NHS Providers

HEALTH INEQUALITIES

Welcome to the Health Inequalities virtual event

Building on insights from Core0PLUS5

Thursday 10 November 2022

- This virtual event will be recorded and published to our website.

NHS Providers

The Core20PLUS5 approach: background, progress and opportunities

Mary Hill

National Healthcare Inequalities Improvement Team

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

Contact:

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Pack overview

Overview	
1	National programme and priorities
2	Context – development of the Core20PLUS 5
3	Core20PLUS 5 approach
4	Support offers
5	Questions to consider- people and communities

National healthcare inequalities improvement programme

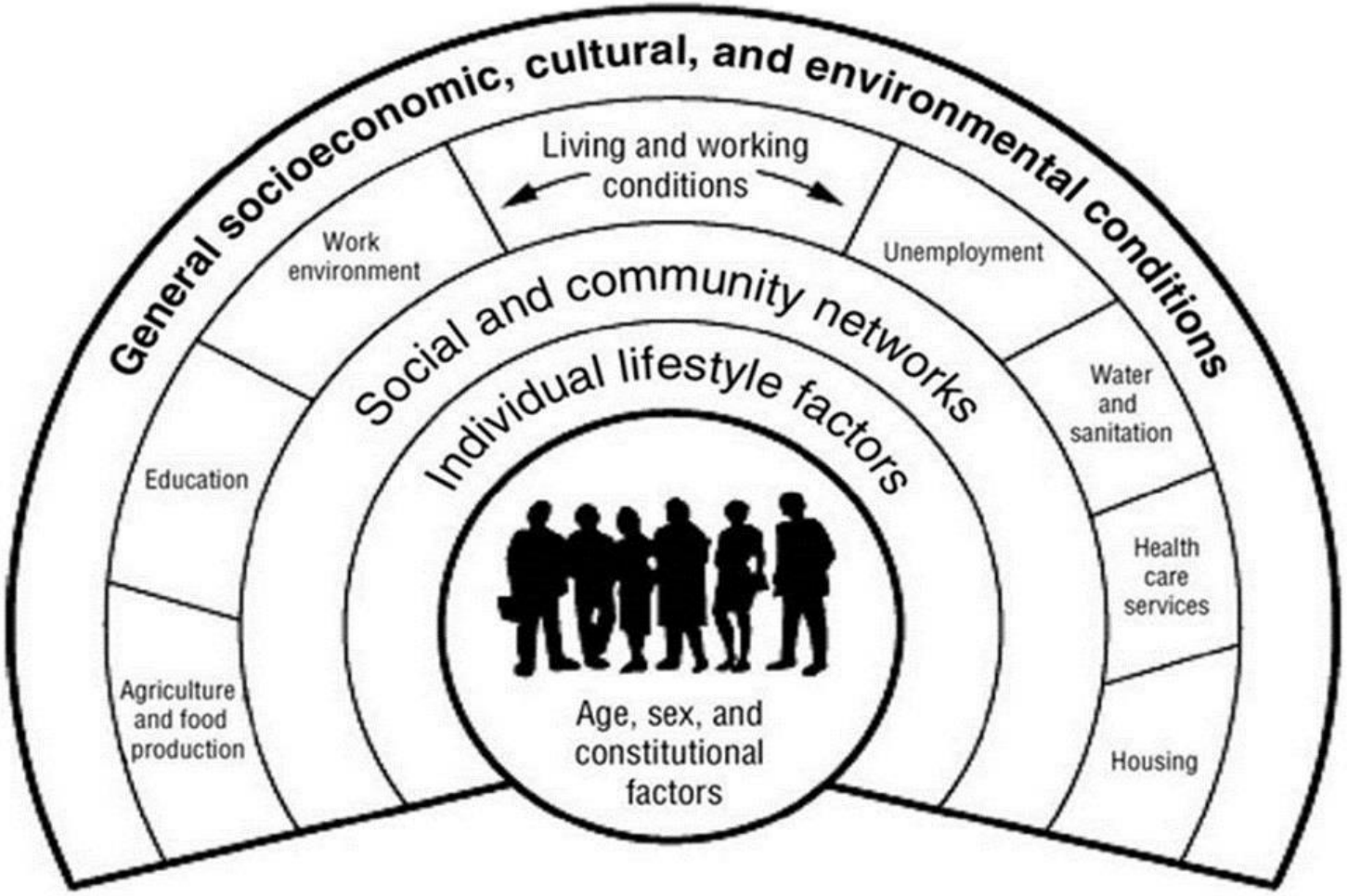
Purpose	The Healthcare Inequalities Improvement Programme works across the NHS and with partners to: • support the government's ambition to increase healthy life expectancy by five years by 2035 while narrowing the gap between the richest and poorest • achieve the NHS Constitutional promise of delivering services 'to all' • realise the NHS Long Term Plan commitment to stronger action on health inequalities
Vision	Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

Priorities (in planning guidance)	1. Restore NHS services inclusively	2. Mitigate against "digital exclusion"	3. Ensure datasets are complete and timely	4. Accelerate preventative programmes	5. Strengthen leadership and accountability

Framework for delivery	C**ore20PLUS5** approach, designed to guide national and system efforts on healthcare inequalities defines our target population and five clinical areas of focus

Strategic drivers	COVID-19 pandemic: urgent actions	NHS Long Term Plan	NHS System Oversight Framework	ICB Joint Forward Plans	ICS Multi Year Guidance	Health and Care Act 2022, incl integration duties	Levelling up	Government Mandate to NHSE

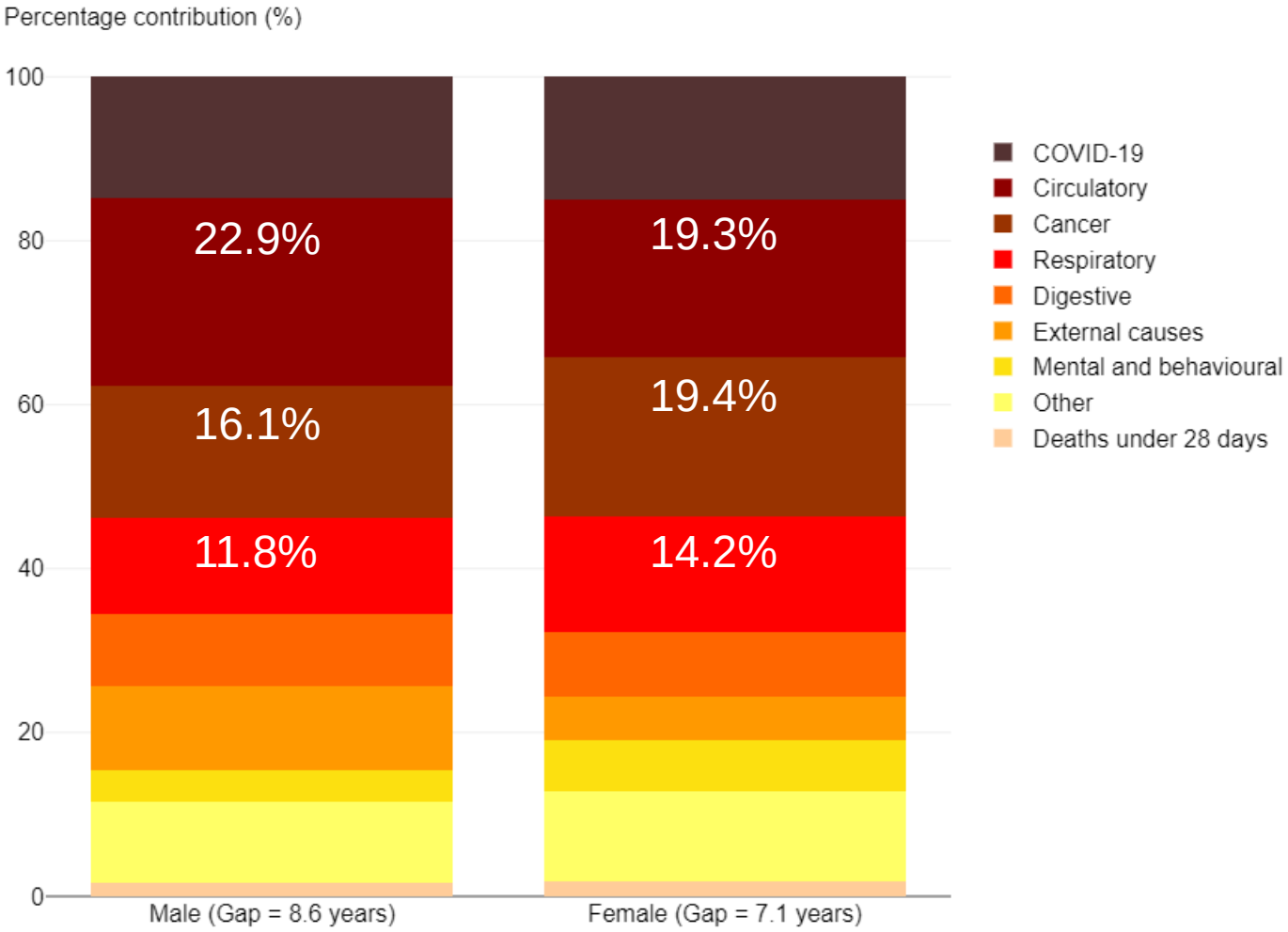
Health inequalities have many drivers, but also present many opportunities to intervene



