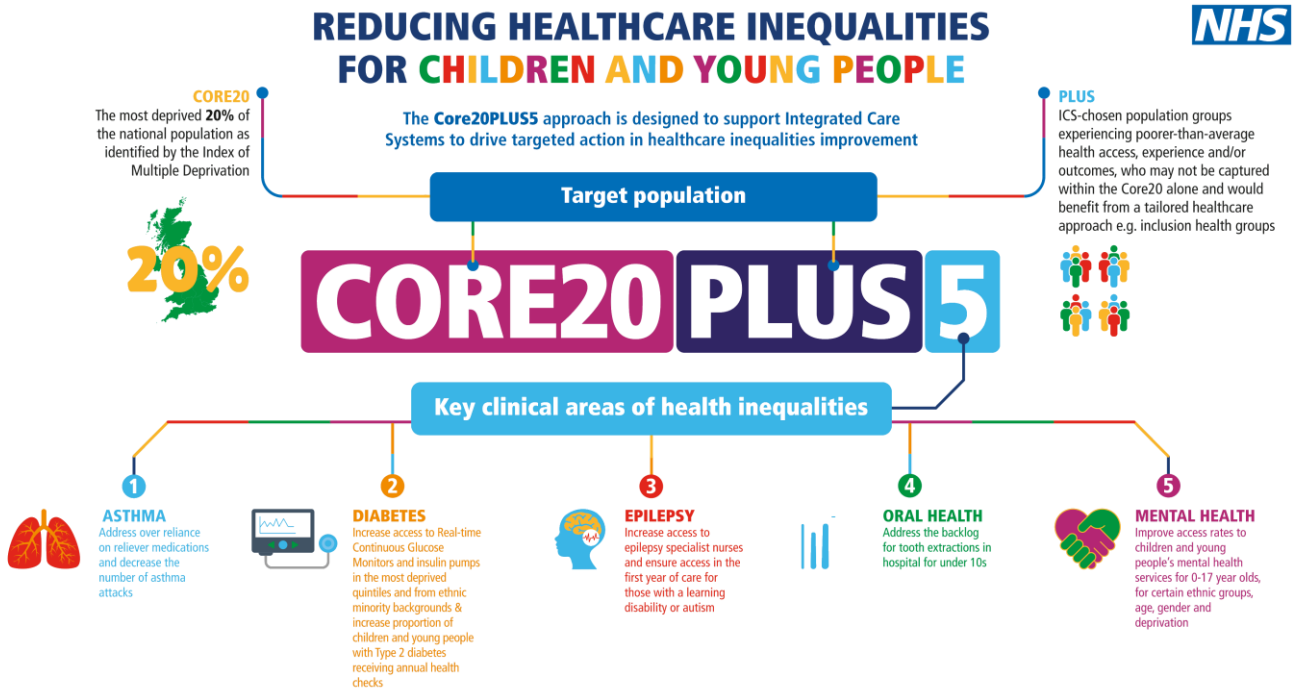
- Health inequalities
- Population Health Management
- Prevention
- Personalised Care
- Anchor programme



The Population Health Improvement Board reports up to both the MSE Integrated Care Partnership to bring together the work around wider determinants of health and to the Integrated Care Board to drive improvements around specific healthcare priorities.

MSE has adopted the NHS Core20PLUS frameworks





Adult Plus groups identified in MSE that may experience poorer health outcomes :.

- Black and Minority Ethnic groups
- Carers
- People with Learning Disabilities
- People experiencing Homelessness
- Gypsy, Roma, and Traveller communities.
- Veterans

Children and Young People Plus groups identified in MSE that may experience poorer health outcomes :.

- Young Carers,
- Ethnic minorities
- Roma, Gypsy, Travellers,
- Looked After Children, Care Givers
- Learning Disability
- Special Educational Needs and Disabilities (SEND),
- Neurodiversity (ASD and ADHD, Tics and Tourette's)
- Young people in the criminal justice system
- Families in Temporary Accommodation,
- Emotionally Based School Avoidance (EBSA),
- Unaccompanied asylum seekers, migrants
- CYP affected by Domestic Abuse

Addressing health inequalities in everything we do

In 2023/24 the MSE health inequalities programme has focused on developing a culture of addressing health inequalities across all our business areas. In support of that ambition, we have:

- Ensured equitable access through use of Equality and Health Inequalities Impact Assessments to identify impacts of service changes and set out appropriate mitigations to ensure health inequalities are addressed.
- Invested in the development of a digital Equality and Health Inequalities Impact Assessment tool ‘ImpactEQ’. This will enable us to ensure high quality assessment are delivered consistently and roll out in 2024/25 will be supported by an organisational development approach that emphasises co-designing of services with residents and engaging those from vulnerable groups.
- Developed Health inequalities champions across the system including Finance Fellows as part of the Healthcare Financial Management Association (HFMA) Health Inequalities Finance Programme to support existing health inequalities ambassadors.
- Promoted Narrowing the gap in health inequalities through; the first jointly hosted conference with the Royal College of GPs, a system wide webinar with Allied Health Professionals (AHP) via and promotion of published Core20PLUS5 articles and case studies.
- Showcased the good practice being undertaken in MSE on CVD at national and regional networks. Alongside sharing work on SMI health checks with NHS confederation, NHSE and Institute for Health Improvement as part of being a Core20PLUS accelerator site.
- Embedded evaluation into the work the ICB is undertaking on Health inequalities by working with our partner the University of Essex.

Working with our most deprived communities

Narrowing the gap in health inequalities in our most deprived communities is a priority for all our four Alliance partnerships. Each Alliance has tailored their approach and focused on specific areas, groups or conditions based on the needs of their local populations and the engagement work undertaken with their communities.

Basildon Alliance

- Working in partnership with Sport for Confidence to support people with Learning disabilities to access services and make informed decisions about cancer screenings and vaccinations
- SMI health checks increased to over 60% through collaborative working between Vita Health and GP practices by offering greater choice in preferred location of health checks.
- Established Wellbeing Cafes in collaboration with Motivated Minds and Achieve Thrive Flourish to provide support on a range of topics including mental health, health and wellbeing, nursing, childcare, housing officers, social services and Citizens Advice Bureau. The cafes offer a mixed programme of activities including social, exercise, talks on health related topics. The cafes have shown to support participants to:
    - Develop social interactions and relationships, reducing feelings of isolation
    - Improve physical activity
    - Access to other voluntary and statutory services
    - Build resilience, provide coping mechanisms and reduce dependency on the health services

Working with our most deprived communities

Mid Alliance

- Utilising the Thriving Places index (TPI) to provide a framework to identify those groups that are most of risk of health inequalities but also includes community indicators such as housing quality, education and green infrastructure.
- In 2023/24 there has been a focus on the following population interventions; Serve Mental Illness (SMI) and Learning Disability health checks, Colne Valley Low Carb Programme, weight management services, sensory wellbeing specialist service and roll out of MSE wide initiatives
- Clinical outreach scheme led by Chelmer PCN in partnership with, amongst others, Sanctus, Chess and Provide to support to those experiencing homelessness to develop confidence to engage with statutory services.

South East Alliance

The priorities in 2023/24 were :

Mental health & wellbeing, incorporating supporting long term independence; Aging Well; unpaid carers and autism.

- Weight management, physical activity & obesity.
- Alcohol & substance misuse.
- Supporting long term independence incorporating social prescribing and loneliness and self-care community resilience.
- Health inequity and wider determinants of health incorporating: the food environment and food poverty, homelessness and accommodation (decent, affordable, stable).

Working with our most deprived communities

Thurrock Alliance

The focus in 2023/24 was:

- Obesity and Weight management. Nearing 10,000 adults identified and contacted to attend healthy lifestyle clinics
- Tobacco control. A tobacco control strategy and smoking cessation implementation plan has been in place, the current activity is focussing on small businesses in Thurrock, providing training, stop smoking packs, and ongoing support to the 16 companies that have signed up to this initiative.
- Hypertension detection and management. A proactive initiative designed to reduce the number of cardiac events by the additional involvement of pharmacies, to support individuals at medium risk of CVD-related events with a diagnosis of hypertension that this not being actively treated.

PLUS groups

The ICB PHM team are developing local data and insight for the ‘PLUS’ groups within MSE to identify areas of greatest need and best practice interventions. However, based on national insight we continue to undertake programmes of work to address underlying health inequalities in our ‘PLUS’ groups including:

Ethnic Minority Groups

Changing the way GP practices communicate with patients in BAME community by encouraging face to face meetings to help break down cultural barriers and allay concerns to improve uptake in cancer screening

Veterans

Using Veterans voices to inform how services are delivered utilising research conducted by Healthwatch . MSEFT awarded veteran aware accreditation

Homeless

Bringing together the NHS, Southend-on-Sea City Council, food banks, soup kitchens, hostels, outreach teams, hospital, mental health, and substance misuse providers to deliver an integrated health service to those experiencing homelessness.

People with Learning disabilities

Implementation of improvement plan has seen a year on year increase in % of individuals having a health check through greater partnership working between the LD specialist health team and primary care colleagues

Gypsy, Roma, Traveller Communities

Improving access to health services in Thurrock through a monthly programme of visits to deliver preventive health interventions and facilitate registration with a GP practice

Inclusion health groups

MSE first ICS in EoE to commission Pride in Practice offering free training and support to over 25 accredited practices

5 Clinical Priorities - Adults

Work has continued in 2023/24 around the five clinical priority areas for adults:

Maternity

Implementation of the Maternity Equity and Equality action plan reduce risk of preterm births with focus on those from a black ethnic background

Creation of a patient information leaflet highlighting the risks around ethnicity

Introduction of preterm birth digital tool 'QUiPP' app to improve prediction and care of those who may be in preterm labour

Launch of Smoke Free Pathway including provision of in-house smoking cessation support

Severe Mental Illness

Spread of learnings across localities with strengthening of relationships between primary care and VCSE partners.

Participation in NHSE Core 20 accelerator site with focus on quality improvement and co-production

Delivered year on year improvement in uptake of annual health check and performance in upper quartile nationally

Respiratory

Continued focus on promoting Covid and Flu vaccine uptake with at risk groups.

Adopting a Make Every Contact Count (MECC) approach as part of outreach work

Delivering higher uptake across most ethnicity groups in MSE compared to national average

Launch of Pneumococcal vaccine awareness and education campaign, with easy-to read document developed in partnership with voluntary sector groups to increase awareness and uptake among those with learning disabilities

Cancer

PCNs act on data received on cancer screening uptake by deprivation and at risk groups.

Development of culturally competent communication with videos from local doctors about how to recognise signs and symptoms of some of most common cancers

Expansion of national lung cancer screening programme to Castle Point and Rochford with continuation in Thurrock and Southend

Hypertension

Over 92,000 residents participating in the programme with distribution of 2,000 blood pressure machines to GPs in most deprived areas

Outreach clinics undertaken in deprived areas of Southend to improve identification and management of hypertension

On trajectory to achieve national targets regarding hypertension management and prescribing of cholesterol lowering therapies

5 Clinical Priorities – Children and Young People

Work has continued in 2023/24 around the five clinical priority areas for children and young people:

Asthma

Utilising data to identifying those most at risk of exacerbations and who would benefit from proactive care

Roll out of Childhood Asthma training for primary care

Encouraging access to education tool for children and their family to support them in learning more about asthma, triggers and effective management

Diabetes

Improvement plan in development in Q4 of 2023/25 to increase access to Continuous Glucose Monitoring and insulin pumps within agreed protocols and NICE Guidance by 2025/26.

Epilepsy

Improvement Plan is under development overseen by the MSE Growing Well Board to implement the national care bundle for children and young people with Epilepsy.

Oral Health

Adoption of a system wide approach to child oral health working across health providers, education sector, public health and with community and voluntary sector groups

Thurrock was chosen by NHSE as pilot site for Early Year Oral Health Improvement through its Family Hubs

Initiatives include supervised toothbrushing in earl years and distribution of toothbrush packs

Mental Health

Growing Well Board has prioritised SEND and neurodiversity and committed health inequalities funding toward pre and post diagnosis support

Recruitment of PCN based Children and Young People's Mental Health Practitioners commenced

Working in partnership across system to strengthen early intervention, support and education for Schools and Colleges.

Planning priorities 2023/24 – Health inequalities

Restore NHS services inclusively	• Elective Recovery Equality Health Impact Assessment completed with mitigation action to reduce identified barriers to access • Elective waiting list data analysed by ethnics, sex and deprivation with regular reporting to MSEFT Board and Elective Care Board • Gap in waiting times between the most deprived and second most deprived areas halving in last 23 months
Mitigate against digital exclusion	• Access to primary, secondary and community care continues to be offered via digital, face to face and by telephone for all • Digital Inclusion Framework established with principles being adopted by all partners within the ICS • Recruitment to digital transformation roles with primary care and existing social prescribing link workers and health and wellbeing coaches to support patient with access via digital health apps and improving digital and health literacy • Working closely with local authorities to support digital infrastructure, digital affordability and signposting patients
Ensure datasets are complete and timely	• Shared Decision Making four questions campaigned rolled out to support personalisation in primary care • Targeted investment in Health Inequalities, contracting Alliance 'trusted partners' to facilitate investment in local schemes • Hosted 'Narrowing the Gap' conference with RCGP for over 80 system attendees, including primary care and VCFSE
Accelerative preventative programmes	• MSE ICB continues to accelerate prevention programmes through its adoption of the Core20PLUS5 frameworks • CVD Prevention programme supported with Health inequalities funding has delivered improvements in hypertension and lipid management • Launch of tobacco cessation programme for inpatient services and pregnant women • Increased access to weight management services
Strengthen leadership and accountability	• Clear leadership, governance and accountability for health inequalities through the Population Health Improvement Board reporting to ICB Board and the Integrated Care Partnership • Clinical leadership strengthened with two system clinical leads in post, Alliance Clinical Leadership and PCN Health Inequalities focused on delivering reductions in health inequalities across all levels with the system

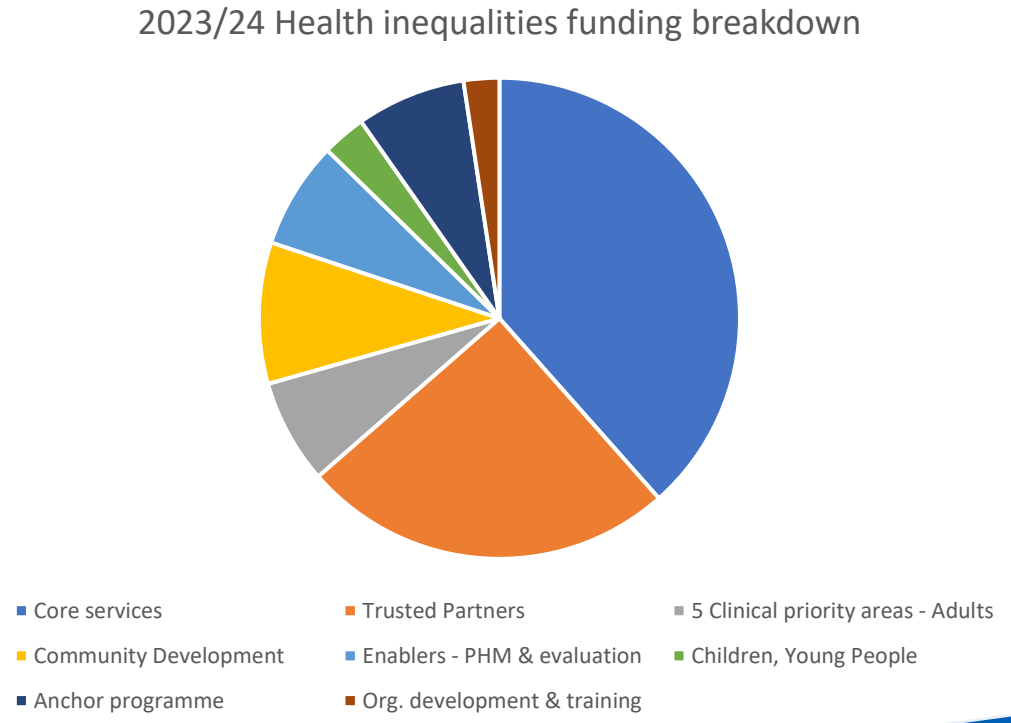
Health Inequalities Funding

The ICB committed £3.4m of its baseline funding towards reducing health inequalities. Its approach evolved in 2023/24 with appointment of ‘Trust partners’ in each Alliance, predominately CVS organisations to support the administration and management of the funds.

The funding supported reducing health inequalities across its Core services, Core20PLUS5 priorities and to meet identified local population needs.

Funding has been committed against a smaller number of schemes in 2023/24 with a focus on clinical priority areas of cardiovascular disease and cancer.

The Growing Well Board has prioritised funding to reduce health inequalities via an Oral Health Programme and Pre and Post Neurodiversity Diagnosis Support for children and young people.



