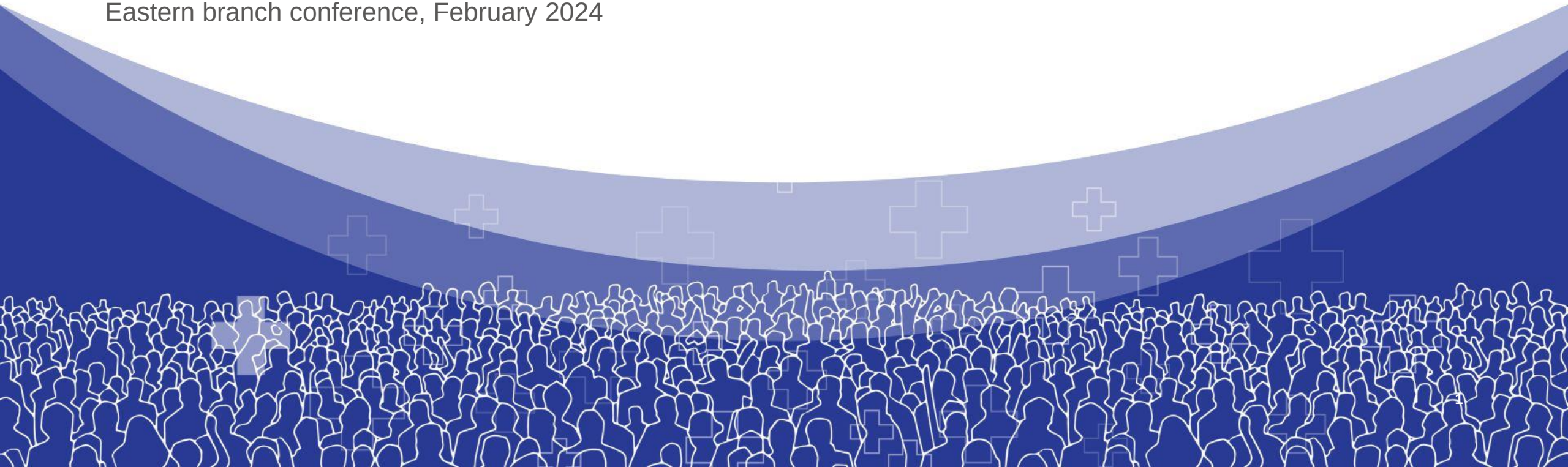
How finance teams can help reduce health inequalities

Emily Hopkinson, policy & research manager

Eastern branch conference, February 2024

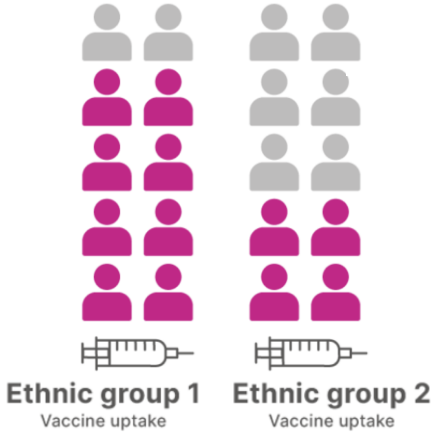


What are health inequalities?

‘Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.’

