

PURPOSE

This is the first in a **series** of briefings to support Board members across the Integrated Care System in **understanding** health inequalities for a specific area in more detail; these briefings sit alongside performance reporting. These briefings will also support our Coventry & Warwickshire **Health Inequalities Strategic Plan** that sets out how we are going to reduce health inequalities over the next five years.

This briefing looks at A&E data, specifically emergency attendances and direct admissions, called **emergency presentations** from this point onwards, for data between **April 2019 to March 2020** (pre-COVID-19) and **April 2021 to March 2022** (post-COVID-19). See the further information page for more detail on sources and definitions.

KEY MESSAGES



Increasing rate of emergency presentations post-COVID-19 pandemic.

CORE20

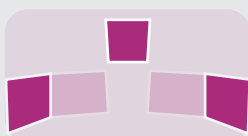
Emergency presentations are proportionally higher in **CORE20** deprived areas.



Patients **wait longer** in A&E departments if they are from a CORE20 area.



While both ethnicity and deprivation have an impact on **emergency presentations**, the impact is felt most in those patients who are from an ethnic minority and who live in our most deprived communities.

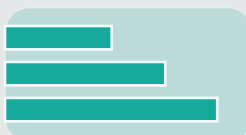


Deprivation and belonging to an ethnic minority group are having the most impact on A&E wait times and are the populations likely to be least well served.

RECOMMENDATIONS



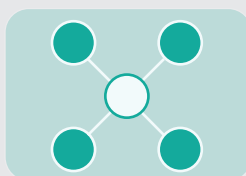
Improve **ethnicity recording** (21% to 28% incomplete) across all datasets, ensuring a consistent approach to how ethnic groups are recorded and aggregated. This will give further confidence in any identified actions based on the data.



Further segment **the A&E four hour wait data** to focus on those patients from both an ethnic minority group and a CORE20 area.



Additional analysis to be undertaken to understand **Warwickshire North's** differing position to other places in the system in relation to emergency presentations.



Recognise that health inequalities is broader than looking at data by ethnicity or deprivation. Although largely not captured in current datasets, there are many other wider factors (such as transport, housing and economic circumstances) that are critical in improving health among our populations.

NEXT STEPS



Continued **focus on data quality issues**, including accuracy, timeliness and completeness of activity across our system. A data quality assessment led by the ICB BI team will support the development of our Health Inequalities Assurance Framework.



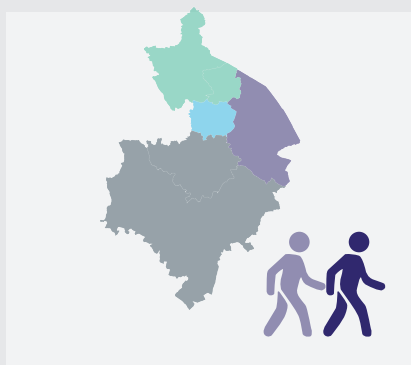
Publishing **issue 2 Health Inequalities briefing** on Outpatient Do Not Attends.

UP NEXT: INSIGHT





PLACE & ARRIVALS



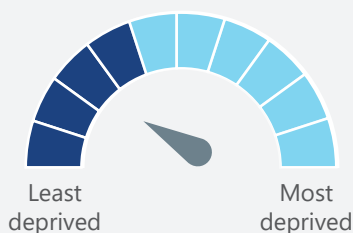
	Rate per 1,000 pre-COVID-19	Post-COVID-19	
Coventry	313	318	↑
Rugby	280	302	↑
South Warwickshire	501	539	↑
Warwickshire North	436	421	↓

Every place, apart from Warwickshire North, had an **increase** in emergency presentations post-COVID-19

Arrival by ambulance/helicopter has decreased whilst **walk-in arrivals** have increased



DEPRIVATION



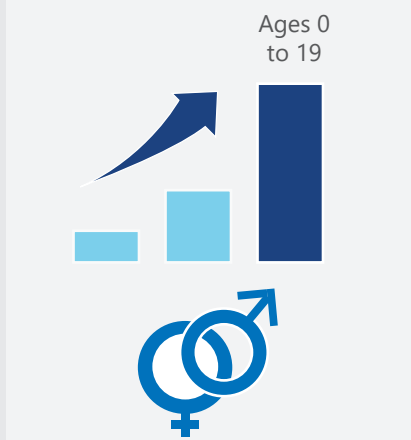
CORE20

Although emergency presentations are still highest in CORE20 (the **20% most deprived**) areas, pre and post-COVID-19 they have remained relatively stable. Additional analysis indicates activity is proportionally higher in CORE20 deprived areas when compared to their population proportions

Post-COVID-19, those people that fall within the **40% least deprived** (deciles 7 to 10) saw an increase in emergency presentations

The rate rose from 236 per 1,000 population pre-COVID-19 to **262** per 1,000 post-COVID-19