Health Inequalities Funding

In 2022/23 the ICB committed its £3.4m health inequalities funding from NHSE to support over 70 innovative projects to reduce health inequalities against the Core20plus5 priorities and to meet local population needs. The ICB is working with the University of Essex to evaluate the impact of these schemes

Basildon – Feeding the family; Give, Guide, Grow

Provided support for 700 low-income families including teaching cooking, hygiene advice and tips on reducing food waste, energy and bills. Recipients reported positive impact on their lives with reduced social isolation and loneliness

Southend – Let's Keep Moving and Age Better

Over 100 people with multiple long-term conditions supported by Community Interest Company to increase levels of physical activity, improve healthy weight and reduce risk of falls

Mid Essex – Young Carers Thrive

Provided support to 200 young carers and family members in Mid Essex. Participants reported improvements in managing their carer responsibilities and feeling happier at school as a result of the programme's support.

Thurrock – Access to health services

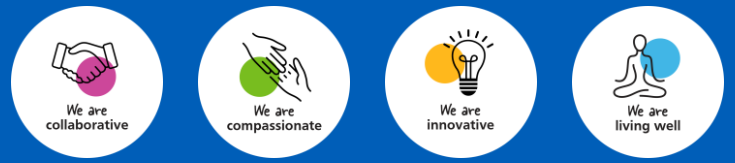
Monthly programme of health and wellbeing services visits across 5 main gypsy, Roma, Traveller sites. 210 patients seen, with 16 new patients registered with the GP, a fifth reviewed by pharmacist, 13% referred to GP for review of diabetes, hypertension or cholesterol.

NHS
Mid and South Essex

Health Inequalities Indicators

2023/24

www.midandsouthessex.ics.nhs.uk



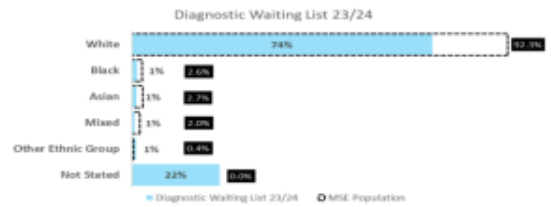
Elective waiting lists

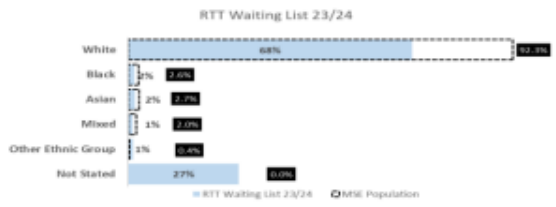
- Mid and South Essex Foundation NHS Trust reports regularly to their Board on health inequalities within elective waiting lists as part of the integrated performance report
- Elective Recovery Equality Health Impact Assessment completed with mitigating actions outlined and reported to the Elective Care Board
- Community Collaborative have set out a programme for reviewing health inequalities across priority areas of Virtual Ward (admissions), UCRT (referrals), IMC and Stroke beds (admission), Community Paediatric (all waits) in 2024/25.
- Further work is to be undertaken in 2024/25 to identify and address health inequalities within elective waiting lists and activity

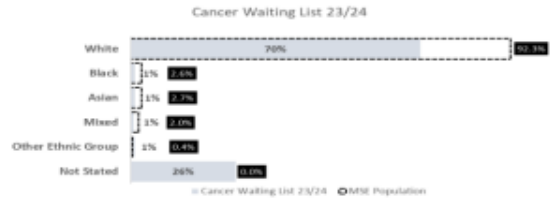
Domain: Elective Recovery Indicator: Elective waiting list

Ethnicity Focus.

There is an under-representation in all ethnicities except "other ethnic group" on the waiting lists. Under-representation can suggest difficulty in accessing care. Black, Asian and Mixed patients are all under-represented, Therefore, it is important to focus on whether patients from an ethnic minority background are having difficulties accessing care. There is a 20-25% gap in recording of ethnicity data which is impacting our ability to understand if patients are under-represented or just unknown in the data.

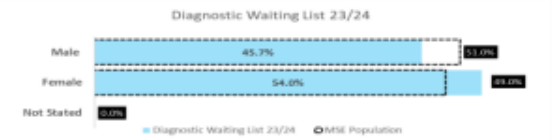


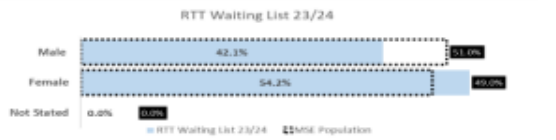




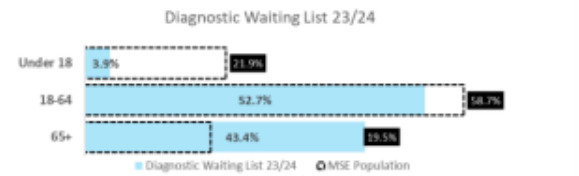
Gender Focus.

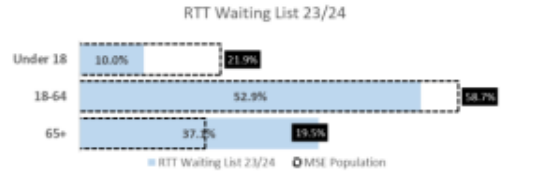
Females are over-represented, meaning they are more likely to appear on our waiting lists than males. This could be attributed to females living longer than males in MSE. The next step is understanding if females have longer waiting times based on population distribution or delays in receiving treatment.

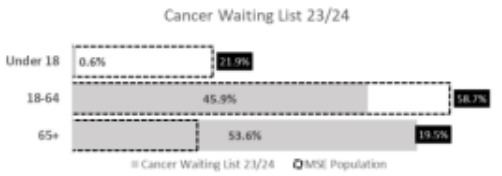




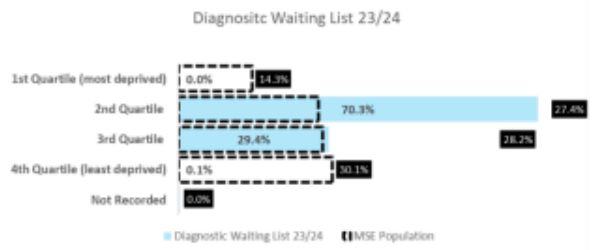
Age Focus. Our age distribution in hospital does not reflect that of the population. We see an **over-representation of patients over 65,** but this is expected. Our previous analysis did not suggest over 65s are waiting longer

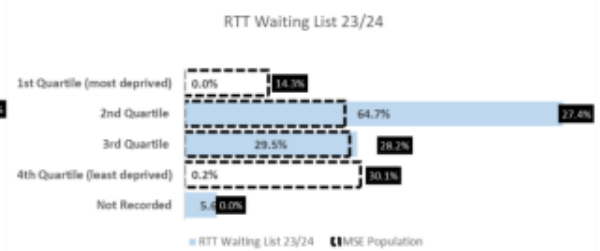


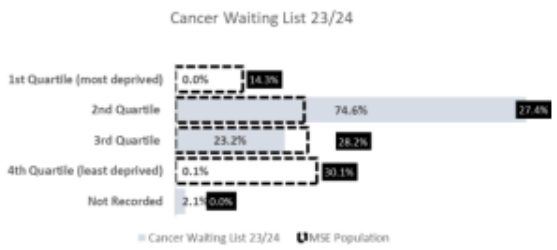




Deprivation Focus. Those living in the **2nd most deprived quartile are over-represented** on our waiting lists and those in the least deprived areas are under-represented. This could suggest our more deprived populations have **poorer health outcomes** and/or our **more deprived patients are waiting longer**.







Domain: Elective Recovery Indicator: Elective waiting list

General projects

Patient Communication: Work being taken forward by Associate Director Patient Experience & Engagement. Patient communication strategy meeting held Feb 24.
National Voices: Preparing end of project report on Lived Experience Coaching to share learning. Lived experience is a key theme in MSEFT 10-year strategy development programme using recommendations from the National voices report. Two insight reports – 1.Experiences of people with Dementia and 2. experiences of shared decision-making being used for project development
Digital EHIA Assessment Tool and Improved Staff Training and awareness: ICS wide tool will significantly improve how staff approach and complete meaningful assessments for service changes impacting people with protected characteristics. Final elements are now being completed and testing /soft launch is underway. Contract and commercial issues are being resolved with the help of a specialist. Last business case to finalise future maintenance funding will be shared with leads once commercial considerations have been confirmed.
Anchor Social Value: Final Social Value session to develop Framework for Mid and South Essex completed 11 Jan 24. Next steps for detailed plans and community/ business consultation to be worked up and completed by early summer 2024. Team also supporting conversation on updated Anchor Charter for all ICS partners and successfully delivered an event on 27th Feb, which was attended by more than 75 partners supporting Anchor.
MSE Innovation fellowships: Cohort 4 launched 6 November 23 - focus on inclusion health, education & training and net zero. 18 new fellows, 27% MSEFT, 26% ICS and remainder from clinical entrepreneur programme or small/medium enterprises. 59 Alumni Fellows, 12 with strong link to health inequalities. Preparations underway for Cohort 5 Fellowship themes.

Projects under theme of *Access*

Integrated Impact Assessment for Community Beds: Strategy Unit have produced an Intergrated Impact Assessment for Community Capacity. This is currently in the public domain as part of the public consultation.
Working Age Women: Focus Groups have been held with Patients and Staff to understand the restrictions, opportunities and issues faced. Some feedback has been analysed and Strategy leads are considering the regional women's hubs for this work.
Rapid Diagnostic Centre and Endoscopy short films and Easy Read Leaflets: Short films and leaflets supporting patients with LD and/or anxiety etc. when they access services are being finalised. LD team presenting a poster on their work with LD ambassadors at the IHI forum in London on 11-12 Apr.
OVRcome: Project won 'Diversity In Innovation' award at the Innovation Awards 2023. Successful SBRI bid awarded Nov 2023 for £438K, with the project starting 2 Jan 2024. 6 co-production sessions held (5 initial & 1 final session) for those with lived experience, supporters and staff. Feedback and plan for video/content creation socialised at final session; 104 contributions across the sessions and survey. 20 participants recruited for pilot. Medical device regulatory work underway for the oVRcome tool. Presented to EOE Regional Community Learning disability and Acute Liaison Nurse Forum.
Veterans' Aware accreditation: MSEFT secured Veteran's Aware Accreditation by March 2024, with the identification of the following best practice; governance (working group), Patient identification, staff training , communications and recruitment.

Projects under theme of *Outcomes*

CardMedic: 858 users (increase of 35) are registered, and maternity has been particularly engaged with this project. CardMedic covers all specialty areas, with 49 languages now available. CardMedic working group provide guidance for future projects and remote engagement across MSEFT. MSEFT feedback survey completed on usage of CardMedic. Ongoing work around inclusion within Translation policy. Exploring funding routes for contract renewal.
Industrial Action Analysis: Strategy Unit produce industrial action impacts analysis regularly to Execs and board to ensure understanding continues to grow. Last analysis shared March 24 public board
Youth Work in Hospital: Expansion of original programme close to mobilisation. Extension into Long Term Conditions is advanced with youth work practitioners joining Long Term Conditions Clinic for Diabetes and Epilepsy. Additional funding to extend project to October 2025 - will greatly assist establishing new service and extending to all three hospitals. Includes development of Southend test cohort which is currently in planning stage.
Anchor Ambition 25: Project has completed mobilising Mid and South Essex expansion plan including on-boarding of four Anchor Ambition Employment Support Officers. Community hubs identified - with revised capacity the project has seen numbers increase exponentially to 1,004 participants and 196 job offers since Feb 23. Project has delivered Hundo component supporting MSE's pipelines and commenced delivery of its traineeships for disadvantaged young people (Care Leavers).

Projects under theme of *Experience*

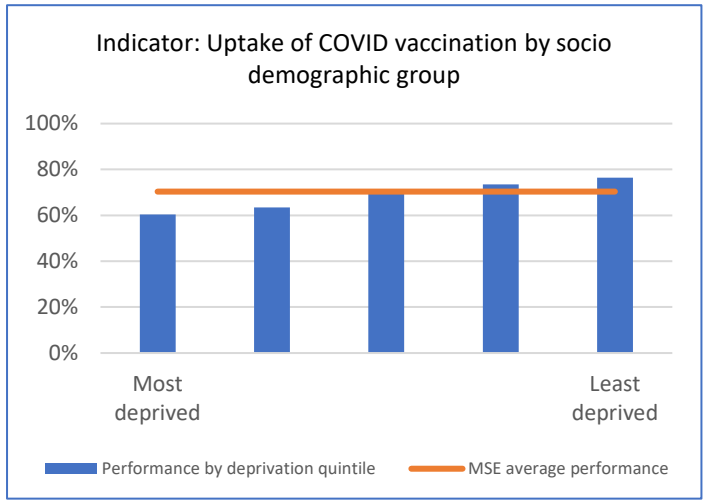
Learning Disability Understanding Inequalities Co-Design Programme
LD programme is being delivered by the LD service as BAU. Reasonable adjustment cards available since February following printer set up. Makaton Training is available.

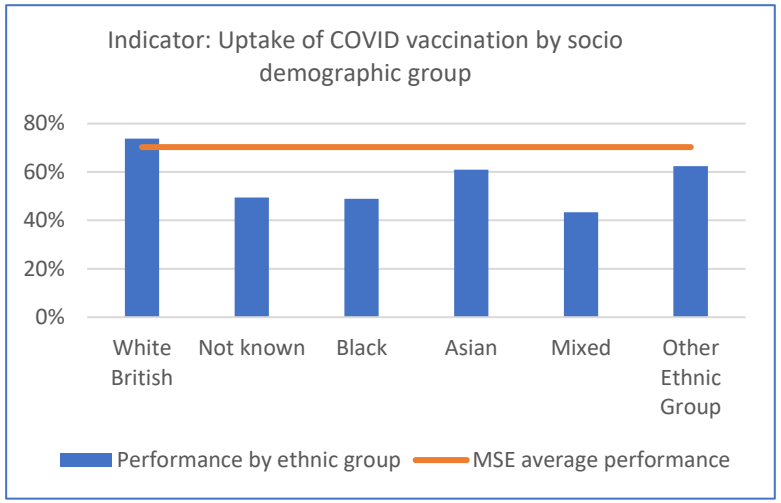
User Centered Design (UCD)
Better Letters are live in Renal, Pain, Audiology (Southend) , Virtual Visits, and ORC service clinics. DNA reduction is evident in some of the more established areas. The team are working with the Outpatient Transformation Programme rolling out pilots with audiology; cardiology; gastro; general surgery and breast; neurology, oncology; paeds; respiratory; upper GI, colposcopy and vascular. Team are also looking at clinical letters for the Cervical Screening Service. Urology and the ORC Fast Track team are also now on board.

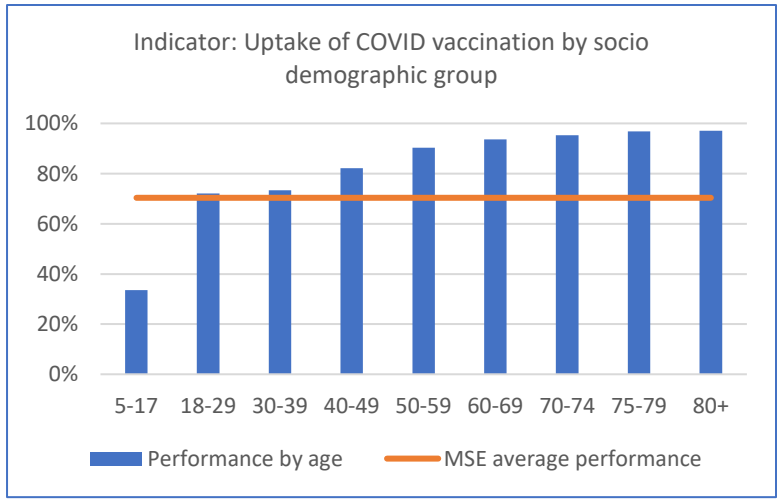
Shared Decision Making. The programme has secured resources through the Portfolio Board decision in early April to help develop a methodology with pilot services that will then be rolled out across the organisation.

Domain: Respiratory

Indicator: Uptake of COVID vaccination by socio demographic group







Observed health inequalities

- Higher levels of vaccination are observed in less deprived and older age groups. In addition, ethnicity has an impact of relative rates of vaccination with White British having the higher levels of vaccination and mixed, black and unknown ethnicities having lower levels of vaccination. Further analysis is being undertaken but initial review suggests that this is not down to access as there not a significant variation in uptake in relation to proximity to vaccination services amongst different areas of deprivation.

