The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting: 14 March 2024

Agenda item		044/24		
Report Title		Health Inequalities Update		
Executive Lead		Nigel Lee, Director of Strategy & Partnerships		
Report Author		Carla Bickley, Associate Director of Strategy & Partnerships		
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community	√	BAF1, BAF10, BAF11 & BAF12
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	
Well Led	√	Our partners	√	
Consultation Communication				
Executive summary:		The purpose of this report is to provide an overview of the health inequalities framework and update on progress at system and trust level.		
Recommendations for the Board:		The **Board** is asked to:- **NOTE** this report, progress to date and planned actions.		
Appendices:		Appendix 1: SaTH Health Inequalities Work Programme/Actions Appendix 2: System Progress Against Actions Appendix 3: Draft Health Inequalities Dashboard (Work in Progress)		

1.0 Background

1.1 The NHS Long Term Plan places preventing ill-health and reducing health inequalities at the heart of the NHS. The NHS Prevention Programme commits to supporting people to keep healthier, for longer. This includes helping people make healthier lifestyle choices and treating avoidable illness early on, both of which will be achieved through the delivery of evidence-based interventions and treatments to tackle risks associated with tobacco, alcohol, obesity, cancer, cardiovascular disease, stroke, respiratory disease and ill mental health. Tackling health inequalities is a core priority for the NHS, as people from deprived backgrounds are more likely to develop long-term health conditions, suffer poorer health and experience reduced life expectancy.

1.2 NHS England defines health inequalities as:

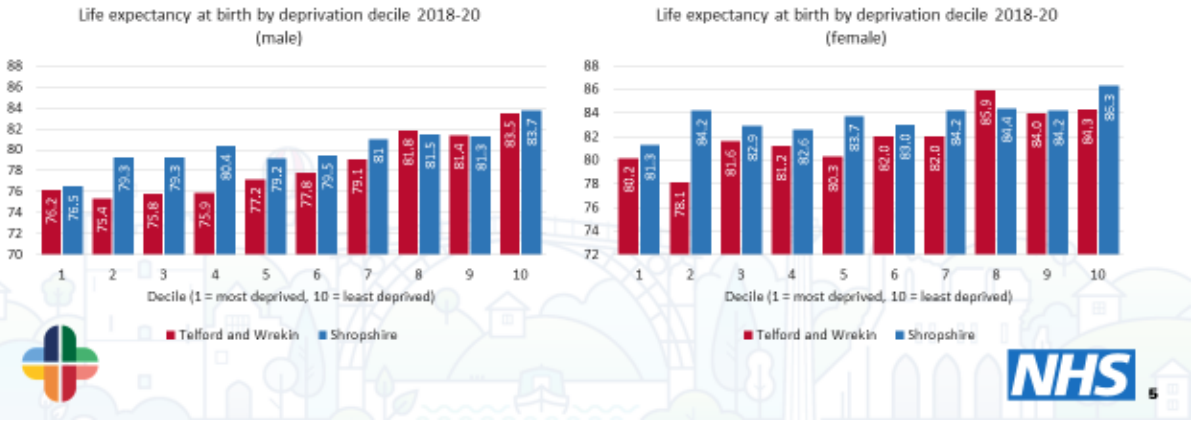
"The preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs." Research shows that people living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless, are most at risk of experiencing health inequalities.

1.3 SaTH is a key partner of the Integrated Care System Health Inequalities Board and works collaboratively with system partners, proactively contributing to many of the health inequalities workstreams, where appropriate, across Shropshire, Telford and Wrekin. Our ambitions are fully aligned with Shropshire, Telford & Wrekin Integrated Care System (ICS) pledges to tackle the problems of ill health, health inequalities and access to healthcare through a shared approach to ensuring health inequalities are mainstream activity that is core to, and not peripheral to, the work of the NHS. Life expectancy is the lowest in the most deprived 20% of areas (Decile 1 & 2 below) and there is a gradient in life expectancy by deprivation in both Telford & Wrekin and Shropshire. Inequality in life expectancy is largest in Telford & Wrekin compared to Shropshire. However, both local authorities have smaller gaps compared with their statistical neighbours. Inequalities in life expectancy has been increasing over the last decade but in 2016-2018 in Telford & Wrekin started to decrease.

Inequality in Life Expectancy

In both Shropshire and Telford and Wrekin life expectancy at birth is lower in the most deprived areas than in the least deprived areas.

