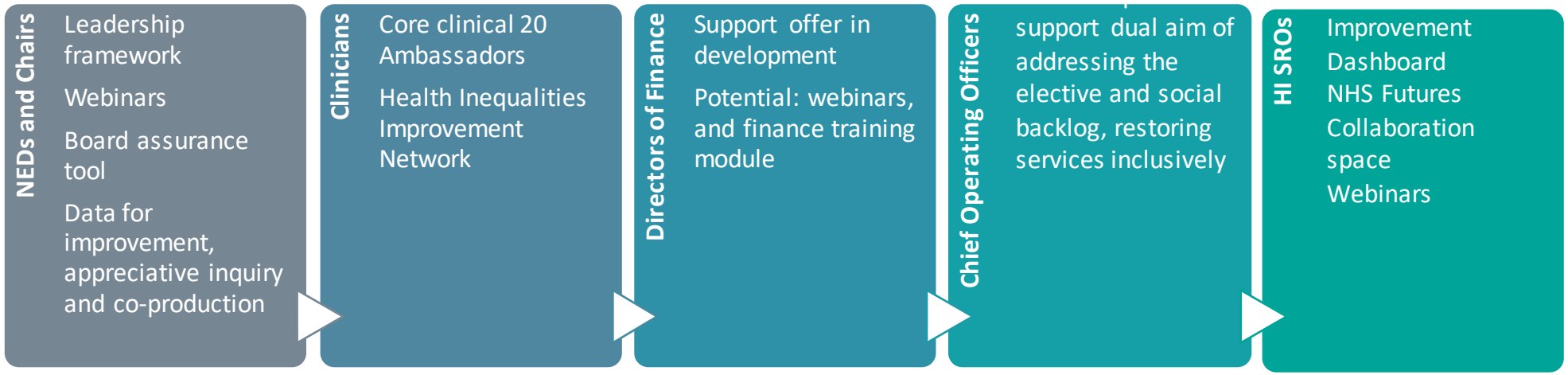
The core20PLUS5 and data for improvement

November 2021

NHS England and NHS Improvement

Health Inequalities Leadership Offer

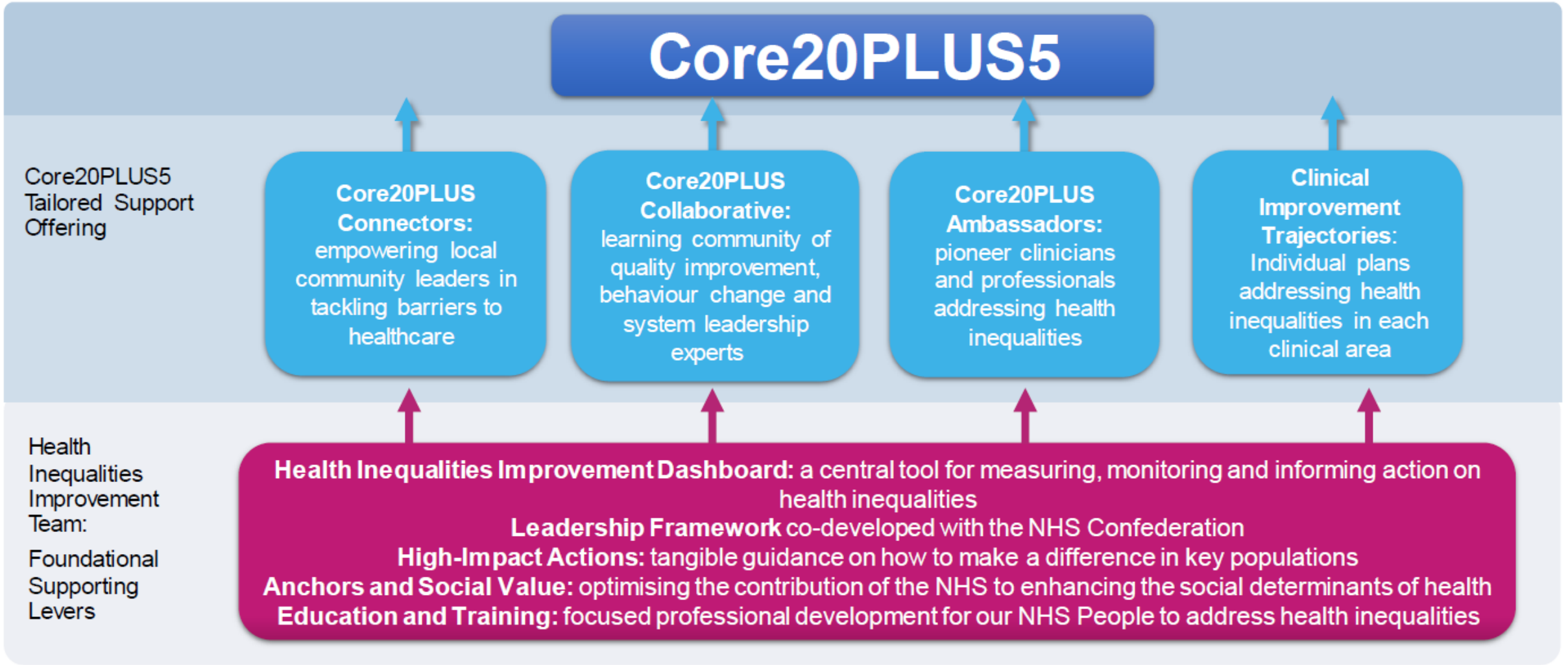
- We are currently developing our leadership support offer for both clinicians and managers across the health and care system to provide a systematic leadership approach to health inequalities.
- We are working in conjunction with our regional colleagues and partnering with professional organisations and membership bodies to offer a set of leadership tools, training and resources for:



Not a statement of policy

The Core20PLUS5 Support Offering

*Please note: our support offering is in the progress of rapid development, with most elements up and running in early 2022



NHS England and NHS Improvement

HEALTHCARE INEQUALITIES IN ENGLAND

The **'Core 20 Plus 5'** initiative is designed to drive targeted health inequalities improvements in the following areas:

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

Target population

CORE20 PLUS 5

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

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed a,t stage 1 or 2 by 2028

3. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

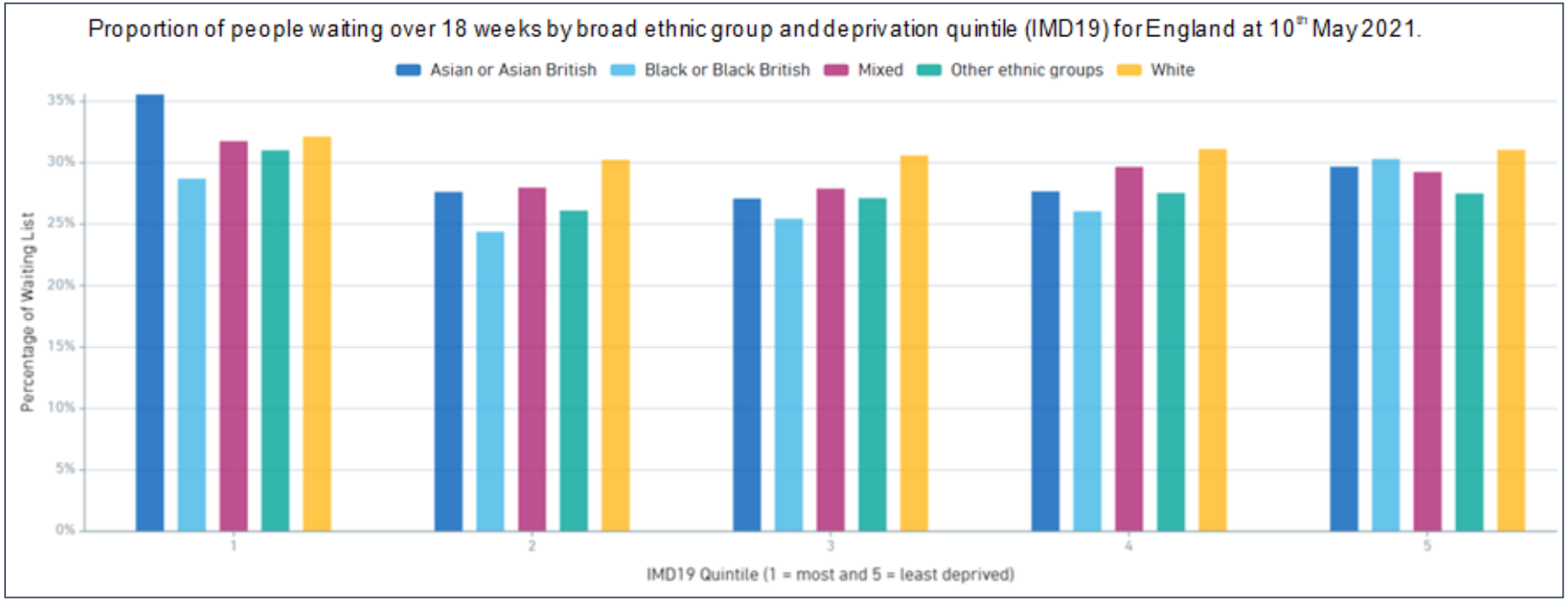
4. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke

Health Inequalities Improvement Dashboard (HIID)

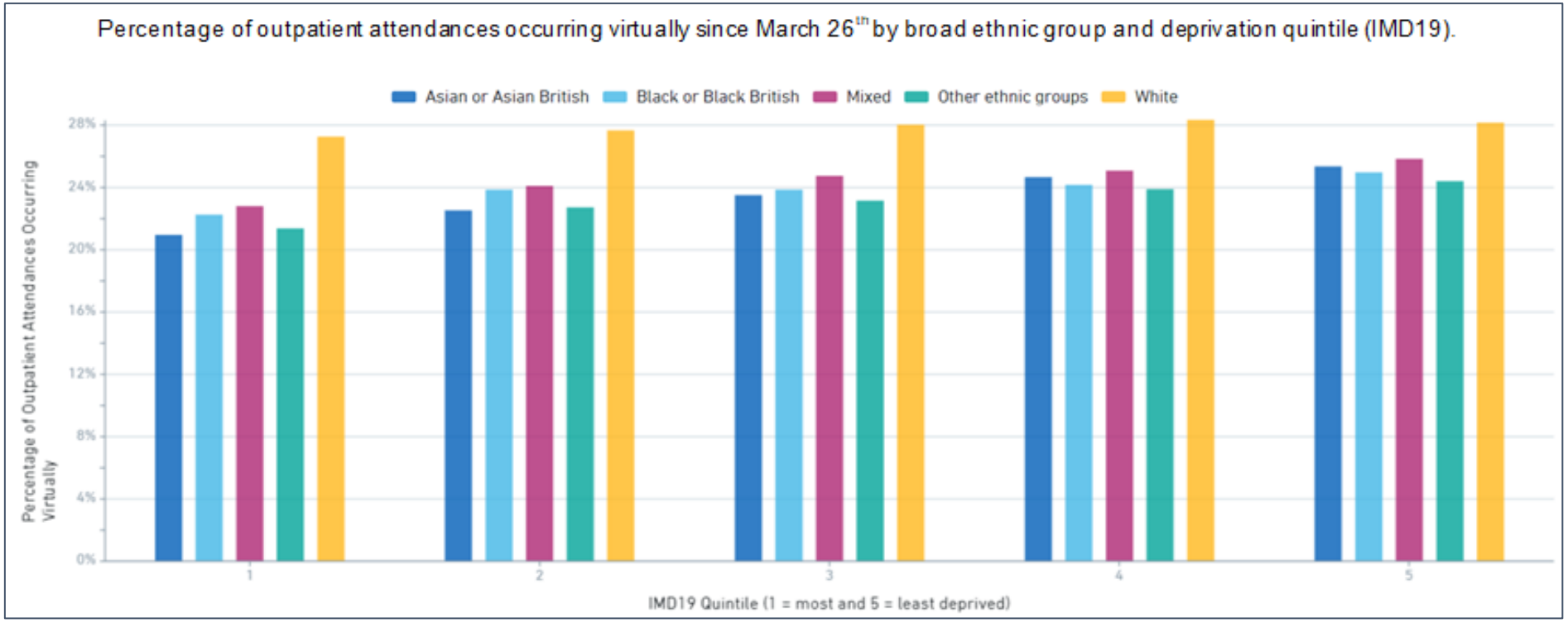
1. To support the Health Inequalities Improvement Programme Vision: Exceptional quality healthcare for all, through equitable access, excellent experience and optimal outcomes. To support raising the floor faster than the ceiling to narrow the gap
2. To bring together strategic high impact health inequalities indicators across major NHS E and NHS I programmes to help users from England to system/PCN/Ward level with benchmarking where possible to understand: where health inequalities exist; what is driving them; and to drive improvement actions
3. To improve data to be more timely, accurate and complete, where possible using real time data, by directly drawing upon hospital and GP systems (in particular for vaccinations data for flu, MMR and vaccinations more generally).
4. To build a viable community (including programme leads, analytical leads and PCN directors) to ensure frontline people who need insight to drive action for improvement are given access to the dashboard is used for insight by a vibrant community of users.
5. To complement:
   - Programme dashboard HI indicators (e.g. the COVID vaccination equality tool indicators)
   - Local indicators/dashboards/analyses tailored to local needs.