Source: Dahlgren and Whitehead, 1991

Major causes of early death include heart disease, cancers and respiratory disease, all of which follow a social gradient and contribute to inequalities in life expectancy

Breakdown of the life expectancy gap between the most and least deprived quintiles of England by cause of death, 2020 to 2021 (Provisional)



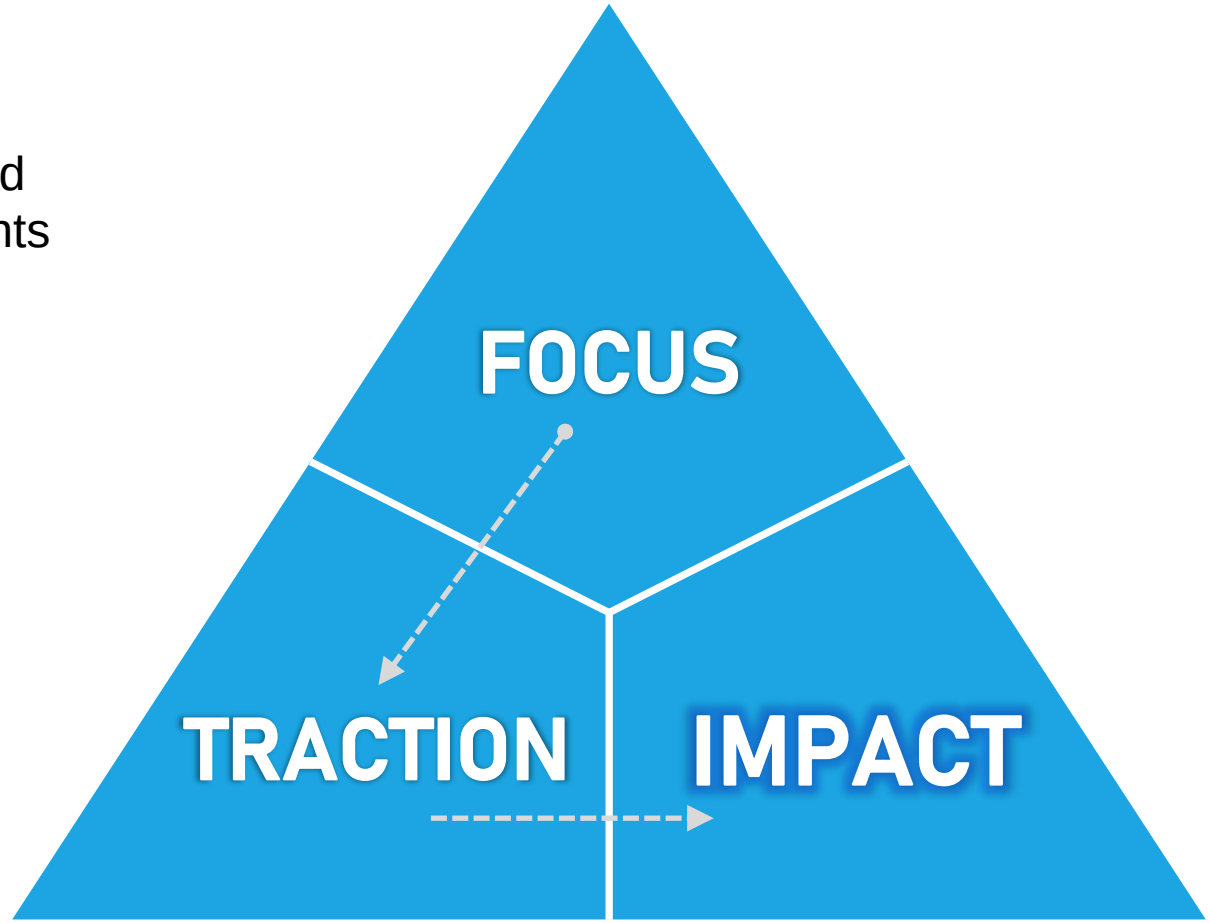
Focus on respiratory disease

- Chronic respiratory disease is the third biggest cause of the life-expectancy gap between the most and least deprived groups. In 2020, the rate of premature mortality due to respiratory disease among people living in the most deprived quintile of areas was a least twice the average for England.
- Acute exacerbations of chronic obstructive pulmonary disease account for roughly 1 in 8 emergency hospital admissions in England and deprivation is linked with increased emergency health care use among people with COPD.

Core20PLUS5 provides a focused approach for tackling healthcare inequalities

Core20PLUS5 offers ICSs a multi-year and **focused delivery approach** to enable prioritisation of energies and resources in delivery of NHS Long Term Plan commitments to tackle health inequalities within the existing funding envelope.