NHS England

Access…

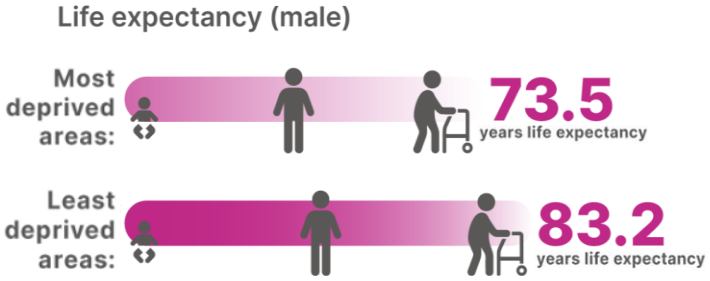


…experience…

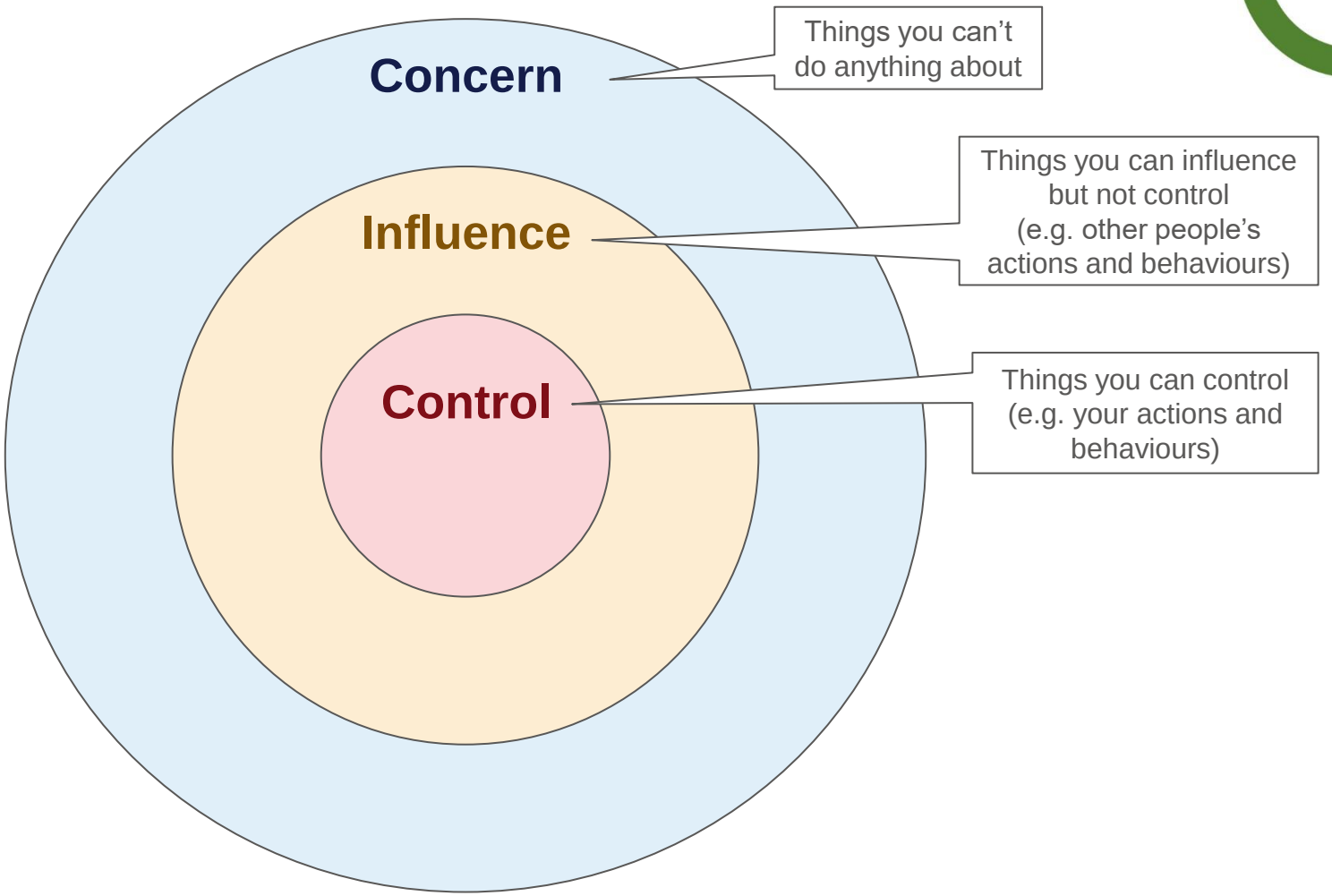
“Women from ethnic minorities were offered less choice of where to give birth and were less well informed about birth choices.”