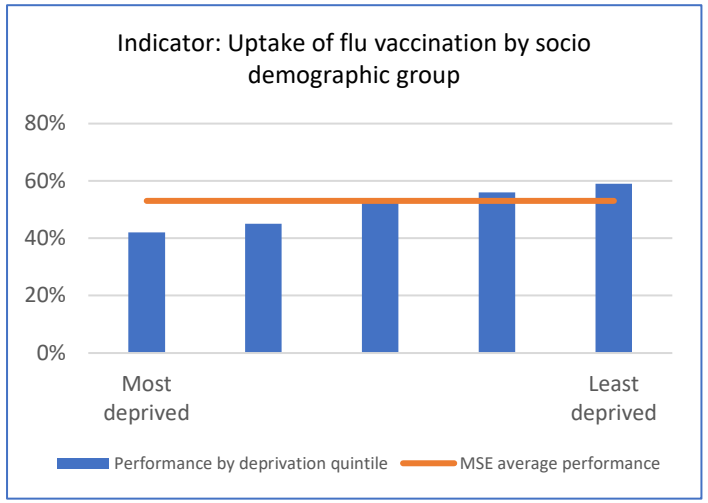
Action being taken to address these health inequalities

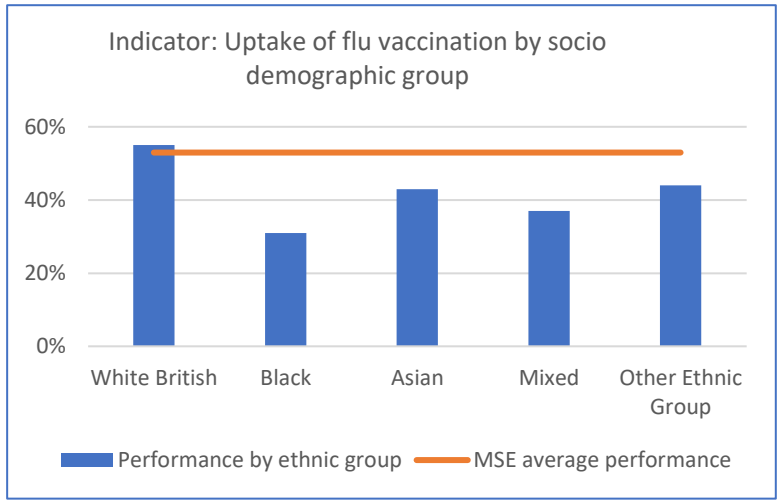
- Building on the successes of the initial covid vaccination programme, various targeted initiatives have been undertaken to try and improve uptake rates in specific cohorts of the population. We have increased the number of venues offering covid vaccinations particularly in areas of Southend, Basildon and Thurrock. A number of pop up vaccination clinics are run targeting areas with historically low uptake. Our comms campaign targets particular postcodes in areas of high deprivation through a variety of mechanism such as bus adverts, social media adverts and other promotional campaigns. PCNs maintain links into key communities and leads within those communities to try and encourage uptake. We will review the autumn/winter campaign to understand areas of greatest impact and then spread good practice.

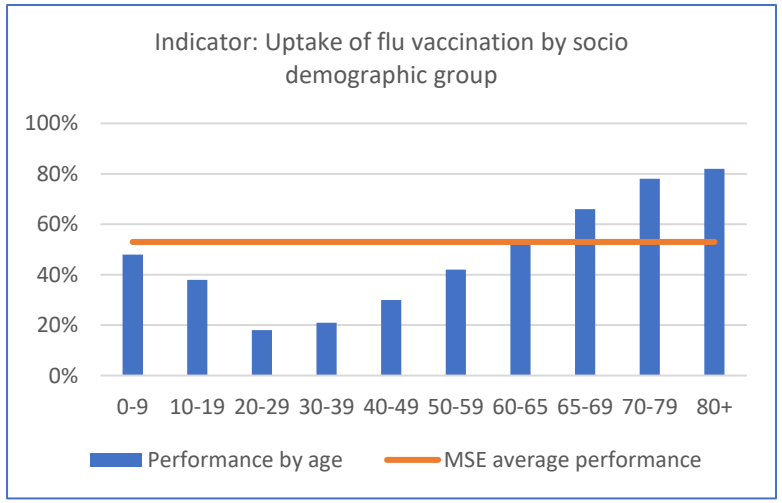
Source: Foundry (NHS England Data Extraction as at 23/01/24)

Domain: Respiratory

Indicator: Uptake of flu vaccination by socio demographic group







Observed Health inequalities

- Across the various vaccination programmes in Mid and South Essex there is a consistent inequality in levels of vaccination across two key factors - deprivation and ethnicity. There is a general trend that the lower the levels of deprivation, the higher the rate of vaccination. Analysis suggests that this is not driven by access to vaccinations with the number of places offering vaccinations not varying significantly between areas of high and low deprivation. Willingness to engage in the vaccination programme appears to be the most significant factor. Efforts to address the variation must be targeted at engaging with more deprived communities on the importance of the vaccination programme.
- For ethnicity, vaccination rates amongst white British cohorts are higher than other ethnicities. Rates are particularly low amongst the black population.

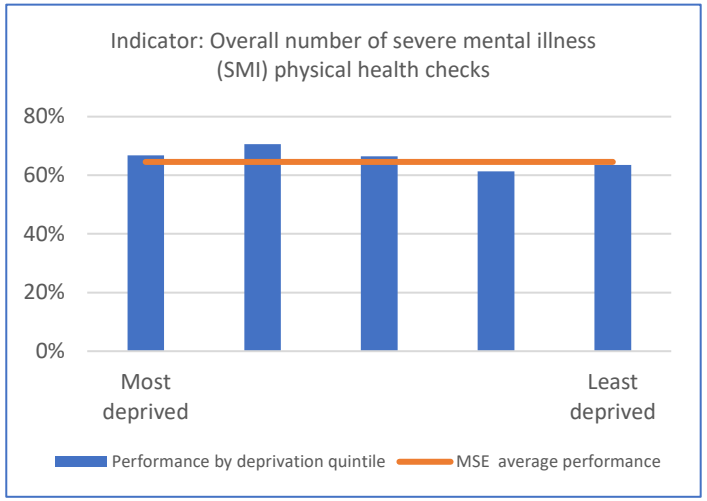
Action being taken to address these health inequalities

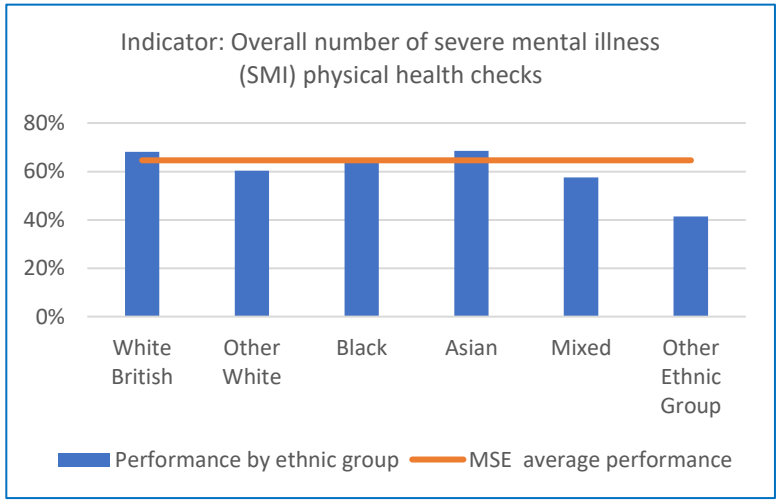
- Data is being analysed at a Primary Care Network level to understand which PCNs had a greater impact on addressing inequality. The Covid and Flu Vaccination team are working with those PCNs to cascade best practice. We will utilise access and inequalities funding to invest into initiatives that demonstrate an impact. We will continue with the promotion of covid and flu vaccines as part of our overarching winter campaign.
- Building on the success of the Covid vaccination

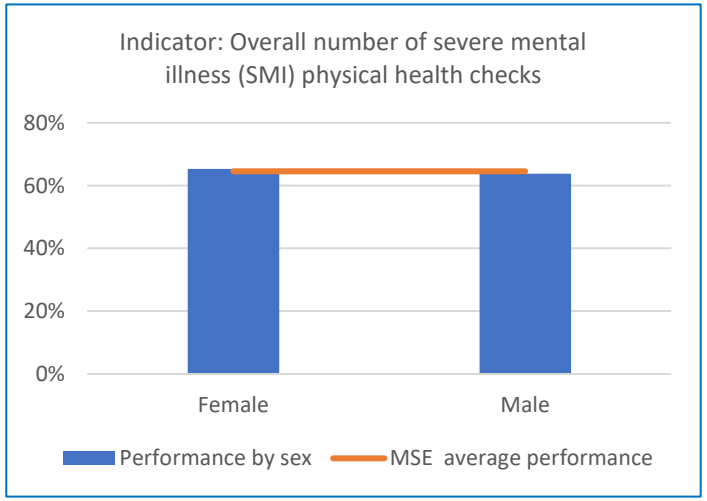
Source: Foundry (NHS England Data Extraction as at 23/01/24)

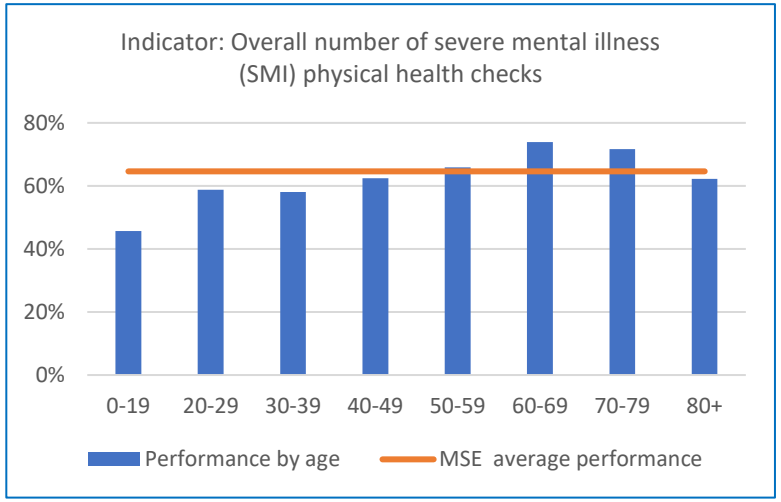
Domain: Mental health

Indicator: Overall number of severe mental illness (SMI) physical health checks









Observed health inequalities

- Uptake does not significantly vary by deprivation but analysis shows lower uptake in younger age groups
- Performance by ethnic group highlights that those identified as other white and other ethnic group have lower uptake.

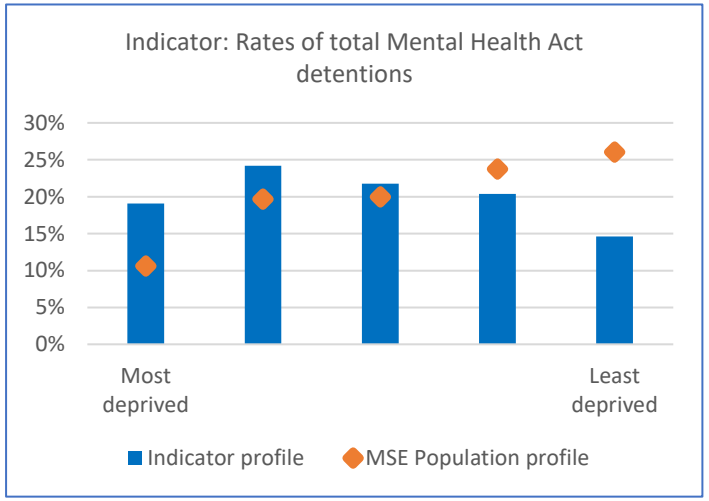
Action being taken to address these health inequalities

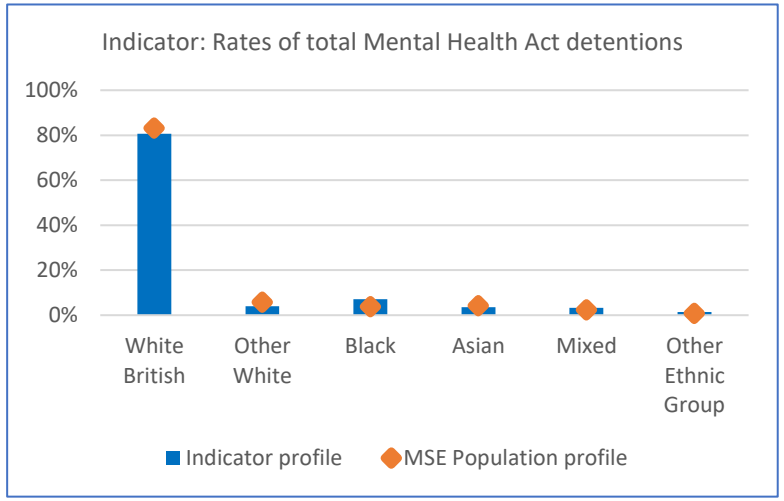
- Review of patient data of SMI patients currently accessing health checks to identify the demographics of those who are underrepresented, these groups will be targeted for engagement which might be informed by ethnicity, age, gender or geographical location
- Participation in the Core20plus accelerator programme to take a quality improvement and engagement approach to improve uptake
- Engagement with stakeholders completed to gather insight on their experience of, and potential barriers to accessing their annual physical health check
- Engagement with patients and carers to understanding their experience of, and barriers that exist to accessing subsequent interventions to improve health e.g. smoking cessation and weight loss
- Adapting communication methods by increasing proportion of patients contacted by phone and offering home visits for those who are unable to attend practices

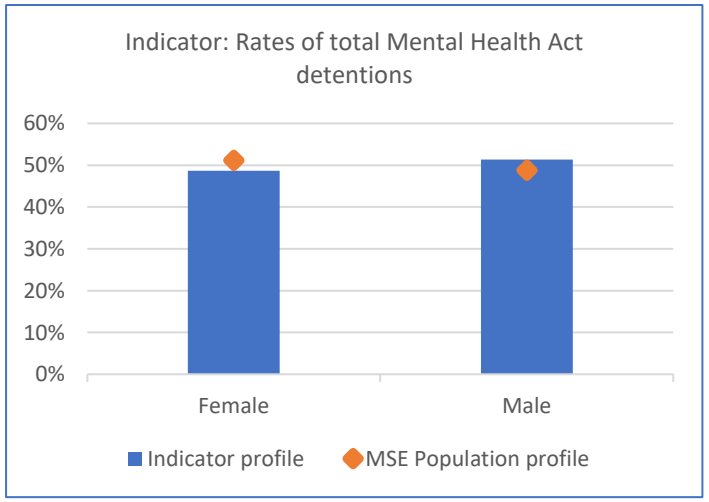
Source: MSE local dataset – Athena

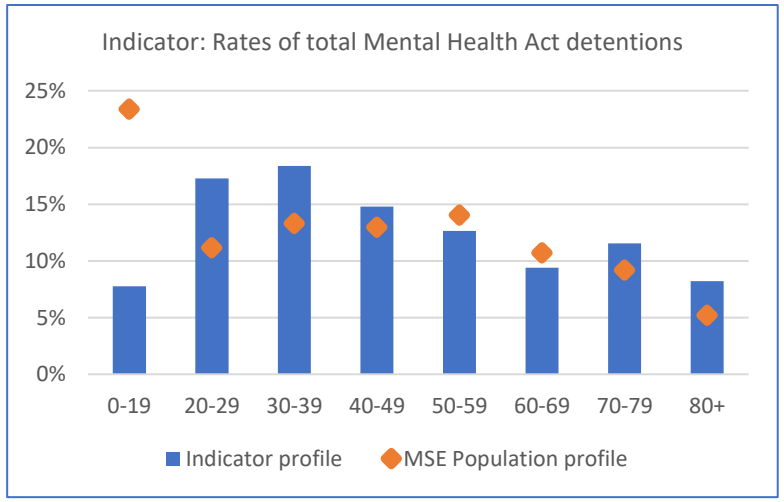
Domain: Mental health

Indicator: Rates of total Mental Health Act detentions









Observed health inequalities

- Higher rates of detentions are seen in the more deprived areas, however 19.8% of patients had no postcode match or unknown postcode and therefore deprivation IMD could not be established
- Performance by sex suggests to be somewhat similar to the MSE Population average, with Males performing just above the average.
- As in previous years, the detention rate nationally was highest among black or black British people in 2022-23 at 227.9 per 100,000 population, 3.5 times the rate for white people (64.1) (Source NHS Digital). MSE follows a similar pattern to that nationally, with a higher detention rate for black people compared to the local population profile.