- The health inequalities agenda is broad: we recognise we can't 'do it all' immediately
- In identifying the NHS contribution to the wider system effort to tackle health inequalities, we recognised the need for a **focused approach for tackling health inequalities**
- This **focused** approach enables us to gain **traction,** and demonstrate **impact** in reducing health inequalities



REDUCING HEALTHCARE INEQUALITIES

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

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

Target population

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)**
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**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

We have put in place tailored support to help further the Core20PLUS5 approach

CORE20PLUS5

	CORE20PLUS CONNECTORS	CORE20PLUS AMBASSADORS	CORE20PLUS COLLABORATIVE
TAILORED SUPPORT OFFERING	Empowering local community leaders in tackling barriers to healthcare	Pioneer clinicians and professionals addressing health inequalities	Learning community of quality improvement, behaviour change and system leadership experts
	Over 130 recruited (Aim: 400+)	**Over 100 recruited**	**7 ICBs being recruited (one per region)**
	• People in community-based roles who voice issues and connect people with decision-makers • Work with others in community-based roles including Link Workers	• Form networks and share expertise • Develop and maintain the connection between frontline services and national team	• Accelerator sites will use QI methods to make progress on inequalities • Share and spread learning

The Core20PLUS5 approach relies on the actions of people and professional in communities, building on wider initiatives, tools and assets

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TAILORED SUPPORT OFFERING	Empowering local community leaders in tackling barriers to healthcare	Pioneer clinicians and professionals addressing health inequalities	Learning community of quality improvement, behaviour change and system leadership experts
FOUNDATIONAL TOOLS AND SUPPORTS	**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 **Health Inequalities Improvement Dashboard** A central tool for measuring, monitoring and informing action on health inequalities

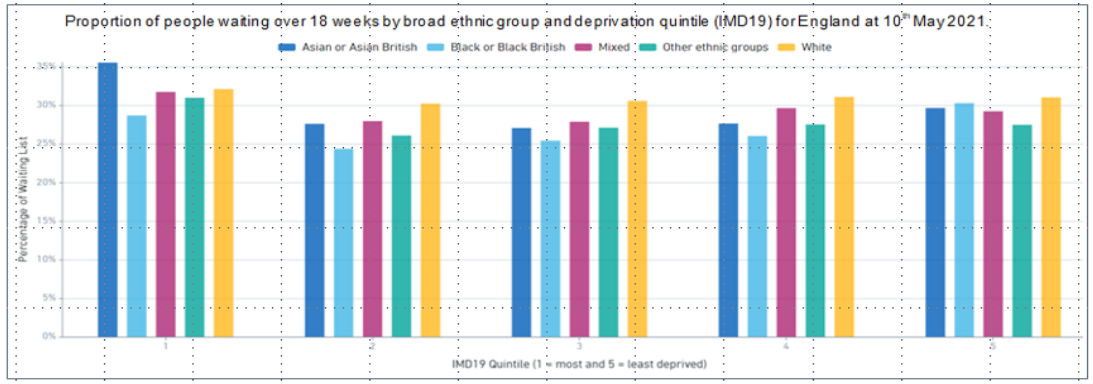
Accelerated Access Collaborative: Innovation for Healthcare Inequalities Programme

- The AAC has undertaken a tour of the Academic Health Science Network (AHSNs) which has underlined the importance of reducing healthcare inequalities in a way that aligns with ICS needs, existing activity, and individual AHSN expertise
- In March, the AAC Board set the direction for a new innovation programme that will focus on addressing healthcare inequalities in the five clinical areas outlined in the Core20PLUS5 strategy – the **Innovation for Healthcare Inequalities Programme** (InHIP)
- This programme will provide national support to enable AHSNs to identify, and support ICSs to scale, evidence-based innovations aligned with the Core20PLUS5 approach (including new digital products, devices, diagnostics, or medicines) to help address local ICS healthcare inequalities improvement priorities.

Health Inequalities Improvement Dashboard (HIID)

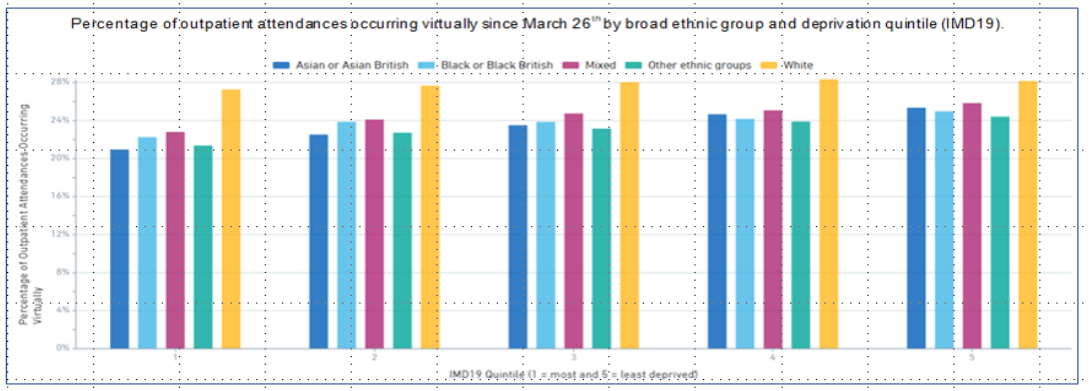
1. The **Health Inequalities Improvement Dashboard** contains **dis-aggregated data on elective waiting lists.**
2. The dashboard brings together **strategic health inequalities indicators** across major NHS England programmes to understand **where health inequalities exist, what is driving them, and 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).
4. To build a viable **community** (including programme leads, analytical leads and PCN directors) and provide colleagues in local systems key insights to **drive action for improvement on healthcare inequalities.**
5. The HIID **complements local indicators** and dashboards tailored to local needs and can be **used for triangulation**, for example with the local JSNA (joint strategic needs assessment).

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.

Partnerships between communities and services will be key to the success of the Core20PLUS5 approach

Communities and services will need to investigate many issues together

CORE20 POPULATION

- What is the nature of deprivation in your community? What key determinants are particularly important – e.g. access to green space, transport links, nature of employment?
- What practical challenges do people living in deprived communities face in using health services?

PLUS POPULATION GROUPS

- Which groups are underserved by health services and why? What is the case for them being 'PLUS' groups in your community?

5 CLINICAL AREAS

- What are the beliefs and perceptions that influence people's interaction with services? How does this vary with specific communities?
- What upstream factors should partnerships be addressing? e.g. influence of housing quality