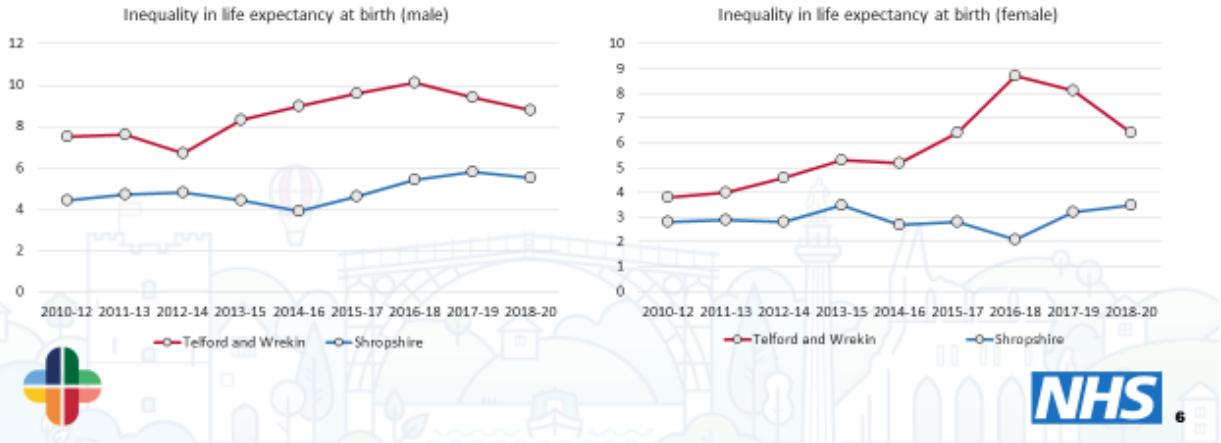
However life expectancy at birth in the most deprived parts of Telford and Wrekin is considerably lower than in the most deprived parts of Shropshire.



Inequality in Life Expectancy – Slope Index

Slope index of inequality in life expectancy shows that inequality in life expectancy for both men and women in Shropshire and in Telford and Wrekin was greater in 2018-20 than in 2010-12.

Inequality for men and women in 2018-20 was greater in Telford and Wrekin than in Shropshire.



1.4 According to the 2021 Census, there are 60,100 people living in the 20% most deprived areas nationally in Shropshire, Telford & Wrekin, of which 45,400 live in Telford & Wrekin and 14,700 live in Shropshire. These areas are those to which the National 'Core20' approach to target improvements in health and healthcare inequalities is targeted. There are also a range of other excluded groups that we have considered locally as part of this approach, for example, those with Learning Disability and households at risk of rural exclusion.

2.0 NHSE Operational Plan Guidance/STW Five Year Joint Forward Plan

2.1 Linked to the NHS Operating Plan Guidance and STW Joint Forward Plan Commitments The National Healthcare Inequalities Improvement Programme (HiQiP) asks systems to focus on five priority areas:

1. **Restoring NHS services inclusively**

   Use local data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where heath inequalities have widened during the pandemic.

2. **Mitigating against digital exclusion**

   Enable robust data collection which identifies which populations are accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion groups. We must assess the impact of digital consultation channels on patient access, ensure face-to-face care continues to be offered to patients who cannot use remote services and offer support to improve digital inclusivity.

3. **Ensuring datasets are complete and timely**

   Improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.

4. **Accelerating preventative programmes**

   Preventative programmes and proactive health management for groups at greatest risk of poorer health outcomes should be accelerated. This should include deliver of the national prevention programmes for weight management, tobacco and alcohol dependency, the ongoing management of long-term conditions, annual health checks for people with learning disabilities and programmes of work aligned to the key clinical areas identified within the Core20PLUS5 Approach for tackling Health Inequalities:

Core20PLUS 5 Key Clinical Areas for Adults:

1. Equity of maternity care for women from ethnic minority backgrounds and those from the 20% most deprived areas.
2. Annual physical health checks for people with severe mental illness.
3. A clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving uptake of Covid-19 and Flu vaccinations.
4. 75% of cancer cases are diagnosed at stage 1 or 2 by 2028.

5. To allow for interventions to optimise blood pressure and lipids and minimise the risk of myocardial infarction and stroke.

Core20PLUS 5 Key Clinical Areas for Children & Young People:

1. Address the over-reliance on reliver medications and decrease asthma attacks.
2. Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds and increase the proportion of those with type 2 diabetes receiving recommended NICE care processes.
3. Increase access to epilepsy specialist nurses and ensure in the first year of care for those with a learning disability or autism.
4. Address the backlogs for tooth extractions in hospital for under 10s.
5. Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

5. Strengthening leadership and accountability.

Ensure named Executive leads are appointed for tackling health inequalities and improving awareness/knowledge and access to health inequalities training.