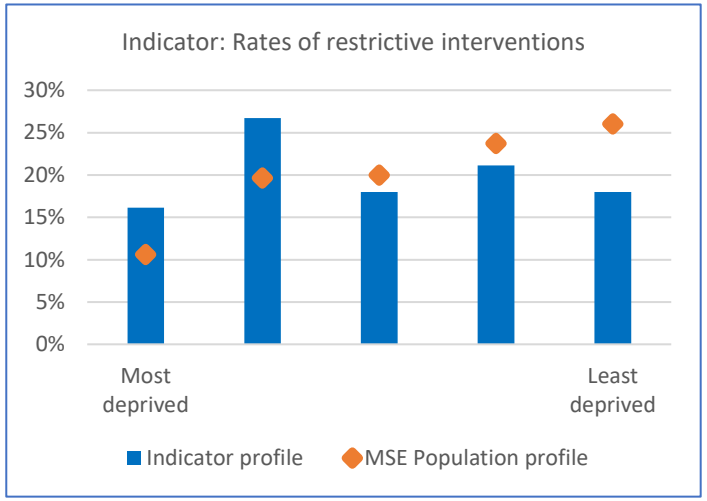
Action being taken to address these health inequalities

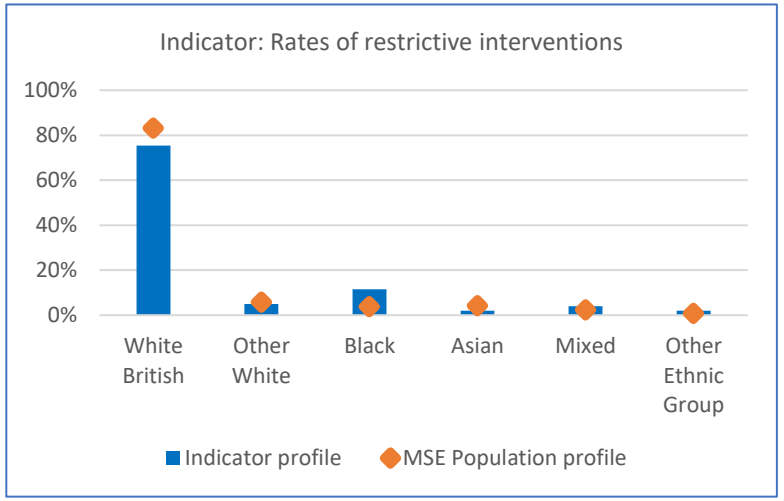
- Further analysis is being undertaken to establish number of detentions under the Mental Health Act per 100,000 people, by aggregated ethnic group (standardised rates).
- Further identification of the demographics of those who are underrepresented, these groups will be targeted for engagement which might be informed by ethnicity, age, gender or geographical location.
- Crisis Response NHS111(2) & CRT – Continued delivery, review and refinement of an inclusive model to ensure early intervention to support reduction in waiting time for those detained under s136 from and detentions of under the MHA. Current s136 average of 9hrs to 6.5hrs. They have also seen a reduction in the volume of individuals we detain by 32% which equates to around 228 less detentions. To work with EPUT around MH act detention to elicit similar impact.
- Data represents patients not the instances of detentions or interventions, Apr23-Jan24.

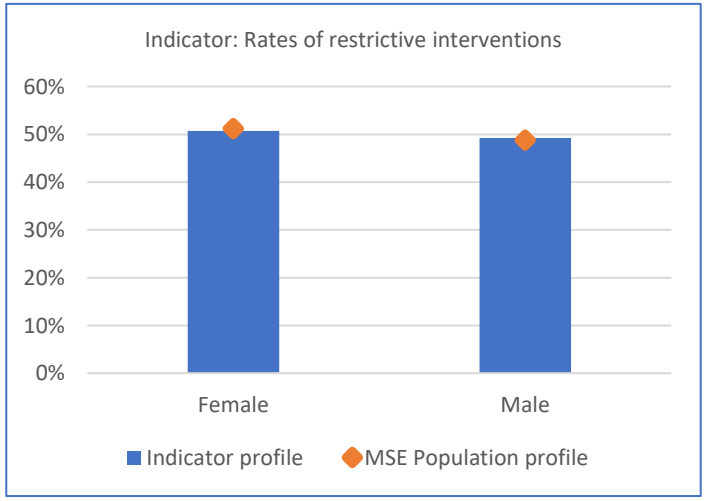
Source: EPUT Dataset – direct patient records

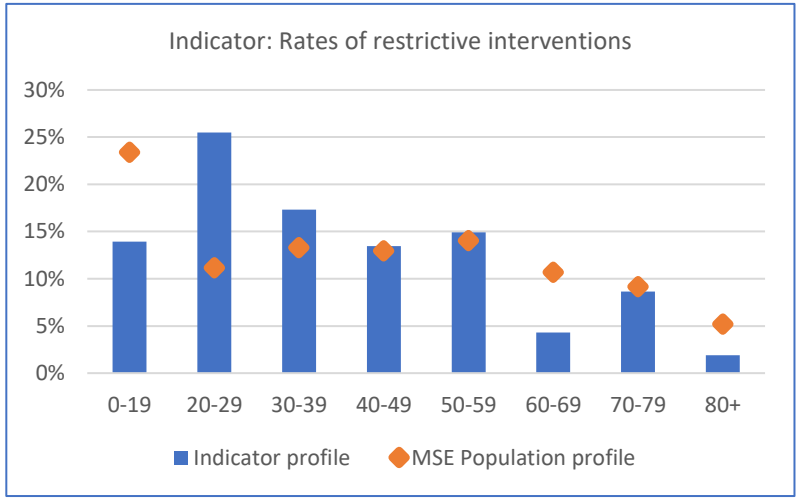
Domain: Mental health

Indicator: Rates of restrictive interventions









Observed health inequalities

- Higher rates of restrictive interventions are seen in the more deprived areas, however 22.6% of patients had no postcode match or unknown postcode and therefore deprivation IMD could not be established
- A quarter of restrictive interventions are in those aged 20-29 years.
- Black people are overrepresented with a higher proportion experiencing restrictive interventions compared to the MSE population profile.

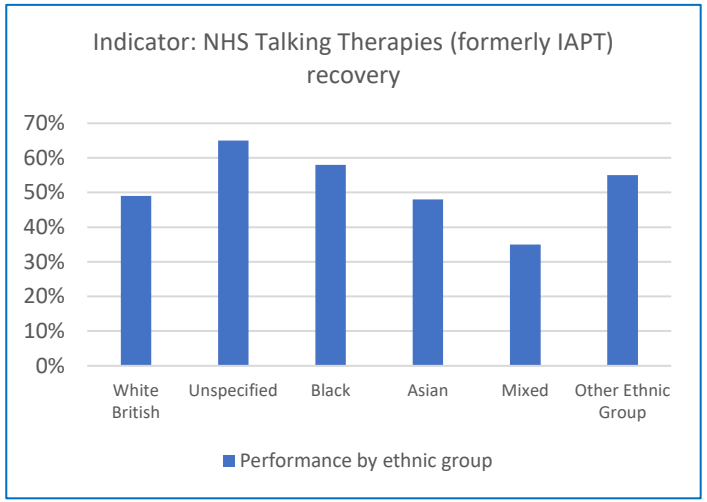
Action being taken to address these health inequalities

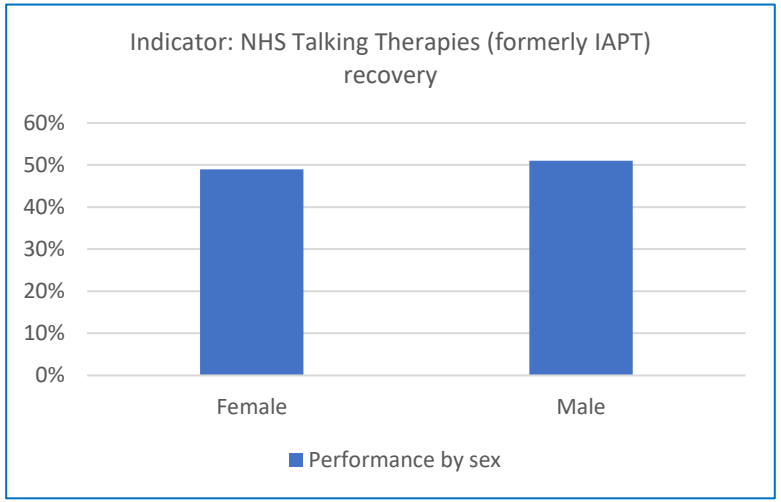
- As part of the Mental Health Learning Disability and Autism inpatient quality programme, action is being taken on the following:
  - Reducing Restrictive Practice Strategy
  - Updating policies
  - Restrictive Practice awareness campaign to support staff in understanding the meaning of restrictive practice and its impact
  - Engaging with experts by experience to support ward staff with training and development
- Data represents patients not the instances of detentions or interventions, Apr23-Jan24.

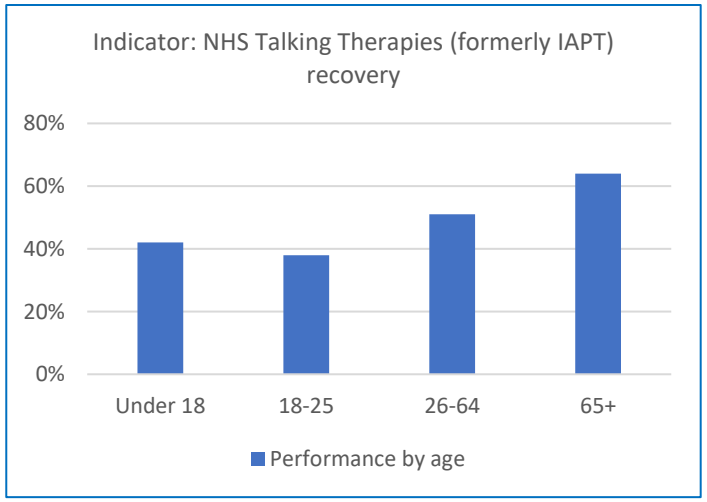
Source: EPUT Dataset – direct patient records

Domain: Mental health

Indicator: NHS Talking Therapies (formerly IAPT) recovery







Observed health inequalities

- IAPT recovery is 15% lower for mixed ethnic groups than White British. Recovery rates for Black, other ethnic groups and those unspecified is significantly higher.
- Recovery rates are lower in the younger age groups, with those aged 25 years and below significantly below those aged 65 and over.

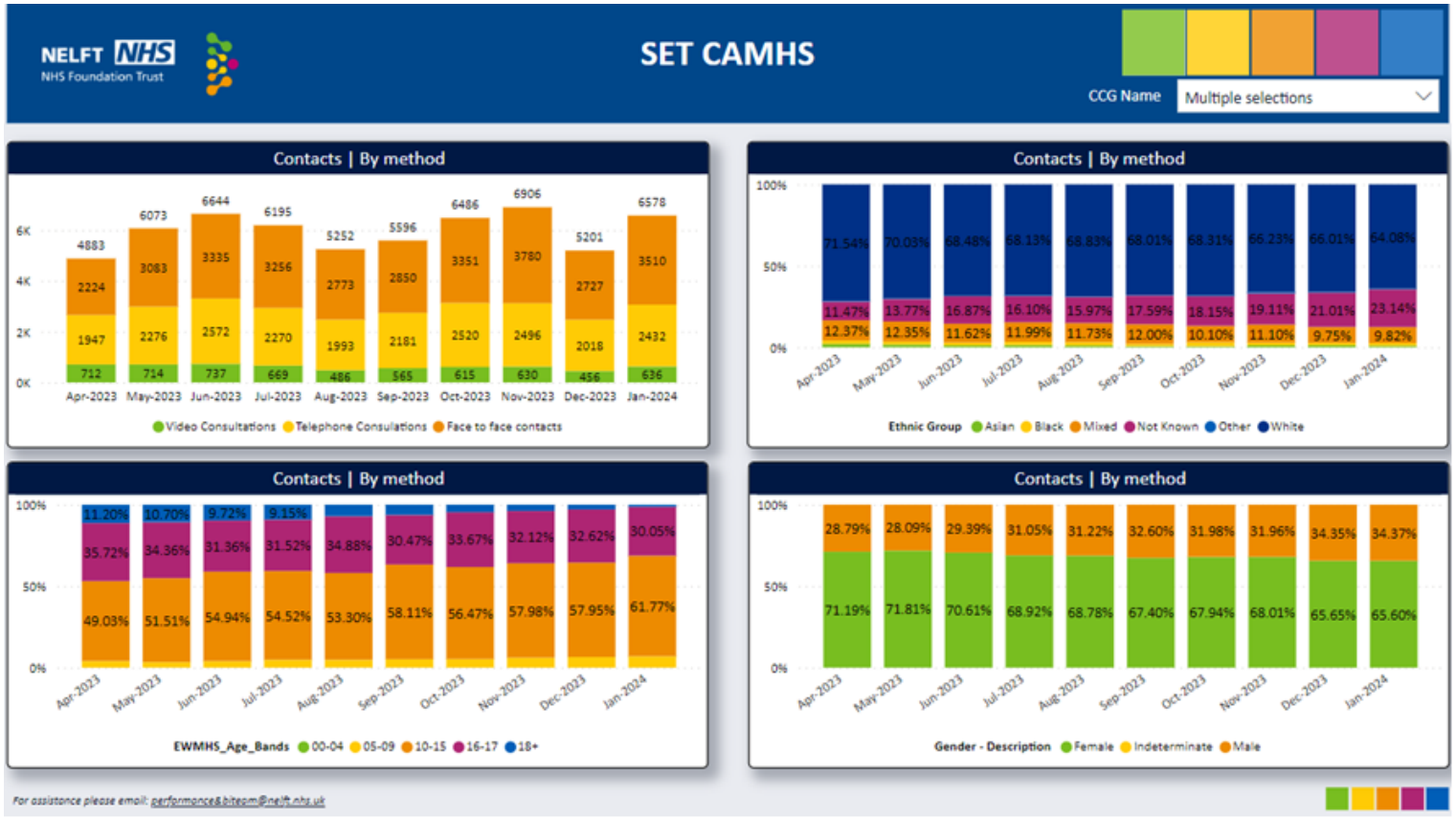
Action being taken to address these health inequalities

All four providers in MSE have:

- Communication and engagement plan with targeted outreach to inform people of the NHS Talking Therapies offer and to break down stigma regarding Mental Health
- Champion roles for clinicians to champion groups and work with them
- Review of Equality, Diversity and Inclusion material for training purposes
- Engage in training offers and keep up to date with best practice guides for NHS Talking Therapies

Source: NHS Talking Therapies Protected Characteristics Dashboard

Domain: Mental health Indicator: Children and young people's mental health access



Observed health inequalities

- The proportion of contacts where the ethnic background is not known has been increasing
- The proportion of contacts has been increasing in the younger age groups those 10-15 years, with proportionately fewer in those 16 years and above
- A significantly higher proportion of individual accessing the service are female, although this has been reducing over time.

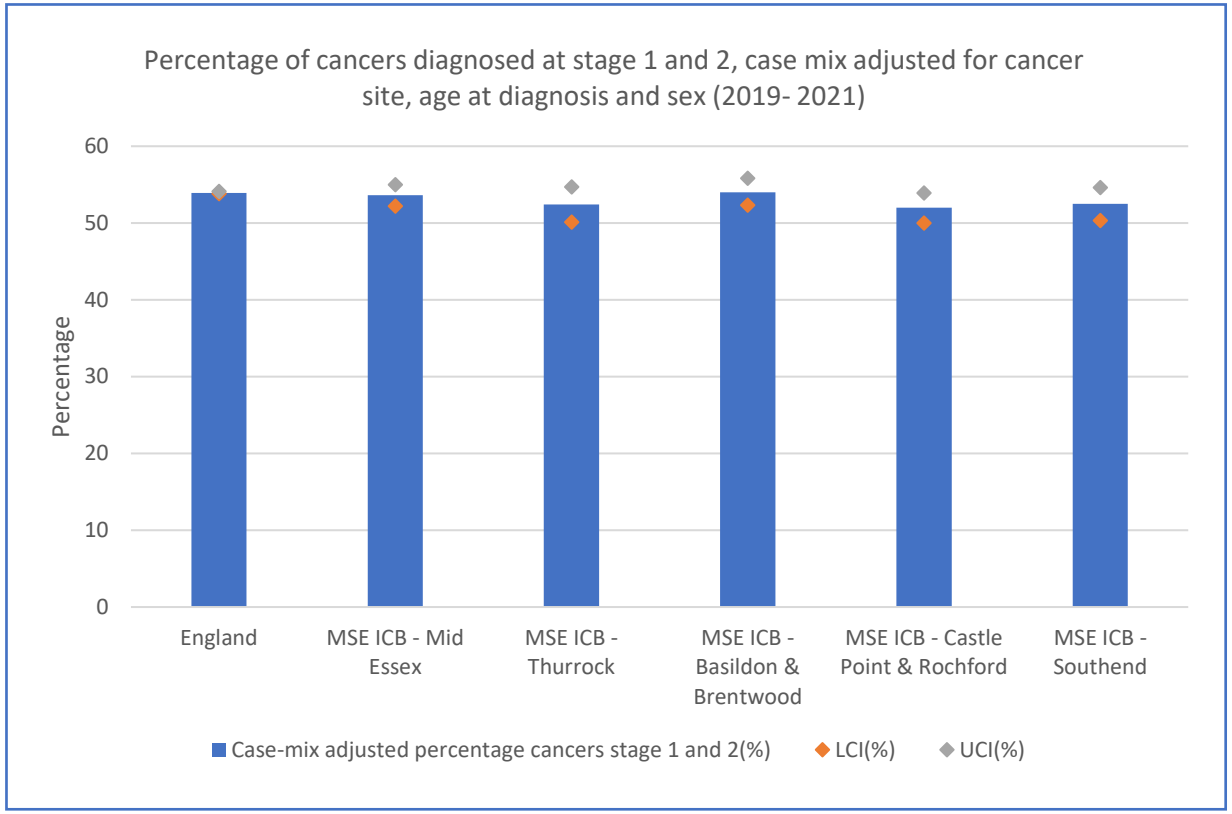
Action being taken to address these health inequalities

- Prioritisation of the expansion of MHST teams for wave 11 includes mandated 8 EMHP's as per NHSE guidance and aligned to the workforce model.
- Learning from previous waves has allowed us to think differently about roles within MHSTs, with a particular focus on recruitment and retention of the MHST workforce.
- The specific learning from previous MHST implementation has provided the opportunity to continue development of a workforce strategy and adapt this accordingly in line with the NHSE Improving Staff Retention Guide.
- The intention is that this will build evidence on closer collaboration between education and health, including working collaboratively across professional boundaries, training for non-health staff and creating environments that facilitate best possible outcomes for children and young people by primarily targeting the increasing identified age group of 10-15 years.