NHS
North West
Ambulance Service
NHS Trust

CORE20PLUS5: An ambulance perspective

Christine Camacho
Public health registrar
c.camacho@nhs.net

Overview

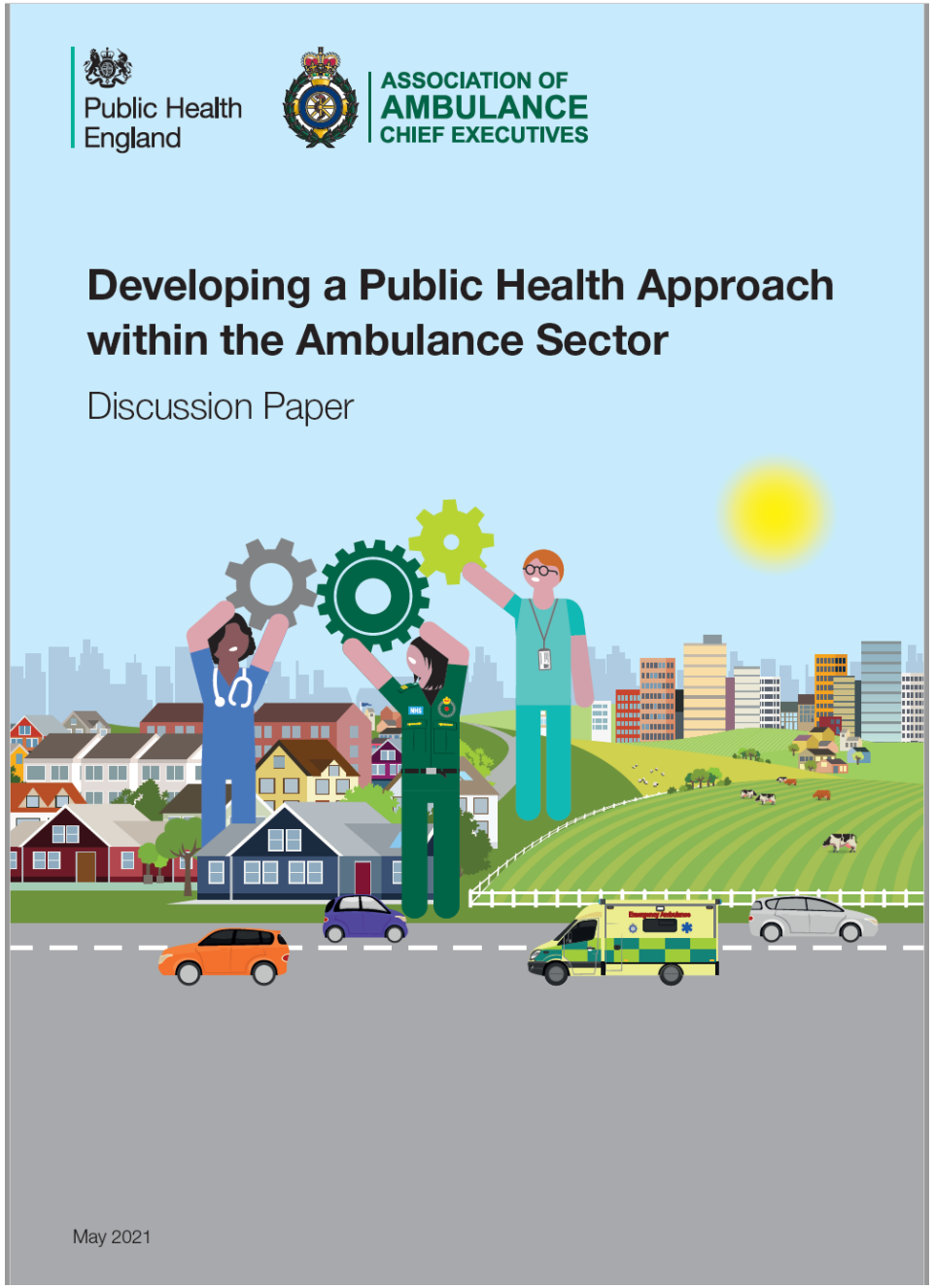
- Ambulance service context
- Health inequalities framework
- CORE20…
- …PLUS…
- …5
- Reflections

Why ambulance trusts?

- High volume of face-to-face contacts at different levels of need (blue light, NHS111, patient transport service)
- Regional provider
- Large volume of place-based incident data (e.g. violence-related incidents, cardiac arrest)
- Established relationships with other provider organisations
- Gateway to Urgent and Emergency Care system (NHS 111 first)
- ‘Safety net’ and window into gaps in the rest of the system
- Specialist paramedics

Discussion paper

- In 2021, AACE and PHE published this discussion document on public health approaches in the ambulance sector.
- There is no clearly defined model for public health approaches in the ambulance sector, leading to variation and often stalling progress.
- Public health approaches prioritise prevention.
- Using public health approaches within the ambulance sector unlocks the potential to improve population outcomes, tackle inequalities and challenge the demands placed on the sector by preventable causes
- Consensus statement on the role on ambulance trusts in addressing health inequalities due to be published later this year



NWAS Annual activity

1.4 million emergency 999 calls a year, resulting in 1 million face-to-face responses from ambulance clinicians.

1.5 million calls to NHS 111

1.2 million non-urgent patient transport service (PTS) journeys.

NWAS Public Health Plan - Summary

Strategy

Advocacy and Leadership internal and external

- Contribute to NWAS corporate strategy development from a PH perspective.
- Develop anchor strategy
- Develop Core20plus5 action plan.

Data and Intelligence

PH analyses

Improving quality and access to intel

- Health inequalities lens to existing dashboards for MH, falls, maternity.
- Demographic analysis to support the 5 clinical areas from Core20plus5.
- Proactive surveillance approach within new major incident cell

Capability

Training and awareness

Analytical skills

- Recruit dedicated public health workforce within NWAS
- Wider PH capacity building across the organisation

Supporting Delivery

Identify, co-ordinate, champion projects

- Maternity - Test improved join up / info sharing for vulnerable cohorts (PES and 111)
- Hypertension – Pilot sharing high Blood pressure data with primary care
- Continue to develop Violence Prevention Programme
- Continue to embed social prescribing pathways and review learning

Unjust and avoidable differences in people's health across the population and between specific groups

Inequalities in Health

Drivers of health inequalities[1]

- **Healthcare (20%)**
- **Social Determinants (80%)**

Tackling health inequalities at NWAS

- **Core20Plus5**
- **Anchor Institution**
- **Working with the Wider System**

Examples of action

Focused work on:
Core - supporting the 20% most deprived patients/residents
Plus – priority groups for NWAS
5 –areas of focus where health inequalities commonly occur

- Role as an employer
- Recruit local, develop local residents
- Social value procurement
- Positive environmental impact

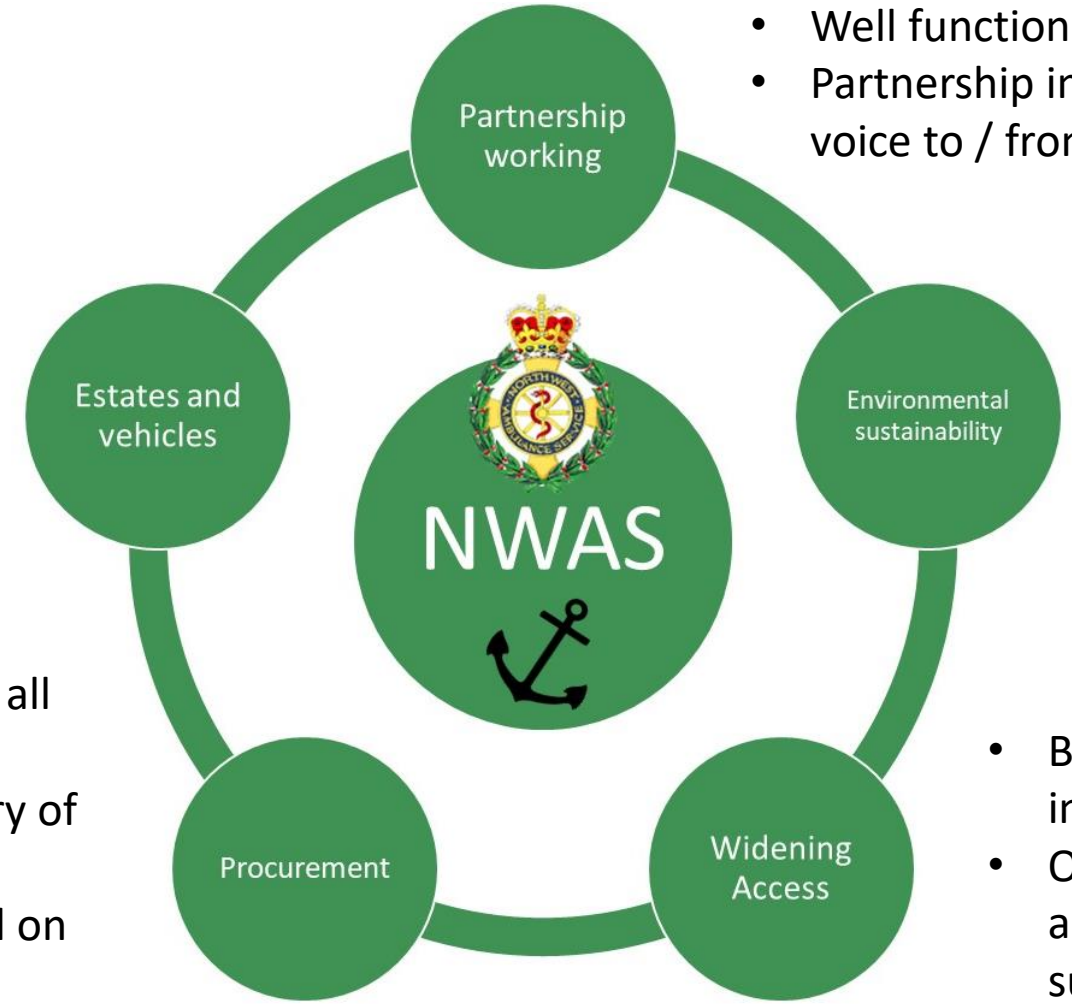
System engagement on Health Inequalities; use data/intelligence to inform upstream prevention, working with partners such as local authorities, GPs.