Healthwatch

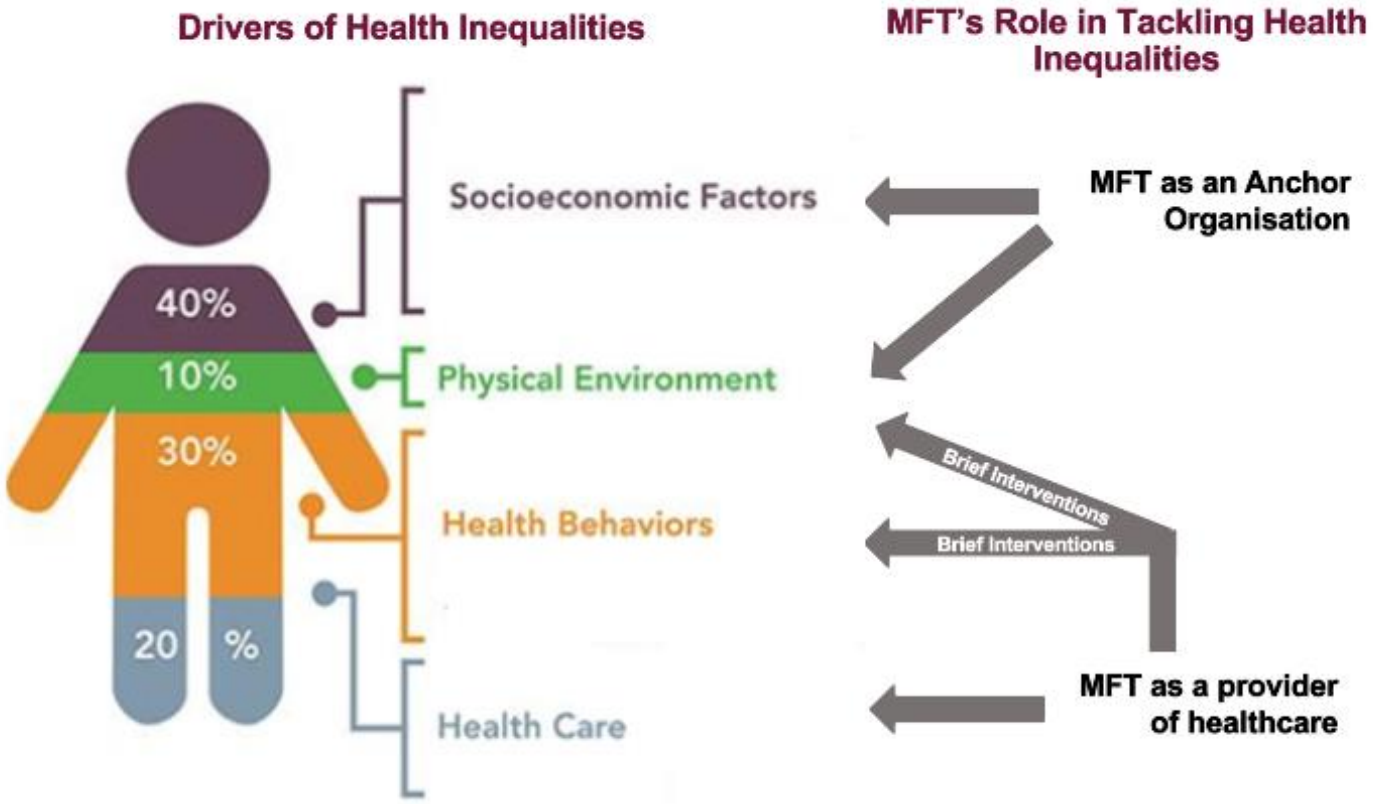
… and outcomes.



What can I do?


Concern
Influence
Control
Things you can't do anything about
Things you can influence but not control (e.g. other people's actions and behaviours)
Things you can control (e.g. your actions and behaviours)

Example: Manchester University NHS Foundation Trust (MFT)



Source: Manchester University NHS Foundation Trust; drivers of health inequalities from the University of Wisconsin Population Health Institute, *County Health Rankings & Roadmaps*

REDUCING HEALTHCARE INEQUALITIES

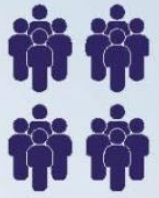
NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

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Key clinical areas of health inequalities