Source: NELFT dataset

Domain: Cancer

Indicator: Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis and sex



Observed health inequalities

- MSE ICB has a lower proportion of cancers diagnosed at stage 1 and 2 in comparison to the England average
- There is variation between the localities in MSE with the highest proportion of cancers diagnosed at an early stage in Basildon and Brentwood.
- Lowest early cancer detection rates are in Castle Point and Rochford

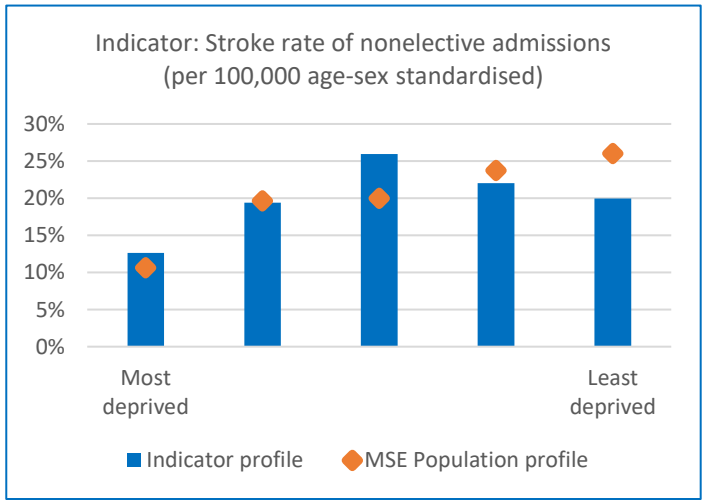
Action being taken to address these health inequalities

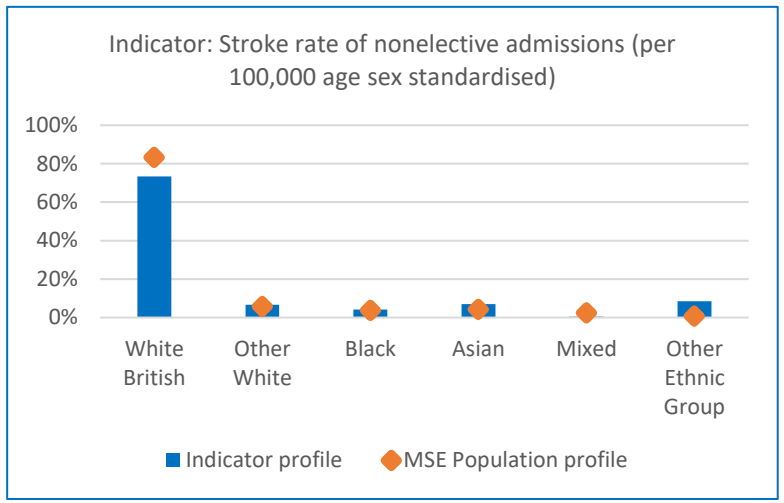
- PCNs receive data on cancer screening uptake by deprivation and includes protected groups including patients with Learning Disabilities, ethnic groups and patients with SMI.
- Opportunities for improvement in uptake are identified, support provided and information on best practice shared including tailored communication packages.
- Development and roll out of accessible information on cancer screening programmes for those with learning disabilities
- Development of culturally competent communication with videos from local doctors talking about how to recognise and identify the signs and symptoms of some of the most common cancers
- Expansion of lung cancer screening programme to Castle Point and Rochford following successful roll out in Thurrock and Southend

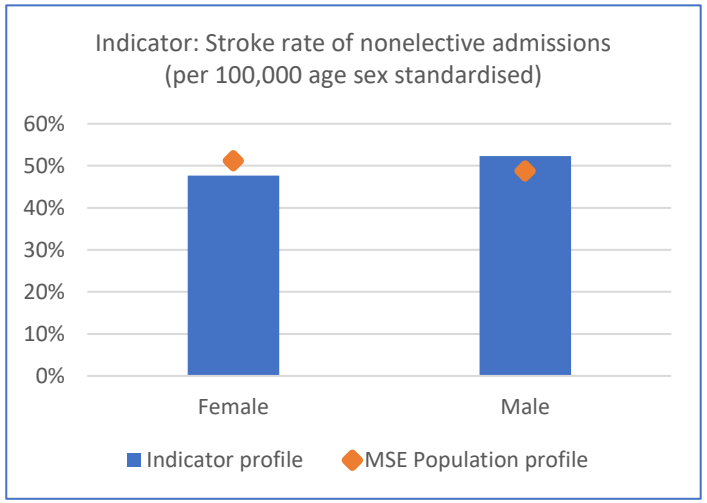
Source: Cancer Registry staging data in three year cohorts

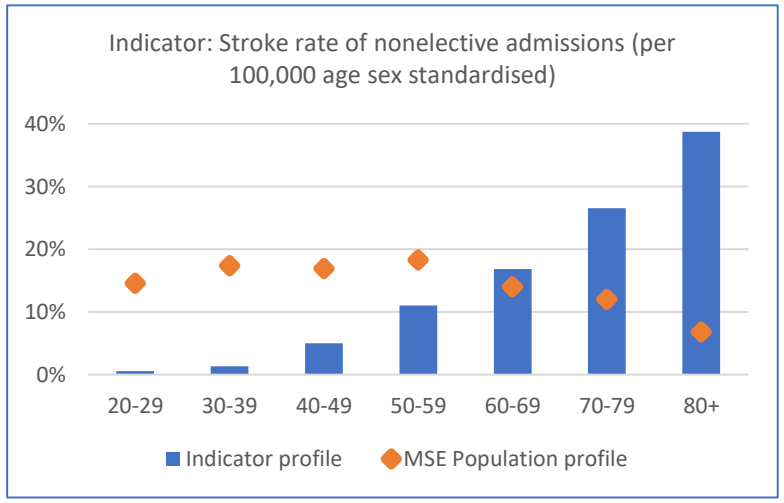
Domain: Cardiovascular disease

Indicator: Stroke rate of non-elective admissions (per 100,000 age-sex standardised)









Observed health inequalities

- Reduced stroke rate of nonelective admissions (per 100,000 age-sex standardised) in least deprived group.
- Reduced stroke rate of nonelective admissions (per 100,000 age-sex standardised) in White British group.
- Reduced stroke rate of nonelective admissions (per 100,000 age-sex standardised) in Female, males over-represented.
- Age distribution does not reflect that of the MSE population with over representation in those over 60 years but this is to be expected.

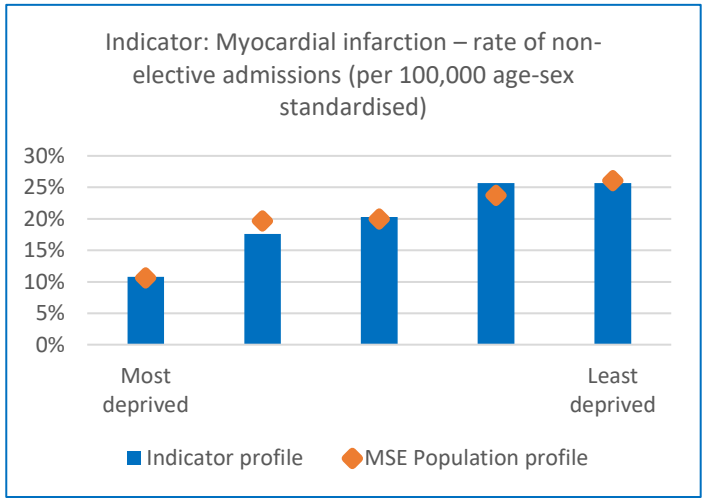
Action being taken to address these health inequalities

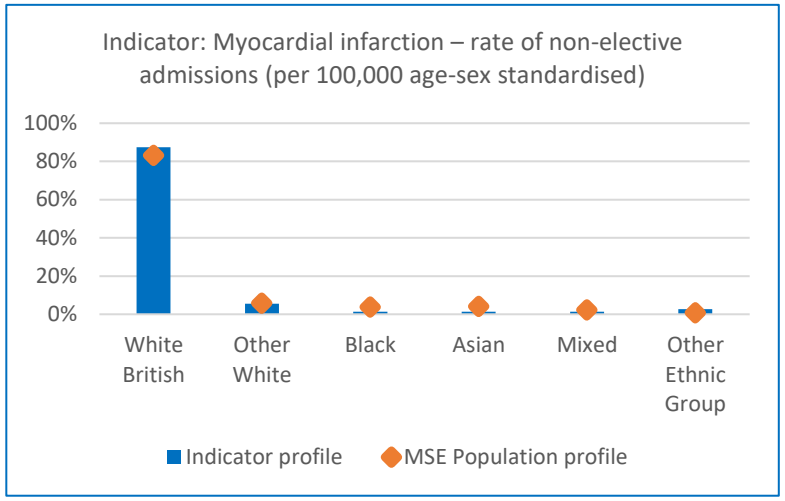
- These findings will be reviewed and considered in our MSE Stroke Network Meeting.

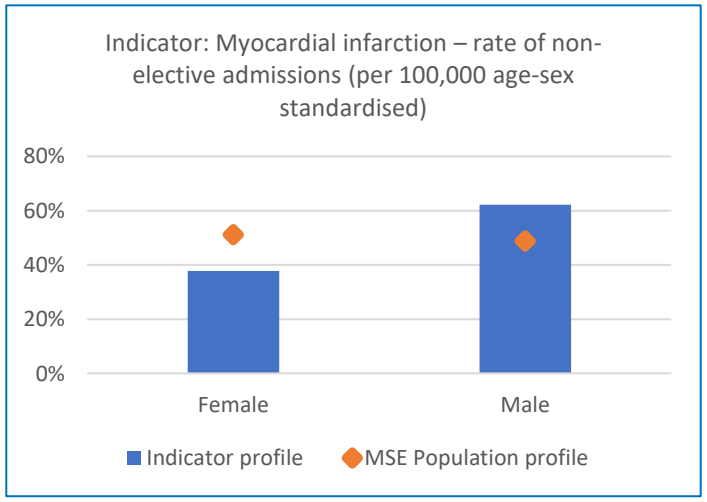
Source: MSE local dataset - Athena

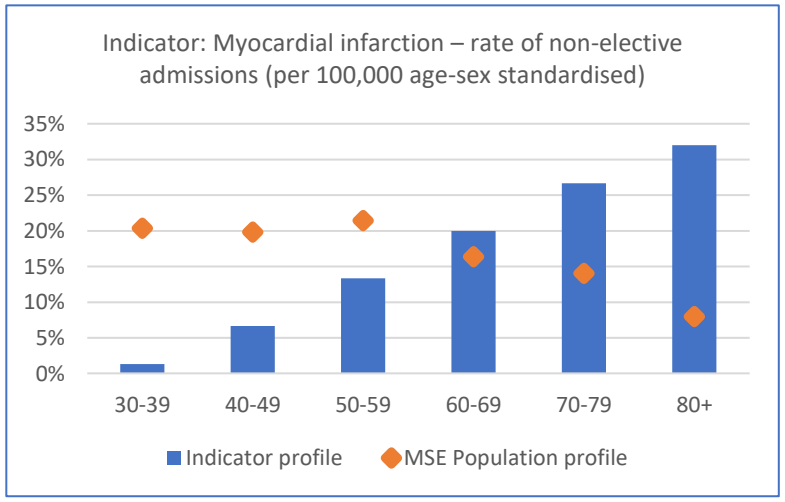
Domain: Cardiovascular disease

Indicator: Myocardial infarction – rate of non-elective admissions (per 100,000 age-sex standardised)









Observed health inequalities

- Rate of non-elective admissions by ethnicity is similar to MSE's population profile with the expectation of those of Black, Asian and mixed backgrounds whose admission rates are lower.
- Profile by sex highlights higher admission rate in Males compared to the MSE population profile.
- Age distribution does not reflect that of the MSE population with over representation in those over 60 years but this is to be expected.
- MI rates of non-elective admissions (per 100,000 age-sex standardised) broadly map to population deprivation profile and ethnic profiles.
- Gender analysis shows higher rates of MI non-elective admissions in males compared to population proportion than females.

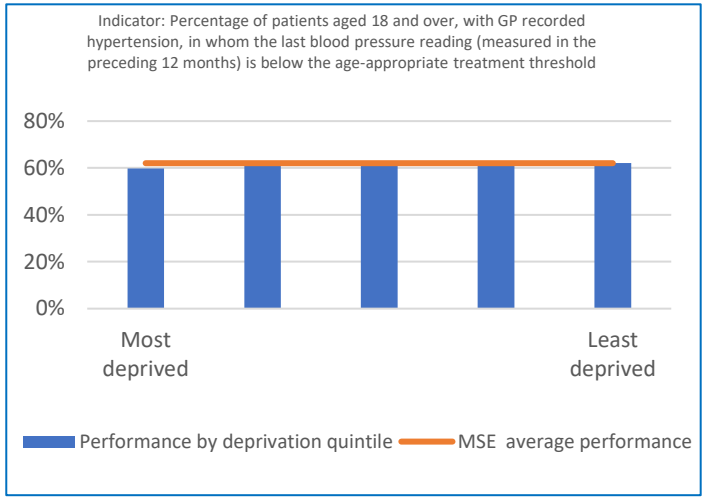
Action being taken to address these health inequalities

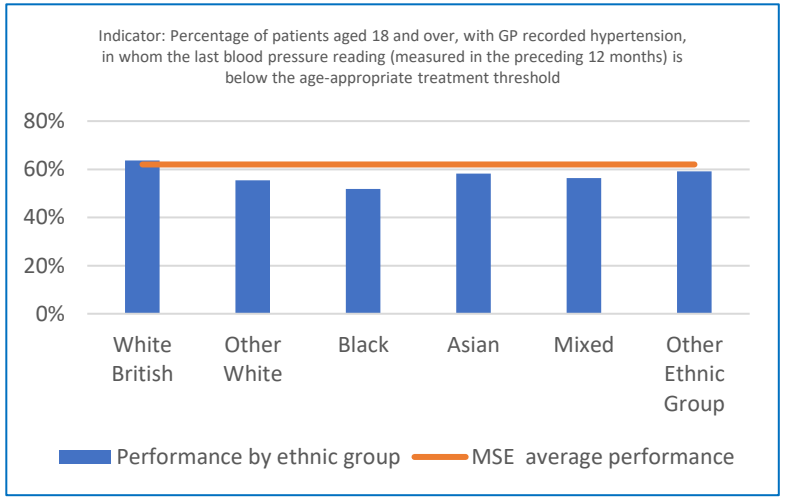
- MSE's CVD Prevention Programme focuses on key Cardiovascular priorities of hypertension and lipids with the aim of increasing opportunities for early identification and intervention to reduce further risk of heart attack or stroke.
- CVD identified as the focus for the MSE Community Provider collaboratives: Improving equitably - Peer learning and coaching programme.
- CVD Board will review analysis and be discussed amongst partners including MSEFT.