Proportion of People on the Waiting List Over 18 or 52 Weeks by Broad Ethnic Group and IMD19 Quintile



In the illustrative dummy example above for England, the graph shows the proportion of people waiting for 18 weeks by intersectionality between broad ethnic group and IMD19 quintile.

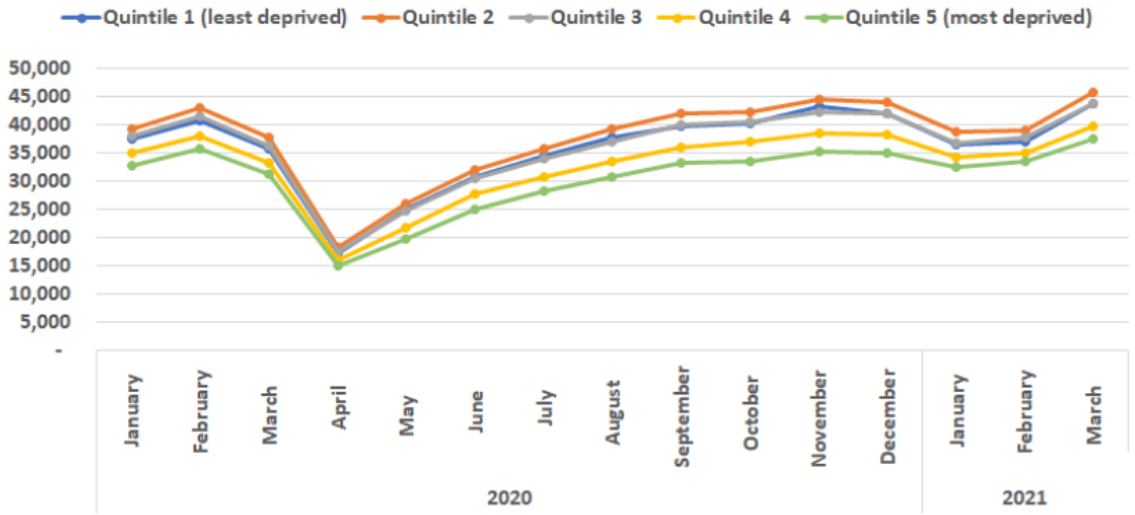
Percentage of First or Follow Up Outpatient Appointments Occurring Virtually by Broad Ethnic Group and IMD19 Quintile



In the illustrative dummy example above for England, the graph shows the disparities in first or follow up outpatient appointments occurring virtually by intersectionality between broad ethnic group and IMD19 quintile.