1

ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2

DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3

EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4

ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5

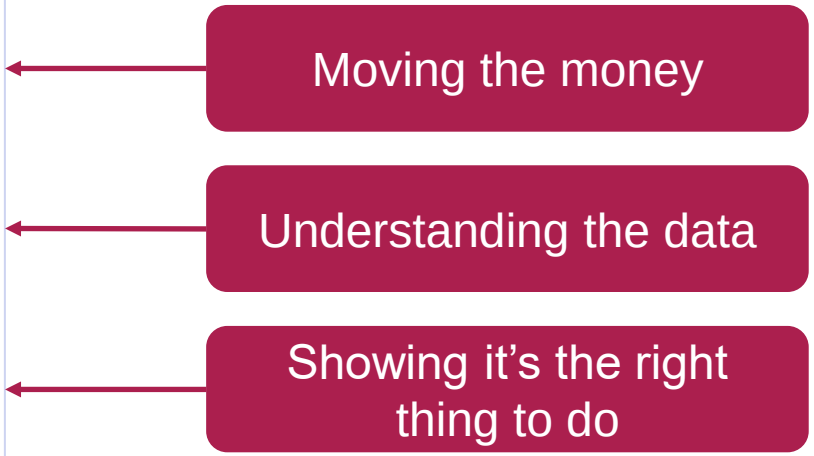
MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

How can finance teams help?

There are three main ways finance staff are helping to reduce health inequalities:

- Allocating resources differently to support specific population needs
- Aligning data sets and tackling variation especially focused within groups and reducing inefficiency
- Investing in targeted projects focusing on specific groups, proving the financial case for longer term investment or cost reduction and improving health outcomes

Source: HFMA, *How finance teams are helping to reduce health inequalities*, September 2023



A primary care funding model to address health inequalities

Example: Leicestershire, Leicester and Rutland (LLR)

Local formula for funding general practice

Needs-related component that is adjusted for:

- case mix and multi-morbidity
- communication issues (with more time needed to deliver effective care)
- list turnover (with more time needed for newly-registered patients).

This makes up 53% of the formula

Core staffing component which is based on the existing GP core contract and includes an adjustment for rurality.

This makes up 41% of the formula

Deprivation component makes up 6% of the formula.

Example: Bolton quality contract

Per patient funding

Core contract

Bolton quality contract

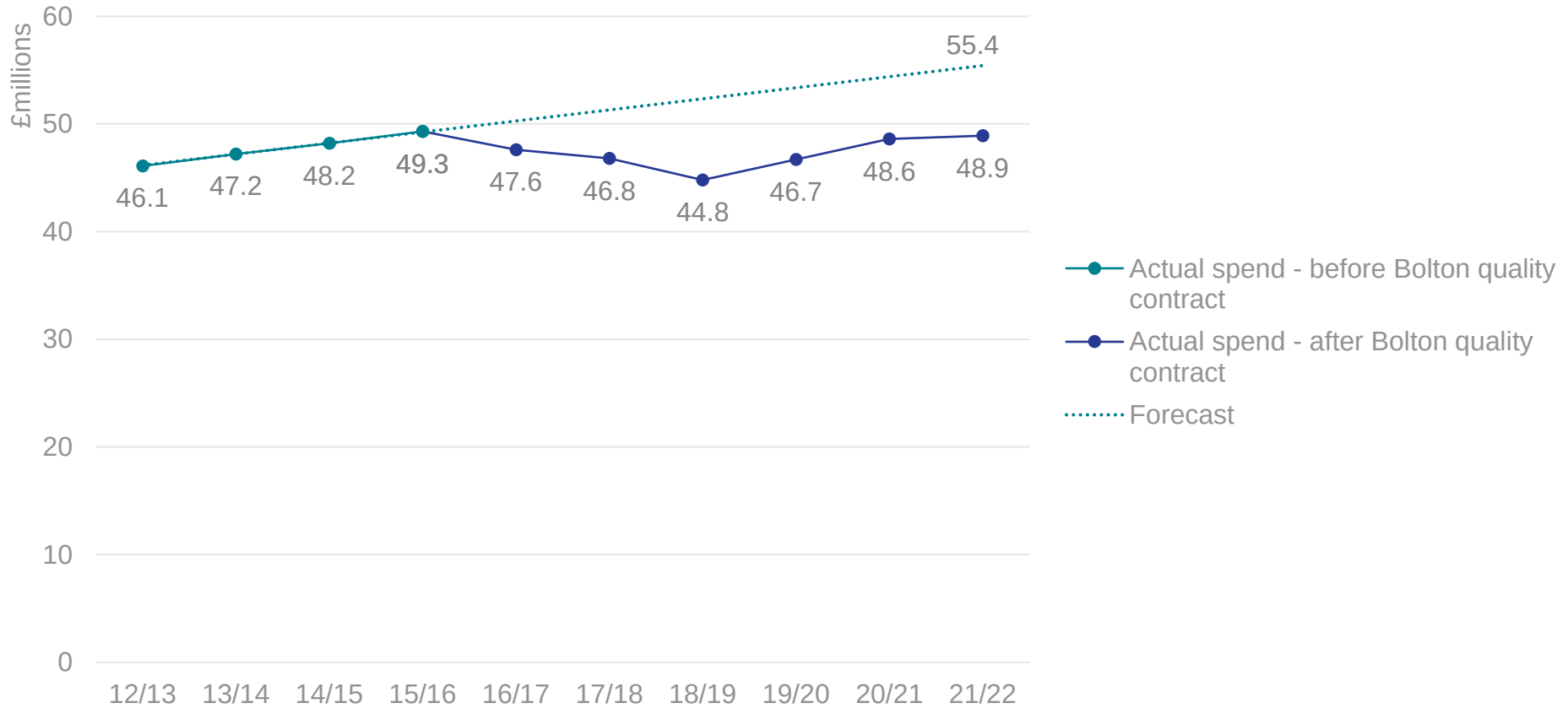
Local incentive scheme for GPs – quality standards