3.0 Current Position

3.1 Integrated Care System (ICS)

To improve systemwide oversight of the Health Inequalities plan, governance changes were enacted through the establishment of the system Prevention and Health Inequalities Board in September 2023. The function of the Prevention and Health Inequalities Board is both to monitor the progress of the specific programmes currently being undertaken as they relate to the core health inequalities objectives in the NHS Operating Guidance and Joint forward Plan and to ensure greater collaboration takes place across the system. The Board is Chaired by the Director of Health and Wellbeing, Telford & Wrekin Council, with membership from Healthcare Inequality Senior Responsible Officers from local authority and health sector organisations. Our Executive lead is Nigel Lee, Director of Strategy and Partnerships.

3.2 SaTH

Internally we have undertaken a review of the areas we are actively involved in supporting via various programmes of work and planned actions, which can be found in **Appendix 1.** Progress against key actions are reported bi-monthly via the Prevention and Health Inequalities Board with a quarterly update on all areas of work reported to the Integrated Care Board (ICB).

4.0 End of Q3 Review

4.1 **Appendix 2** details the systems current position on the Health Inequalities areas of work.

4.2 In December 2023 a collaborative workshop for health inequalities leads took place. Key reflections from the workshop included the importance of working at scale efficiently, connecting existing system-wide work, which contributes positive to reducing health inequalities and ensuring alignment with the priorities established in the Joint Forward Plan (JFP) and the Integrated Care Strategy. The outputs of the workshop have generated the foundational blocks to a developing Health Inequalities Framework, which will propel and guide joined-up action for the forthcoming year.

4.3 The four areas of focus for work in 2024/2025 were identified as:

- Waiting well initiatives to improve health and wellbeing particularly relating to those waiting for MSK interventions.
- Assessment of our system's maturity as an anchor institution and develop a programme of work to increase our impact as an ICS.
- Utilise systematic pathway approaches to ensure our prevention offers (including weight management and smoking cessation) are integrated into existing practices and that we continue to focus on the interrelated elements of physical and mental well-being.
- Working with our Population Health Management Group develop our system wide knowledge and intelligence and agree key performance metrics.

5.0 Monitoring Impact

5.1 On 28 November 2023, NHS England released a Statement of information regarding the legal duty for Integrated Care Boards (ICBs) and Foundation/Trusts to collect, analyse, publish, and use information on Health Inequalities under Section 13SA of the National Health Service Act 2006. The domains of indicators included within the statement align to the clinical areas outlined in the Core20PLUS5 for Adults and Children & Young People.

The purpose of exercising these powers is to:

- Understand healthcare needs, including by adopting population health management approaches, underpinned by working with people and communities.
- Understand health access, experience and outcomes, including by collecting, analysing and publishing information on health inequalities set out in the Statement and relevant domains.
- Publish information on health inequalities within or alongside annual reports in an accessible format.
- Use data to inform action, including as outlined in the Statement.

5.2 To aid the above we have been collaboratively working with the ICB and supporting the development of a Health Inequalities Outcome Dashboard. This will allow the opportunity to identify inequity in health outcomes and service provision, but also the ability to monitor improvements in health outcomes over time and the indicative impact of programmes currently in place.

5.3 The dashboard currently identifies 61 draft indicators across four key cohorts (age, sex, ethnicity and socioeconomic status), which align with the objectives in the Operational Planning Guidance and the Core20PLUS5 for Adults and Children & Young People. The current draft Health Inequalities Dashboard can be found in **Appendix 3**.

5.4 Over the coming months the dashboard will continue to be developed and key metrics agreed which will act as the enabler for working with the system's Population Health Management Group to develop system-wide knowledge and intelligence to inform future programmes of work. It will be important for SaTH to utilise the intelligence from the dashboard and work in partnership with system partners to maximise benefits for all residents and reduce inequalities.

6.0 Next Steps

6.1 Internally we will continue to progress the above actions and participate in the various programmes of work. In addition

- We will review our governance/reporting mechanisms for health inequalities to ensure alignment with all of our programmes of work and legal responsibilities.
- Continue to support the National Health Inequalities Ambassador Programme and liaise with other organisations in relation to improvements and good practice.
- Align with the National Guidance and best practice e.g. dialogue with Leicestershire
- Continue with the implementation of EPR ensuring datasets form part of the patient admin system and to continue to work in partnership to develop data sources, methods, approaches, analysis and evaluation.
- Publish data as part of our legal responsibility in collaboration with the ICB
- Commence the development of reporting/governance/IPR ensuring waiting lists and DNA are captured by ethnicity and indication of multiple deprivation, at present prioritisation is based on clinical need and length of wait, led by national waiting time targets. Opportunities to use health inequalities data to further aid and focused elective recovery will be developed.

