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:

- **NEDs and Chairs**
  - Leadership framework
  - Webinars
  - Board assurance tool
  - Data for improvement, appreciative inquiry and co-production

- **Clinicians**
  - Core clinical 20 Ambassadors
  - Health Inequalities Improvement Network

- **Directors of Finance**
  - Support offer in development
  - Potential: webinars, and finance training module

- **Chief Operating Officers**
  - support dual aim of addressing the elective and social backlog, restoring services inclusively

- **HI SROs**
  - Improvement Dashboard
  - NHS Futures Collaboration space
  - Webinars

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

Core20PLUS5 Tailored Support Offering

- Core20PLUS Connectors: empowering local community leaders in tackling barriers to healthcare
- Core20PLUS Collaborative: learning community of quality improvement, behaviour change and system leadership experts
- Core20PLUS Ambassadors: pioneer clinicians and professionals addressing health inequalities
- Clinical Improvement Trajectories: Individual plans addressing health inequalities in each clinical area

Health Inequalities Improvement Dashboard: a central tool for measuring, monitoring and informing action on health inequalities

Leadership Framework co-developed with the NHS Confederation

High-Impact Actions: tangible guidance on how to make a difference in key populations

Anchors and Social Value: optimising the contribution of the NHS to enhancing the social determinants of health

Education and Training: focused professional development for our NHS People to address health inequalities

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

**PLUS 5**
- 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

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**Target population**

**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 at stage 1 or 2 by 2026

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.
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.
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

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.
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
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

A call to action

NHS England and NHS Improvement
Annex
How do we narrow health inequalities?

We need a sustainable improvement cycle at organisational level.
## Health Inequalities Improvement Dashboard complements other tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Producer</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Inequalities Improvement Dashboard</td>
<td>NHSE&amp;I</td>
<td>Access to be managed through Foundry coming soon</td>
</tr>
<tr>
<td>Programme dashboards</td>
<td>NHSE&amp;I</td>
<td>Access typically through Okta Accounts (typically on Foundry)</td>
</tr>
<tr>
<td>Fingertips (various profiles)</td>
<td>PHE</td>
<td><a href="https://fingertips.phe.org.uk">fingertips.phe.org.uk</a></td>
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<tr>
<td>Atlases of Variation</td>
<td>PHE &amp; RightCare</td>
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<tr>
<td>Segment Tool</td>
<td>PHE</td>
<td><a href="http://fingertips.phe.org.uk/profile/segment">fingertips.phe.org.uk/profile/segment</a></td>
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<tr>
<td>LKIS Inequalities Slides</td>
<td>PHE</td>
<td>Available from local LKIS team</td>
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<td>Health Equity Dashboard</td>
<td>PHE</td>
<td><a href="http://Data.healthdatainsight.org.uk/apps/health_inequalities">Data.healthdatainsight.org.uk/apps/health_inequalities</a> (currently England only)</td>
</tr>
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<td>Local Health</td>
<td>PHE</td>
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<td>LGA</td>
<td><a href="http://about.esd.org.uk">about.esd.org.uk</a></td>
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<td>National General Practice Profiles</td>
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<tr>
<td>RightCare STP &amp; CCG data packs</td>
<td>RightCare</td>
<td><a href="http://www.england.nhs.uk/rightcare/products">www.england.nhs.uk/rightcare/products</a></td>
</tr>
<tr>
<td>Joint Strategic Needs Assessment (JSNA) at local level</td>
<td>Local Authorities</td>
<td>Directors of Public Health and Health &amp; Well being Boards through partnership working with health have oversight of delivery of JSNA</td>
</tr>
</tbody>
</table>

**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

#### 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

### Partnership and delivery structures

<table>
<thead>
<tr>
<th>Geographical footprint</th>
<th>Name</th>
<th>Participating organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>System</td>
<td>Provider collaboratives</td>
<td>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</td>
</tr>
<tr>
<td>Place</td>
<td>Health and wellbeing boards</td>
<td>ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level</td>
</tr>
<tr>
<td>Place-based partnerships</td>
<td></td>
<td>Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care</td>
</tr>
<tr>
<td>Neighbourhood</td>
<td>Primary care networks</td>
<td>General practice, community pharmacy, dentistry, opticians</td>
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*TheKingsFund*
Example Core20Plus5 and HIID COVID Vaccination

COVID 19 VACCINE UPTAKE BY ETHNICITY AND IMD19 QUINTILE

COVID 19 VACCINE UPTAKE BY ETHNICITY AND IMD19 QUINTILE (DETAILED)
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

[Bar chart showing the percentage of patients receiving health checks across different regions: London (44%), Midlands (37%), North West (35%), North East and Yorkshire (35%), South East (32%), East of England (31%), South West (30%).]
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