

Compliance with the NHS statement on Information on Health Inequalities 2023-2034



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Introduction

In November 2023, [NHS England published a Legal Statement](#) related to the duty of ICBs to report on health inequalities under section [13SA of the National Health Service Act 2006](#) including that "relevant NHS bodies should publish the information on health inequalities within or alongside the organisation's annual report".

Relevant indicators for NHS acute Trusts to report against is as follows:

- 1. Elective activity vs pre-pandemic levels for under 18s**
- 2. Elective activity vs pre-pandemic levels for over 18s**
- 3. Emergency admissions for under 18s**
- 4. Emergency admissions for over 18s** (included for comparative analysis but not requirement for submission)
- 5. Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under**

Data is to be analysed by:

- Year (where relevant)
- Ethnicity
- Gender
- Deprivation

This dataset will be repeated next year for 24/25 data to allow for comparative analysis.

All other indicators required to be reported under the legal statement are reported at ICB level.

Definitions | Indices of Multiple Deprivation (IMD)

Data analysis for deprivation within the following datasets are based on Indices of Multiple Deprivation (IMD). IMD levels are datasets used within England to classify the relative deprivation (a measure of poverty) of small areas. The IMD combines information from 7 weighted domains to produce an overall relative measure of deprivation including;

1. Income deprivation (22.5%)
2. Employment deprivation (22.5%)
3. Education, skills and training deprivation (13.5%)
4. Health deprivation and disability (13.5%)
5. Crime (9.3%)
6. Barriers to housing and services (9.3%)
7. Living environment deprivation (9.3%)

IMD ranks every neighbourhood in England from 1 (most deprived area) to 32,844 (least deprived area). To describe how relatively deprived a neighbourhood is through calculating the decile from most to least deprived in 10 equal groups in England as shown in the table, right.

Decile	Decile description	Ranks
1	10% most deprived	1 to 3,284
2	10% - 20%	3,285 to 6,568
3	20% - 30%	6,569 to 9,853
4	30% - 40%	9,854 to 13,137
5	40% - 50%	13,138 to 16,422
6	50% - 60%	16,423 to 19,706
7	60% - 70%	19,707 to 22,990
8	70% - 80%	22,991 to 26,275
9	80% - 90%	26,276 to 29,559
10	10% least deprived	29,560 to 32,844

Data collection quality and completeness | Ethnicity

Nationally and locally, there are challenges around the completeness and accuracy of ethnicity data captured, with around 7% of patients ethnicity either unknown or not stated for Central Lancashire. This makes it difficult to make any clear conclusions around true health inequalities vs data quality and could lead to a 'false flagging' effect on interpretation of these datasets.

There is also challenge with the categorisation of ethnicity groups meaning specific population groups such as Polish or Gypsy Romany Traveller are hidden within these broader groups and prevent true targeted population health interventions where it may be needed.

Further refinement with improved quality of data collection is a part of the Trust's Single Improvement Plan.

1. Elective Activity – Under 18 years old

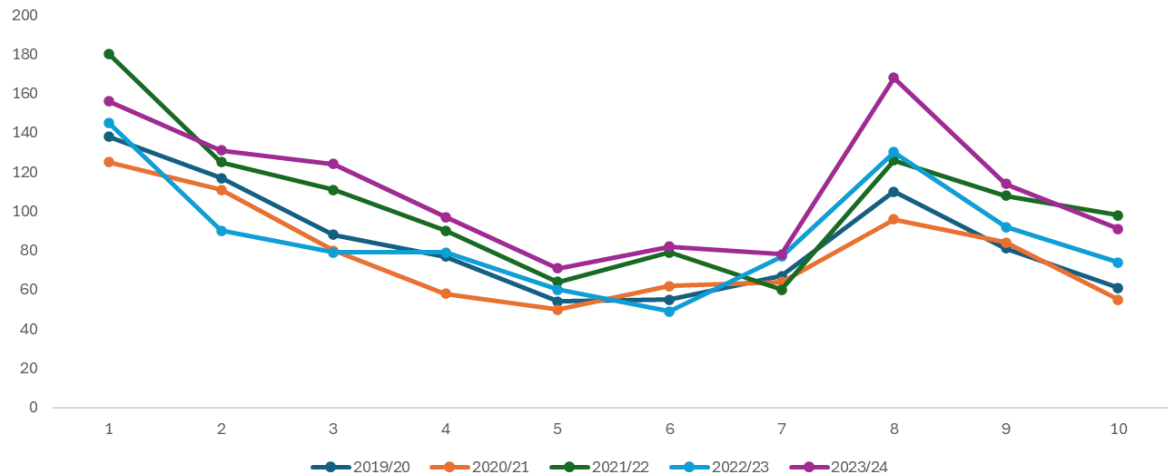


1. Elective activity vs pre-pandemic levels | Under 18 Years

Year	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	138	117	88	77	54	55	67	110	81	61	6	854
2020/21	125	111	80	58	50	62	64	96	84	55	20	805
2021/22	180	125	111	90	64	79	60	126	108	98	24	1065
2022/23	145	90	79	79	60	49	77	130	92	74	25	900
2023/24	156	131	124	97	71	82	78	168	114	91	36	1148
Grand Total	744	574	482	401	299	327	346	630	479	379	111	4772

Year	Deprivation Level % by Year											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	16%	14%	10%	9%	6%	6%	8%	13%	9%	7%	1%	100%
2020/21	16%	14%	10%	7%	6%	8%	8%	12%	10%	7%	2%	100%
2021/22	17%	12%	10%	8%	6%	7%	6%	12%	10%	9%	2%	100%
2022/23	16%	10%	9%	9%	7%	5%	9%	14%	10%	8%	3%	100%
2023/24	14%	11%	11%	8%	6%	7%	7%	15%	10%	8%	3%	100%
Grand Tot	16%	12%	10%	8%	6%	7%	7%	13%	10%	8%	2%	100%

Under 18 EL Activity - Deprivation Level by Year



*Average Time in Hours

* Average Time to Consultant reflects the duration from DTA

Analysis by deprivation

Overall trend shows a year on year increase in the proportion of children treated electively.

Lowest elective activity level in pandemic year 20/21 with reduced elective activity levels due to standing down elective activity to provide necessary acute, emergency and critical care services during the pandemic.

Highest activity level post pandemic 23/24 with additional activity levels to recover waiting lists post pandemic.

Largest % cohort of patients in IMD level 1 and 8 showing difference of deprivation levels in our locality with populations of both high and low levels of deprivation.

This data shows high levels of activity in patient cohorts with high levels of deprivation. Therefore this data does not suggest there are barriers for patients from areas of lower deprivation to accessing elective care services at LTH for patients under 18 years old.

1. Elective activity vs pre-pandemic levels | Under 18 Years

Ethnicity	Activity by Ethnicity and Year					Total
	2019/20	2020/21	2021/22	2022/23	2023/24	
Asian/Asian British	75	82	126	95	116	494
Black/African/Caribbean/Black British	6	6	12	12	15	51
Mixed/Multiple Ethnic Group	16	9	21	29	24	99
Not Asked/Not Known/Not Stated	67	46	48	65	116	342
Other Ethnic Group	8	5	11	10	15	49
White	682	657	847	689	862	3737
Grand Total	854	805	1065	900	1148	4772

Ethnicity	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Asian/Asian British	9%	10%	12%	11%	10%	10%
Black/African/Caribbean/Black British	1%	1%	1%	1%	1%	1%
Mixed/Multiple Ethnic Group	2%	1%	2%	3%	2%	2%
Not Asked/Not Known/Not Stated	8%	6%	5%	7%	10%	7%
Other Ethnic Group	1%	1%	1%	1%	1%	1%
White	80%	82%	80%	77%	75%	78%
Grand Total	100%	100%	100%	100%	100%	100%

Analysis by ethnicity

From this dataset the largest patient cohort is White with Asian/Asian British the second largest. This is reflective of the ethnicity data collected on population groups across Central Lancashire.