- In conjunction with the wider system commence a benchmarking assessment against the Health Inequalities Board Assurance Toolkit and assess maturity levels as an Anchor organisation/institution.

7.0 Conclusions

7.1 The above report outlines work undertaken and planned in relation to the progression of this important agenda. 2023/2024 has seen the system and all partners gain momentum. The provision of dedicated roles to support progress both internally and across the system is necessary to ensure robust oversight, coordination and delivery of multiple agenda areas and SaTH has a number of roles who play a significant role in this important area of work. To enact impactful change at scale, we must embed a culture of understanding and approaches which sees action on health inequalities as a lens to viewing service design and delivery, instead of an additional and separate entity. The Trust's Clinical Services Strategy and People Strategy both make important references to the Trust's focus on health inequalities.

7.2 Work is taking place at system level to draw together a local framework for system-wide initiatives focussed on propelling our impact on the access, experience and outcomes of our most under-served populations. The most impactful initiatives require us to work optimally as an ICS to bring together key partners in addressing all determinants of health, including our role as Anchor Institutions and partnership working with Housing, Local Authorities and the Voluntary and Community Sector (VCSE).

Recommendations

That the Board notes the report, progress to date and planned actions.

Appendix 1

SaTH Health Inequalities Work Programme/Actions

	Objective	Objective Aim/Guidance	Work Programme/Actions	Executive Lead/Division
1	KLOE1: Restore NHS Services Inclusively	Use local data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where heath inequalities have widened during the pandemic.	Elective Restoration Programme Development of reporting/governance/IPR ensuring waiting lists and DNA are captured by ethnicity and indication of multiple deprivation, at present prioritisation is based on clinical need and length of wait not from a health inequalities perspective. Implementation of EPR ensuring datasets form part of the patient admin system and to continue to work in partnership to develop data sources, methods, approaches, analysis and evaluation. Utilisation of the systemwide health inequalities dashboard to inform future programmes of work	SB IR IR
2	KLOE 2: Mitigate Against Digital Exclusion	Enable robust data collection which identifies which populations are accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion groups. Assess the impact of digital consultation channels on patient access and ensure face-to-face care continues to be offered to patients who cannot use remote services	2023/24 Digital Strategy and implementation of EPR datasets Out-Patients Improvement Programme	NL/IR SB
3	KLOE 3: Datasets are Complete and Timely	Improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.	Systemwide data sharing Provision of baseline data and intelligence to support objectives using PHM approach Improved ethnicity data collection and reporting Continue collection, analysis and reporting on key metrics Ensure that tracking of key metrics related to data collection on ethnicity recording is reported via internal PRM documentation	IR IR IR IR IR IR

			Ensure tracking of key health inequality metrics are reported as standing agenda item within the data quality workgroup Links to implementation of PAS Links to the development of a systemwide health inequalities dashboard	IR IR/NL
5	KLOE 4: Accelerate Preventative Programmes	Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated, including the ongoing management of long-term conditions, annual health checks for people with a learning disabilities and all key clinical areas identified within the Core20PLUS5 Approach to Tackling Health Inequalities.	As detailed below in numbers 6-20	
5	KLOE 5: Leadership and Accountability	Ensure named Executive leads are appointed for tackling health inequalities and improve awareness/knowledge and access to health inequalities training.	Established senior roles across organisations Improved governance (system and provider) Improved HI awareness and training Standardised approach to assessing impact such as the utilisation of PHM, contribution via the PHIB, development of a Systemwide dashboard and the utilisation of the National HI Board development toolkit Equality, Diversity and Inclusion (EDI) Strategy Legal duties to collect, analyse, publish and use information on health inequalities under section 13SA of the NHS Act 2006	NL NL NL NL/IR RB/NL NL
6	LTP 1: Alcohol Care Teams	To establish key support programmes, as set out by NHS England, which aim to offer support for weight, smoking and alcohol consumption.	Implementation of Alcohol Care Teams and pathways	HF
7	LTP 2: Tobacco Dependency		Implementation of Tobacco Dependency Teams, pathways and support with an increase in smoking cessation rates Exploration of smoke free site	HF