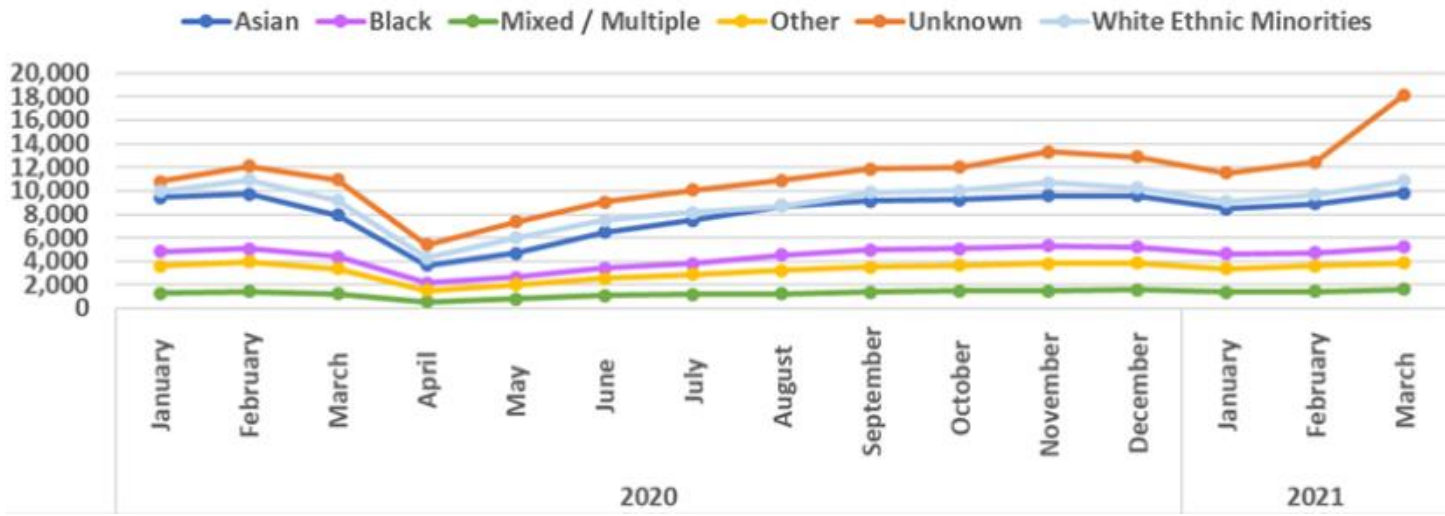
Future HIID development, Core20Plus5 – recovery of services for two weeks waits for cancer investigation

Figure 2. Time series of the volume of monthly referrals by deprivation
Tumour Group: (All), Selected Geography: England



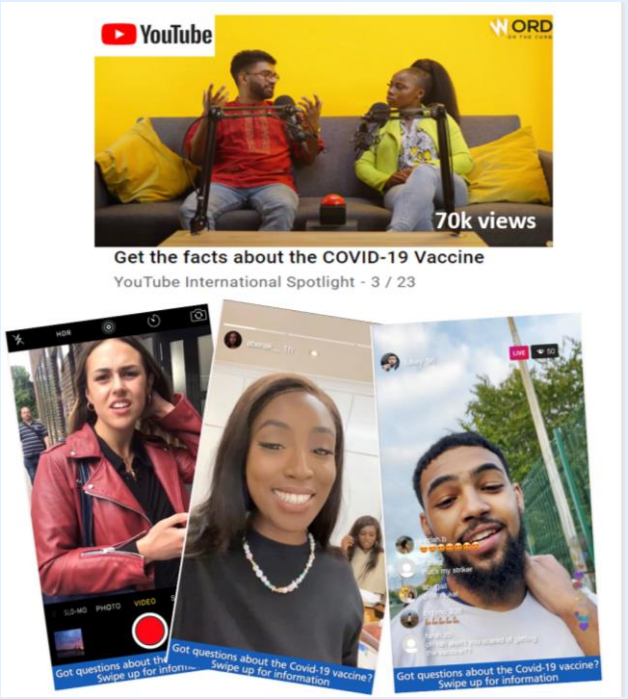
Cancer Alliance and England level version of these graphs are in the public domain (CADEAS (ncin.org.uk)).
Further disaggregation to system level are being considered for the HIID. Inequality indicators for early stage diagnosis are also under consideration for the HIID.

Figure 2b. Time series of the volume of monthly referrals by ethnicity (excl. White British)
Tumour Group: (All), Selected Geography: England



How does data drive improvement? Who needs to do what differently? Example of Black African and Caribbean Communities COVID vaccine uptake

1. **Behavioural insights** adopted to develop hyper-local approach targeting young adults
2. Implementing **staff vaccine ambassadors**
3. **Collaboration with black leaders from across faith and community groups** and health and social care increasing access to accurate information from trusted voices
4. **Taking healthcare to communities** by running pop-up and mobile vaccination clinics at community events, with more teams moving towards a holistic approach, to talk to people generally about health and wellbeing and how the vaccine can support that
5. Joint letter between NHSE and NHSI and PHE, signed by Nikki Kanani to reassure people about COVID-19 vaccine
    - **Widening vaccination access** by reassuring refugees and migrants that they can have the vaccination for free, without the need to be registered with a GP and with no immigration checks



A call to action

Know your local data

- Triangulate with the Health Inequalities Improvement Dashboard
- Ensure disaggregation by ethnicity and deprivation

Make connections with your Director of Public Health

- Triangulate data and local intelligence

Connect with your SRO for Health Inequalities

- Hold local teams to account for delivery of improvements

Annex

How do we narrow health inequalities?