Year to year % has remained relatively stable across ethnicity groups.

1. Elective activity vs pre-pandemic levels | Under 18 Years

Year	Female	Male	Unknown	Total	% Female	% Male	% Unknown
2019/20	370	482	2	854	43.3%	56.4%	0.2%
2020/21	390	414	1	805	48.4%	51.4%	0.1%
2021/22	491	574		1065	46.1%	53.9%	0.0%
2022/23	448	452		900	49.8%	50.2%	0.0%
2023/24	537	610	1	1148	46.8%	53.1%	0.1%
Grand Total	2236	2532	4	4772	46.9%	53.1%	0.1%

Analysis by gender and deprivation

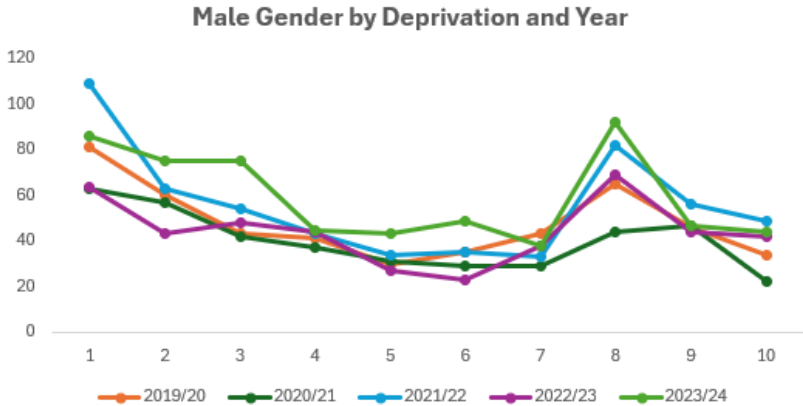
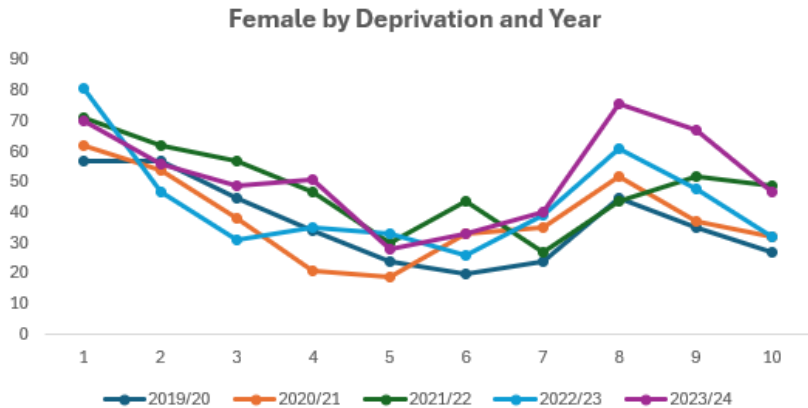
Reviewing data split by gender groups there is slightly higher level of elective activity for male under 18s, trends remain relatively stable throughout years with around 5% variance.

Year	Female Gender by Deprivation											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	57	57	45	34	24	20	24	45	35	27	2	370
2020/21	62	54	38	21	19	33	35	52	37	32	7	390
2021/22	71	62	57	47	30	44	27	44	52	49	8	491
2022/23	81	47	31	35	33	26	39	61	48	32	15	448
2023/24	70	56	49	51	28	33	40	76	67	47	20	537
Grand Total	341	276	220	188	134	156	165	278	239	187	52	2236

Year	Male Gender by Deprivation											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	81	60	43	41	30	35	43	65	46	34	4	482
2020/21	63	57	42	37	31	29	29	44	47	22	13	414
2021/22	109	63	54	43	34	35	33	82	56	49	16	574
2022/23	64	43	48	44	27	23	38	69	44	42	10	452
2023/24	86	75	75	45	43	49	38	92	47	44	16	610
Grand Total	403	298	262	210	165	171	181	352	240	191	59	2532

Excludes 4 records with unknown gender

When reviewing deprivation both gender groups show similar trends with the largest % cohort of patients in IMD level 1 and IMD level 8.



2. Elective Activity – Over 18 years old

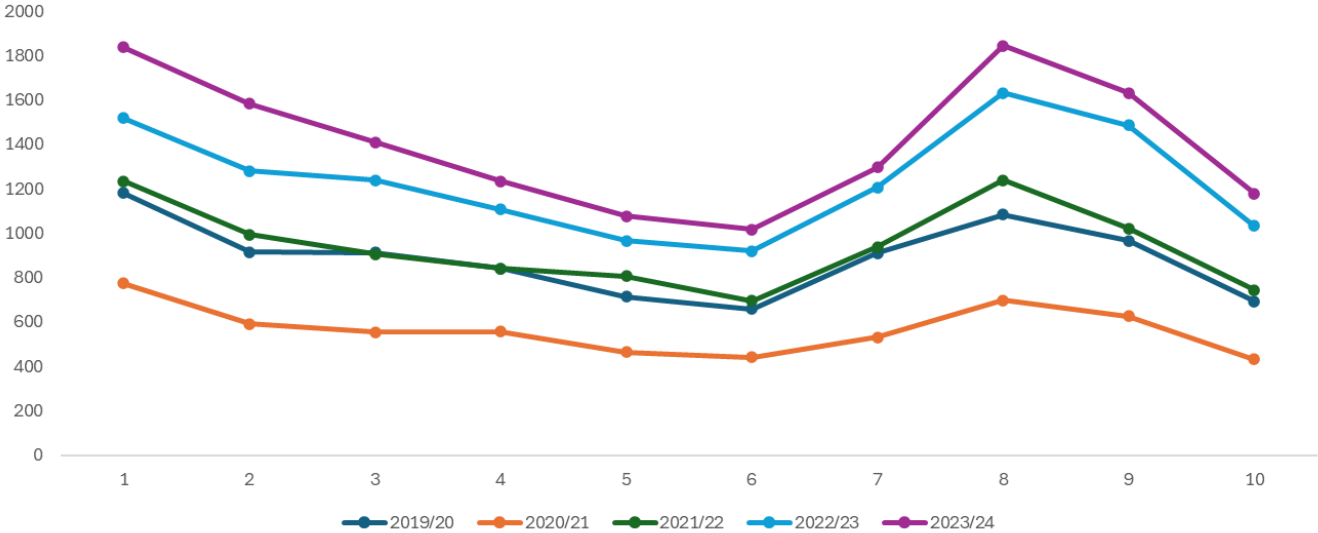


2. Elective activity vs pre-pandemic levels | Over 18 Years

Year	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	1180	914	912	842	715	658	910	1084	966	692	35	8908
2020/21	775	591	555	557	464	441	531	698	625	431	47	5715
2021/22	1234	993	905	842	806	695	939	1239	1021	744	160	9578
2022/23	1518	1281	1238	1107	965	920	1207	1632	1486	1034	212	12600
2023/24	1837	1584	1410	1233	1076	1016	1296	1845	1631	1179	357	14464
Grand Total	6544	5363	5020	4581	4026	3730	4883	6498	5729	4080	811	51265

Year	Deprivation Level % by Year											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	13%	10%	10%	9%	8%	7%	10%	12%	11%	8%	0%	100%
2020/21	14%	10%	10%	10%	8%	8%	9%	12%	11%	8%	1%	100%
2021/22	13%	10%	9%	9%	8%	7%	10%	13%	11%	8%	2%	100%
2022/23	12%	10%	10%	9%	8%	7%	10%	13%	12%	8%	2%	100%
2023/24	13%	11%	10%	9%	7%	7%	9%	13%	11%	8%	2%	100%
Grand Total	13%	10%	10%	9%	8%	7%	10%	13%	11%	8%	2%	100%

Over 18 EL Activity - Deprivation Level by Year



Analysis by deprivation

Overall trend year on year increase in the proportion of adults treated electively.