				RB/NL
8	LTP 3: Obesity/Weight Management		N/A to SaTH at present community focussed with the implementation of NHS Digital Weight Management Programme	
9	PLUS 1: Learning Disabilities	People with a LD have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable. We need to improve staff awareness of LD&A. Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care	Learning Disability Physical Health Checks LeDeR Action Plan	HF HF
10	PLUS 2: People Living in Rural Areas	Deprivation indicators can mask small pockets of significant deprivation and poor health outcomes in rural areas. Drivers of inequalities include social exclusion and isolation, access to and awareness of services. This information is not captured within the Core20.	To work collaboratively with ICS/partners to explore the impact of rurality	NL
11	ADULT 1: Maternity	To ensure equity of care for women from ethnic minority communities and the most deprived populations.	LMNS Equity and Equality Action Plan with a focus on care for women from black, Asian and minority ethnic communities and from the most deprived groups	SB
12	ADULT 2: Severe Mental Illness	Ensuring annual Physical Health Checks for 60% of those living with SMI to at least, nationally set targets.	N/A to SaTH. Mental health physical health checks	N/A
13	ADULT 3: COPD	Ensuring there is a clear focus on Chronic Obstructive Pulmonary Disease (COPD) and drive uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations	Spirometry Services Delivery of Flu and Covid-19 Vaccinations	HF

		and emergency hospital admissions due to those exacerbations.		
14	ADULT 4: Early Cancer Diagnosis	Ensuring 75% of cases are diagnosed at stage 1 or 2 by 2028.	STW Cancer Strategy Early Cancer Diagnosis Objectives Early Cancer Diagnosis Improvement Plan PCN Cancer DES Core20PLUS Connectors (Cancer Champions)	SB SB
15	ADULT 5: Hypertension and Lipids	Allow for interventions to optimise blood pressure/lipids and minimise the risk of myocardial infarction and stroke.	Targeted secondary prevention Lipid Management InHIP Hypertension Community Case Finding Hypertension Treatment to Target	SB
16	CYP 1: Asthma	Address the over reliance on reliever medications and decrease the number of asthma attacks	CYP Transformation Programme for Asthma	SB
17	CYP 2: Diabetes	Increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds Increase the proportion of children and young people with Type 2 Diabetes receiving annual health checks.	CYP Transformation Programme for Diabetes	SB
18	CYP 3: Epilepsy	Increase access to epilepsy specialist nurses Ensure access in the first year of care for those with a learning disability or autism	CYP Transformation Programme for Epilepsy	SB

19	CYP 4: Oral Health	Address the backlog for tooth extractions in hospital for under 10s	N/A to SaTH. Community focus on oral health	N/A
20	CYP 5: Mental Health	Improve access rates to children and young people's mental health services for 0-17 year olds for certain ethnic groups, age, gender and deprivation	N/A to SaTH. Community focus on mental health	N/A

Appendix 2 Progress Against Actions

	Objective	Work Programme / Project	RAG
1	Restore NHS Services Inclusively	Elective restoration programme	
2	Mitigate Against Digital Exclusion	2023/24 Digital Strategy	
3	Datasets are complete and Timely	System-wide data-sharing	
		Provision of baseline data and intelligence to support objectives (using a PHM approach)	
		Improved ethnicity recording	
4			
5	Leadership and Accountability	Established senior roles across all organisations	
		Improved governance (system-level and Provider)	
		Improved HI awareness and training	
		Standardised approach to assessing impact	
		Equality, Diversity and Inclusion (EDI)	
6	Prevention: Alcohol Care Teams	Implementation of Alcohol Care Teams	
7	Prevention: Tobacco Dependency	Implementation of Tobacco Dependency Teams	
8	Prevention: Obesity/Weight Management	NHS Digital Weight Management Programme	
9	PLUS Group: Learning Disabilities	LD Physical Health Checks	
		LeDeR Action Plan	
10	PLUS Group: People Living in Rural Areas	Exploration of the impact of rurality	
11	Core20PLUS5 ADULT 1: Maternity	LMNS Equity and Equality Action Plan	
12	Core20PLUS5 ADULT 2:	SMI Health Checks	

