

Core20PLUS Accelerator Sites Launch Meeting

6 February 2.30-4.30pm



Agenda

Time	Topic
2.30pm-2.55pm	<p>Welcome, Introductions and Context Setting</p> <p>Professor Bola Owolabi MRCGP MFPH(Hon), Director – National Healthcare Inequalities Improvement NHS England Pedro Delgado, MSc, Vice President - Institute for Healthcare Improvement (IHI)</p>
2.55pm-3.10pm	<p>National Support for Healthcare Inequities Improvement at a Regional and ICS Level</p> <p>Dr. Aoife Molloy, MB BCh BAO BA MRCP, Senior Clinical Advisor for Healthcare Inequalities Improvement - NHS England</p>
3.10pm-3.20pm	<p>Hopes and Fears Activity</p> <p>Selina Stephen, Improvement Advisor and Director - Institute for Healthcare Improvement (IHI)</p>
3.20pm-3.50pm	<p>Team Introductions & Connection Time in Randomized Breakouts</p> <p>Selina Stephen, Improvement Advisor and Director - Institute for Healthcare Improvement (IHI)</p>
3.50pm-4.00pm	<p>Program Overview</p> <p>Lindsay Martin MSPH, Improvement and Innovation Faculty - Institute for Healthcare Improvement (IHI)</p>
4.00pm-4.15pm	<p>Preparing for Learning Session 1</p> <p>Auzewell Chitewe, RMN, Improvement Advisor - Institute for Healthcare Improvement (IHI)</p>
4.15pm-4.30pm	<p>Wrap Up</p> <p>IHI & NHS England</p>
4.30pm	<p>Close</p>



Welcome, Introduction and Context Setting

Please chat in your...

- Name
- Pronouns
- ICS Location
- What brought you to healthcare inequalities improvement work? What priority are you currently working on?



This meeting will be recorded

Institute for Healthcare Improvement (IHI)

IHI Mission

To improve health and health care worldwide

IHI Vision

Everyone has the best care and health possible



Courage

Love

Equity

Trust

Core 3 plus 1

1. Do with, not to
2. Inch wide, mile deep
3. Measure to learn and improve



Go back to the **Why**





CORE20 PLUS 5

**A focused approach to
tackling health inequalities**

National Healthcare Inequalities Improvement Team

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

Contact: england.healthinequalities@nhs.net

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

CORE20 PLUS 5

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

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

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



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

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

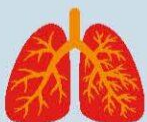


Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and Insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5

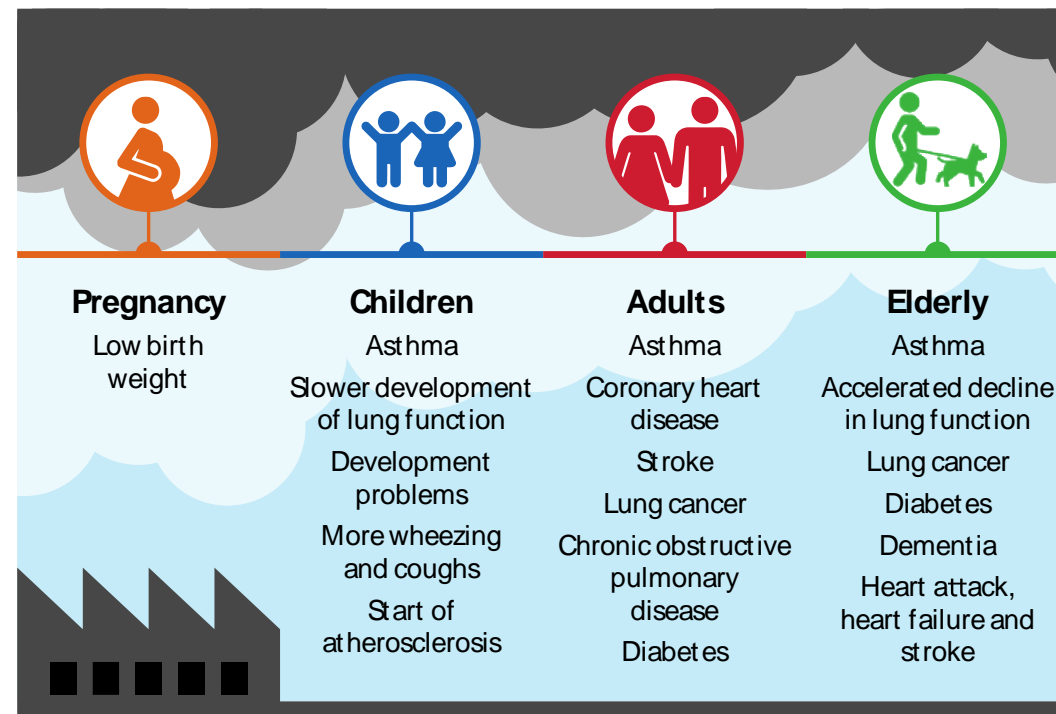


MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Impact of air pollution on health inequalities