1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)

NWAS as an Anchor institutions

- New buildings with zero carbon design
- First electric ambulance
- Joint sites with other front-line services

- Well functioning and growing Patient Public Panel
- Partnership integration team to provide consistent voice to / from partners at place and system level



- Awards recognising climate actions
- Carbon Literacy Programme - leading nationally
- Green Plan utilising Sustainable Assessment Development Tool

- 10% social value weighting on all contracts
- £85m annual spend and history of innovation.
- Partnerships with ICSs focused on local providers

- Broad Apprenticeships offer - new and internal staff
- Outreach to young people, unemployed and ex-military staff to encourage and support applicants

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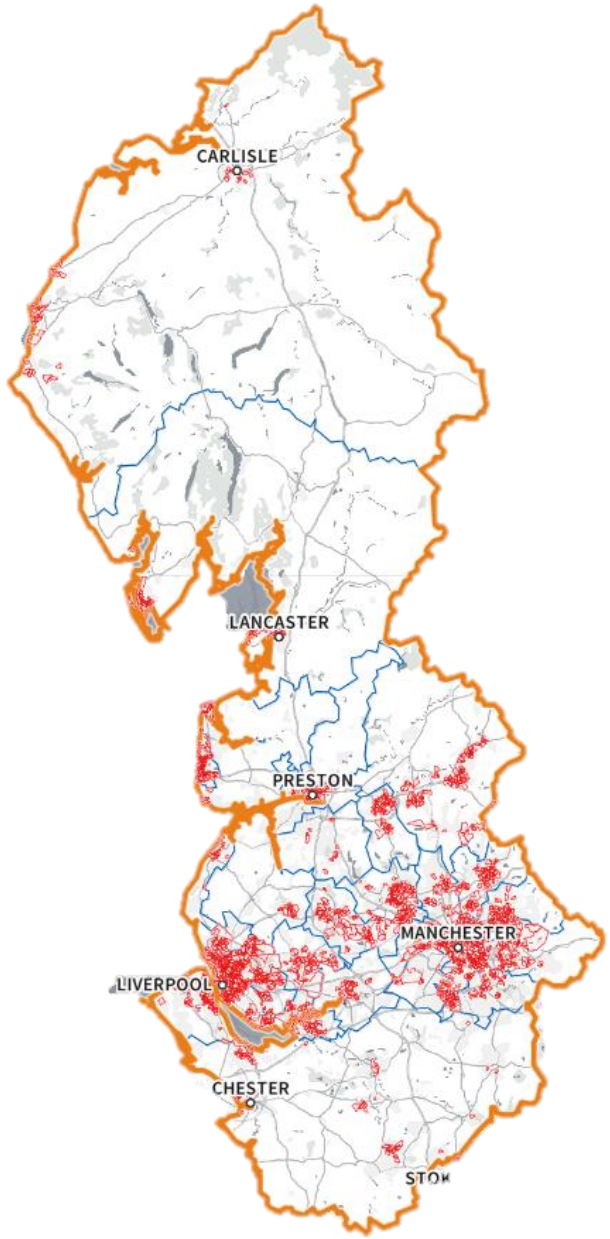
75% of cases diagnosed at stage 1 or 2 by 2028

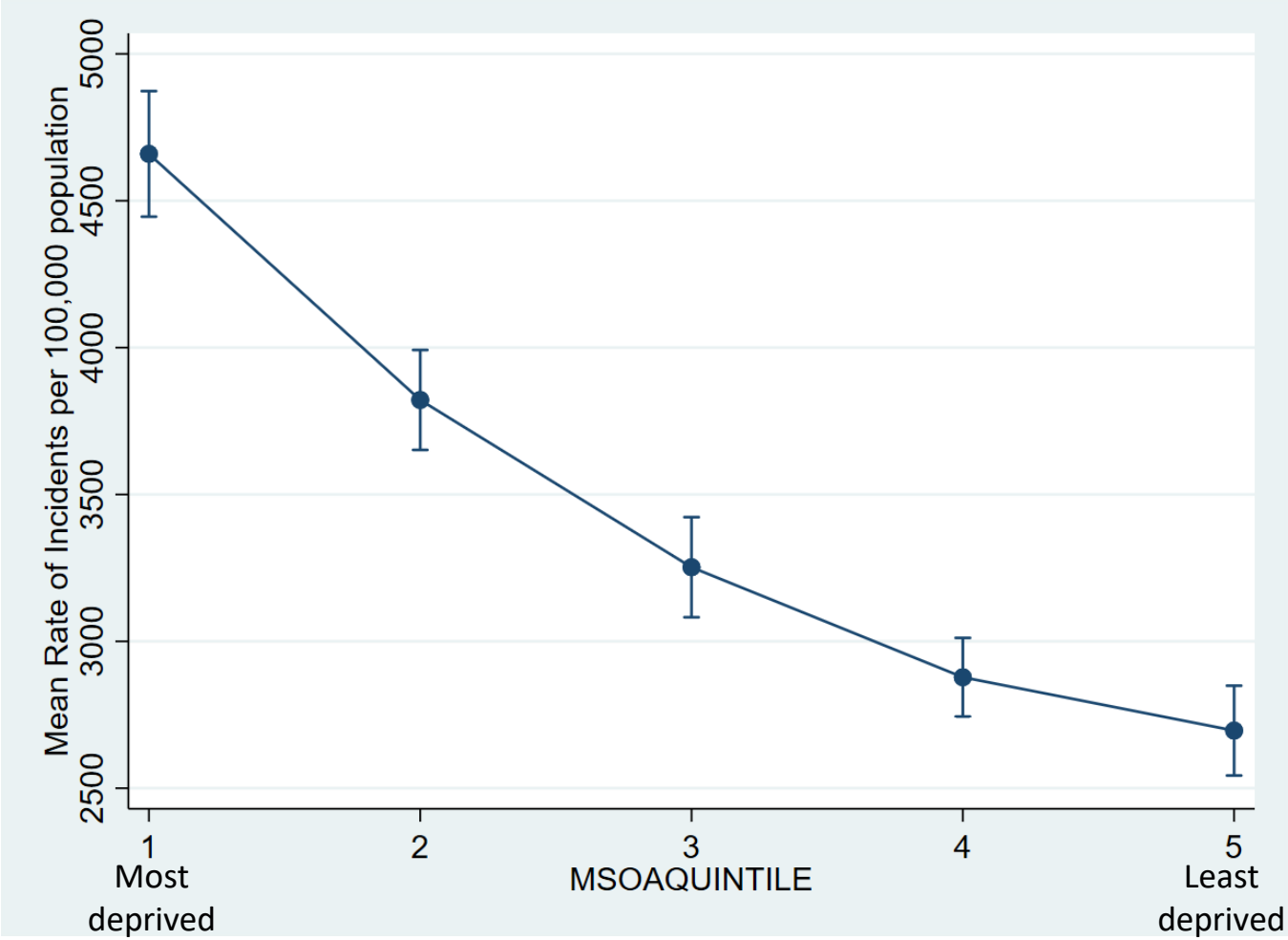
5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