Lowest elective activity level in pandemic year 20/21 with reduced elective activity levels, and highest activity level post pandemic 23/24 with additional activity levels to recover waiting lists post pandemic at almost 3 times the level of activity in 23/24 compared to 20/21.

Largest % cohort of adult patients in IMD level 1 and 8 showing difference of deprivation levels in our locality with populations of both high and low levels of deprivation which mirrors the under 18s data.

This data reflects under 18s and shows high levels of activity in patient cohorts with high levels of deprivation. Therefore this data does not suggest there are barriers for patients from areas of lower deprivation to accessing elective care services at LTH for patients over 18 years old.

2. Elective activity vs pre-pandemic levels | Over 18 Years

Ethnicity	Activity by Ethnicity and Year					Total
	2019/20	2020/21	2021/22	2022/23	2023/24	
Asian/Asian British	346	221	445	600	896	2508
Black/African/Caribbean/Black British	51	35	64	105	153	408
Mixed/Multiple Ethnic Group	60	25	71	74	162	392
Not Asked/Not Known/Not Stated	559	471	1041	1545	1789	5405
Other Ethnic Group	49	29	76	89	122	365
White	7843	4934	7881	10187	11342	42187
Grand Total	8908	5715	9578	12600	14464	51265

Ethnicity	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Asian/Asian British	4%	4%	5%	5%	6%	5%
Black/African/Caribbean/Black British	1%	1%	1%	1%	1%	1%
Mixed/Multiple Ethnic Group	1%	0%	1%	1%	1%	1%
Not Asked/Not Known/Not Stated	6%	8%	11%	12%	12%	11%
Other Ethnic Group	1%	1%	1%	1%	1%	1%
White	88%	86%	82%	81%	78%	82%
Grand Total	100%	100%	100%	100%	100%	100%

Analysis by ethnicity

From this dataset the largest patient cohort is White with Asian/Asian British the second largest. This is reflective of the ethnicity data collected on population groups across Central Lancashire.

Year to year % has remained relatively stable across ethnicity groups.

This mirrors the under 18s data.

2. Elective activity vs pre-pandemic levels | Over 18 Years

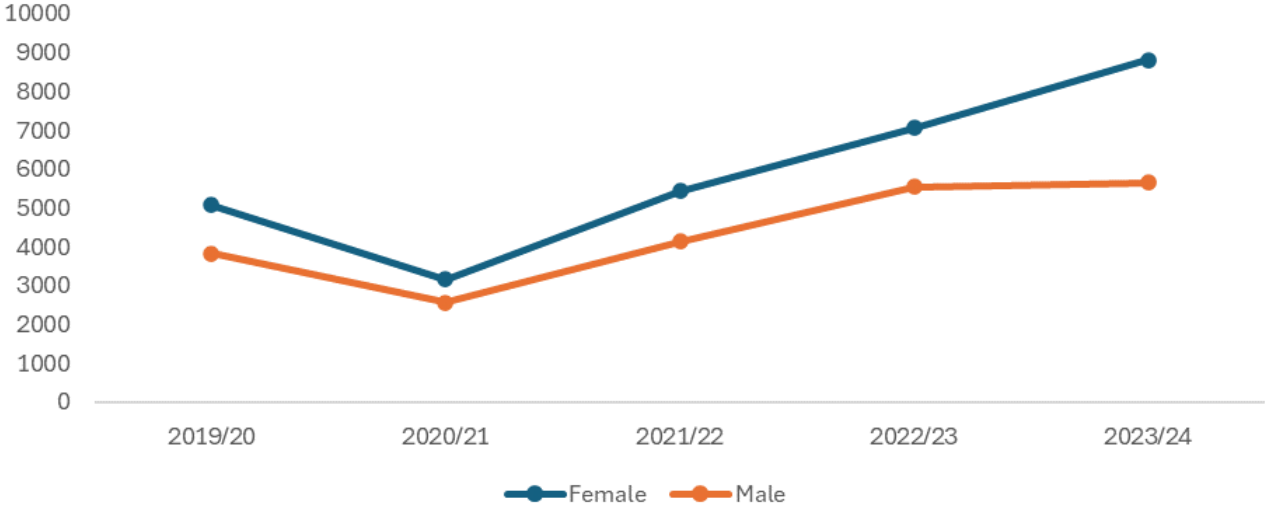
Year	Female	Male	Unknown	Total	% Female	% Male	% Unknown
2019/20	5073	3831	4	8908	56.9%	43.0%	0.0%
2020/21	3158	2557	4	5715	55.3%	44.7%	0.0%
2021/22	5430	4144	4	9578	56.7%	43.3%	0.0%
2022/23	7057	5542	1	12600	56.0%	44.0%	0.0%
2023/24	8806	5646	12	14464	60.9%	39.0%	0.1%
Grand Total	29524	21720	20	51265	57.6%	42.4%	0.0%

Analysis by gender

Reviewing data split by gender groups there is higher level of elective activity for female over 18s, trends remain relatively stable throughout years with around 3% variance.

Higher level of unknown gender in 23/24 possibly indicating to a need for recording category of transgender patients.

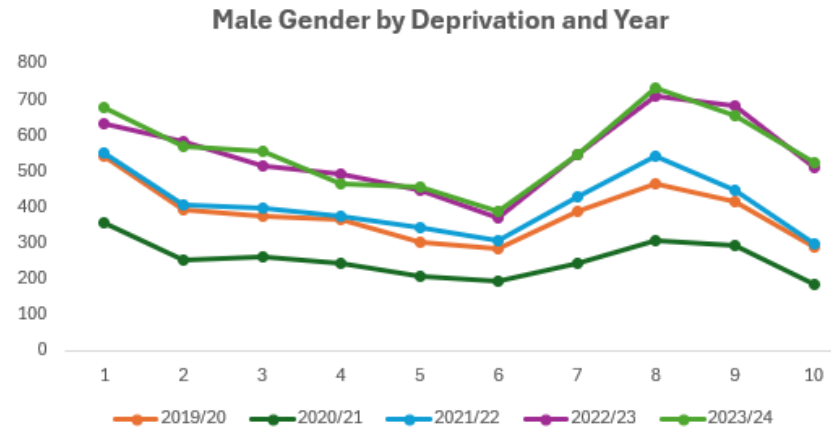
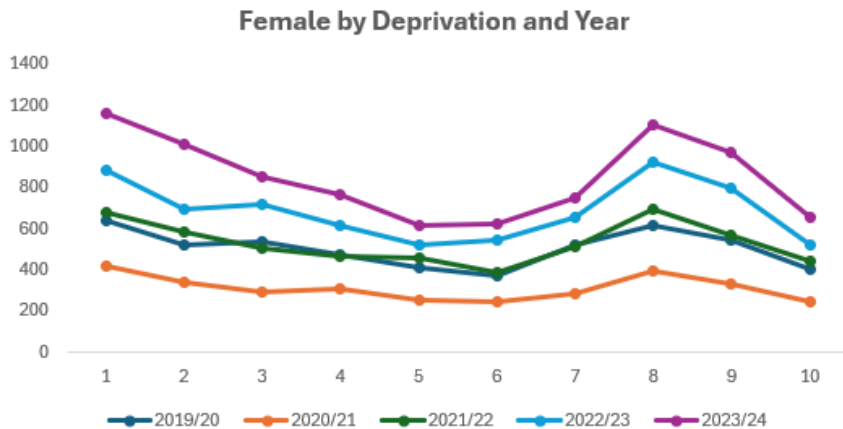
Elective Activity by Gender



2. Elective activity vs pre-pandemic levels | Under 18 Years

Year	Female Gender by Deprivation											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	640	523	536	474	412	372	520	620	549	404	23	5073
2020/21	419	338	292	313	257	246	286	393	333	246	35	3158
2021/22	681	585	507	466	458	387	512	697	574	444	119	5430
2022/23	884	698	724	615	520	548	661	924	803	524	156	7057
2023/24	1160	1013	855	768	619	626	748	1110	975	656	276	8806
Grand Total	3784	3157	2914	2636	2266	2179	2727	3744	3234	2274	609	29524

Year	Male Gender by Deprivation											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
2019/20	540	391	375	367	302	286	390	463	417	288	12	3831
2020/21	356	253	263	244	207	195	245	305	292	185	12	2557
2021/22	552	408	398	376	345	308	427	542	447	300	41	4144
2022/23	633	583	514	492	445	372	546	708	683	510	56	5542
2023/24	676	570	555	465	456	389	547	731	653	523	81	5646
Grand Total	2757	2205	2105	1944	1755	1550	2155	2749	2492	1806	202	21720



Analysis by gender and deprivation

Both gender groups show similar trends

Largest % cohort of patients in IMD level 1 and IMD level 8 groups.

