

Population health and health inequalities

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Why focus on Population Health and Health Inequalities?



- Population Health is a key ambition in the NCA Vision10 strategy - Improving Population Health in all our Places, working with Partners.
- Major NCA programmes such as the Clinically Led Model, Clinical Strategy and GIRFT have common themes of reducing unwarranted variation which reduces health inequalities
- The 2024 Darzi report highlighted that too much of the NHS budget is being spent in the acute sector and too little in community. The recommendation is to focus on improving population health and shift spending to prevention.
- Current financial pressures on the trust have the potential to adversely impact health inequalities, and there is a need for a longer-term strategy to focus on preventative approaches





Vision 10

Make every contact count

We will make every contact count, helping everyone living in our region to access healthy living advice and support, across all stages of life.

What will we achieve by 2025?

A reduction in infant deaths

More than 75% of cancers diagnosed at an early stage

A decrease in musculoskeletal and mental health disorders

A decrease in emergency hospital admissions, old age falls, fractures and winter deaths.

What will we achieve beyond 2025?

Our direction beyond 2025 is currently being discussed and agreed with our partners.

Start Well

- Increasing % of children at or above expected level of development at age 5
- Sustained reduction in infant mortality, including a reduction in low-birth-weight babies

Live Well

- >75% cancers diagnosed at an early stage
- Reduction in under 75s mortality from conditions considered preventable
- Reduction in health-related worklessness, focusing on MSK and mental health

Age Well

- Reduction in emergency hospital admission numbers
- Reductions in falls and fragility fractures
- Reduction in excess winter mortality



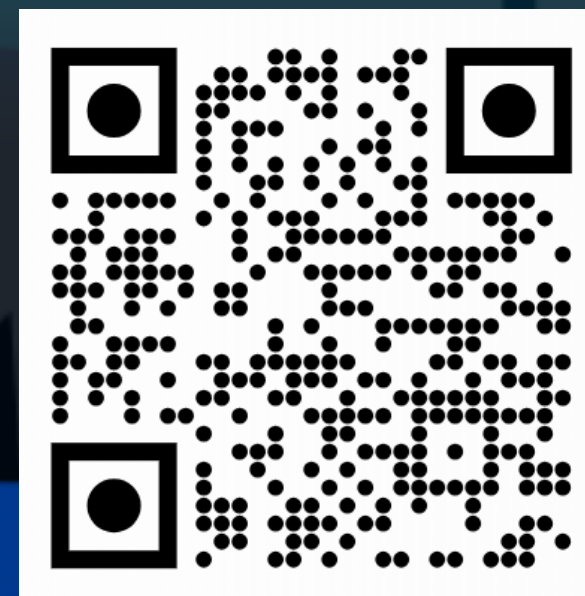
Improving **Population Health** in all our places, working with Partners

CARE
APPRECIATE
INSPIRE

REDUCING HEALTH INEQUALITIES: A GUIDE FOR NHS TRUST BOARD MEMBERS

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March 2024



Workstream Progress



- NCA now has a substantive Public Health Consultant in post.

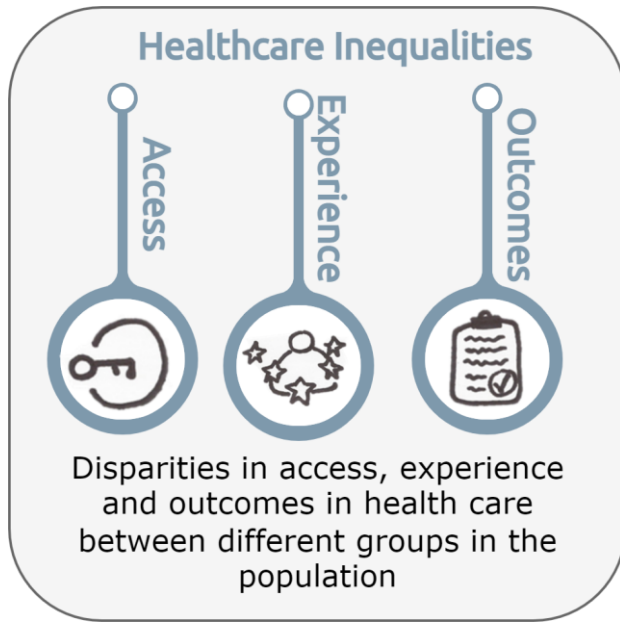
- Formal governance arrangements in place with a Population Health and Health Inequalities Oversight Group reporting into board via our Research & Innovation committee



- A board development session on population health and health inequalities delivered was in December.