- There are inequalities both in terms of exposure to air pollutants and susceptibility to their health effects
- Children, older people and people with chronic health problems are most vulnerable to short-term episodes of high air pollution
- People in low-income communities and some ethnic minority groups are more likely to be affected by air pollution
- The most deprived communities in England tend to have the highest levels of air pollution.
- An estimated 26,000–38,000 deaths occur every year from poor air quality
- **Specific recommendations for the NHS:**
 - *Reduce the NHS contribution to air pollution*
 - *Reduce use of fossil fuels in NHS buildings*
 - *Reduce road transport emissions from the NHS fleet*
 - *Reduce clinical and non-clinical waste*
 - *Support local populations most affected by air pollution through early recognition and addressing of health impacts*
 - *Support NHS workforce most affected by pollution and inequalities (eg waste handlers, fleet drivers)*



Source: Adapted from Public Health England (2018)⁶

Figure 1: Health effects of air pollution throughout life

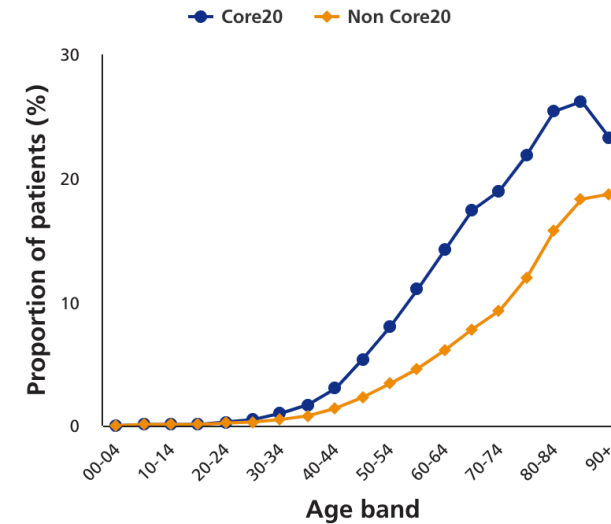
Healthcare Inequalities: Access to NHS prescribing and exemption schemes in England

NHS prescribing data metrics for Core20 and non-Core20 populations (2021/22)

Metric	Core20	Non-Core20
<u>Prescription items per patient</u>	Rx 33	Rx 28
<u>Drug cost per patient</u>	£262	£238
<u>Percentage of prescribing with charge paid</u>	3%	5%
<u>Percentage of prescribing age exempt</u>	58%	69%
<u>Percentage of prescribing other charge exempt</u>	38%	26%

Excluding 3% of NHS prescriptions that could not be assigned to a identifiable patient with a valid residential location.

Core20 vs Non-Core20: Proportion of patients on 10 or more unique medicines by age band (2021/22)



Prescription items: excluding 3% of prescription items where patient age and/or residential address cannot be determined.

10+ unique medicines: patients included if they received 10 or more unique medicines in at least one month during the financial year.

Highcharts.com

<https://nhsbsa-data-analytics.shinyapps.io/healthcare-inequalities-nhs-prescribing-and-exemption-schemes/?s=09>

Innovation for Healthcare Inequalities Programme (InHIP)

Programme:

- Addressing local healthcare inequalities using the **Core20PLUS5 approach** by supporting systems to **improve access to innovations** (medicines and health technologies).
- Projects are **designed and led by ICSs**, supported by their AHSNs. Focus on
 - **Core20PLUS population,**
 - **Alignment to one of 5 clinical areas,**
 - **A NICE-approved innovation.**
- Local communities are key to the delivery of the programme through a co-design approach.
- Leverages HII and innovation, spread and adoption expertise from HIIT, AAC and AHSNN.

Progress:

- **39 projects** from 38 ICSs allocated almost **£3.9m**

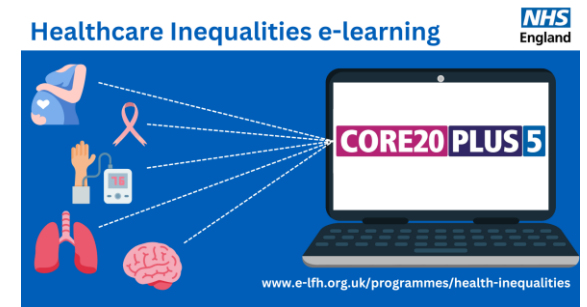
Clinical area	ICS	Funding (£k)	Key innovations include
CVD	26	2,526	Lipid management, DOACs
Respiratory	8	797	Asthma biologics, FeNO
Cancer	2	200	Quantitative faecal immunochemical tests
Maternity	2	150	PIGF

- Projects are at varying stages of delivery but are mainly establishing teams and governance, planning community engagement and establishing data collection systems.
- The national team are supporting these activities through delivery guidance, measurement frameworks, HII educational content, and community of practice co-ordination.