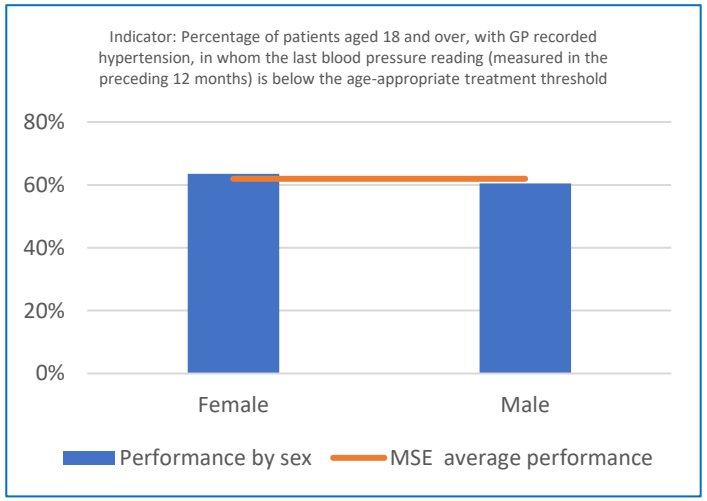
Source: MSE local dataset - Athena

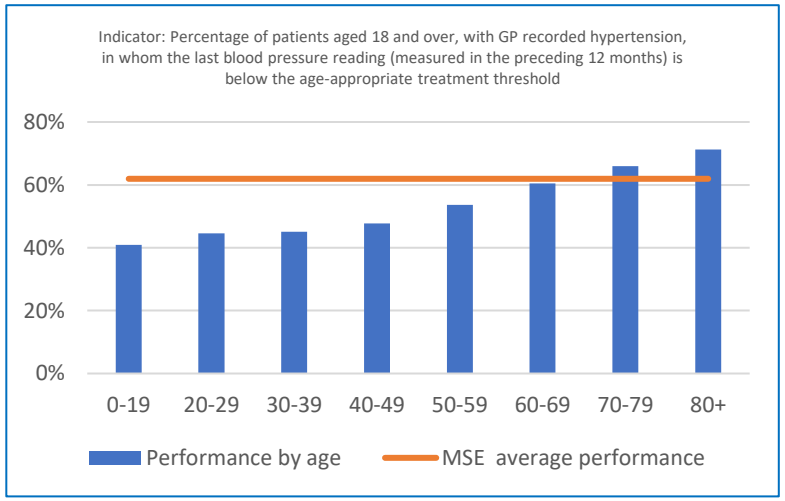
Domain: Cardiovascular disease

Indicator: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold









Source: MSE local dataset - Athena

Observed health inequalities

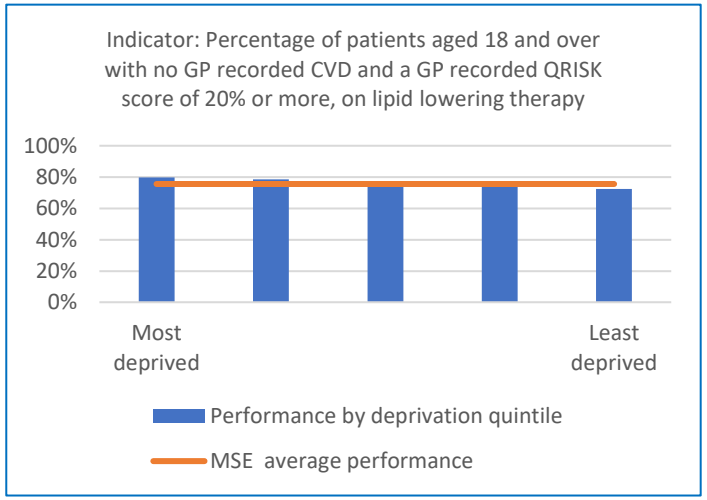
- Performance does not significantly vary by deprivation or sex.
- Performance by ethnic group highlights that other than White British, other ethnic groups have a higher proportion of patients not managed to treatment thresholds with the highest underrepresented being those from a Black ethnic group.
- Performance by age group indicates we are currently performing significantly below MSE Population average for all age groups under 60 with only those ages 70-79 and 80+ performing above average.

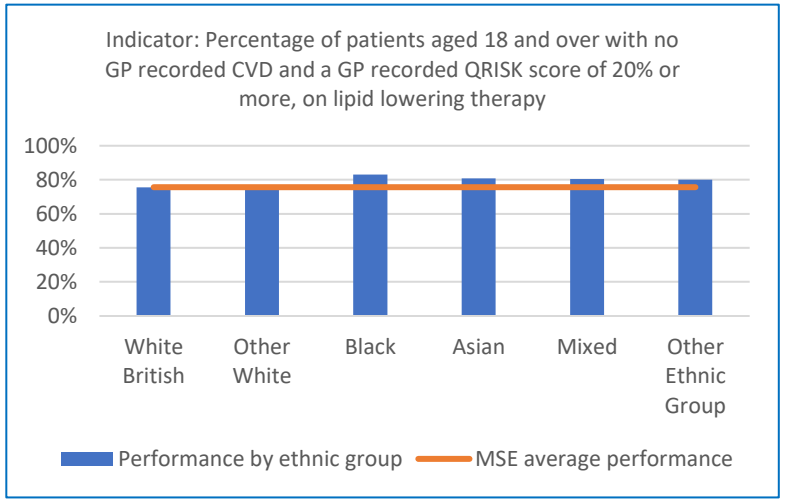
Action being taken to address these health inequalities

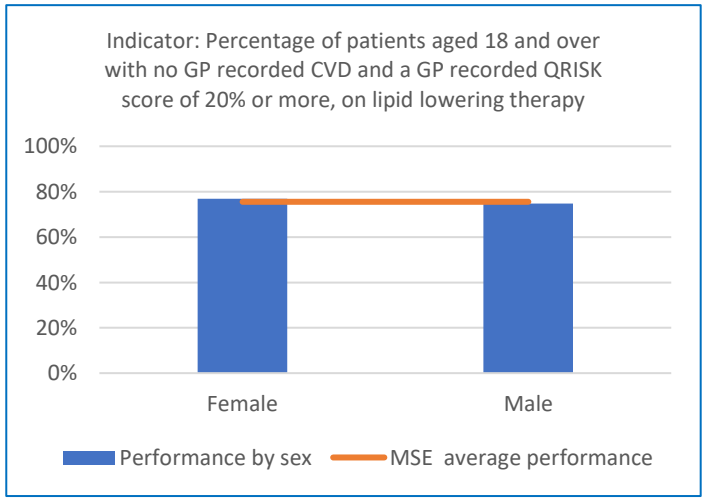
- Introducing an MSE pilot BP@home Health Inequalities Extension, targeting practices within the 20% most deprived areas with the highest levels of CVD risk, providing BP monitors to patients within plus groups/unable to afford to purchase their own to tackle health inequalities relating to home blood monitoring.
- MSE is developing a BP in the Community pilot which will look to case find potential hypertension amongst Plus groups and those less likely to be engaged with health care services, taking a community outreach approach.
- Hypertension is also an area of focus within the Mid and South Essex CVD Local Enhanced Service (LES), identifying patients living in the 20% most deprived areas and uses the UCLP risk stratification tool medium risk patents on multiple disease registers. As part of the scheme, practices are encouraged to focus on specific cohorts of patients with hypertension including Black and South Asian Ethnic groups.

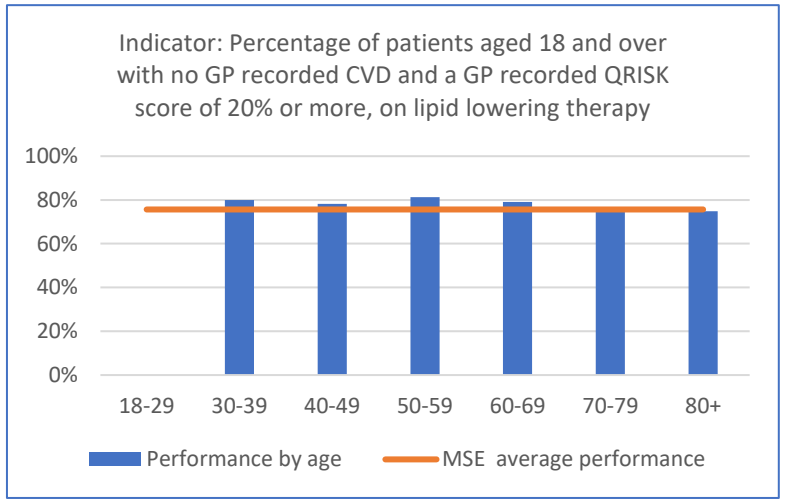
Domain: Cardiovascular disease

Indicator: 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









Observed health inequalities

- Performance does not significantly vary by deprivation or sex.
- Performance by ethnic group indicates performance is somewhat similar to the MSE population average, with Black, Asian, Mixed and Other Ethnic Groups all performing above the average.
- Performance by age group indicates performance is somewhat similar to the MSE Population average with those age 70-79 and 80+ being slightly below average. There are no patients within age groups 0-19 and 20-29.

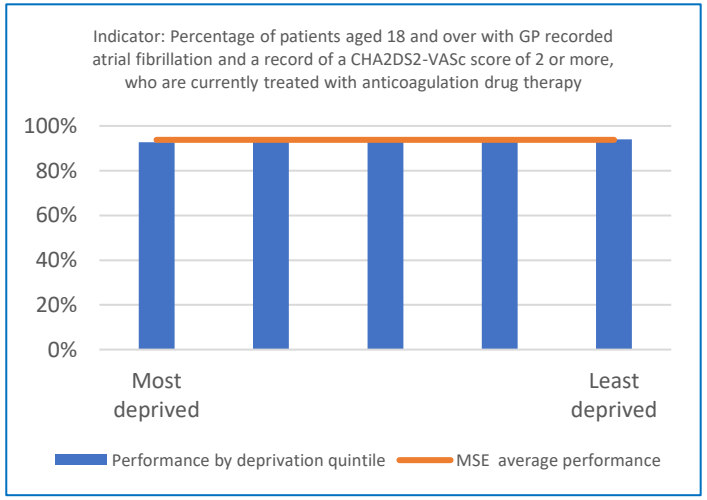
Action being taken to address these health inequalities

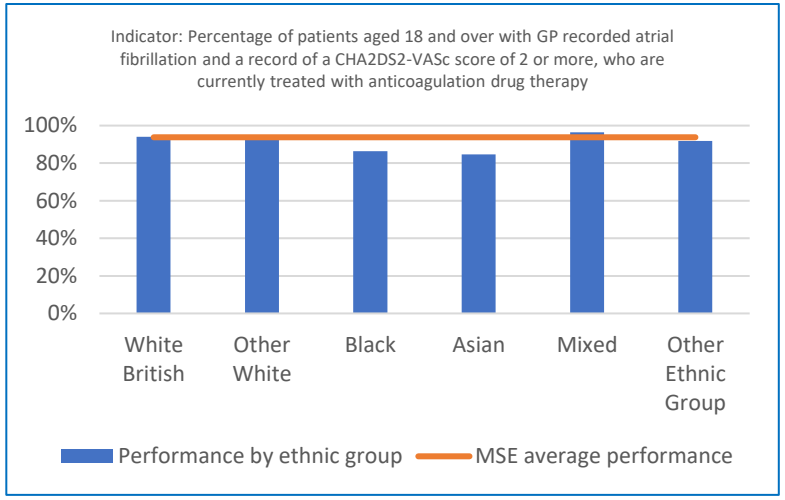
- MSE have introduced a Lipid QOF Extension, offered to practices identifying with the highest CVD need within the most deprived areas. This incentives practices to increase the % of patients that are optimising lipid lowering therapy.

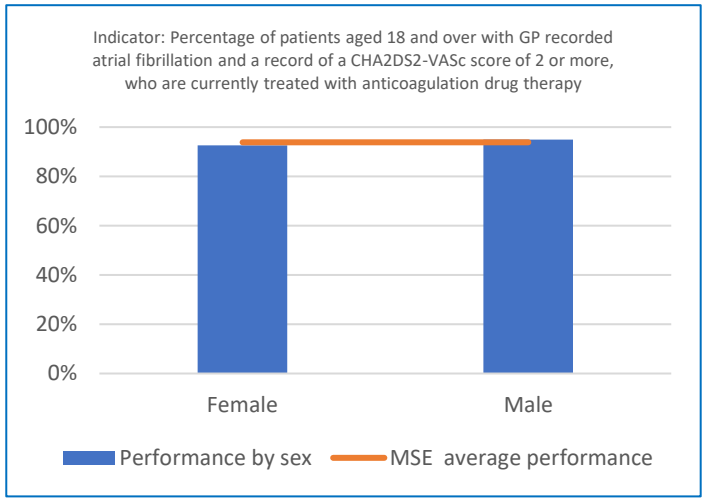
Source: MSE local dataset - Athena

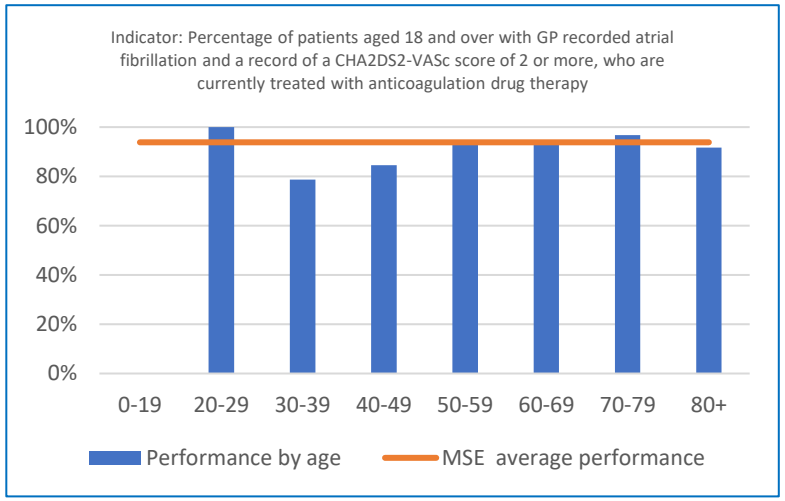
Domain: Cardiovascular disease

Indicator: Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy









Observed health inequalities

- Performance does not significantly vary by deprivation or sex.
- Performance by ethnic groups highlights performance amongst Black and Asian ethnic groups to be relatively lower than the MSE Population average with all other groups performing somewhat similar.
- Performance by age group shows age group 20-29 to be exceeding the MSE Population average whilst age groups 30-39- 40-49 to be performing significantly under the average rate. All other age groups are performing somewhat in line of the average.

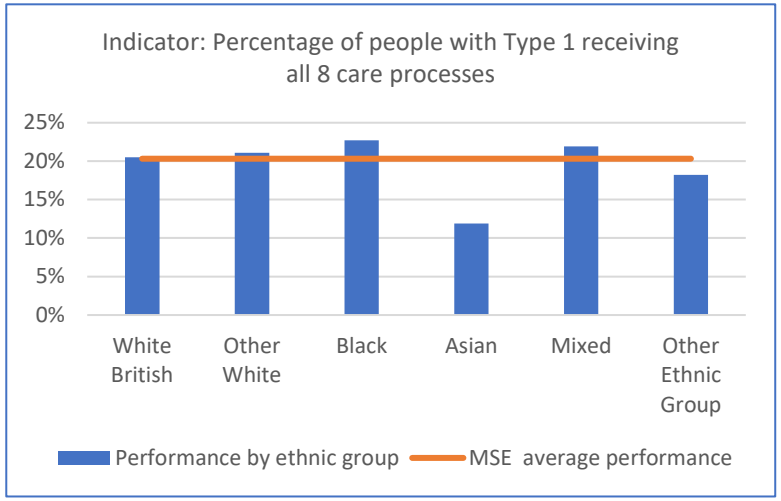
Action is being taken to address these health inequalities

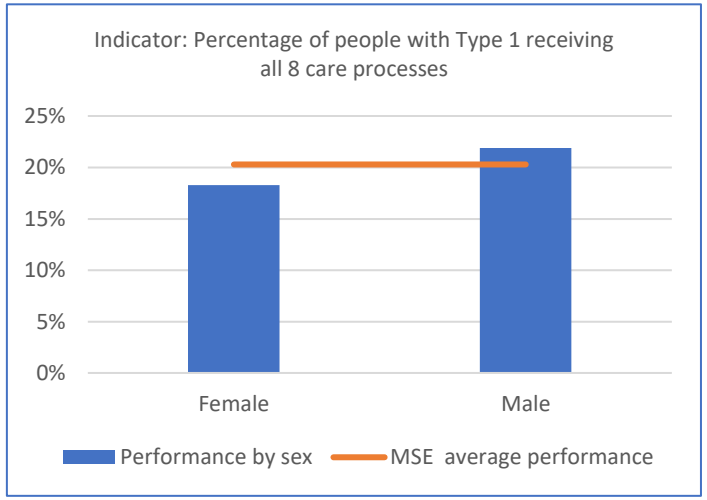
- MSE BP in the Community programme supports further case finding for hypertension amongst Plus groups and those less likely to engage with health care services by taking a community outreach approach
- MSE have identified the opportunity to carry out AF case finding to further support to identify undiagnosed or unmanaged cases of AF.