This mirrors the trends seen in the under 18s data.

For female patient cohort the trends cross over 21/22 and 22/23 indicating change in number of female elective activity experiencing differing levels of deprivation.

For male patient cohort the trends cross over 22/23 and 23/24 indicating change in number of male elective activity experiencing differing levels of deprivation.

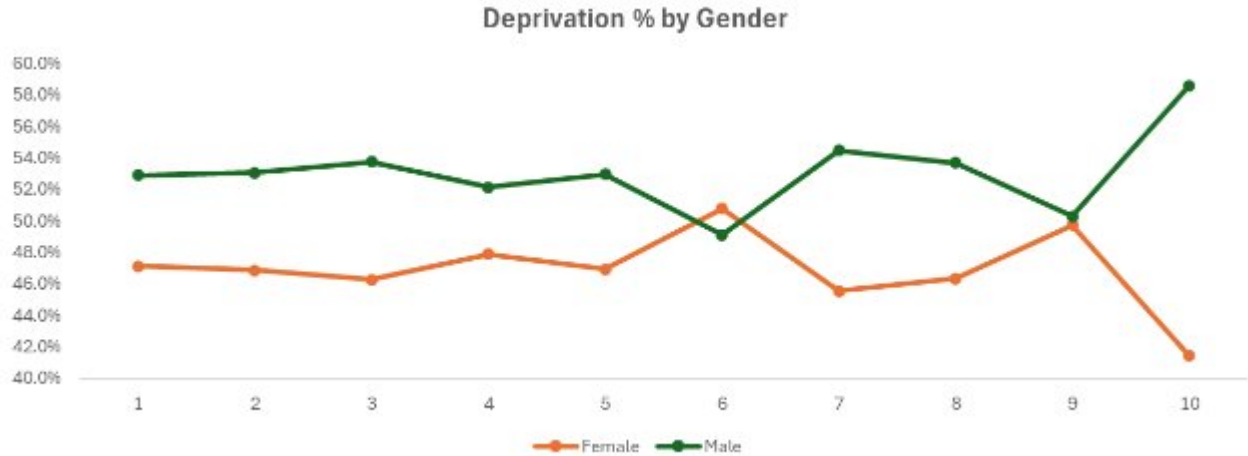
3. Emergency Admissions – Under 18 years old



3. Emergency admissions in 23/24 | Under 18 Years

Gender	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Female	599	536	490	406	311	364	322	664	452	306	226	4676
Male	672	607	569	442	351	352	385	769	457	433	270	5307
Unknown		1			1	1						3
Grand Total	1271	1144	1059	848	663	717	707	1433	909	739	496	9986

Gender	1	2	3	4	5	6	7	8	9	10	Unknown	Total
Female	47.1%	46.9%	46.3%	47.9%	46.9%	50.8%	45.5%	46.3%	49.7%	41.4%	45.6%	46.8%
Male	52.9%	53.1%	53.7%	52.1%	52.9%	49.1%	54.5%	53.7%	50.3%	58.6%	54.4%	53.1%
Unknown	0.0%	0.1%	0.0%	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



Analysis by gender and deprivation

During 23/24 there was a total of nearly 10,000 emergency admissions for patients under 18 years old.

Slightly higher cohort of male patients at 53% compared to 47% female patients, showing the same trends in emergency activity as elective activity for under 18 year olds.

When reviewing deprivation levels there is a similar trend to elective activity data with the largest patient cohorts from IMD level 1 and IMD level 8. Both gender groups follow the same trend when reviewing deprivation.

There is a shift at IMD level 6 indicating there is a difference in gender experience at this level of deprivation with more female than male emergency admissions.

3. Emergency admissions in 23/24 | Under 18 Years

Ethnicity	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Asian/Asian British	266	263	160	123	69	16	26	120	76	47	22	1188
Black/African/Caribbean/Black British	23	32	15	9	5	9	9	14	9	9	20	154
Mixed/Multiple Ethnic Group	40	43	28	49	34	19	30	37	26	25	21	352
Not Asked/Not Known/Not Stated	78	51	41	35	27	30	25	53	29	19	7	395
Other Ethnic Group	35	39	20	9	11	4	5	17	12	7	11	170
White	829	716	795	623	517	639	612	1192	757	632	415	7727
Grand Total	1271	1144	1059	848	663	717	707	1433	909	739	496	9986

Ethnicity	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Asian/Asian British	21%	23%	15%	15%	10%	2%	4%	8%	8%	6%	4%	12%
Black/African/Caribbean/Black British	2%	3%	1%	1%	1%	1%	1%	1%	1%	1%	4%	2%
Mixed/Multiple Ethnic Group	3%	4%	3%	6%	5%	3%	4%	3%	3%	3%	4%	4%
Not Asked/Not Known/Not Stated	6%	4%	4%	4%	4%	4%	4%	4%	3%	3%	1%	4%
Other Ethnic Group	3%	3%	2%	1%	2%	1%	1%	1%	1%	1%	2%	2%
White	65%	63%	75%	73%	78%	89%	87%	83%	83%	86%	84%	77%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Analysis by ethnicity and deprivation

Ethnicity and deprivation are where more stark differences can be seen in emergency admissions for under 18s.

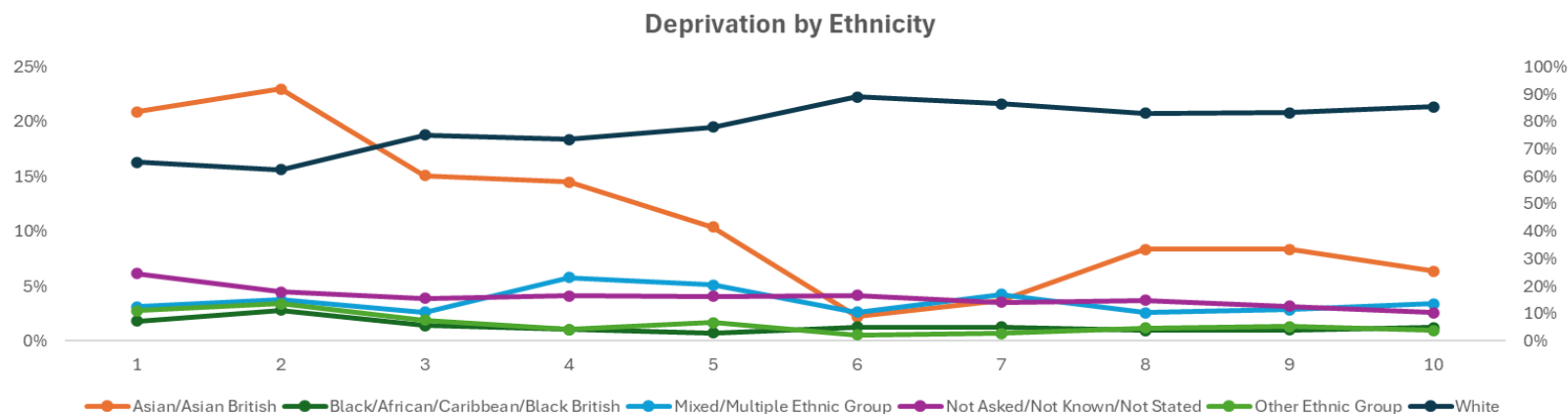
Patients with white ethnicity is the largest patient group for emergency admissions.