Health Inequalities Improvement Dashboard complements other tools

Tool	Producer	Link
Health Inequalities Improvement Dashboard	NHSE&I	Access to be manged through Foundry coming soon
Programme dashboards	NHSE&I	Access typically through Okta Accounts (typically on Foundry)
Global Burden of Disease Visualisations	IHME	www.healthdata.org/gbd/data-visualizations
Fingertips (various profiles)	PHE	fingertips.phe.org.uk
Atlases of Variation	PHE & RightCare	fingertips.phe.org.uk/profile/atlas-of-variation
Long term conditions packs	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/long-term-conditions-packs
Commissioning for Value “Where to look Packs”	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/where-to-look-packs
Segment Tool	PHE	fingertips.phe.org.uk/profile/segment
LKIS Inequalities Slides	PHE	Available from local LKIS team
Equality and Health Inequalities Packs	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/equality-and-health-inequality-nhs-rightcare-packs
Health Equity Dashboard	PHE	Data.healthdatainsight.org.uk/apps/health inequalities (currently England only)
Local Health	PHE	www.localhealth.org.uk
SHAPE	PHE	shapeatlas.net
LG Inform Plus	LGA	about.esd.org.uk
National General Practice Profiles	PHE	fingertips.phe.org.uk/profile/general-practice
RightCare STP & CCG data packs	RightCare	www.england.nhs.uk/rightcare/products
Joint Strategic Needs Assessment (JSNA) at local level	Local Authorities	Directors of Public Health and Health & Well being Boards through partnership working with health have oversight of delivery of JSNA

The above table is not exhaustive

It is important also to review on an ongoing basis HI analysis/evidence from NHSD, ONS,PHE, NHS E & NHS I, IFS, Kings Fund, Health Foundation, Nuffield Trust.

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities and general practice

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Cross-body membership, influence and alignment

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence (ICB → Partnership and delivery structures)

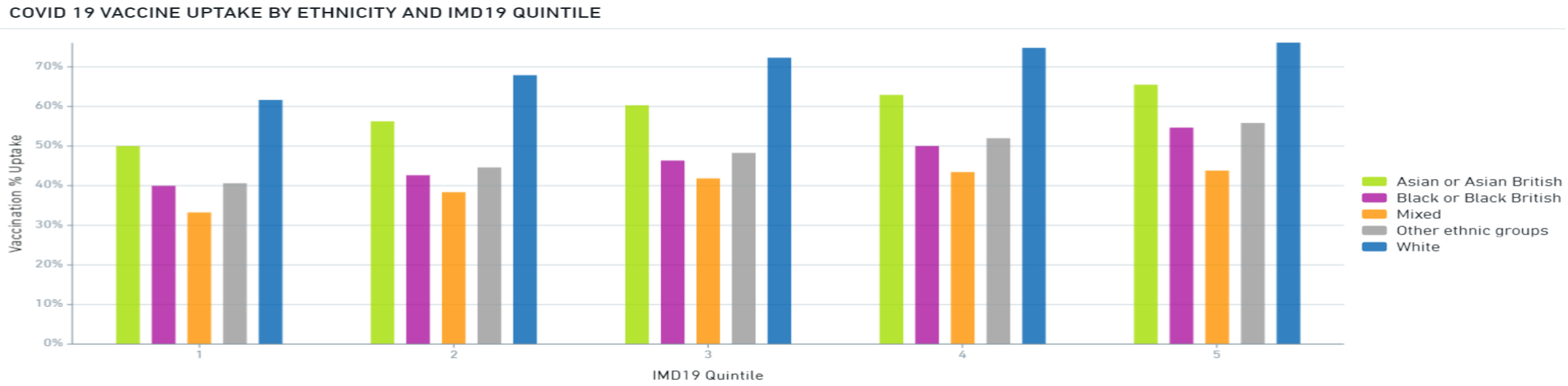
Influence (ICP → Partnership and delivery structures)