CORE20 PLUS 5 e-learning modules

- Five new e-learning modules have been launched to support systems in the implementation of Core2PLUS5.
- The free modules cover narrowing health inequalities in:
 - hypertension
 - early cancer diagnosis
 - chronic respiratory disease
 - maternity
 - severe mental illness.
- Aimed at anyone with a responsibility or interest in reducing health inequalities.
- Each module takes around 30 minutes to complete.



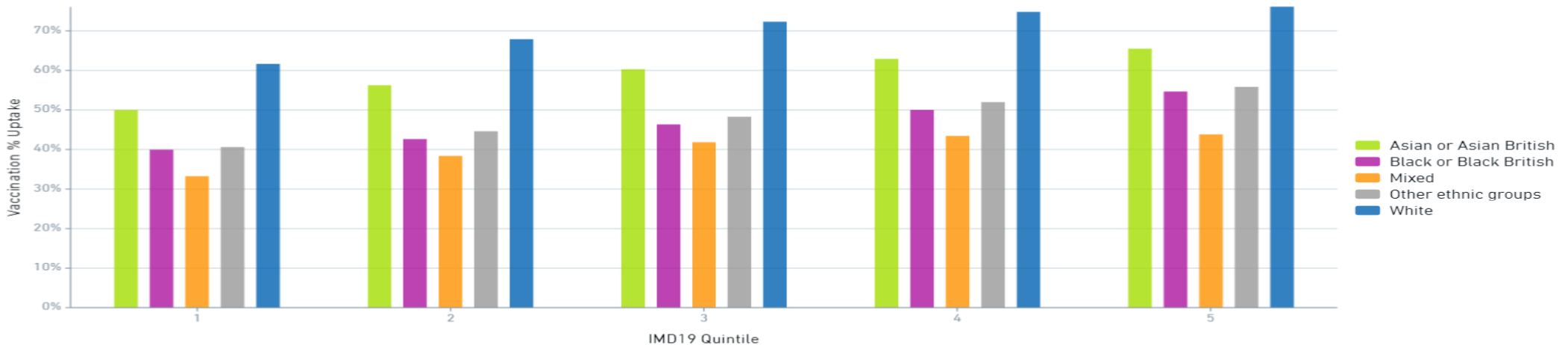
<https://www.e-lfh.org.uk/programmes/health-inequalities/>

Health Inequalities Improvement Workspace on Foundry incorporating Health Inequalities Improvement, Actionable Insight & Neighbourhood Non-Electives Admissions Dashboards

Digital Health Inequalities Pioneer Fund – In collaboration with NHSX - 10 ICS driving forward innovations in this space & further funding planned to support more ICSs with this in 2022/23

PCN Neighbourhood Health Inequalities Enhanced Service has gone live in April 22 – We're working with Primary Care colleagues to support the embedding of this.

COVID 19 VACCINE UPTAKE BY ETHNICITY AND IMD19 QUINTILE



Work with HQIP and National Clinical Audit Leads to develop a standardised approach to addressing healthcare inequalities in national clinical audit programme through data collection, analysis and development of recommendations

Four areas of healthcare inequalities were identified from the available data

PROTECTED CHARACTERISTICS – AGE AND DISABILITY



Inequality due to age was visible in NCEPOD studies that have reviewed the care provided to the **elderly** and to **children and young people**.

Preconceived low expectations in outcomes of the **elderly** surgical patient affected the level of care provided.

Children and young people with complex conditions and disabilities have a greater number of day-to-day challenges to face.

There appears to be variation in the commissioning of services geographically and between **child** and **adult** services.

SOCIOECONOMIC DEPRIVATION



Socioeconomic deprivation was visible in the care provided to **children and young people** and to **adults**.

The impact of socioeconomic deprivation on mental healthcare in **children and young people** was very clear in terms of what services were available and whether they were accessed.

The study of **adults** who died from alcohol-related liver disease highlighted prejudice in treating this group of patients.

ORGANISATION OF HEALTHCARE SERVICES



Many **children and young people** have to travel long distances to receive specialist care which can separate them from their family.

Poor hospital design or lack of adjustments can hinder basic access for disabled **children and young people** and **adults**.