There is a lower % of white patients that are from the most deprived areas and higher % of white patients from less deprived areas indicating better access to healthcare, healthier living conditions, and more resources for managing health issues to not require emergency admissions.

Asian/Asian British are 2nd largest patient group for emergency admission with nearly 50% in IMD level 1 and 2, the most deprived areas which could indicate limited access to preventive healthcare and chronic conditions that are not well-managed.

The level of disparity in deprivation levels suggest that there are significant health inequalities among different ethnic groups.

Other ethnicity patient groups have lower level of variance across deprivation levels but the variance does indicate change in relative deprivation levels depending on ethnic group.



3. Emergency admissions in 23/24 | Under 18 Years

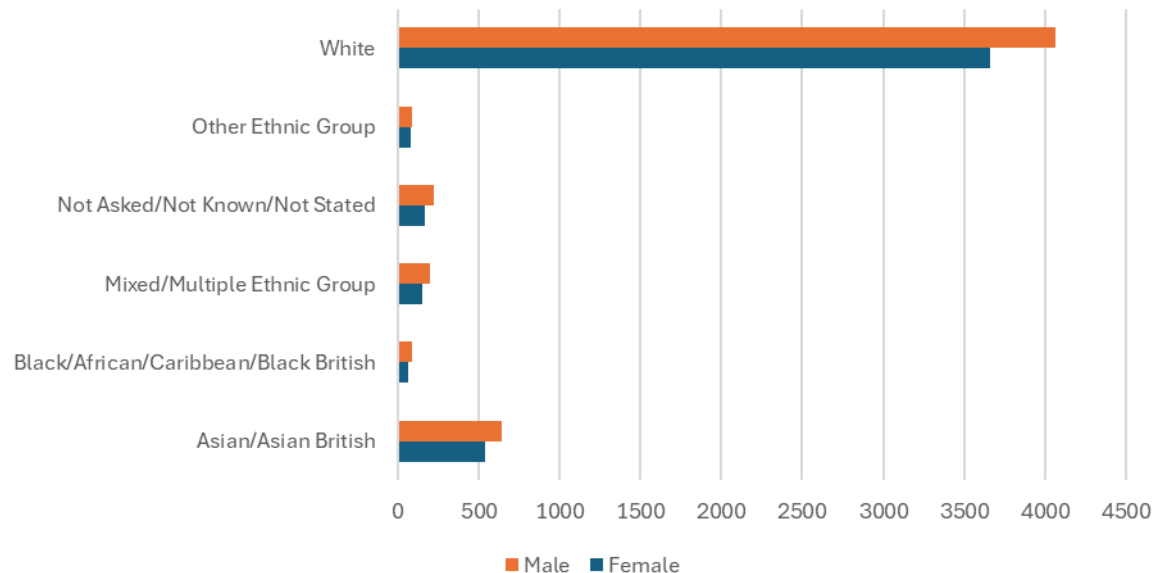
Ethnicity	Female	Male	Unknown	Total	% Female	% Male
Asian/Asian British	544	644		1188	45.8%	54.2%
Black/African/Caribbean/Black British	65	89		154	42.2%	57.8%
Mixed/Multiple Ethnic Group	153	199		352	43.5%	56.5%
Not Asked/Not Known/Not Stated	172	223		395	43.5%	56.5%
Other Ethnic Group	81	89		170	47.6%	52.4%
White	3661	4063	3	7727	47.4%	52.6%
Grand Total	4676	5307	3	9986	46.8%	53.1%

Analysis by ethnicity and gender

When reviewing data by gender and deprivation both gender groups follow same trends with white ethnicity group being largest patient cohort for emergency admissions, Asian/Asian British the second largest group and then mixed ethnic group.

For under 18 year olds there are more male emergency admissions than female, as noted earlier following same trend as elective activity for under 18 year olds.

Under 18 by Ethnicity and Gender



4. Emergency Admissions – Over 18 years old

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4. Emergency admissions in 23/24 | Over 18 Years

Gender	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Female	4474	4416	4041	3429	2719	2503	3116	5252	3897	2906	1304	38057
Male	2549	2543	2174	2062	1681	1399	1776	2910	2486	1844	403	21827
Unknown	3	7	8	1	3	3		9	1	1	1	37
Grand Total	7026	6966	6223	5492	4403	3905	4892	8171	6384	4751	1708	59921

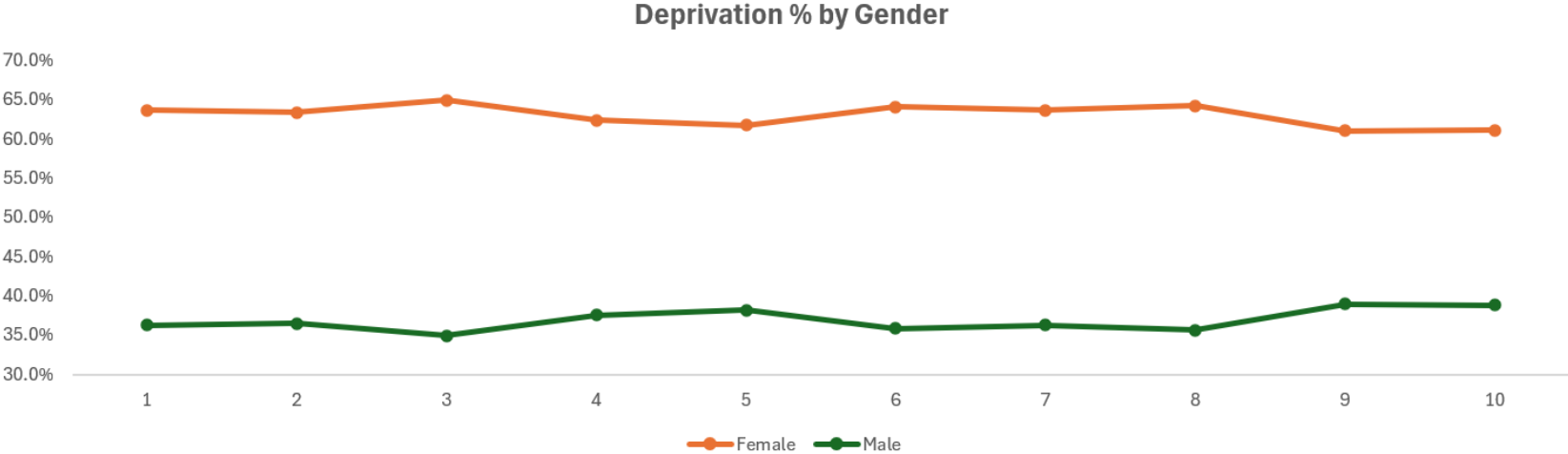
Gender	1	2	3	4	5	6	7	8	9	10	Unknown	Total
Female	63.7%	63.4%	64.9%	62.4%	61.8%	64.1%	63.7%	64.3%	61.0%	61.2%	76.3%	63.5%
Male	36.3%	36.5%	34.9%	37.5%	38.2%	35.8%	36.3%	35.6%	38.9%	38.8%	23.6%	36.4%
Unknown	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Analysis by gender and deprivation

For over 18s emergency admissions there is a much greater gender disparity with females more higher levels of emergency admissions than males.

This could indicate underlying health inequalities with unmet healthcare needs resulting in more emergency situations for females than males.

Conversely this could also indicate that females better access services than males so indicates an area of unwarranted variation due for further exploration of root cause.