CORE20

- The North West has high levels of deprivation
- Approximately 1 in 3 (32%) North West residents are estimated to live in the most deprived areas of England, compared to 20% nationally



Deprivation matters…



- Analysis of 3 months of 999 data by deprivation
- Ambulance use is nearly double for those who live in the most deprived areas compared to the least
- Deprivation is a key driver for demand…
- …but not explicitly taken into account in funding

If NW had the same deprivation profile as England (20% of population in each quintile), we would have approx. **85,000 fewer incidents/year**

PLUS

- High intensity users
- Alcohol & Substance misuse
- Learning disability & Autism
- People experiencing homelessness

High intensity users

- People who frequently attend A&E make up less than 1% of England's population but more than 16% of A&E attendances, 29% of ambulance journeys, and 26% of hospital admissions.
- People from the most deprived areas of the UK are more likely to be in poor health and most likely to attend A&E most frequently
- Individuals who call 999 5 or more times in a rolling 7-day period are classed as high intensity users (HIU) by NWAS.
- In a 21-month period from April 2020, NWAS recorded 1,148 people meeting the criteria for high intensity users.
- Rate of HIU in most deprived quintile was 3 times higher than the least deprived quintile
- High intensity service use is a health inequalities issue

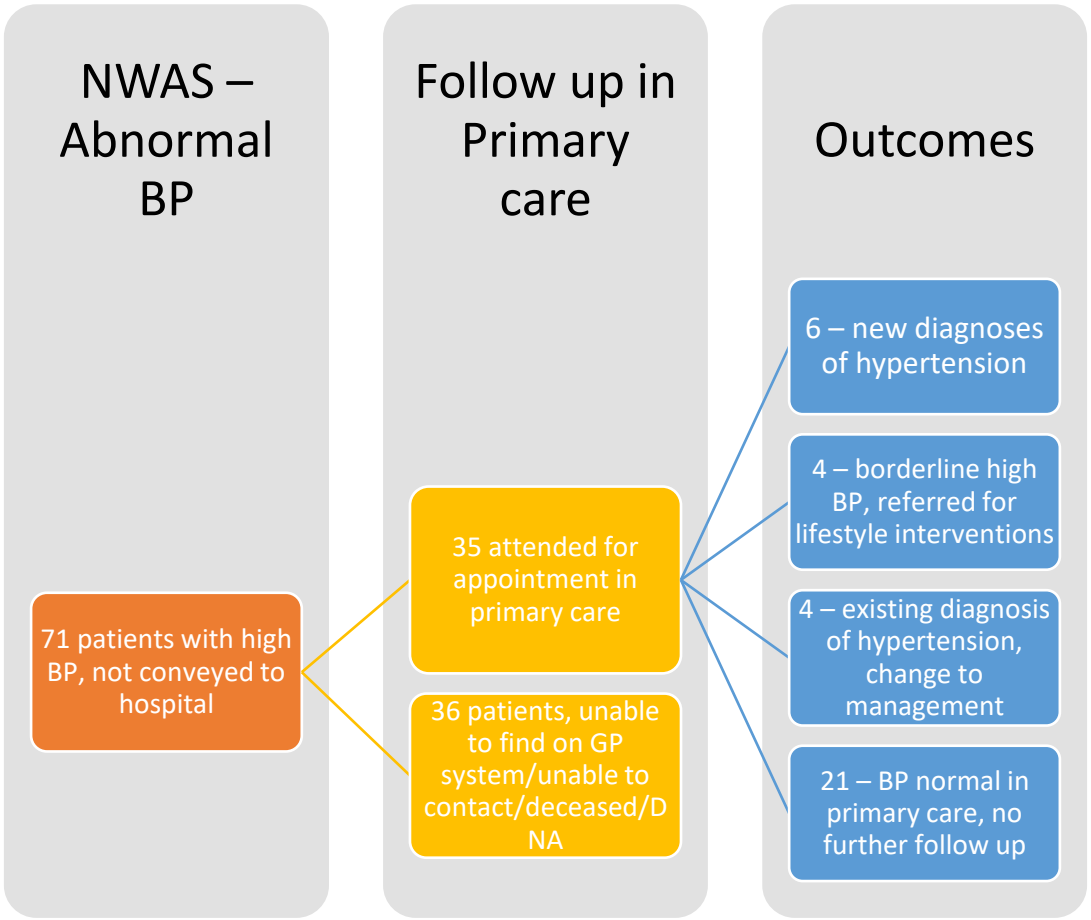
5 clinical areas

1. Maternity - 5,800 emergency incidents in 2022/23. Understanding access for vulnerable groups?
2. Severe mental illness - In 2020/21 NWAS dealt with over 81,000 mental health related incidents through the 999 service alone. There were 16,745 admissions to mental health trusts in NW in the same time period. Possibility to support with health checks?
3. Chronic respiratory disease - ‘Breathing problems’ is one of the top presenting complaints for NWAS. Extending home oximetry?
4. Early cancer diagnosis - 51.9% of cancers detect at early stage in NW. Urgent referral pathway for patients with red flag symptoms? Role of NHS111
5. Hypertension case finding - Sharing blood pressure data with primary care?

Hypertension Case Finding

- Over 500,000 people in the NW with undiagnosed hypertension
- People in most deprived areas are 30% more likely to have high blood pressure than the least deprived areas
- At least half of all heart attacks and strokes are associated with high blood pressure
- NWAS clinicians take blood pressure readings from approximately 1 million patients per year
- For those not conveyed to hospital, BP information is unlikely to be communicated to any other clinicians.
- Pilot with 1 PCN to assess usefulness of ambulance BP data in identifying people with undiagnosed/unmanaged hypertension
- First use of clinical data from electronic patient record

Hypertension case finding pilot



Overall, 40% of patients reviewed received an intervention in primary care.

Approximately 1 in 3 North West live in the most deprived areas of England, compared to 20% nationally

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High intensity users
Homelessness
Alcohol & Substance misuse
Learning disability & Autism

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY** ensuring continuity of care for **75%** of

5,800 emergency incidents in 2022/23. *Understanding access for vulnerable groups?*

2. **SEVERE MENTAL ILLNESS (SMI)**

86,000 emergency MH incidents in 2022/23. *Possibility to support with health checks?*

3. **CHRONIC RESPIRATORY DISEASE**

'Breathing problems' is one of the top presenting complaints for NWAS. *Extending home oximetry?*

4. **EARLY CANCER DIAGNOSIS**

51.9% of cancers detect at early stage in NW. *Urgent referral pathway for patients with red flag symptoms?*

5. **HYPERTENSION CASE-FINDING**

BP readings taken from over 1m ppl a year. *Sharing BP data with primary care?*

Reflections

- This work is part of a long journey for the Trust in recognising its role as a public health organisation
- Understanding your own data in relation to inequalities is a good starting point – lots of challenges with data quality!
- CORE20PLUS5 is a framework but you can (should) adapt this to the needs of your population/Trust
- Addressing health inequalities is everyone's responsibility but if it's not someone's job it won't happen

Questions?

