

Core20PLUS5

An Approach to Reducing Health Inequalities

Supporting document to enable the completion of the Engage online survey on Core20PLUS5

Version 1, 1 November 2021

Summary

Core20PLUS5 is an NHS England and NHS Improvement (NHSEI) approach developed by the Health Inequalities Improvement Team to support NHS Integrated Care Systems (ICSs) to reduce health inequalities.

Core20PLUS5 offers ICSs a focused approach to enable prioritisation of energies and resources as they address health inequalities in the period 2021-2024.

NHSEI presents the Core20PLUS5 approach as the NHS contribution to a wider system effort by Local Authorities, communities and the Voluntary, Community and Social Enterprise (VCSE) sector to tackling healthcare inequalities – and aims to complement and enhance existing work in this area.

This document describes the Core20PLUS5 approach in more detail and outlines its role as a vehicle for building system capability to deliver the NHS Long Term Plan commitments to reducing healthcare inequalities in England, which will contribute towards the overall government goal of increasing healthy life expectancy by five years by 2035.

This document specifically supports the delivery of an Engage-based online survey on Core20PLUS5 which aims to gather feedback from NHS and other professionals with a role and/or interest in health inequalities. Survey results will inform the development of the approach, how it is implemented and further engagement activity. Survey respondents should read this document in full before completing the survey.

What is Core20PLUS5?

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both the National and System level. The approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.

The approach is made up of three key parts. The first two parts together provide a population identification framework designed to be used at ICS level to offer direction & focus in improving health inequalities.

1. Core20:

- The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

2. PLUS:

- ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data.
- Inclusion health groups include: ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

The final part sets out five clinical areas of focus¹. Governance for these five focus areas sits with national programmes; national & regional teams coordinate local systems to achieve national aims.

3.5:

1. **Maternity:** ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups
2. **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)
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:** to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke

¹ The clinical areas have been funnelled directly from the NHS LTP commitments on tackling health inequalities in addition to Global Burden of Disease data and Public Health England contributions. National data shows Cardiovascular Disease, Chronic Respiratory Disease (in particular COPD) and Cancer as the biggest contributors to the gap in life expectancy between the most and least deprived populations. Furthermore, the NHS LTP has highlighted maternity services and annual health checks for SMI as key areas of wide inequitable disparities. For further information on the evidence base for the five focus clinical areas, email the Health Inequalities Improvement team at england.healthinequalities@nhs.net.

How ICSs are expected to apply the Core20PLUS5 framework

ICSs are expected to understand what their 'Core20PLUS' population is and identify their specific healthcare needs, in order to make informed decisions about how to ensure equitable access, excellent experience and optimal outcomes for these populations. Nationally, the five clinical focus areas are a priority for the 'Core20PLUS' population. This approach enables the biggest impact on avoidable mortality in these populations and contributes to an overall narrowing of the health inequalities gap.

NHS England and NHS Improvement recognises the variation across ICSs in terms of demographics, local priorities/challenges and the size of 'opportunity gaps' to impact on the five national clinical priorities. ICSs are therefore expected to make a proportionate contribution to achieving the national trajectories set out in the five focus clinical areas. ICSs are all expected to see a measurable improvement in healthcare service access, experience and outcomes in their 'Core20PLUS' population, thus reducing avoidable mortality.

The approach recognises local priorities exist and therefore it does not require ICSs to discontinue their existing priorities and it does not create a new governance framework.

It is hoped that ICSs will maintain and build on the energy and focus that was deployed in ensuring the equitable deployment of the Covid-19 vaccine. This includes continuing to harness the system networks, partnerships and relationships established in the pandemic response to address the biggest contributors to premature mortality and the NHS LTP commitments to narrowing health inequalities.

Delivery Model

Key features of the delivery model will be:

- **Resources and guidance:**

A list of high impact actions will be developed in partnership with local systems which will provide a practical menu of options for engaging the defined communities. Other resources, such as experts, technologies, clinical guidance, pathways etc will be signposted to aid clinicians and professionals.

The national Health Inequalities Improvement team will provide platforms, build networks and create other opportunities for sharing best practice.

The national Health Inequalities Improvement team will also work collaboratively with other teams across NHS England and Improvement to support ICSs and national programme teams

in building in the skills, expertise and experience of people with lived experience from the communities most at risk of health inequalities into this work.

- **Quality Improvement:**

The delivery model for Core20PLUS5 approach will be driven by QI methodologies to ensure measurable and sustained improvement.

- **Partnership working:**

The approach describes the NHS contribution to the wider system effort by Local Authorities, communities and the Voluntary, Community and Social Enterprise (VCSE) sector to tackling health inequalities. Therefore, ICSs should work in partnership with these groups – as they have done with great success in the pandemic response through mechanisms such as the VCSE alliances. The national Health Inequalities Improvement team will support this collaboration.

Accountability

The national clinical programme teams will retain overall accountability for delivery of the NHS Long Term Plan standards and targets. The Health Inequalities Improvement Board will play an active role in supporting and enabling the achievement of these priorities with a particular focus on the defined population groups identified in Core20PLUS5.

ICSs are central to the delivery of the Core20PLUS5, and NHS regional teams will play a key role in holding systems to account. Through regular checkpoint meetings with regional Senior Responsible Owners (SROs) for Health Inequalities, the national team will work to identify common challenges and identify support requirements, tools and resources to drive improvements.

Funding and resource

Funding is being made available directly to help systems drive forward this agenda. The funding allocation provides for an 8A role (or equivalent) in each of the 42 ICSs, on a fair share scheme basis as well as two roles at regional level across the seven regions to support with the Health Inequalities Improvement agenda and specifically the Core20PLUS5 approach. NHS England and NHS Improvement has also provided additional capacity to accelerate coordinated health inequalities improvement activity across the seven NHS regions.

Monitoring

The Health Inequalities Improvement Dashboard will contain indicators/metrics applicable to the five focus clinical areas and other strategic and clinical areas focused on addressing health inequalities as set out in the NHS Long Term Plan, NHS Mandate, NHS England and NHS Improvement Operational Guidance and System Oversight Approach.