4. Emergency admissions in 23/24 | Over 18 Years

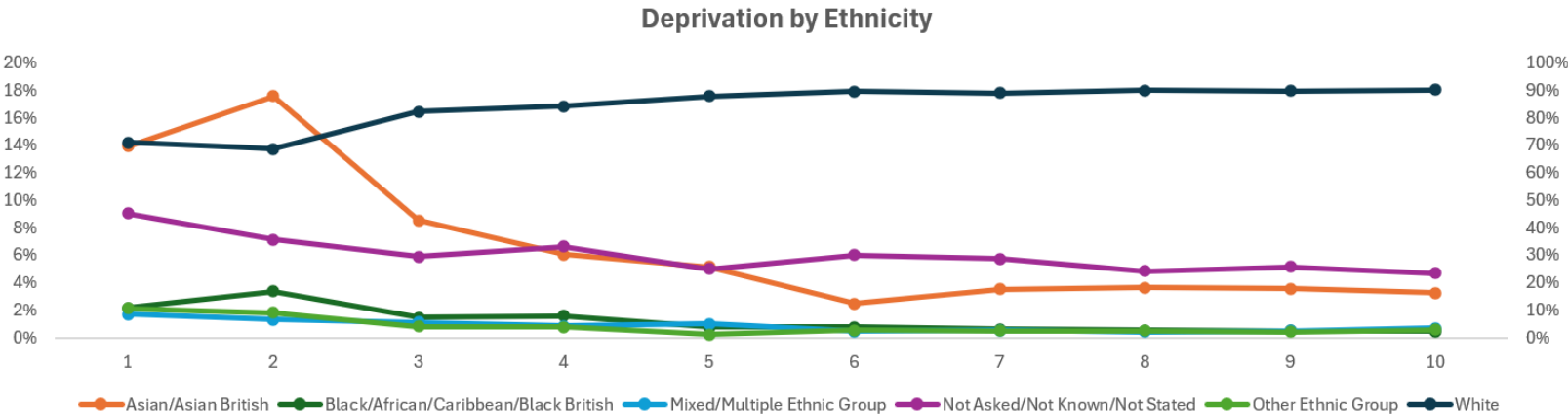
Ethnicity	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Asian/Asian British	980	1226	530	331	227	97	172	296	227	155	83	4324
Black/African/Caribbean/Black British	151	234	91	87	34	30	30	42	30	22	49	800
Mixed/Multiple Ethnic Group	118	92	69	46	44	17	26	33	31	33	32	541
Not Asked/Not Known/Not Stated	634	498	367	363	220	235	280	395	330	223	140	3685
Other Ethnic Group	149	125	50	42	10	21	24	39	25	27	38	550
White	4994	4791	5116	4623	3868	3505	4360	7366	5741	4291	1366	50021
Grand Total	7026	6966	6223	5492	4403	3905	4892	8171	6384	4751	1708	59921

Ethnicity	Deprivation Level											Total
	1	2	3	4	5	6	7	8	9	10	Unknown	
Asian/Asian British	14%	18%	9%	6%	5%	2%	4%	4%	4%	3%	5%	7%
Black/African/Caribbean/Black British	2%	3%	1%	2%	1%	1%	1%	1%	0%	0%	3%	1%
Mixed/Multiple Ethnic Group	2%	1%	1%	1%	1%	0%	1%	0%	0%	1%	2%	1%
Not Asked/Not Known/Not Stated	9%	7%	6%	7%	5%	6%	6%	5%	5%	5%	8%	6%
Other Ethnic Group	2%	2%	1%	1%	0%	1%	0%	0%	0%	1%	2%	1%
White	71%	69%	82%	84%	88%	90%	89%	90%	90%	90%	80%	83%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Analysis by ethnicity & deprivation

This data largely mirrors the under 18s dataset showing ethnic groups of Asian/Asian British with much higher levels of emergency admissions from more deprived areas.

The disparities in deprivation levels among different ethnic groups highlight broader health inequalities. These inequalities can result in varying rates of emergency admissions, with more deprived groups potentially facing more health crises requiring emergency care.



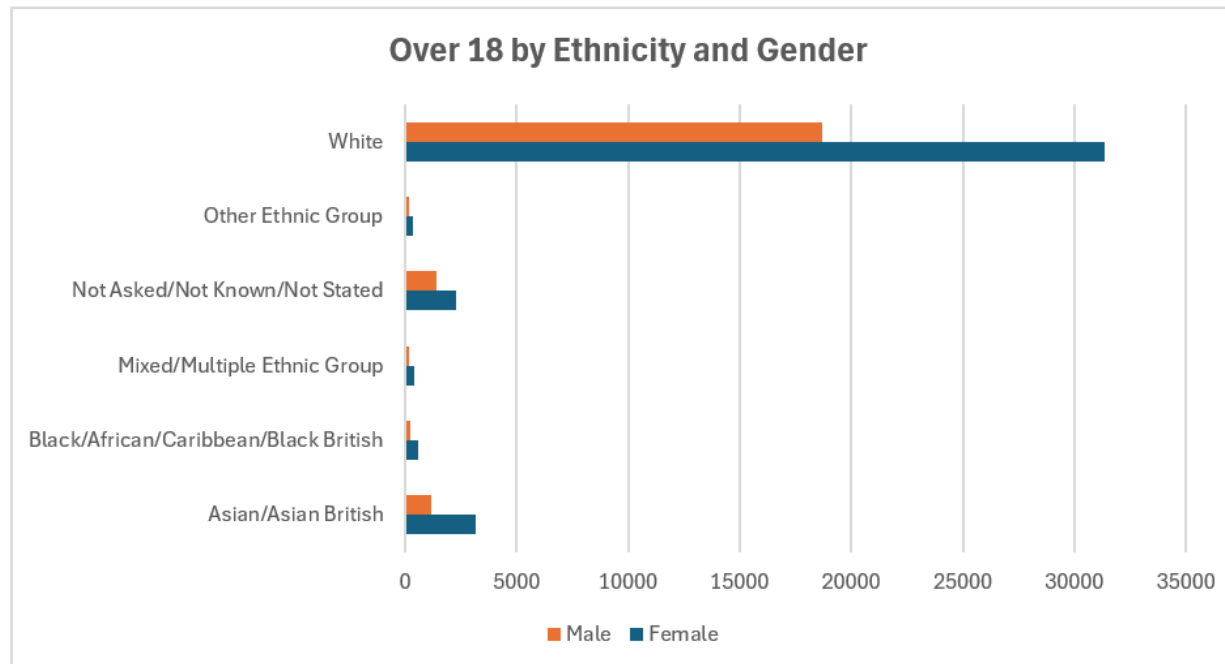
4. Emergency admissions in 23/24 | Over 18 Years

Ethnicity	Female	Male	Unknown	Total	% Female	% Male
Asian/Asian British	3136	1182	6	4324	72.5%	27.3%
Black/African/Caribbean/Black British	582	217	1	800	72.8%	27.1%
Mixed/Multiple Ethnic Group	378	159	4	541	69.9%	29.4%
Not Asked/Not Known/Not Stated	2255	1424	6	3685	61.2%	38.6%
Other Ethnic Group	359	184	7	550	65.3%	33.5%
White	31347	18661	13	50021	62.7%	37.3%
Grand Total	38057	21827	37	59921	63.5%	36.4%

Analysis by ethnicity & gender

The level of variation between female/male emergency admissions seen previously in the dataset is also seen here when analysing by ethnicity groups.

The combined impact of ethnicity and gender can lead to unique health challenges. For example, Black or Asian women might face both racial and gender disparities which results in higher emergency admission rates (72%) compared to white women (62%).