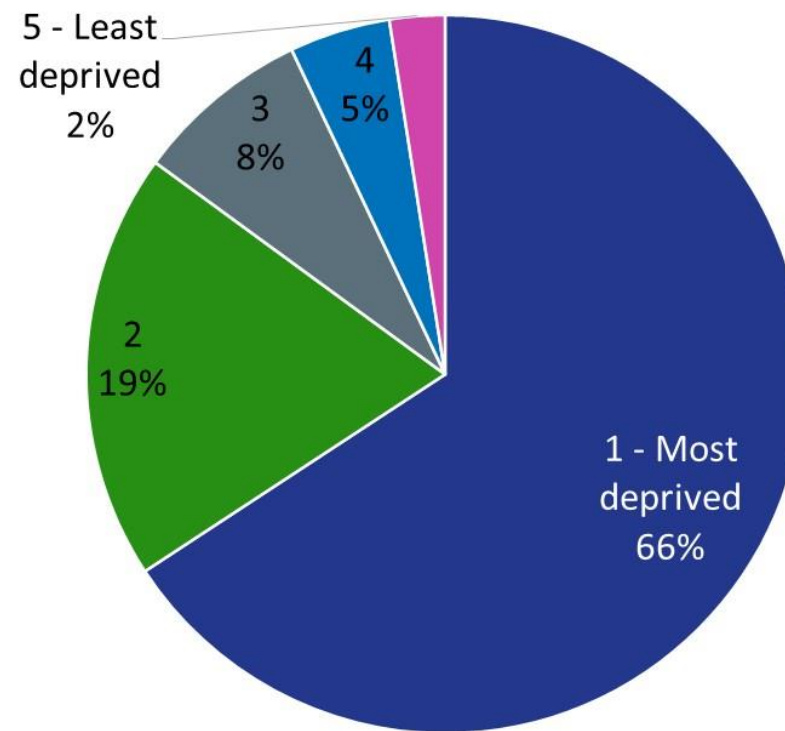
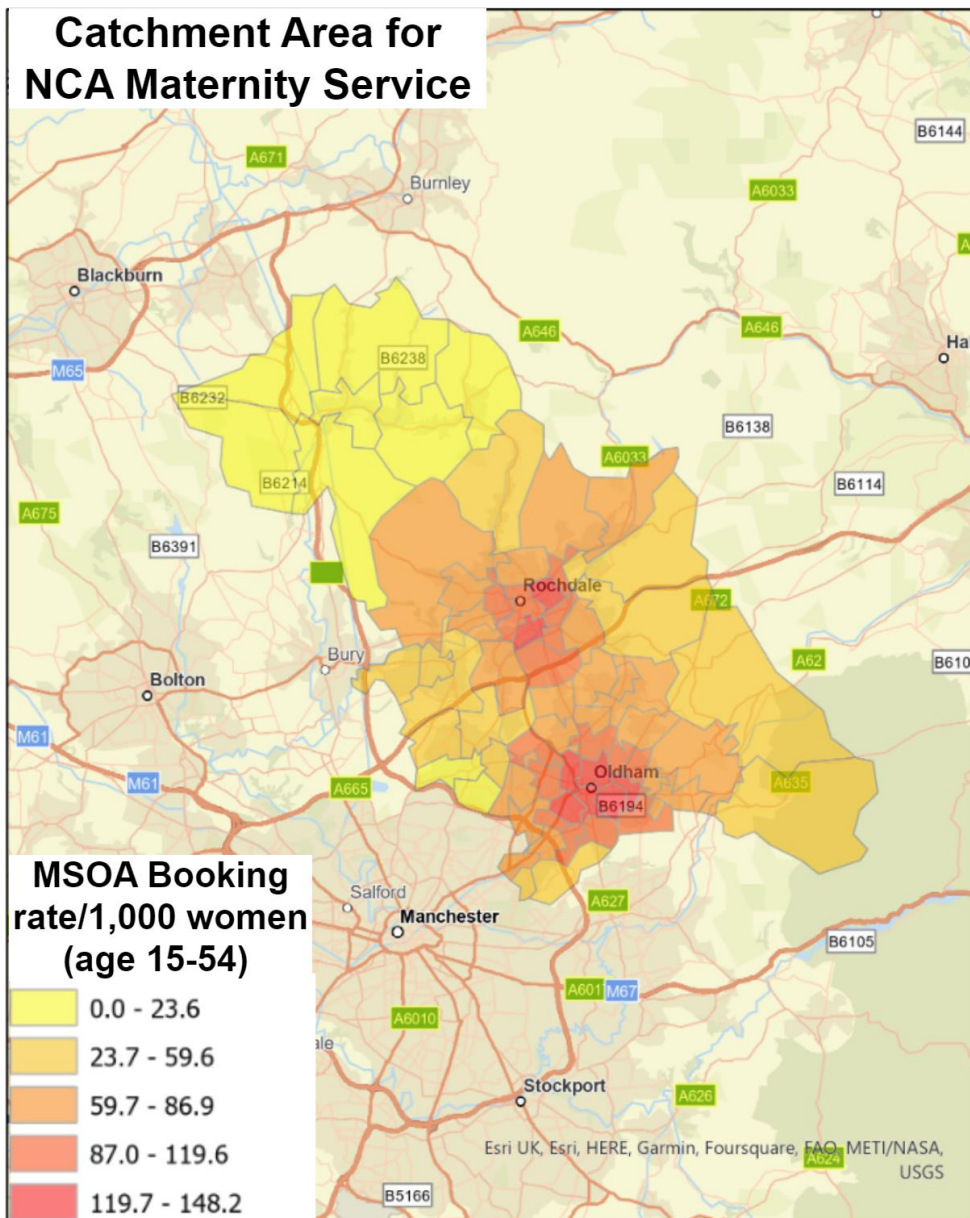
- Local metrics to monitor progress in addressing health inequalities over time being developed and incorporated into board reporting
- An introduction to health inequalities [animation](#) has been developed and is now included in trust induction



