

REPORT TO: Halton Health & Wellbeing Board

DATE: March 12th 2025

REPORTING OFFICER: Director of Integration – Mersey and West Lancashire Hospitals

PORTFOLIO: Health

SUBJECT: Health Inequalities Dashboard

WARD(S) All

1.0 PURPOSE OF THE REPORT

1.1 To demonstrate the Hospital Trust’s Health Inequalities Dashboard and share the next steps of its development.

2.0 RECOMMENDED: That

- 1) That Board members note the establishment of the Health Inequalities Dashboard and its capabilities.
- 2) That the Board endorse the collaboration with Warrington and Halton Hospitals FT so that a more complete picture of acute care across Halton is available.

3.0 SUPPORTING INFORMATION

3.1 Mersey and West Lancashire Hospital Trust is committed to being an Anchor Institution. The Trust is a significant provider across six ‘Places’. Within Halton the trust provides care for around 50% of the population with a particular focus around Widnes and the surrounds.

3.2 A recent Kings Fund Health Inequalities paper sited a number of uncomfortable statistics:

People in the most deprived areas are twice as likely to die prematurely from cardiovascular disease than people in the least deprived areas.
111 deaths per 100,000 in the most deprived areas of England compared with 55 in the least deprived areas as of 2022.
Source: [Office for Health Improvement and Disparities 2024](#).

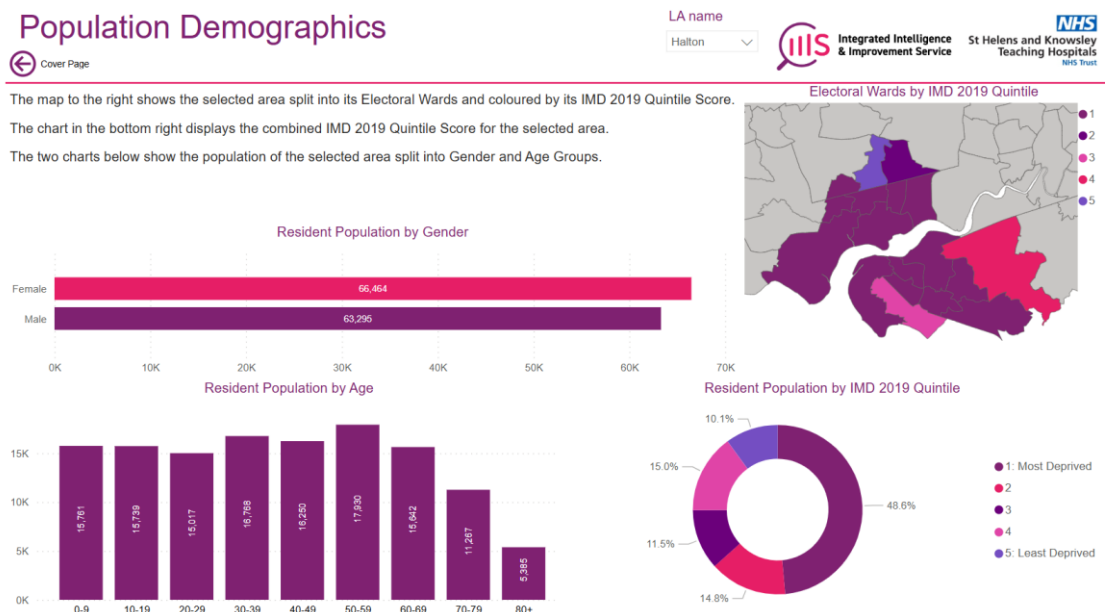
People living in the most deprived parts of England are more than twice as likely to wait over a year for elective care than people living in the most affluent areas in 2022.
Source: [Robertson et al 2023](#).

The difference in life expectancy for people living in the most deprived areas of England compared with the least deprived areas is 9.7 years for males and 7.9 years for women.
 2018- 2020
 Source: [Office for National Statistics 2022](#).

The Trust is committed to reducing health Inequalities and has developed a dashboard that uses near live data to support this journey. It is also interesting to see how well the statements above present themselves in the Trust’s activities. The dashboard uses ‘Power BI’ as its platform and this provides a lens on the places serviced by the St Helens and Knowsley Hospitals.

- 3.3 The next steps in the development of the dashboard will be to complete the activity undertaken with in the wider Trust’s footprint to include Sefton and West Lancashire.
- 3.4 The Trust has been in dialogue with Warrington and Halton Hospitals FT to explore the possibility of providing this system to their Trust. This would give a more complete picture of acute care in Halton.
- 3.5 The dashboard holds demographic data of local boroughs as well as elective and non-elective activity across the Trust. The next few sections illustrate the capability of the dashboard in the form of a few screen shots.

3.6 Demographics:



3.7 Non-Elective Care

IMD 2019 Quintile	Non-Elective Admissions per 1,000 Population	
	Non-Elective Admissions	Inpatient Admissions per 1000 population
1: Most Deprived	5,905	94
2	2,003	105
3	1,300	87
4	1,092	56
5: Least Deprived	1,335	102

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3.8 Elective Care

IMD 2019 Quintile	First Outpatient Waiters per 1,000 Population	
	OP Waiters	OP Waiters per 1,000 Population
1: Most Deprived	2,463	39
2	845	44
3	655	44
4	648	33
5: Least Deprived	745	57

IMD 2019 Quintile	Inpatient Waiters per 10,000 Population (Gastroenterology Excluded)	
	Inpatient Waiters	Inpatient Waiters per 1,000 Population
1: Most Deprived	1,359	22
2	522	27
3	423	28
4	436	22
5: Least Deprived	506	39

IMD 2019 Quintile	Elective Admissions	
	Elective Admissions	Elective Admissions per 1,000 population
1: Most Deprived	3,344	53
2	1,308	68
3	1,131	76
4	1,169	60
5: Least Deprived	1,374	105

4.0 POLICY IMPLICATIONS

- 4.1 Mersey and West Lancashire Trust has developed a Health Inequalities Strategy and is developing a work programme to deliver its strategy.
- 4.2 Linking with Warrington and Halton Hospitals will enable a more complete picture of Acute Care in Halton, and it has the potential to be used across Cheshire and Merseyside.
- 4.3 The data from the dashboard along with insights from public health information should lead to changes in service provision and lead to a reduction in health inequalities.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no direct financial implications from this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

Providing support for people to access services will improve the health and wellbeing of residents.

6.2 Building a Strong, Sustainable Local Economy

Prompt and appropriate care will support a healthier and more productive workforce that will enhance the local economy.

6.3 Supporting Children, Young People and Families

Children, Young People and families are a significant patient base of the trust. We do see high 'do not attends' in some paediatric services. Improving access is important to health.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

This is the primary focus of the paper and presentation. We envisage working towards a significant reduction in health inequalities.

6.5 Working Towards a Greener Future

N/A

6.6 Valuing and Appreciating Halton and Our Community

N/A

6.7 Resilient and Reliable Organisation

N/A

7.0 **RISK ANALYSIS**

7.1 N/A

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Further work is required include wider diversity data

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

All reports must contain this heading. Background papers are described as those upon which you have relied to write your report. They could for example be Government legislation, previous Board reports or Strategies. State the title of the document(s), where they can be inspected and a contact officer.

If there are none, include the following sentence:-

[Tackling Health Inequalities | Seven Priorities For The NHS | The King's Fund](#)