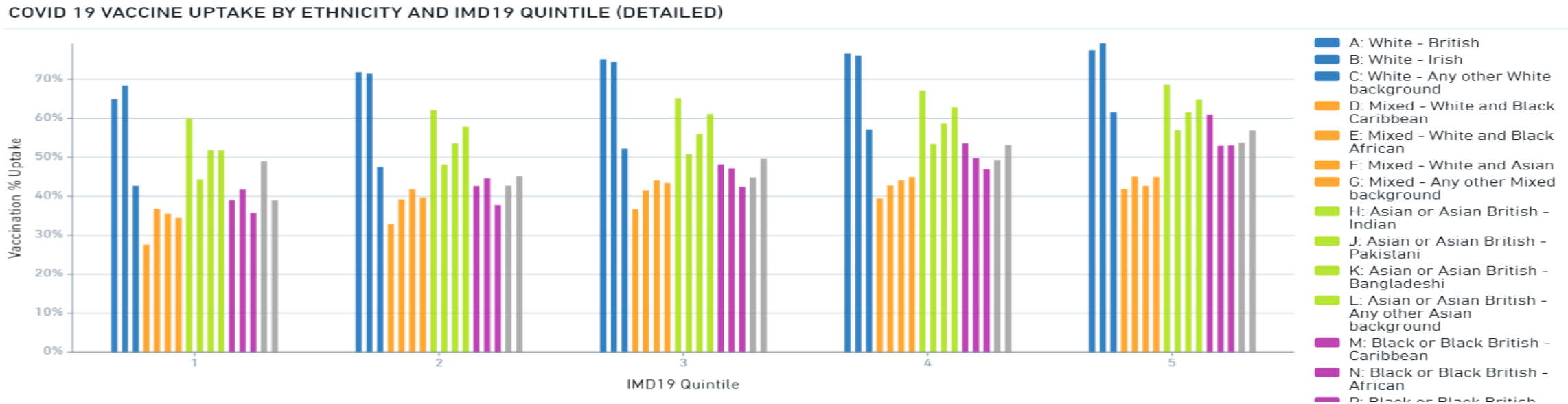
Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1–2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250–500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30–50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

The King's Fund

Example Core20Plus5 and HIID COVID Vaccination



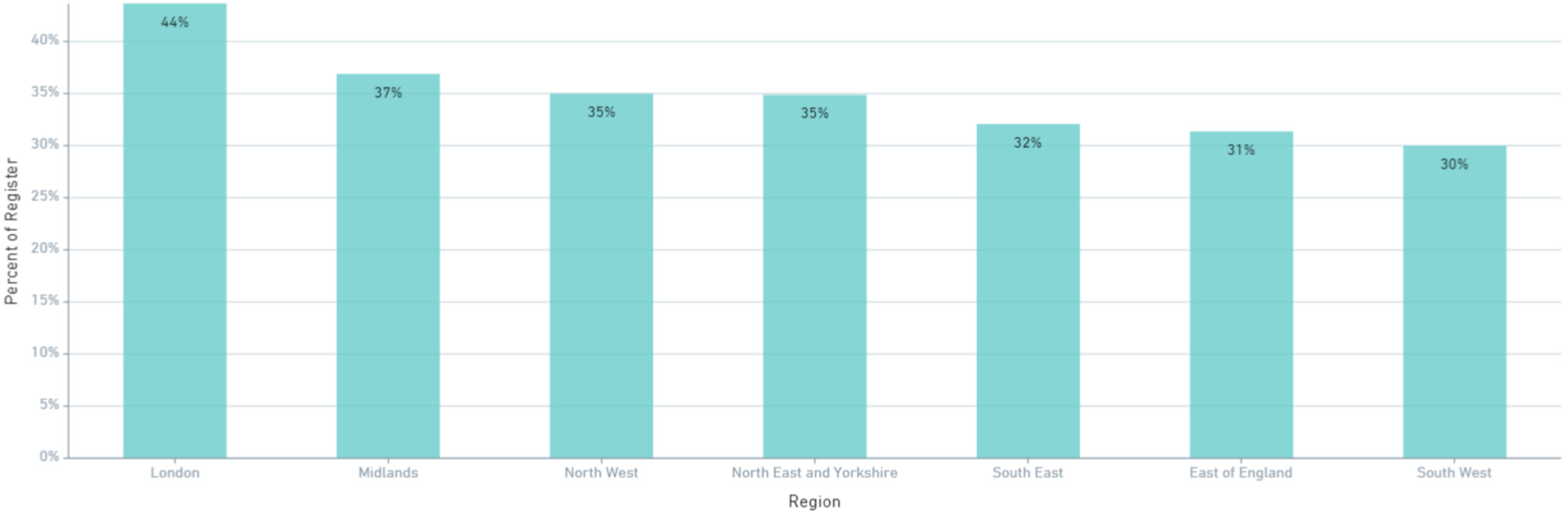


Core20Plus5 and HIID – Physical Health Checks for People with Serious Mental Illnesses