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Core20PLUS5 and Health Creation approaches

NHS Providers: Building on insights from Core20PLUS5

Merron Simpson, Chief Executive, The Health Creation Alliance

10 November 2022

The Health Creation Alliance is the leading national cross-sector group (movement) addressing health inequalities through Health Creation

Our mission: to increase the number of years people live in good health in *every* community.

Our ambition: for Health Creation to become business as usual across all systems and recognised as equally important in addressing health inequalities as the treatment of illness and prevention of ill-health.

To achieve this we:

Voices for Change

- connect the voice of lived experience with decision-makers
- focus on what works from lived experience while supporting development of evidence

Connect to Transform

- leverage change across systems working with our members and partners
- equip professionals with skills and confidence to embrace Health Creation as a way of working

Communities of Learning

- support communities of learning to spread learning rapidly

Advancing Health Creation

- develop and spread messaging; influence change at all levels of systems
- host events, publish reports, speak at conferences, meet with senior decision-makers, respond to consultations

About Health Creation

Health Creation is … the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment

When this happens their health and wellbeing is enhanced

The process of Health Creation

The 3Cs of Health Creation:
Contact Confidence Control

- Building meaningful and constructive **Contact** between people and within communities increases their **Confidence** which leads to greater **Control** over their lives and the determinants of health.
- People also need an adequate income, a suitable home, engaging occupation and a meaningful future
- Having **Control** over their lives and environments is proven to enhance health and wellbeing and to help people cope well with health conditions, disability and ageing

The Health Creation Framework

Creating the conditions for people to be well

Health Creation is… the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.

Professionals can create the conditions for Health Creation by working as equal partners with local people and focusing on what matters to them and their communities.

People need

Control
Contact
Confidence

…to be well

The 6 features of health creating practices

- Listening and responding
- Truth-telling
- Strengths-focus
- Self-organising
- Power-shifting
- Reciprocity

Health Creation is enabled through:

People | Practices | Places | Policies | Power-sharing

Become a member of The Health Creation Alliance : https://thehealthcreationalliance.org/members/

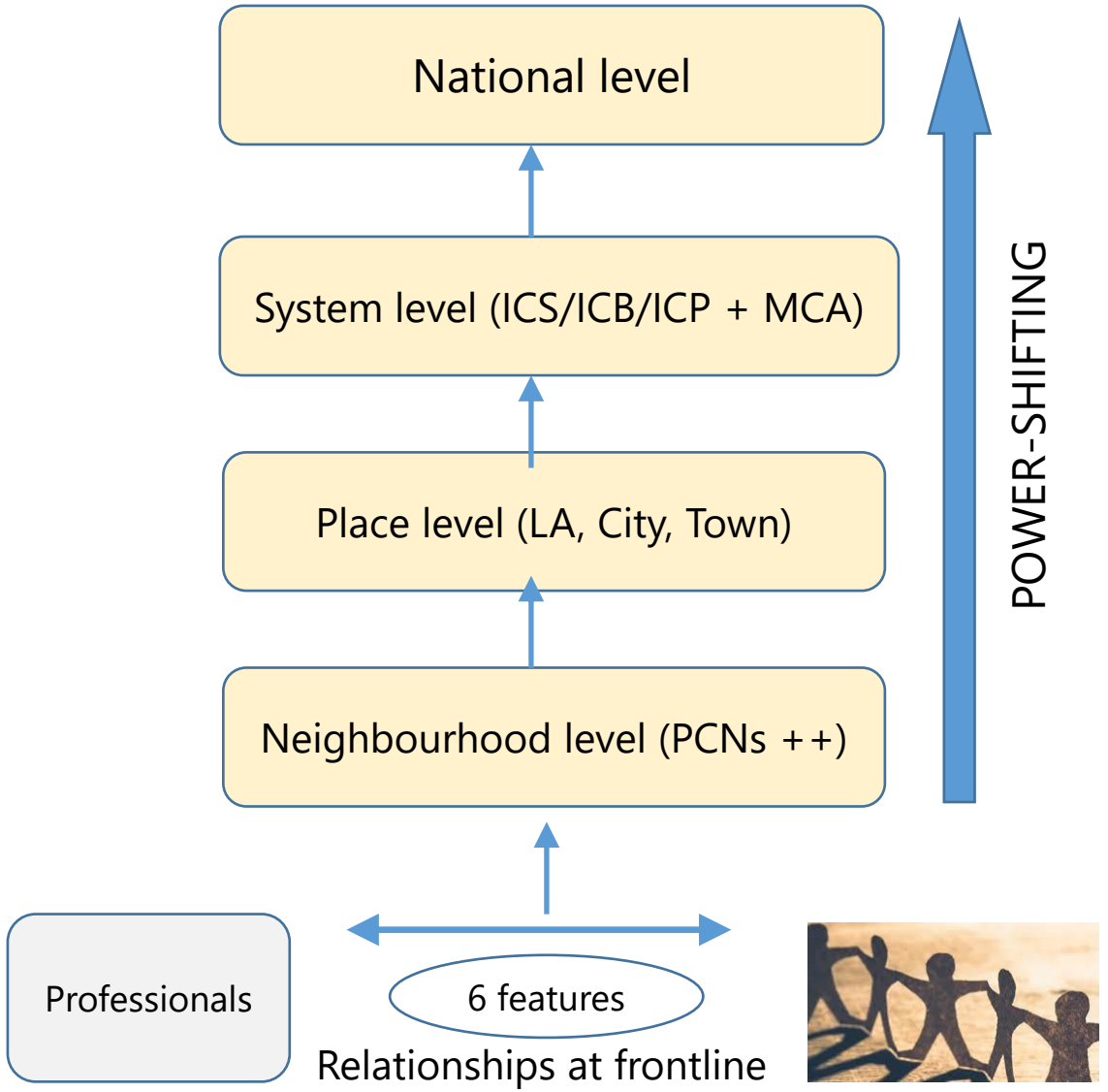
Marmot´s six policy objectives

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Strengthen the role and impact of ill health prevention
- Create and develop healthy and sustainable places and communities

Adopting and embedding Health Creation

Changing systems from the bottom up

Health Creation offers an opportunity to bring together community strengthening, community-led development and place-based working across multiple programmes to increase collective agency, address the wider determinants of health and develop new approaches to health inequalities and population health that really work



Health Creation is a common currency

National, systems, place, neighbourhood levels must take action to create the conditions for people and communities to gain Control

3Cs: Connections Confidence Control

Core20Plus [HealthCreation] 5

Working with SCW CSU and NHSEI to design and support delivery of the Core20Plus5 Community Connector programme