Appendix 2 Progress Against Actions

	Severe Mental Illness		
13	Core20PLUS5 ADULT 3: Chronic Respiratory Disease	Spirometry Services	
		Delivery of Flu and Covid-19 Vaccinations	
14	Core20PLUS5 ADULT 4: Early Cancer Diagnosis	STW Cancer Strategy Early Cancer Diagnosis Objectives	
		Early Cancer Diagnosis Improvement Plan	
		PCN Cancer DES	
		Core20PLUS Connectors (Cancer Champions)	
15	Core20PLUS5 ADULT 5: Hypertension and Lipids	Targeted secondary prevention Lipid Management	
		InHIP Hypertension Community Case-finding	
		Hypertension Treatment to Target	
16	Core20PLUS5 CYP 1: Asthma	CYP transformation for Asthma	
17	Core20PLUS5 CYP 2: Diabetes	Diabetes Transformation for CYP	
18	Core20PLUS5 CYP 3: Epilepsy	CYP Transformation for epilepsy	
19	Core20PLUS5 CYP 4: Oral Health	Oral Health workforce training	
		Provision of toothbrushes and toothpaste	
		Supervised toothbrushing for early years	
		Data analysis and audits of current waiting lists	
20	Core20PLUS5 CYP 5: Mental Health	Data analysis and audits of CYP MH access	
		National Mental Health Support Teams in Schools	
		Education and awareness of childhood trauma	

Appendix 3 – Snapshots of the Health Inequalities Outcomes Dashboard (currently draft and in development)

Health Inequalities Dashboard

Home

NHS
Shropshire, Telford and Wrekin

Health Inequalities: Definition

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The Conditions in which we are born, grow, live, work ad age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health.

The below table displays all metrics contained within this dashboard.

Metric Code	Metric Name	Source	Refresh Frequency	Latest Data
HIMT001	Secondary care DNA rates	SUS	Monthly	October 2023
HIMT002	IAPT Recovery Rate	IAPT	Monthly	October 2023
HIMT003	% Hypertension with Age Appropriate BP Recorded (all ages)	RISKSTRAT	Monthly	October 2023
HIMT004	Rate of Avoidable Hospital Admissions	SUS	Monthly	October 2023
HIMT005	Admissions for Alcohol Conditions	SUS	Monthly	October 2023
HIMT006	Obesity Prevalence in Adults	RISKSTRAT	Monthly	October 2023
HIMT007	Rate of Non-Elective Admissions by LTC	RISKSTRAT	Monthly	October 2023
HIMT008	Emergency re-admission to hospital within 30 days of discharge	SUS	Monthly	October 2023
HIMT009	Under 75 Mortality: Cancer	DEATHREG	Monthly	March 2023
HIMT010	Under 75 Mortality: Respiratory	DEATHREG	Monthly	March 2023
HIMT011	Under 75 Mortality: CVD	DEATHREG	Monthly	March 2023

Health Inequalities Dashboard

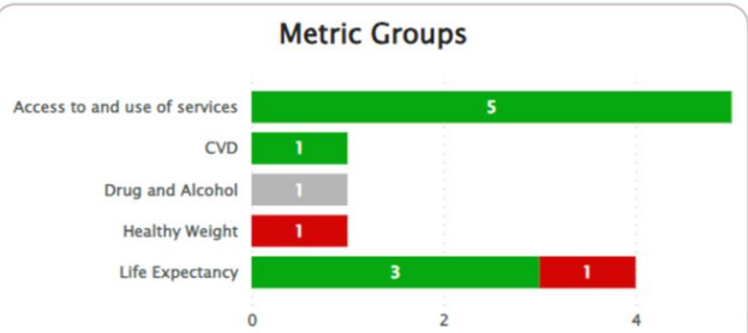
Metric Summary

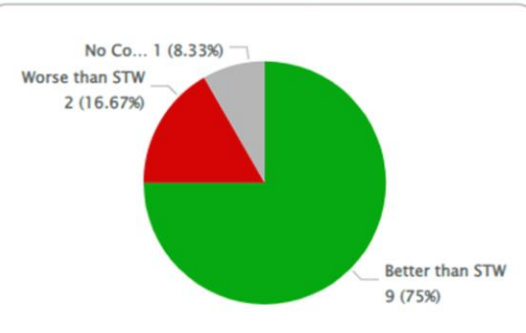
NHS
Shropshire, Telford and Wrekin

Local Authority	MSOA Name	Gender	Age	Age Band	Ethnicity	Ethnicity – Detail	IMD Quintile	Rural / Urban
Telford and Wrekin	All	All	All	All	All	All	All	All