Severe Mental Illness

Notes: Proportion of patients with a serious mental illness (SMI) who received a complete physical health check

Most Recent Quarter Start Date: November 01, 2021



HIID complete and timely data indicators

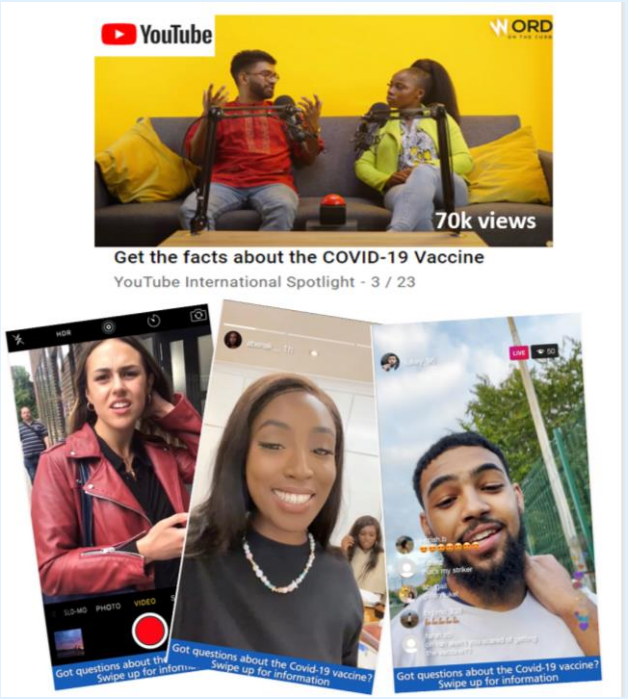
Completeness of ethnicity for constituents of hospital activity are currently on the HIID

The specifics of who will do what differently to narrow gaps. Examples of initiatives to drive uptake in Black African and Black African Caribbean communities

To support people from Black African and Black African Caribbean Communities to get their covid-19 vaccine systems have:

- used behavioural insights to develop their hyper-local approach targeting young BAME adults, for example NHS London and access the Bridging the Uptake Gap toolkit
- empowered and developed their staff to act as vaccine ambassadors -including in this London pharmacy, Making sure vulnerable groups are not left behind (Care workers), COVID-19 vaccine hesitancy in care home staff: a survey of Liverpool care homes, Gloucestershire county council: how the fire service lent a helping hand to the vaccination programme
- worked with black leaders from across faith and community groups and health and social care to increase access to accurate information from trusted voices for example working with Pentecostal churches in London, running online and social media Q&A sessions, online confidence dialogues with public, business leaders and pharmacy, Vaccine confidence programme
- increased convenient access to information and the vaccine by running pop-up and mobile vaccination clinics at community events, with more teams moving towards a holistic approach, to talk to people generally about health and wellbeing and how the vaccine can support that, for example London, #YouGood, Vaxi Taxi, Vaccinations Centres in Newham, The London Borough of Havering: Using the COM-B framework to develop a vaccine take up strategy
- joint letter with PHE and signed by Nikki Kanani to reassure people about COVID-19 vaccine and their right to it and GP registration (and translations available)

To support teams in this work, the COVID-19 Vaccine Equalities team have disseminated and run a webinar to accompany the toolkit launch and have developed an update strategy with ongoing and partnership working to increase access and uptake.



How can this be generalised to Core20PLUS5 priorities

It is clear that to improve health inequalities it is important to understand:

1. Specific populations' habits and needs to work around them e.g. emphasis on medical treatment outside of hours to not conflict with times of religious importance
2. Why in a lot of circumstances some communities access health care disproportionately less than others
3. What barriers exist in certain communities in accessing the relevant health care and why
4. How can we help patients engage with health services? Important to build relationships and trust
5. How to target particular groups, what tones are appropriate and the overall messaging approach, and how to debunk misinformation
6. Gaps by using data insights and local knowledge to generate approaches