**5. Tooth extractions due to decay,
for children admitted as inpatients to hospital,
aged 10 years and under**

5. Tooth extractions due to decay | children admitted as inpatients to hospital | aged 10 years and under

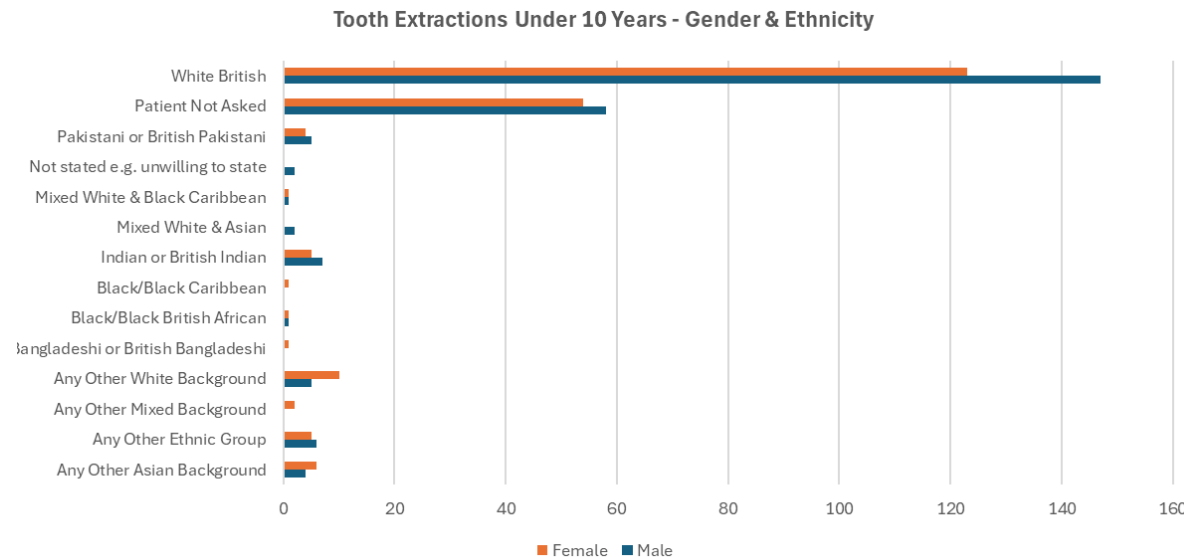
Ethnic Group	Male	Female	Grand Total	% Male	% Female
Any Other Asian Background	4	6	10	1.7%	2.8%
Any Other Ethnic Group	6	5	11	2.5%	2.4%
Any Other Mixed Background		2	2	0.0%	0.9%
Any Other White Background	5	10	15	2.1%	4.7%
Bangladeshi or British Bangladeshi		1	1	0.0%	0.5%
Black/Black British African	1	1	2	0.4%	0.5%
Black/Black Caribbean		1	1	0.0%	0.5%
Indian or British Indian	7	5	12	2.9%	2.4%
Mixed White & Asian	2		2	0.8%	0.0%
Mixed White & Black Caribbean	1	1	2	0.4%	0.5%
Not stated e.g. unwilling to state	2		2	0.8%	0.0%
Pakistani or British Pakistani	5	4	9	2.1%	1.9%
Patient Not Asked	58	54	112	24.4%	25.5%
White British	147	123	270	61.8%	58.0%
Grand Total	238	212	451	100.0%	100.0%

Analysis by gender and ethnicity

Data shows slightly higher activity levels for male than female patients.

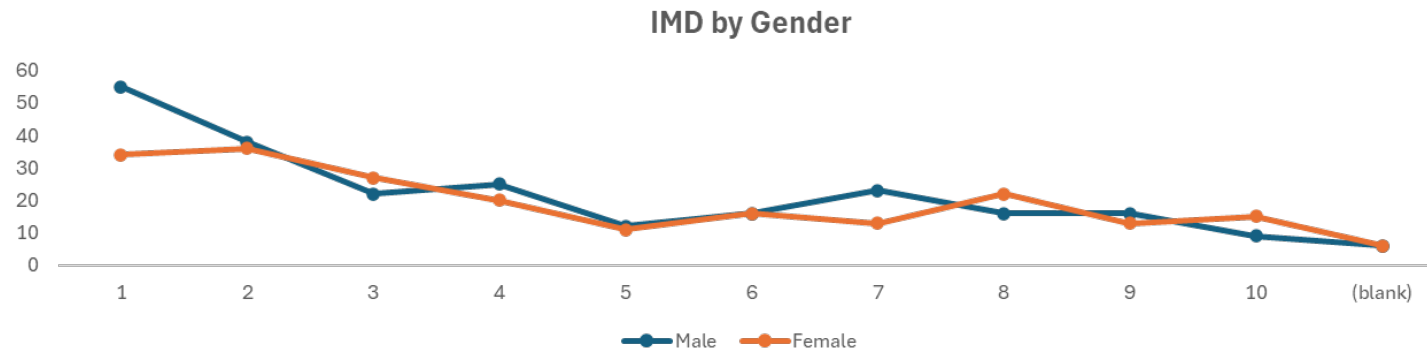
More granular breakdown of ethnicity available at this specific specialty patient cohort level however there is still 25% unaccounted for within this data collection. Minor variance between male/female across ethnicity groups.

For both male and female patients groups largest ethnicity group is White British at around 60%. With other ethnic groups making up 10-15% including Other White, Indian or British Indian, Other Ethnic group, Other Asian background, Pakistani or British Pakistani.



5. Tooth extractions due to decay | children admitted as inpatients to hospital | aged 10 years and under

Gender	1	2	3	4	5	6	7	8	9	10	(blank)	Total
Male	55	38	22	25	12	16	23	16	16	9	6	238
Female	34	36	27	20	11	16	13	22	13	15	6	212
Grand Total	89	74	49	45	23	32	36	38	29	24	12	451



Analysis by deprivation and gender

When reviewing deprivation levels the trend slightly differs to elective and emergency admission data previously analysed in this dataset.

Across both genders there is a much higher proportion of patients from most deprived areas with around 60% from IMD level 1-4, without an equivalent peak of activity for patients in IMD level 8.

This could correlate to people living in areas of high deprivation being at a higher likelihood of poor diet and reduced access to health care, and in this specific analysis likely reduced access to dental services which will have adverse outcomes for oral health.

5. Tooth extractions due to decay | children admitted as inpatients to hospital | aged 10 years and under

Ethnicity	1	2	3	4	5	6	7	8	9	10	(blank)	Total
Any Other Asian Background		2	2	2		1	1	1		1		10
Any Other Ethnic Group	3	3		1		1	1	1		1		11
Any Other Mixed Background		1						1				2
Any Other White Background	6	2	1	3				1		2		15
Bangladeshi or British Bangladeshi								1				1
Black/Black British African	2											2
Black/Black Caribbean	1											1
Indian or British Indian	1	2	3	2			1	2	1			12
Mixed White & Asian	1		1									2
Mixed White & Black Caribbean	1						1					2
Not stated e.g. unwilling to state	1	1										2
Pakistani or British Pakistani	6	1	1	1								9
Patient Not Asked	23	27	7	13	5	11	8	3	9	5	1	112
White British	44	35	34	23	18	19	24	28	19	15	11	270
Grand Total	89	74	49	45	23	32	36	38	29	24	12	451