AGE & GENDER



More children aged **0 to 19** have presented at A&E post-COVID-19

The rate per 1,000 of the Coventry and Warwickshire population has increased from 316 to **355**

	Rate per 1,000	Pre-COVID-19	Post-COVID-19
Male	267	329	277 (All ages) 371 (0 to 19)
Female	281	301	293 (All ages) 339 (0 to 19)

A similar increase in emergency presentations can be seen for male and female patients

However, **males aged 0 to 19** access A&E more than females of the same age

ETHNICITY



Ethnicity missing for **1** in 5 patients

Across Coventry & Warwickshire, all ethnic groups have seen an **increase** in emergency presentations post-COVID-19 except White Irish which has stayed static

Those from **both an ethnic minority group and a CORE20** area have experienced an increase in emergency presentations post-COVID-19

Post-COVID-19, the largest increase in rate per 1,000 of those from **CORE20** areas are:



Those of an **other ethnic group** where the rate has increased from 806 to 888 post-COVID-19



Those of an **Asian or Asian British** ethnicity where the rate has increased from 242 to 286 post-COVID-19



Accident and Emergency waiting times

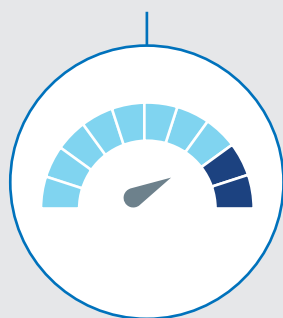


Health inequalities amongst patients waiting **more than 4 hours** to be seen at A&E within Coventry and Warwickshire

Taken from Actionable Insights (NHS England)



Closing the inequality gap between patients living in more deprived (**20% most deprived**) and less deprived areas would have resulted in **1,614 fewer** four hour wait breaches every year



Based on the proportion of patients from the **20% most deprived**, 35.4% had waited more than 4 hours. Coventry and Warwickshire ranks **9 out of 42** systems, where 42 has the highest proportion



Higher levels of Health Inequality



Closing the inequality gap between **mixed ethnicity and white** patients would have resulted in **177 fewer** four hour wait breaches every year*



Based on the proportion of patients from the **mixed ethnicity** group, 32.2% have waited more than 4 hours. Our system ranks **24 out of 42** systems, where 42 has the highest proportion*



Higher levels of Health Inequality



Closing the inequality gap between patients of any **other ethnic** group compared to those of white ethnicity would have resulted in **248 fewer** four hour wait breaches every year*



Based on the proportion of patients from the **other ethnic** group, 33.9% have waited more than 4 hours. Our system ranks **19 out of 42** systems, where 42 has the highest proportion*



Higher levels of Health Inequality

CLOSING THE GAP



Produced by the ICB BI Team.

*Data sources and caveats detailed in the further information page



Coventry and Warwickshire Integrated Care System

Further Information

This page details the further information on this Health Inequalities briefing (Issue 1), including the data sources and caveats for the **Emergency Presentations** and **Accident and Emergency waiting times** sections.

DEFINITION

Health inequalities are unfair and **avoidable** differences in health across the population, and between different groups within society. **CORE20PLUS5** is an approach to reducing health inequalities.

—• PLACE •—• DEPRIVATION •—• AGE •—• GENDER •—• ETHNICITY •—

BACKGROUND

Health inequalities amongst the Coventry and Warwickshire population are **widening** with people living longer but in poorer health, and with a diverse range of different needs from health and care services.

Our physical environment (air quality), health behaviours (diet, smoking and alcohol consumption) and **socio-economic factors** (i.e. wider determinants of health such as income, education, housing) are critical in efforts to improve health among out most **socially disadvantaged populations**.



137,208 of people in Coventry and Warwickshire live in the top 20% most **deprived areas** nationally; equating to 14.2%.



The gap in **life expectancy** between the most and least deprived is widening; a ten year gap now exists for males in Coventry.

POPULATION & COHORT



All Coventry and Warwickshire patients accessing A&E across the reporting time period (emergency attendances and direct admissions).

Emergency Presentations data sources and caveats:



Data source: Emergency presentation rates were calculated using a snapshot of the GP population as at 1st January 2020 (pre- COVID-19 and 1st January 2022 (post-COVID-19) from the Data Management Environment (DME).

Caveat: Direct access admissions included as UHCW changed clinical pathways and recording when COVID-19 was active, so not all emergency demand attend A&E.

Accident and Emergency waiting times data sources and caveats:



Data source: Foundry (Health Inequalities Workspace: Actionable Insights) from NHS England for 1st April 2021 to 27th October 2022.

Caveat: The ethnic categories considered are: Asian and Asian British, Black and Black British, mixed ethnicity, 'other' ethnicities and patients whose ethnicity is not recorded. Each of these is compared to patients whose ethnicity is recorded as White.



Produced by the
ICB BI Team.