Healthcare Inequalities

Overview of work in maternity services

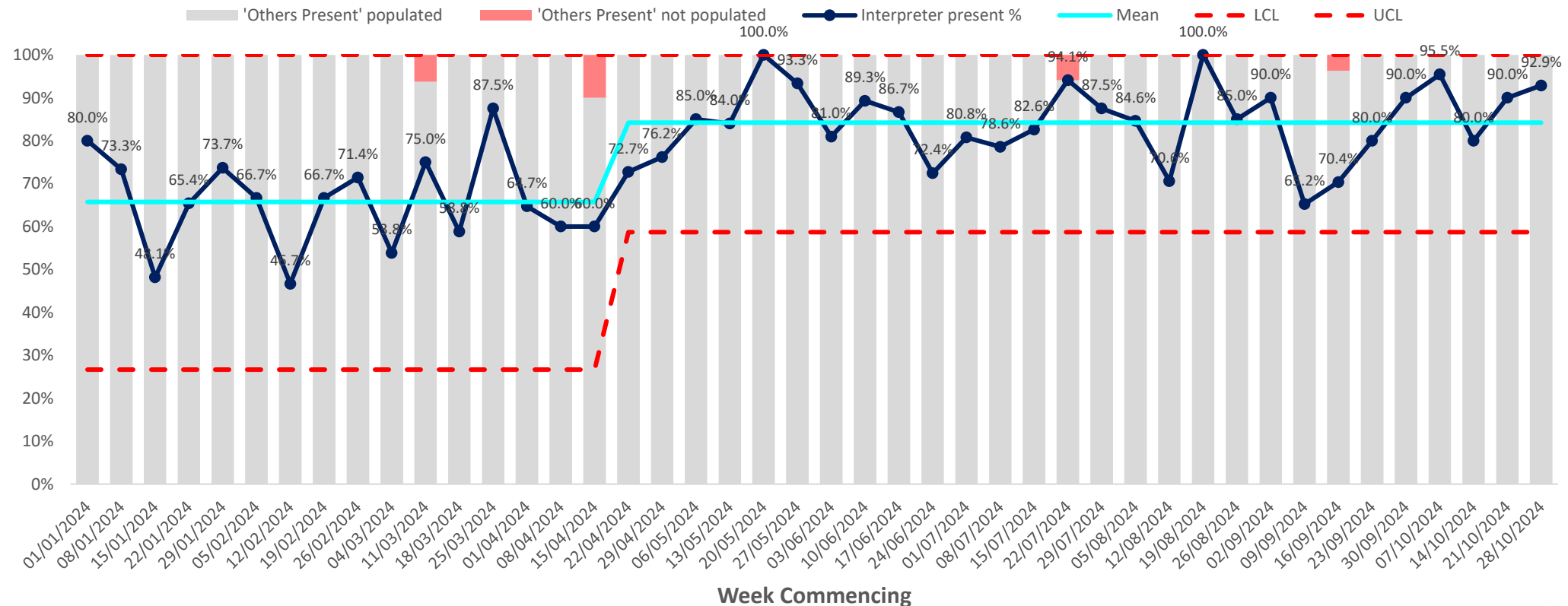
Catchment Area for NCA Maternity Service