12

Total Metrics





Metric Name	Latest	Cohort	STW	Cohort vs STW	Metric Trend
HIMT001 – Secondary care DNA rates	October 2023	6.9%	7.3%		
HIMT002 – IAPT Recovery Rate	October 2023	48.6%	45.5%		
HIMT003 – % Hypertension with Age Appropriate BP Recorded (all ages)	October 2023	65.2%	62.9%		
HIMT004 – Rate of Avoidable Hospital Admissions	October 2023	343.63	372.88		
HIMT005 – Admissions for Alcohol Conditions	October 2023	48.00	112.00		
HIMT006 – Obesity Prevalence in Adults	October 2023	20,539.39	18,978.22		
HIMT007 – Rate of Non-Elective Admissions by LTC	October 2023	1,248.68	1,322.95		
HIMT008 – Emergency re-admission to hospital within 30 days of discharge	October 2023	400.17	444.37		
HIMT009 – Under 75 Mortality: Cancer	March 2023	114.54	124.92		

Health Inequalities Dashboard

Obesity Prevalence in Adults

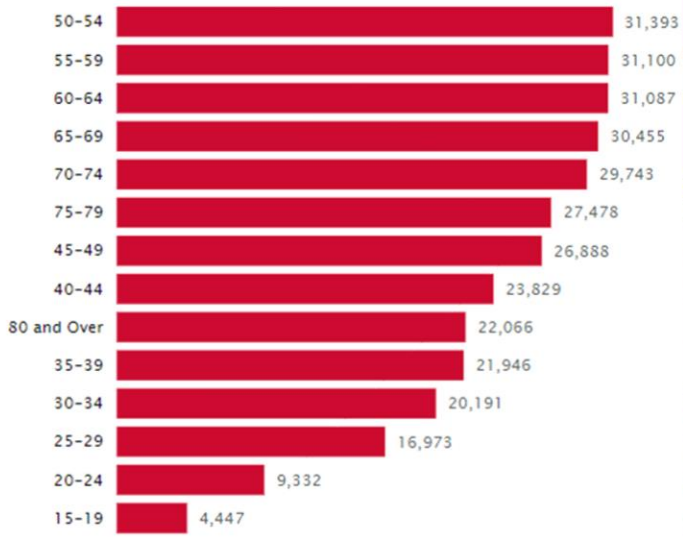
Home

Contents

NHS
Shropshire, Telford and Wrekin

Date Selection 01/10/2023 – 01/10/2023 | **Local Authority** All | **MSOA Name** All | **Gender** All | **Age Band** All | **Ethnicity** All | **IMD Quintile** All | **Rural / Urban** All

Obesity Prevalence by Cohort (per 100,000 population)



View Bar Chart by: **Age** | Gender | Rurality | MSOA | Ethnicity | IMD | Local Authority | GP Practice

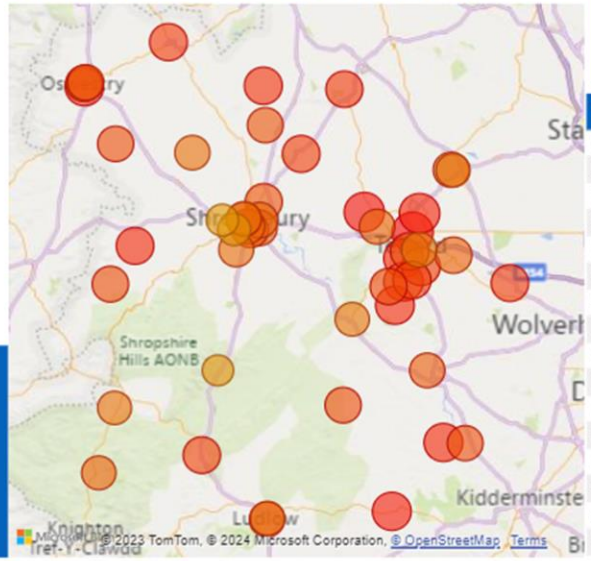
Patients Classified as Obese

100,856

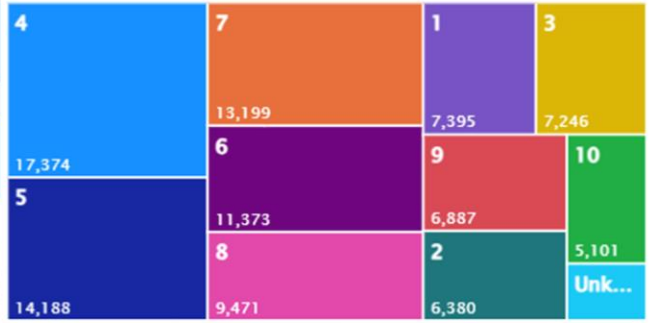
Per 100,000 Population

24,756

Obesity Prevalence by Practice (per 100,000 population)