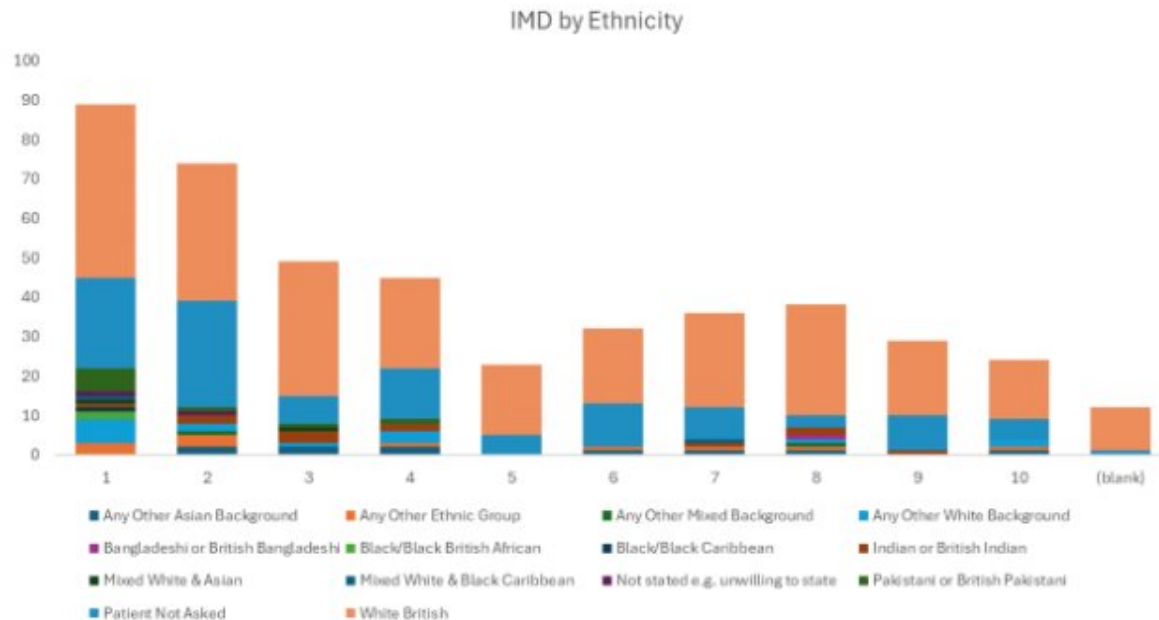
Analysis by deprivation and ethnicity

As noted previously the largest ethnicity group is White British at around 60%.

With other ethnic groups making up 10-15% including Other White, Indian/British Indian, Other Ethnic group, Other Asian background, Pakistani/British Pakistani.

Reviewing patients from most deprived areas at IMD Level 1-2 White British is just less than 50%.

With other ethnic groups making up 15-20% in this cohort including Other White, Indian/British Indian, Other Ethnic group, Other Asian background, Pakistani/British Pakistani and Black/Black British African.



Summary



Summary | Elective

- Lowest elective activity level in pandemic year 20/21 and highest elective activity level post pandemic 23/24 with additional activity in place to recover waiting lists for both under and over 18-year-olds.
- Largest % cohort of patients are in IMD level 1 and IMD level 8 likely showing difference of deprivation levels in our locality with population groups of both high and low levels of deprivation but shows an area for further exploration.
 - High levels of activity seen in patient cohorts with high levels of deprivation. Therefore, this data does not suggest there are barriers for patients from areas of lower deprivation to accessing elective care services at LTH for patients under and over 18-year-olds.
- Largest ethnicity groups across elective in all metrics reviewed are White and Asian/Asian British.
- Around 60% of patient for tooth extraction due to decay (under 10 years old) are from the most deprived areas, IMD level 1-4 correlating to people living in areas of high deprivation being at a higher likelihood of poor diet and reduced access to health and dental care. There is also a higher % of BME ethnicity groups in the more deprived patient cohorts than white ethnicity groups.

Summary | Emergency

- For over 18s emergency admissions there is a much greater gender disparity with nearly twice as many female emergency admissions than male. This could indicate underlying health inequalities with unmet healthcare needs resulting in more emergency situations for females than males. Conversely this could also indicate that females better access services than males so indicates an area of unwarranted variation due for further exploration of root cause.
- The combined impact of ethnicity and gender can lead to unique health challenges. For example, Black or Asian women might face both racial and gender disparities which results in higher emergency admission rates (72%) compared to white women (62%).
- Largest variance in deprivation levels between ethnicity groups seen in emergency admissions for under 18s. Low % of white patients from deprived areas whereas nearly 50% of Asian/Asian British patients are in IMD level 1 and 2, the most deprived areas showing an area of intervention and further exploration required for this population group.

Health promotion in community | Central Lancashire | Elective and urgent care

Adults

- Suicide prevention, bereavement and mental health support
- Enhanced health checks in the evening and weekends, including target on vulnerable groups
- Promotion of national screening participation
- Veterans breakfast club – focus on undiagnosed CVD
- Hep C and liver screening
- Trauma informed care training
- Proactive identification of streets not accessing primary care
- Target newly diagnosed mental health patients
- BAME prostate risk screening
- Target patients not engaged in primary care 3-5 years
- Living well events
- Priority ward outreach
- Bilingual outreach workers
- Food banks and community support for families living in poverty

Children and Young People (including dental specific programmes)

- Children peer support programmes enhancing well being for CYP 10 – 19 and up to age 25 SEND
- **Oral Health Education:** Schools and community programs are providing education on proper brushing techniques and the importance of oral hygiene¹.
- **Fluoride Varnish Programs:** These programs are being implemented in schools to help strengthen children's teeth and prevent decay¹.
- **Reducing Sugar Intake:** Campaigns are encouraging parents to limit sugary snacks and drinks, which are major contributors to tooth decay².
- **Regular Dental Check-ups:** Promoting regular dental visits to catch and treat issues early before they require extractions.

Health promotion in Acute setting | Central Lancashire | Elective and urgent care | Adults

	Improvement work	Improvement aim	Outcomes
Adults	Race & Health Observatory project: Postpartum Haemorrhage for BAME	Reduce post-partum haemorrhage ($\geq 1000\text{mL}$) experienced by black & ethnic minority women & birthing people by 50% (from 12% to 6%) by March 25.	Reduction in PPH ($\geq 1000\text{mL}$) in women & birthing people from black & ethnic minority groups from 12% to 9%.
	IHI Accelerator Collaborative: Early cancer diagnosis for BAME	Engage population group to co-produce solutions to increase earlier stage cancer diagnosis.	Successful and continuing community engagement. Positive feedback from community with increased awareness of cancer symptoms and body vigilance.
	High Intensity User service	Reduce repeat ED attendances using a psychosocial MDT model of intervention.	7/10 patients had a reduction in attendance, ranging from 25-100% less emergency presentations.
	Prisoner Referral to treatment	To reduce the time prisoners wait on the waiting list.	>65weeks reduced from 12 to 5. Prior to the work zero prisoners had a date to be treated, now all are dated to receive treatment by 45 weeks.
	TACT interventions	Increase in inpatient referrals to smoking cessation service and increase in patients receiving nicotine replacement therapy.	4 week quit rate increased by 433% NRT prescription increase from 14% in 2021 to 44% in 2023.
	Race & Health Observatory project: Postpartum Haemorrhage for BAME	Reduce post-partum haemorrhage ($\geq 1000\text{mL}$) experienced by black & ethnic minority women & birthing people by 50% (from 12% to 6%) by March 25.	Reduction in PPH ($\geq 1000\text{mL}$) in women & birthing people from black & ethnic minority groups from 12% to 9%.

Health promotion in Acute setting | Central Lancashire | Elective and urgent care | C&YP

	Improvement work	Improvement aim	Outcomes
Children and Young People	ED navigator role in partnership with Lancashire Violence Reduction Network.	Navigate 10 to 25-year-olds away from violence towards a more positive lifestyle.	Increase from 4 to 17 patients intercepted per month to support making positive plans to disrupt the cycle of violence.
	Paediatric complications of excessive weight gain service integration	Develop an integrated CEW service and referral pathway with three centres (Manchester, Alder hey and Preston) to provide care close to home.	MDT integration established. Hub and spoke model implemented with 33 follow up and 28 new patients.
	Children in Care team	Provide Individual Health Assessments and expand the service to include 16 and 17 year olds following increase in unaccompanied asylum seeker children.	Implemented a trauma informed training programme, aid understanding and approach to care leading to willingness to disclose and support underlying issues.
	Children's Elective Surgery Hub CDH	Become accredited elective hub and reduce the number of children waiting for surgery by implementing dedicated theatre lists.	Dec 23 – 108 patients waiting >65 weeks, now zero. Current there are 16 patients waiting for oral surgery.