1 in 4 women don't speak English as their primary language

Percentage (%) of antenatal assessments where an interpreter was required & present

Antenatal assessments data pulls from multiple forms within Badgernet. The 'others present' field was made mandatory in some of these forms from week commencing 22nd April



Where, **green** is associated with **reduced likelihood** and **red** is associated with **increased likelihood**

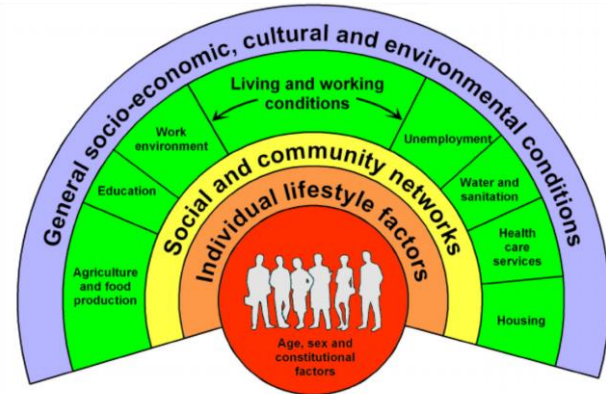
	Equity Index	Ethnicity	Deprivation	Age group	Language
Term admissions to NNU	0.00				
PPH	0.118	Asian Black		Age <24 Age 45+	
3 rd & 4 th degree tears	0.123	Asian, no ethnicity recorded		Age 25-29 years	
Adverse outcomes	0.125				No language recorded
Smoking at booking	0.355	Ethnicity is not White	IMD quintiles 1, 2 & 3 (more deprived) No IMD quintile available	Age 24 & under, and 40-44 years	Primary language is not English
Preterm births	0.442	Asian or Other ethnicity	IMD quintiles 1 & 2 (more deprived) No IMD quintile available	Age 20-29 years Age 35-44 years	Primary language is not English No language recorded
Late booking	0.522	Black or Mixed ethnicity, no ethnicity recorded	IMD quintiles 1 & 2 (more deprived)	Age 24 & under, 35-39 years	Primary language is not English, no language recorded

Be the difference.



Continuity of care for antenatal and postnatal pathways

ROMES team – complex social needs



Source: Dahlgren and Whitehead, 1991

New alert in
BadgerNet for people
on enhanced pathway

Phase 1

- Antenatal education sessions delivered in languages other than English
- Open access to triage for reduced foetal movement/bleeding
- Proactive DNA follow up
- Priority access to pregnancy circles
- Use of home BP monitoring for women with hypertension who are non-English speaking.
- Communication to GP about enhanced pathway

Further ideas...

- Practical support e.g. baby boxes
- Signposting to English language classes
- Basic employment skills support
- Housing assessment/support
- Early health visitor involvement
- Support to become peer mentors
- Social prescribing
- Supported access into existing public health interventions
- Delivery of contraception
- Support with travel costs
- Debt advice

Questions/comments...