Standard	Example outcome measures
GP access	- Contacts per 1,000 population - Face-to-face contacts per 1,000 population
Ageing well	- % of relevant population given an assessment
Carers	- % of people recorded as carers on the practice register - % of carers offered an annual health check
Defined patient groups	- % of dementia patients given an annual review - Patients who are military veterans are recorded as such in the patient record
Health improvement	- % of patients with a recorded body mass index - % of patients with a recorded smoking status - % of recommended screenings carried out for diabetic patients
Long term conditions best care	- Scores for the proactive management of asthma, diabetes, chronic obstructive pulmonary disease, atrial fibrillation, chronic kidney disease, and heart failure with left ventricular disfunction
Membership engagement	- A set of mandatory requirements for instance on reporting, safeguarding, emergency planning and system working
Prescribing	- Reduced spend on prescribing - Antibiotic items prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU) - % of antibiotics prescribed which are high-risk antibiotics

Health inequalities case study, Bolton quality contract

Example: Bolton quality contract

Prescribing spend in Bolton before and after the Bolton quality contract



Example: Barts Health NHS Trust

Health inequalities dashboard bringing together data on:

- **Costing**
- **Deprivation** (indices of multiple deprivation)
- **Ethnicity**
- **Wider determinants of health** (access to healthy assets and hazards)

Showing it's the right thing to do

[Children's hospital alliance, evaluation findings]

Example: Children's Hospital Alliance (hosted by Alder Hey Children's Hospital)

'Was not brought' rate among targeted patients fell from 68% to 16%

Results of cost-benefit analysis

Intervention	Estimated benefits after 1 year (£'000s)	Estimated costs after 1 year (£'000s)	Cost benefit ratio (£ saved per £ invested)
Transport call	686	123	£5.57
Transport additional text	248	49	£5.07
Admin telephone call	180	79	£2.27
Portal	217	149	£1.46
Clinical call	105	79	£1.32
Admin and clinical MDT	87	149	£0.58
Focused support for autism & learning difficulties	10	79	£0.13
Schools	6	79	£0.07