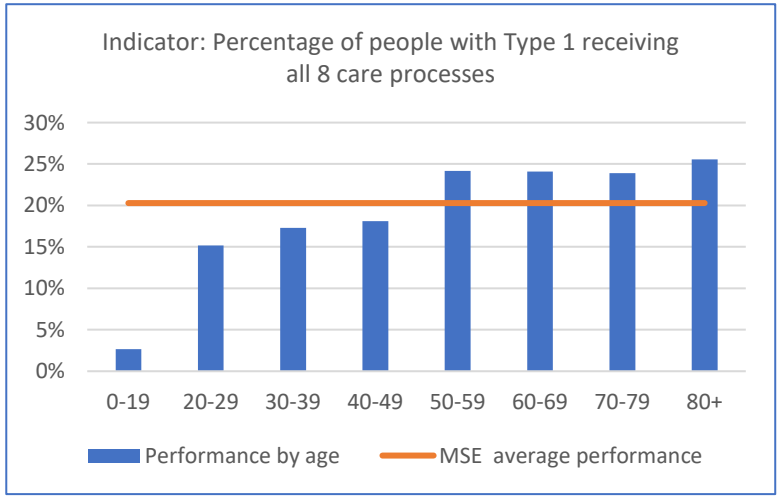
Source: MSE local dataset - Athena

Domain: Diabetes

Indicator: Percentage of people with Type 1 receiving all 8 care processes







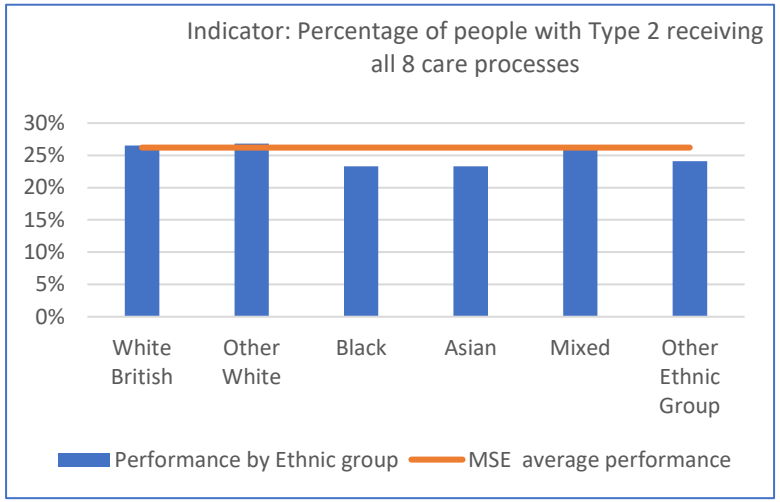
Observed health inequalities

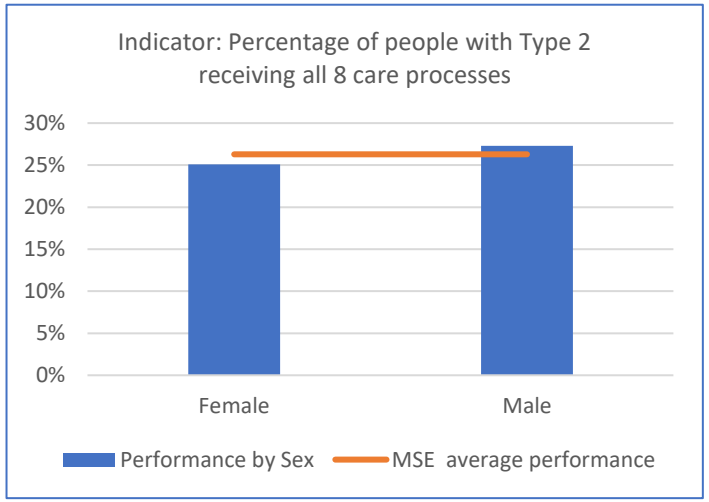
- Health inequalities analysis regarding deprivation has yet to be completed for the people with Type 1 receiving all 8 care processes
- There is a higher proportion of people from a black or mixed background receiving all 8 care processes. People from an Asian ethnicity background are less likely to have received all 8 care processes.
- A higher proportion of males have received all 8 care processes
- Those over 50 years are more likely to have received all 8 care processes.

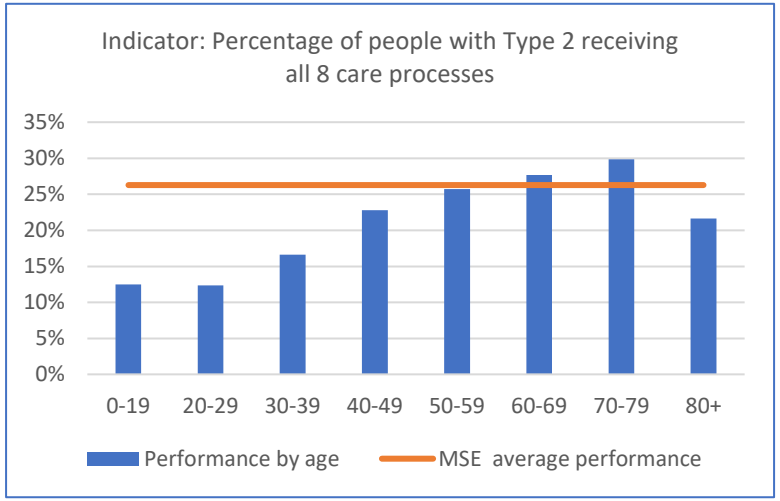
Source: MSE local data set Athena

Domain: Diabetes

Indicator: Percentage of people with Type 2 receiving all 8 care processes







Observed health inequalities

- Health inequalities analysis regarding deprivation has yet to be completed for the people with Type 2 receiving all 8 care processes
- There is a higher proportion of people from a black or mixed ethnic background receiving all 8 care processes. People from other ethnic groups are less likely to have received all 8 care processes.
- A higher proportion of males have received all 8 care processes
- Those over 50 years are more likely to have received all 8 care processes.

Source: MSE local data set Athena

Domain: Diabetes	Indicator: Percentage of people with Type 1 and 2 receiving all 8 care processes

Action being taken to address these health inequalities

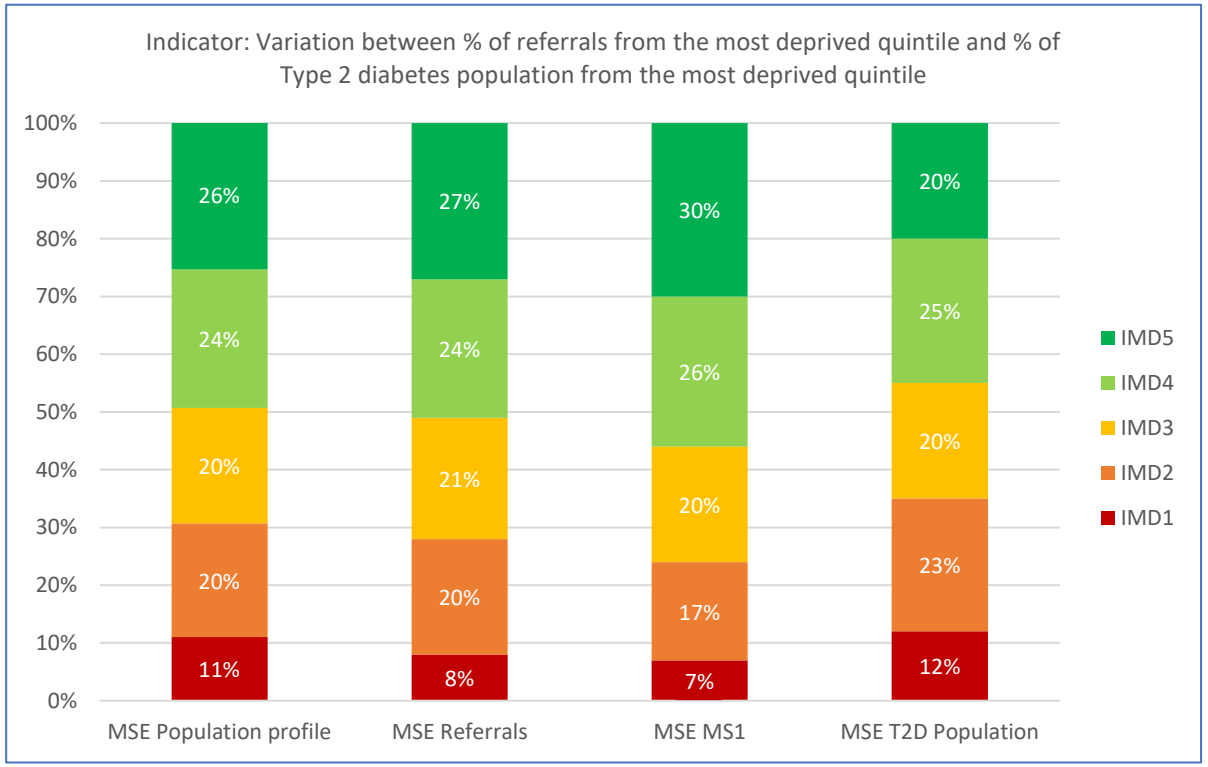
To improve the % of people with Type 1 and 2 receiving all eight care processes MSE ICB has:

- Introduced care bundle test requesting in the pathology and radiology system (ICE) which means with a single click all Diabetes tests (hba1C, Creatinine, cholesterol, urine ACR) can be requested in the system without missing any tests.
- Monthly Eclipse training for the past year on how to use data to improve diabetes care. Eclipse is a data support tool that assists GP Practices in optimising treatment for patients.
- Regular monthly reporting at an Alliance and Practice level is undertaken to identify opportunities for improvements in performance.
- Educational training and supported has been delivered via “Time to learn” sessions, through existing Clinical leadership meetings(CLef), lunch and learn and evening GP sessions
- Standardise data capture and ensure consistency of processes through the utilisation of a Diabetes template in Ardens.
- Development of a Diabetes Dashboard that enables primary care to access data and ability to reidentify patients will become available for practices to target patients.
- Currently reviewing the award winning PARM tool, a health management tool for people with diabetes, to assess whether it can be used in MSE to risk assess patients.
- Funding given to Community Collaborative to support 2 PCNs, Southend Victoria PCN and Tilbury and Chadwell PCN, to improve 8 Care process during 2023/24. As at Mid-December nearly 600 patients have now had the care processes reviewed and captured. A one stop Foot and Retinopathy screen is also being trialled in one of the PCNs. The evaluation will be completed during 2024/25 and good practice and learnings spread across MSE.
- Implementation of the ‘T2Day: Type 2 Diabetes in the Young’ programme where patients benefit from extra one-to-one reviews as well as the option of new medicines and treatments where indicated, to help better manage their diabetes
- Planning Diabetes case finding trial in practice to roll out in MSE .This will alert practices to code 2 abnormal high HBA1C as Diabetes.
- All providers with MSE have been challenged to target resources in areas facing health inequalities including in areas of deprivation.

Domain: Diabetes

Indicator: Variation between % of referrals from the most deprived quintile and % of Type 2 diabetes population from the most deprived quintile

Framework 2 contract (Dec2020-Nov2023): IMD demographic of patient referrals & of programme starters (MS1) vs local type 2 diabetes prevalence



Observed health inequalities

- Referrals into the National Diabetes Prevention Programme (NDPP) are closely representative of the MSE population profile
- The number of programme starters is higher in the least deprived areas (IMD4 and IMD5) with proportionally lower numbers from the most deprived backgrounds (IMD1 and IMD2) which is an under representation of the type 2 diabetes prevalence for these groups.

Action is being taken to address these health inequalities

- PCN level data shared identifying those PCNs where % of referrals for people in IMD1 has not matched local T2D prevalence.
- Engagement with PCN lead GPs and Ops manager understand barriers to making referrals.
- Training and awareness sessions undertaken with PCN staff (focused on ARRS roles) on how to refer to NDPP
- Communication and promotion materials for NDPP developed and available on MSE Primary Care Hub
- Lunch n Learn webinars regularly delivered by the new service provider Xyla Health & Wellbeing.
- Free Continuing Professional Development accredited training on Non-diabetic hyperglycaemia testing, Type 2 Diabetes risk factors and the NDPP from Royal College General Practitioners and Primary Care Diabetes Society

Source: National Diabetes Prevention Programme Dashboard

Domain: Smoking cessation — Indicator: Proportion of adult acute inpatient settings offering smoking cessation services

Action being taken to address health inequalities

A smoking cessation in-house service is currently available across all wards in Basildon and Broomfield Hospitals and will be in all wards in Southend Hospital by March 2024. The service engages with smokers who are an adult acute in-patient regardless of home address, ethnicity, socio-economic status or any other criteria. The service has access to a translation service should patient who does not use English as their first language require support. The service is available to all, except for those who are under the age of 18 and not an inpatient.

Mid and South Essex NHS Foundation Trust are procuring a data collection, management and reporting solution for Smoking Services. Whilst some data is currently collected it is incomplete so once there is a comprehensive dataset available in 2024/25 an assessment will be undertaken to identify if there are any inequalities to accessing the service and address as required.

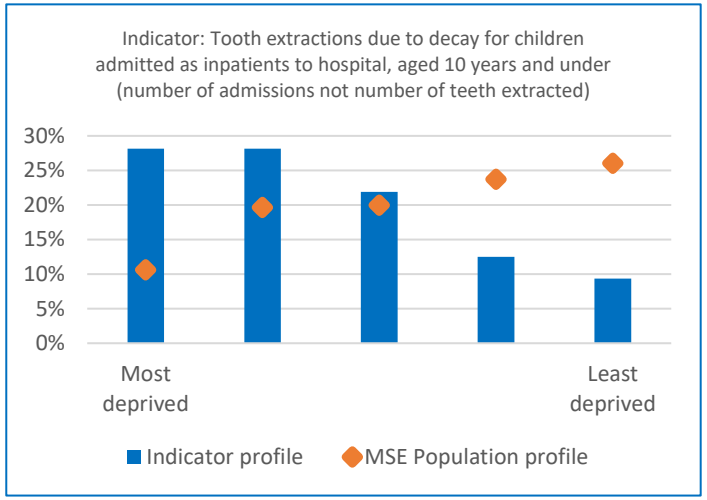
Domain: Smoking cessation — Indicator: Proportion of maternity inpatient settings offering smoking cessation services

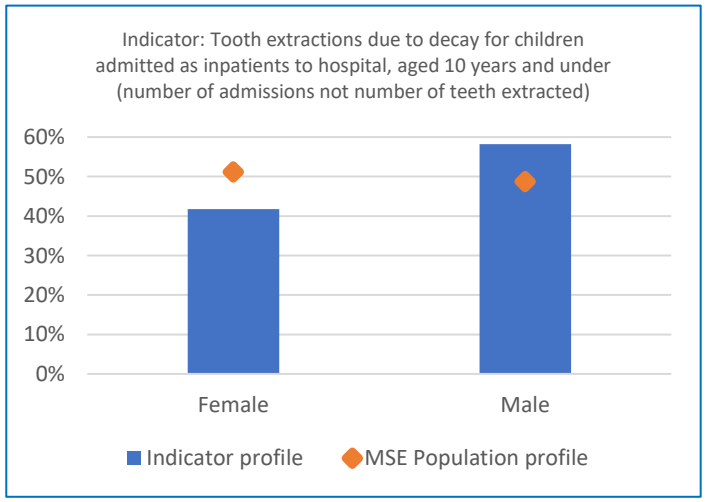
Action being taken to address health inequalities

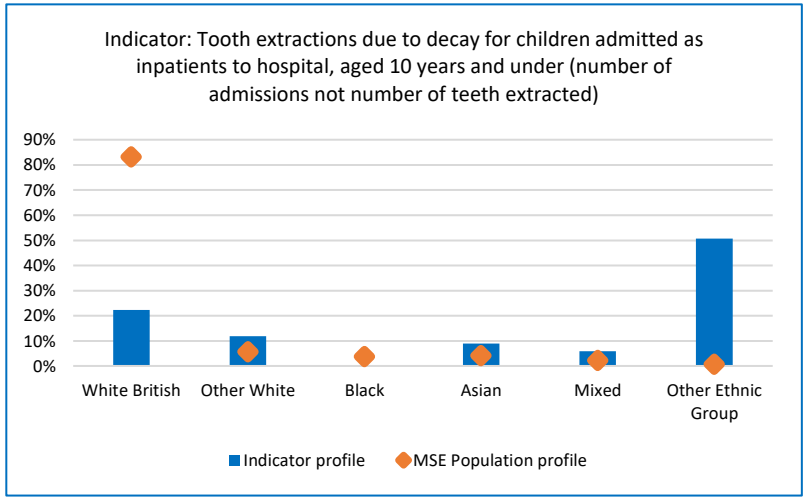
MSE Maternity launched a full in-house smoking cessation service on 05/02/2024 across the three hospital sites; Basildon, Broomfield and Southend. Providing women divulge their smoking status, electronic reports are set up to capture the personal details of all birthing people who 'currently smoke' and those who have 'quit since conception'. All women and birthing people within this category receive a telephone call during the next working day irrespective of their postcode and or deprivation level. Once we have several months data, analysis will be completed to determine if there is any correlation with opt out and areas of deprivation or inequalities. Targeted work will be undertaken to address health inequalities that may be identified.