Obesity by IMD Decile



Gender	Age	Ethnicity	IMD	Denom	Percent
Male	60-64	White - Other	1	7	100.00%
Female	45-49	Black - African	1	7	85.71%
Female	60-64	Mixed - Other	1	7	85.71%
Female	70-74	White - Other	2	10	80.00%
Female	75-79	White - Other	2	15	80.00%
Female	40-44	White - Other	1	9	77.78%
Female	40-44	Mixed - Other	1	9	77.78%
Female	50-54	Asian - Pakistani	1	9	77.78%
Female	35-39	Mixed - Other	1	20	70.00%
Female	50-54	White - Other	1	10	70.00%
Female	30-34	Mixed - Other	1	32	68.75%
Female	25-29	Mixed - Other	1	9	66.67%
Female	65-69	White - Other	2	9	66.67%
Female	40-44	Asian - Pakistani	1	11	63.64%
Female	50-54	Mixed - Other	1	43	62.79%
Male	60-64	Mixed - Other	1	15	60.00%

Health Inequalities Dashboard

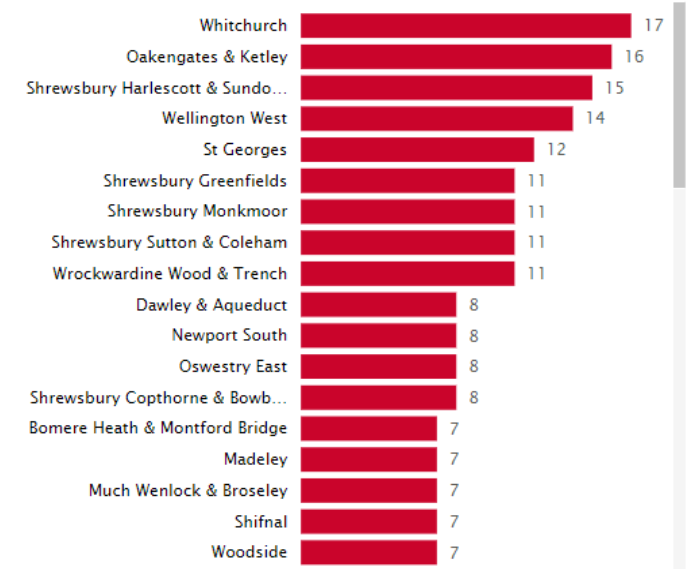
Alcohol Related Conditions

Home | Contents

NHS Shropshire, Telford and Wrekin

Date Selection: 01/08/2023 – 01/10/2023 | **Local Authority:** Multiple selections | **MSOA Name:** All | **Gender:** All | **Age Band:** All | **Ethnicity:** All | **IMD Quintile:** All | **Rural / Urban:** All

Alcohol Related Conditions by Cohort (no. of admissions)



View Bar Chart by: **Age** | **Gender** | **Rurality** | **MSOA** | **Ethnicity** | **IMD** | **Local Authority**

Alcohol Related Conditions (no. of admissions)

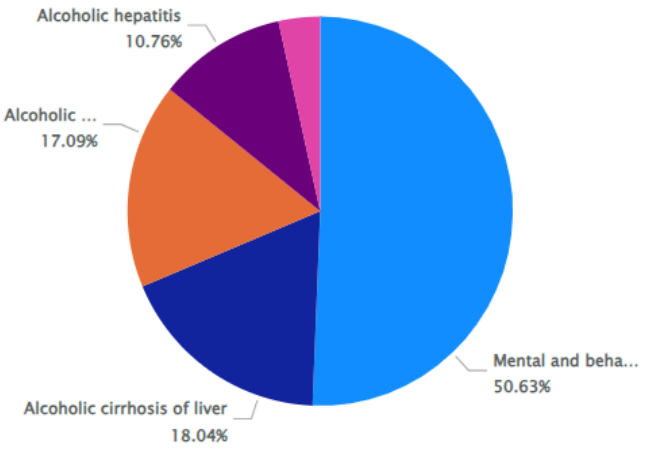
336
(Date Selection)

Recent Month
100 !
Previous Year: 69 (+44.93%)

Current FYTD
804 !
Previous FYTD: 686 (+17.2%)

Rolling 12 Months
1328 !
Previous Rolling 12 Months: 1217 (+9.12%)

Top 5 Diagnosis for Alcohol Related Conditions



2 Year Trend (no. of admissions)