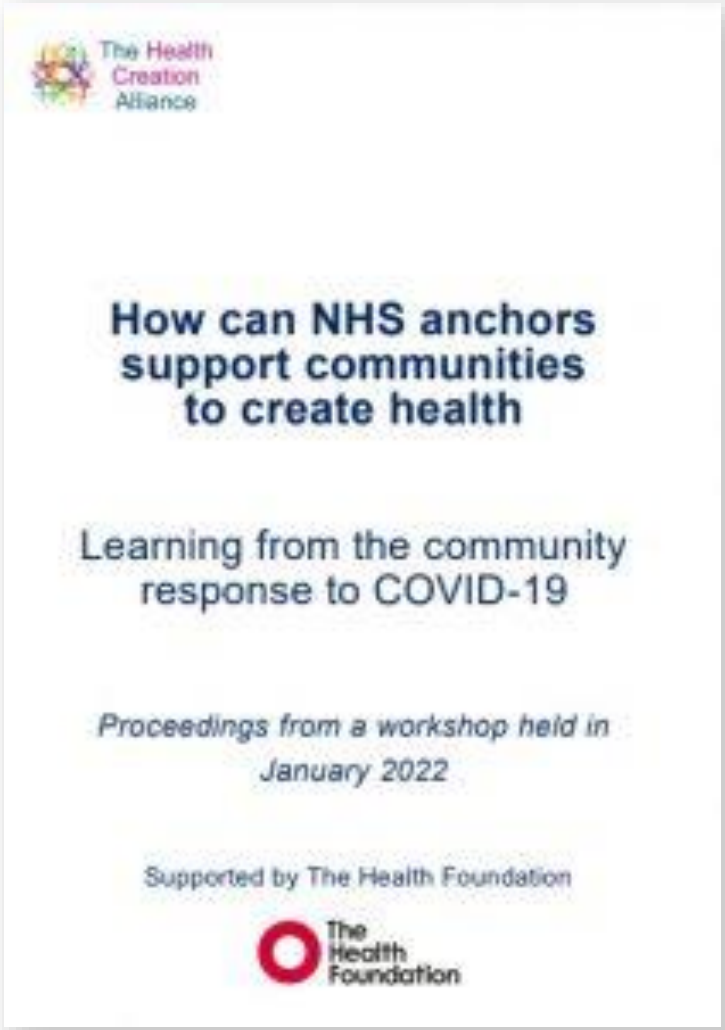
What works in ‘community connector’ roles?

- Having local knowledge, embedded in communities, knowing the community
- Have the right conversations with communities, then you will find out how they think and about their health needs
- Focus on what people CAN do, the assets and strengths every person brings
- Linking people together so they can create collective action and make change as a group
- Longevity of the role, bring there for the long-term, not dipping in and out
- Also need to have the ear of the people with the power … to support the change

What should be avoided?

- Parachuting people in who don't know the community or how it works
- Expecting 'behaviour change' – it's very negative and glosses over the real issues …
- Language barriers
  - where peoples first language is not English
  - where professional language gets in the way of listening and responding to community requests
- Assuming there's a community problem … instead ask "Could it be the service we're providing?"
- Asking communities to do it according to NHS preconceptions (or targets) – it's disempowering
- Short term funding with a hard stop

Recruiting for fair employment from local communities



Donna McLaughlin Director of Social Value Creation, Northern Care Alliance NHS Foundation Trust

Chris Dabbs Chief Executive Unlimited Potential

The Northern Care Alliance has an ambition to employ 1000 residents from underserved communities across Bury, Rochdale, Salford and Oldham in entry-level jobs, and enable them to progress, by 2025.

NCA has 18,500 employees:

What is the potential to improve health outcomes?

- Coldhurst, lowest scoring for adult skills in IMD
- ‘Employer attractiveness’ research *through conversations*
- Community offered:
  - Insight into barriers
  - Potential solutions
- NCA responded:
  - Developed pre-employment programmes *with* embedded community groups who help to recruit participants
  - Holding the programmes within community venues
  - Listening and responding … “What’s your E&D policy?”
  - Guaranteed tailored 2-week work experience
  - Changing recruitment processes;
    - completing the programme is seen as GSCE-equivalent
    - no need for a formal interview

Three weeks in, another mosque asked to work with NCA …

Health is Wealth? Health Foundation lecture …

Andy Haldane, CEO RSA and former Chief Economist at the Bank of England

- Improvements in population health over the last few centuries have been major determinant of economic growth
- Significant increases in long-term sick rates are impacting on UK economy
- None of the economic growth over last 15 years has been from increases in productivity
- Health is now a brake on economic growth for first time in >100 years

THCA Online Event Series: 24-27 October

HEALTH CREATION: COMING OF AGE

1. Introduction to Health Creation
2. Embedding Health Creation across all levels of systems; community, neighbourhood, place, system
3. Health Creating Population Health Management; using community insight to get it right
4. *How to create health creating community spaces**
5. *Health Creation and Core20PLUS5*
6. *Shifting the dial: health creating approaches to community mental health (Feb 2023)*
7. ***Creating health by supporting broader social and economic development: what can anchors do?***
8. What needs to happen now for Health Creation to become business as usual across all Integrated Care Systems?

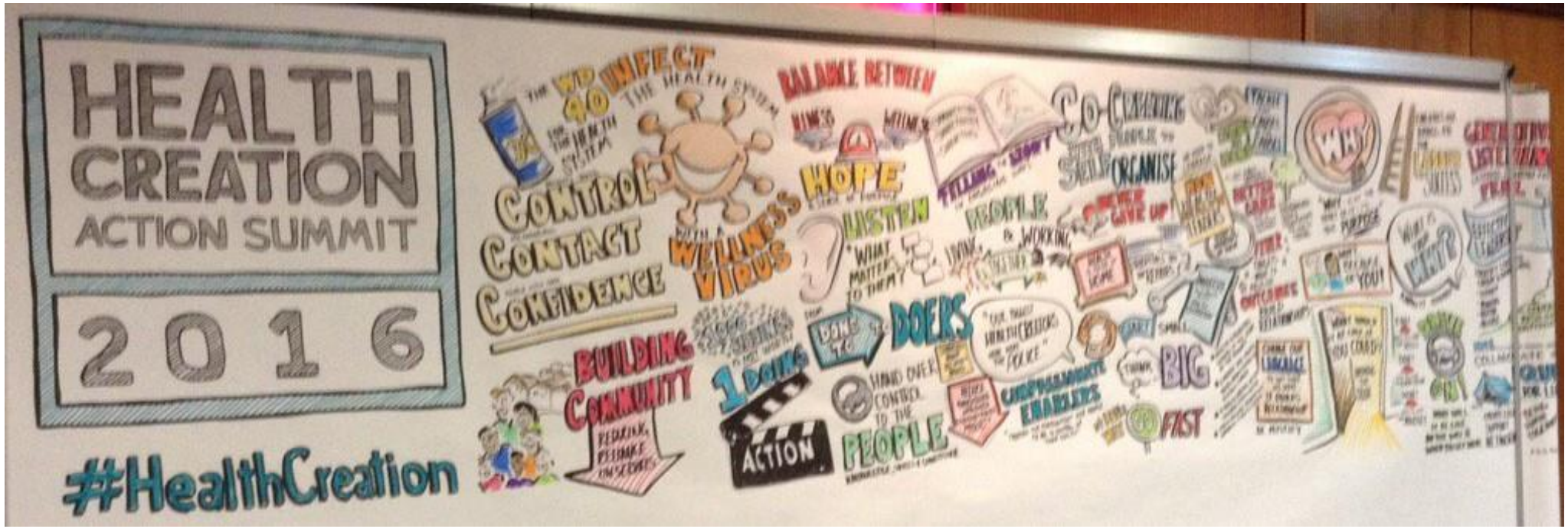
Recordings available online soon …

www.thehealthcreationalliance.org

The Health Creation Alliance recent reports

Get in touch

neil@thehealthcreationalliance.org



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NHS Providers

HEALTH INEQUALITIES

Thank you for attending the webinar today

- Please scan the QR code to complete our 5 minute survey. A link will also be posted in the chat now.

- Our next webinar is now live and open for bookings: **Wednesday 7 December 3:30pm-5:00pm**: **Supporting staff to drive health inequalities improvements in services.**

NHS Providers