Domain: Oral Health

Indicator: Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under







Observed health inequalities

- Tooth decay is almost entirely preventable, yet tooth decay is the number one cause of admission to hospital for 5-9yrs old children.
- MSE has a disproportionate over representation of children having teeth removed in a hospital setting who live in areas of deprivation. This trend is seen nationally where decay-related tooth extraction rates are nearly 3.5 times higher for children living in the most deprived areas compared to more affluent areas.
- The ethnicity profile is currently being reviewed as data quality discrepancies have been identified regarding ethnicity recoding for children
- A higher proportion of boys have tooth extractions

Action being taken to address these health inequalities

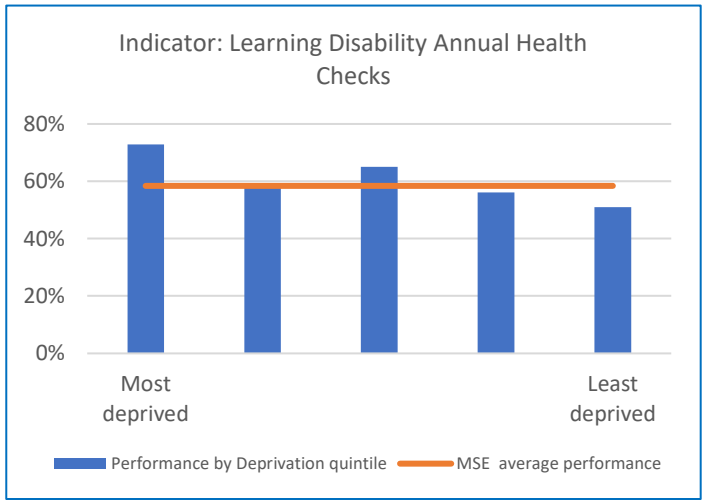
A MSE ICP collaborative approach is being taken to accelerate oral health prevention:

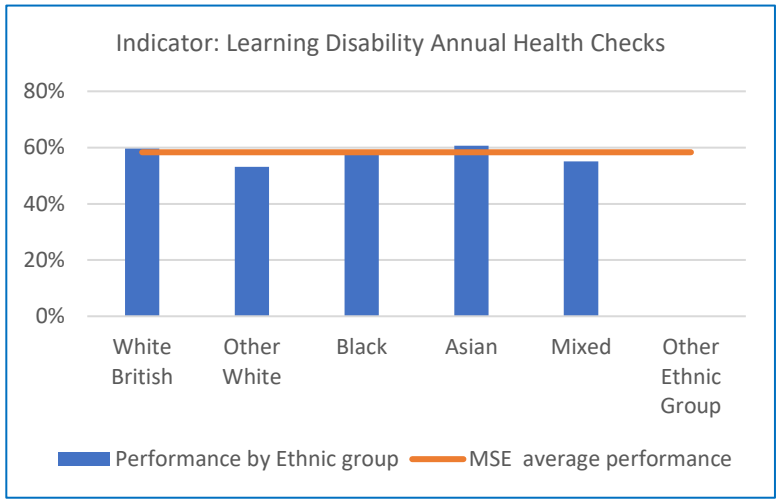
- Use a data informed approach to drive activities in areas of highest need, development of a dashboard to track progress on child oral health. We currently planning on how to analysis waiting list data consistently across providers to identify inequality gaps and implement mitigating actions.
- Embed oral health preventative activities within wider system CYP policies and programs – in 2022/23 we committed health inequalities fundings to implement supervised toothbrushing schemes within two of our four place Alliances. For 24/25 this program is being spread across the remaining two Alliances. Additionally, Southend City Council are planning to extend supervised toothbrushing into school settings.
- Using the Core20PLUS5 approach we have identified our priority PLUS groups as to SEND, LAC, Deprivation, Refugees, Asylum Seekers & Migrants; deliver more targeted oral health prevention areas. In addition, we are working with commissioners to increase access to dental services including identification of dentists prioritising access for LAC and ensuring children are considered in our dental care access pilot.
- MSE has been selected as NHSE CYP Transformation pilot site which aims to test and develop a suite of evidence-based interventions. This program will work with the Family Hubs In Thurrock to enhance early years services with a consistent oral health promotion theme running through.
- Create widespread awareness of oral health promoting practices. This will be through resident facing communications and through early years workforce training.

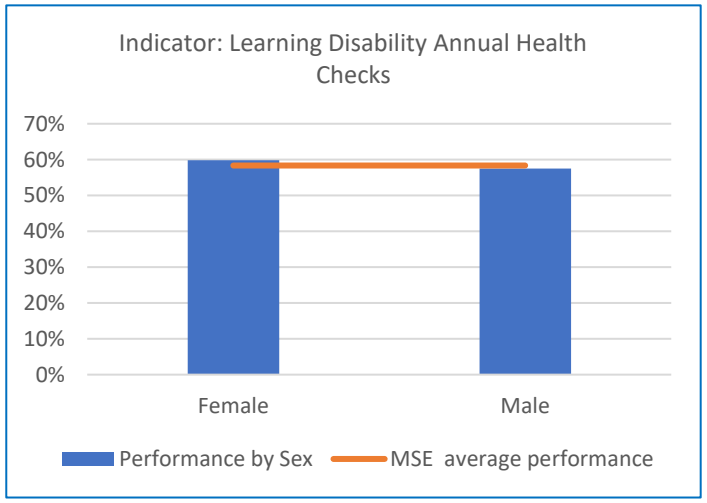
Source: MSE local dataset – Athena

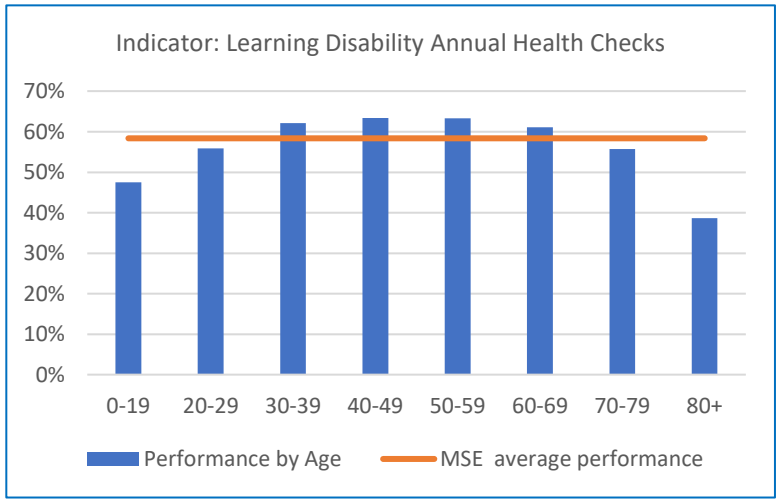
Domain: Learning disability and autistic people

Indicator: Learning Disability Annual Health Checks









Observed health inequalities

- The uptake of Learning disability health checks is higher in the most deprived areas
- There is a slightly lower uptake of health checks from people of an 'other white' or mixed ethnic background
- There is little variation between males and females
- Learning disability health checks are lower in the younger (29 years and below) and older (70 years and above) age groups
- Within the SET LeDeR Annual Report 22/23 it was noted that some of the most vulnerable people with a Learning Disability who passed away are among those who did not receive an Annual Health Check that could be evidenced in the notes.

Action being taken to address these health inequalities

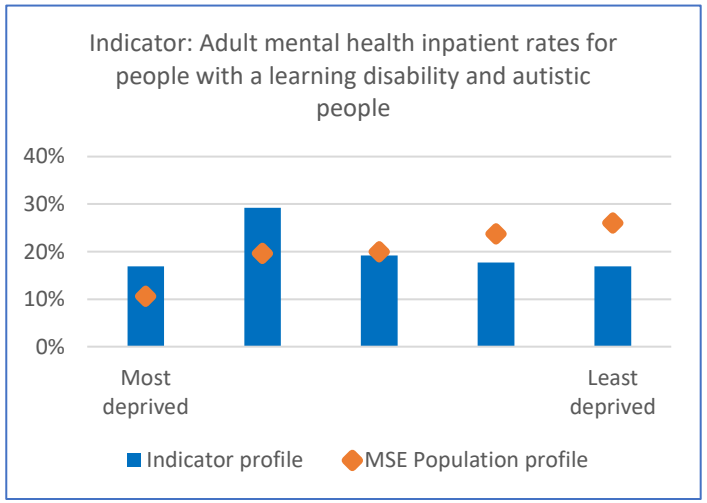
- A Mid and South Essex Learning Disability Annual Health Check forum has been established in 2023 to discuss Annual Health Checks with a local lens and share learning.
- The SET 3 Year LeDeR Deliverable Plan 2024-2027 has a priority for the 2024/25 financial year as 'Promote Preventative Health: Improving The Uptake And Effectiveness Of Learning Disability Annual Health Checks And Health Action Plans.' This work will be championed through the MSE LD AHC Forum.

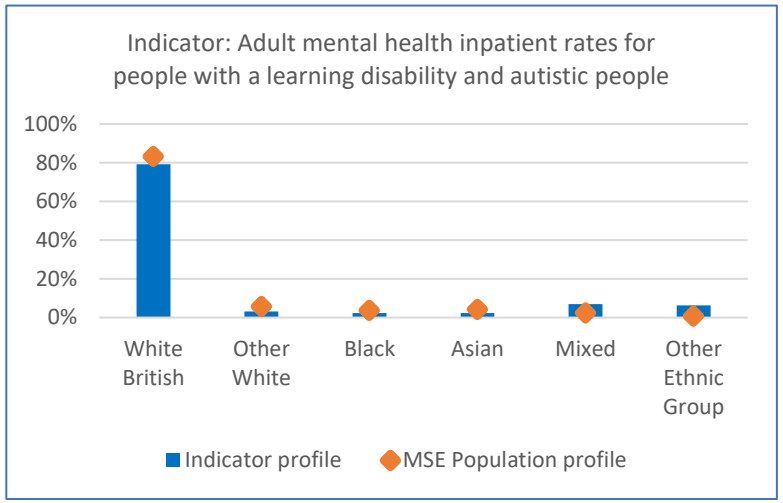
Source: MSE local dataset – Athena

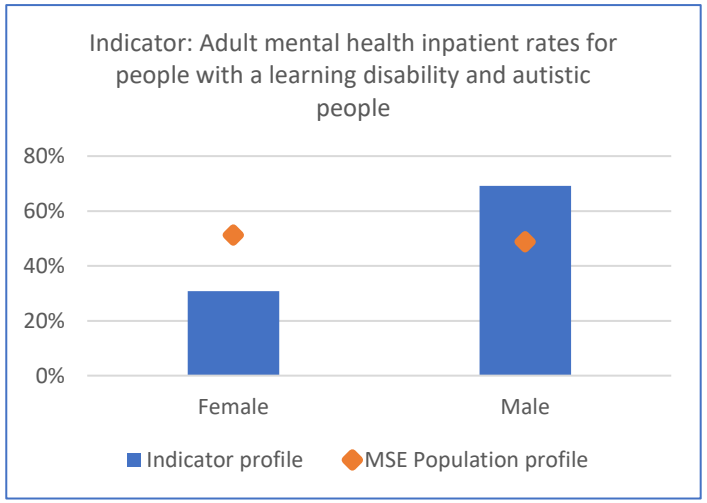
* Please note MSE performance is likely better than the graphs to left indicate as there has been a national issue which has over inflated the LD (QoF) Register in error which is being addressed. Indications from NHSE data which is months behind local date is overall more LD AHCs have been completed than in the same period in the previous financial year.

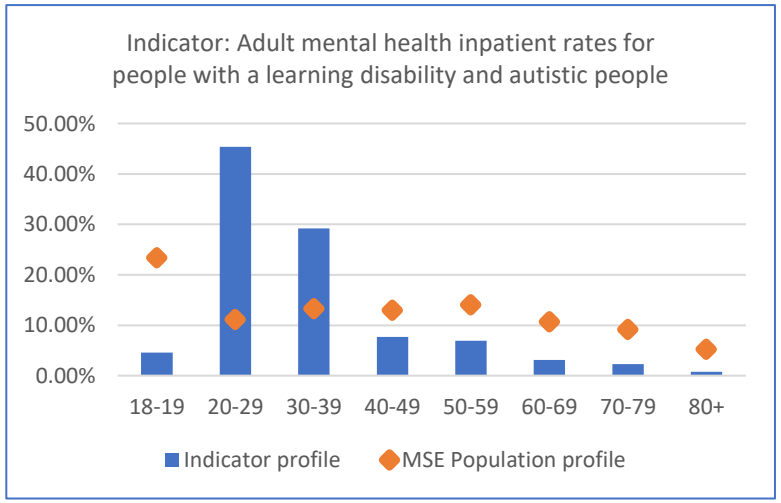
Domain: Learning disability and autistic people

Indicator: Adult mental health inpatient rates for people with a learning disability and autistic people









Observed health inequalities

- Higher mental health inpatient rates for people with learning disability and autistic people are seen in the areas of greater deprivation
- The profile of adult mental inpatient rates is broadly in line with the ethnic profile of MSE population
- A greater proportion of admissions are Males
- The age profile is concentrated n the 20 to 39 year age group
- The high proportion of 18-19 year olds represents predominantly Autistic young people transitioning to adult services.
- Lack of specialist providers can lead to avoidable Adult Mental Health admission to inpatient services.

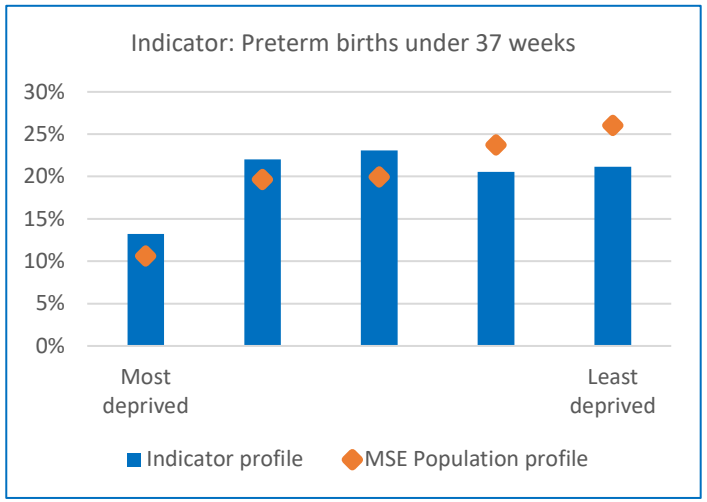
Action is being taken to address these health inequalities

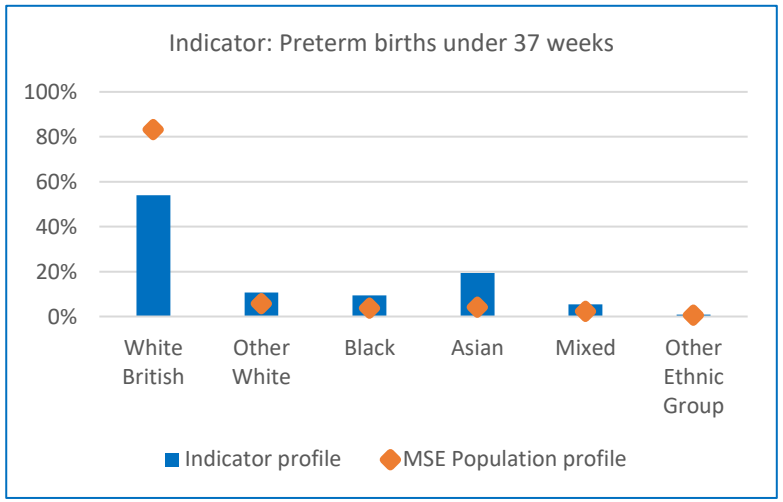
- The creation of a new Dynamic Support Register which launched at the end of 2023 will help to identify those that need support before they become at risk of admission and / or enter a crisis.
- Work is ongoing to establish better links between Mental Health Services and Learning Disability services and Autistic people services.
- Wider work into preventing avoidable admissions is also taking place alongside case management of those at risk of admission.

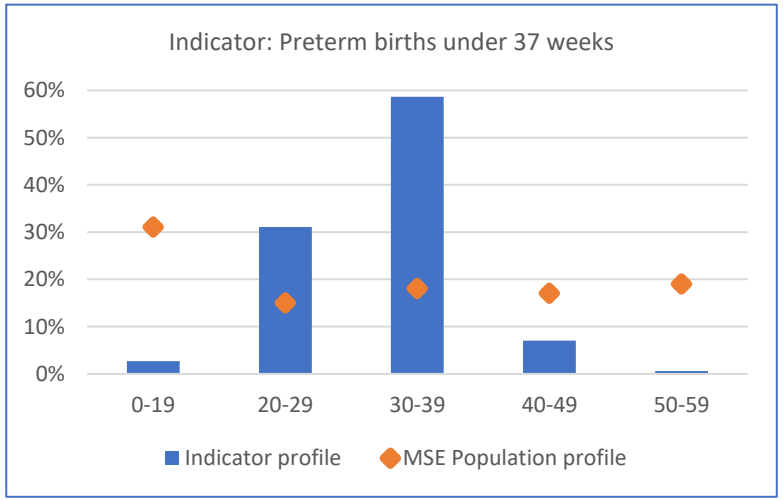
Source: Mental Health Services Data Set

Domain: Maternity and neonatal

Indicator: Preterm births under 37 weeks







Observed health inequalities

- In MSE after White British women, Asian women experience the highest rate of preterm births (19.4%). This group observed the largest percentage increase in preterm births in 2020-21 nationally (ONS, 2023).
- The MSE data reflects a variation from national statistics, where women from Black ethnic groups have the highest proportion of preterm births.
- Deprivation data shows that the 2nd and 3rd quintiles of deprivation have the highest rates of preterm birth.
- The age range where preterm birth occurs most frequently is shown here as 30-39 and this is likely to be attributed to this age group because they have the highest proportion of births.

Action being taken to address these health inequalities

- Implementation of the Saving Babies Lives Care Bundle version 3
- Provision of a Preterm Birth Lead Team at every maternity site
- Patient Information Leaflet created – highlighting risks including ethnicity and age
- Preterm Birth Risk Assessment is undertaken at every maternity booking appointment
- Introduction of a preterm birth digital tool – QUiPP app to improve prediction and care of those who may be in preterm labour
- A Smoke Free Pathway has been launched in maternity services
- A Maternal Medicine pathway to support those with complex pregnancies
- Continuity of Midwifery Care Team at Broomfield Hospital – targeted to areas of deprivation and ethnicity
- Where preterm birth is anticipated – the PERIPrem care bundle is used to optimise the baby's wellbeing.

Source: MSE local dataset – Athena