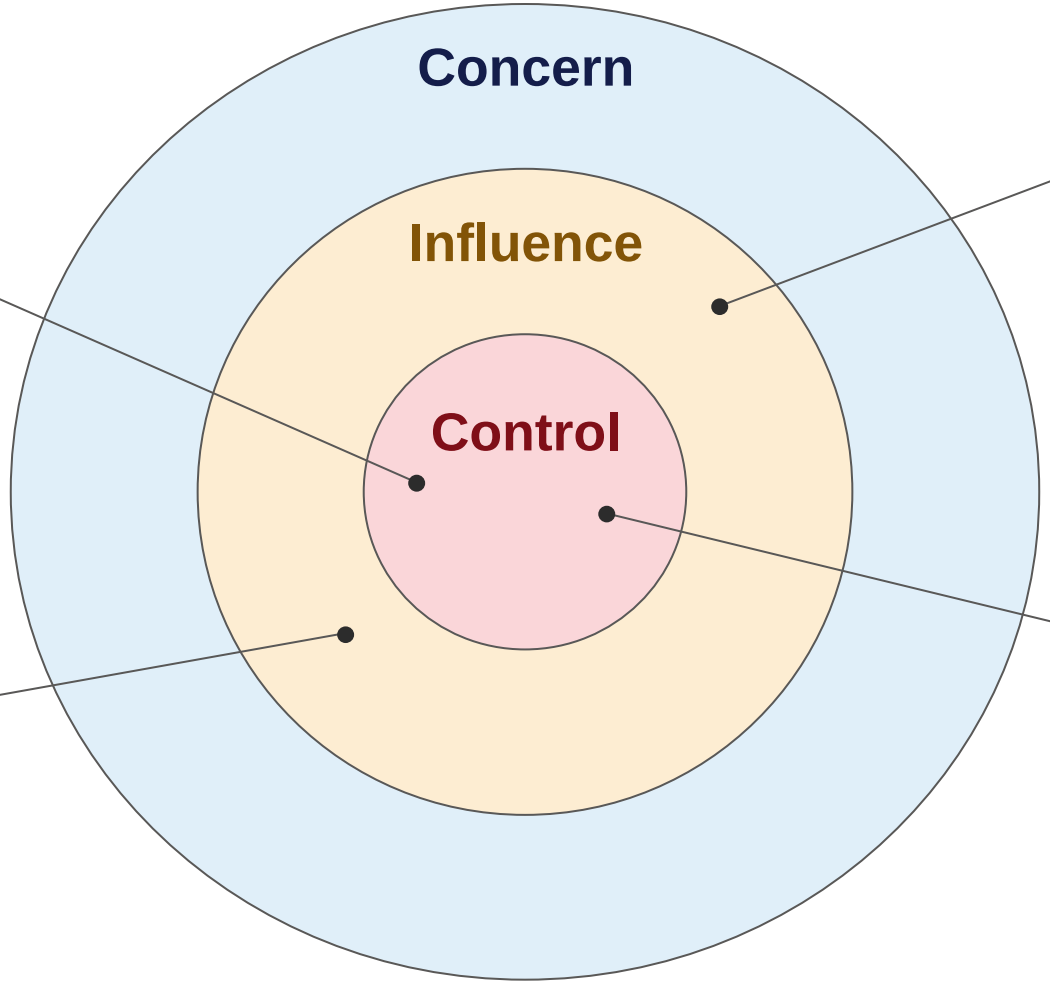
What finance teams did

Within ICB's control: GP services in deprived areas being less well funded than their peers

Finance team role: Review primary care funding, consult with stakeholders and design a new local funding formula

Within ICB's influence: Quality of GP services experienced by different population groups

Finance team role: Design financial incentives that drive up quality for more deprived populations



Within NHS trust's influence: Children not being brought to their appointments

Finance team role: Use cost-benefit analysis to recommend which interventions would be best value

Within NHS trust's control: Using data to understand patient pathways and population health

Finance team role: Triangulate costing data with data on health inequalities and wider determinants of health

Resources from the HFMA

Overview

Introduction to health inequalities for finance

How finance teams are helping to reduce health inequalities

Moving the money

Allocating resources to address health inequalities

Using financial incentives to tackle health inequalities

Resources and funding to reduce health inequalities

Commissioning to reduce health inequalities: the role of finance

Coming soon

Understanding the data

Using data to understand health inequalities

Health inequalities data sources map

Showing it's the right thing to do

Considering health inequalities in business cases

Coming soon

Health inequalities: establishing the case for change

Considering health inequalities in business cases

About the HFMA

The Healthcare Financial Management Association (HFMA) is the UK representative body for finance professionals working in the NHS and the wider healthcare sector. Our aim is to support the NHS finance function, to promote good practice in financial management and to improve the general understanding of NHS finance issues.

Our work is informed by a number of committees and special interest groups made up of healthcare finance practitioners. We publish numerous guides and briefings aimed at finance professionals, non-executive directors and non-finance staff. We also provide training and development opportunities – including a suite of web based learning modules – across all of these groups.

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