There are issues with the availability of suitable equipment to undertake measurements, such as height and weight in patients who are disabled or in a wheelchair. This is relevant to **children and young people** and **adults**.

INCLUSION HEALTH GROUPS

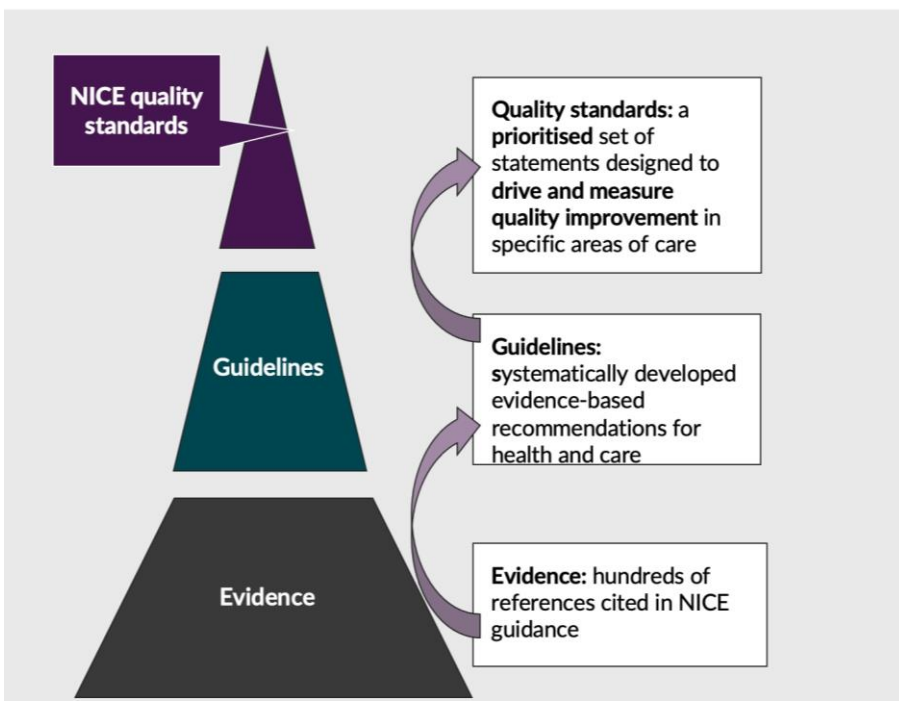


Hospital admissions have been highlighted as an opportunity to intervene in the general healthcare of vulnerable **young people** and **adults** who may not be accessing primary care or looking after their general health.

Robust follow-up of vulnerable **young people** and **adults** is essential to ensure they receive the healthcare they need as there may not be straightforward pathways in place.



NICE 'How to' guide on healthcare inequalities improvement in development NICE Quality Standards mapped to the HII matrix



Why we've mapped NICE Quality Standards to the Health inequalities improvement planning matrix

NICE Quality Standards are **developed independently in collaboration** with health and social care professionals, practitioners and service users. They are based on NICE guidance and other NICE-accredited sources. The process includes **wide stakeholder consultations, validation and regular review**.

By using NICE Quality Standards aligned to the 7 principles outlined in the health inequalities improvement planning matrix, programme leads can:

- assess the extent to which programme design, implementation and evaluation is embedding the principles outlined in the health inequalities improvement planning matrix
- ensure the programme is in line with evidence-based recommendations from NICE
- formulate an action plan to strengthen the approach to considering health inequalities within the programme
- understand the rationale for each quality statement, supporting prioritisation and case for change
- use the accompanying quality measures, to develop metrics for measuring: structure (environment or setting); process (activity carried out) and outcomes
- provide assurance that health inequalities are being adequately considered and the programme is running in line with the principles outlined in the health inequalities improvement matrix
- be assured that the programme does not inadvertently widen the health inequalities gap

NICE

How NICE can help you tackle health inequalities

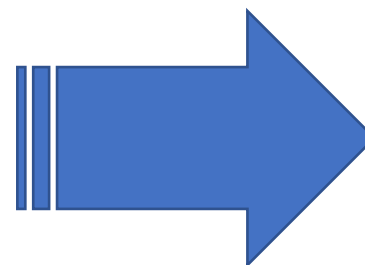
Reducing health inequalities is a core part of our DNA. In fact it's one of [our core principles](#). So, our guidance supports strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

We consider the protected characteristics stated in the [Equality Act 2010](#). We also consider inequalities arising from socioeconomic factors and the circumstances of vulnerable groups of people. These include looked-after children and people who are homeless.

By incorporating our recommendations into your work, you can ensure the care you provide is:

- effective
- consistent
- makes efficient use of resources.

And ultimately, that it minimises the impact of health inequalities on people's health.



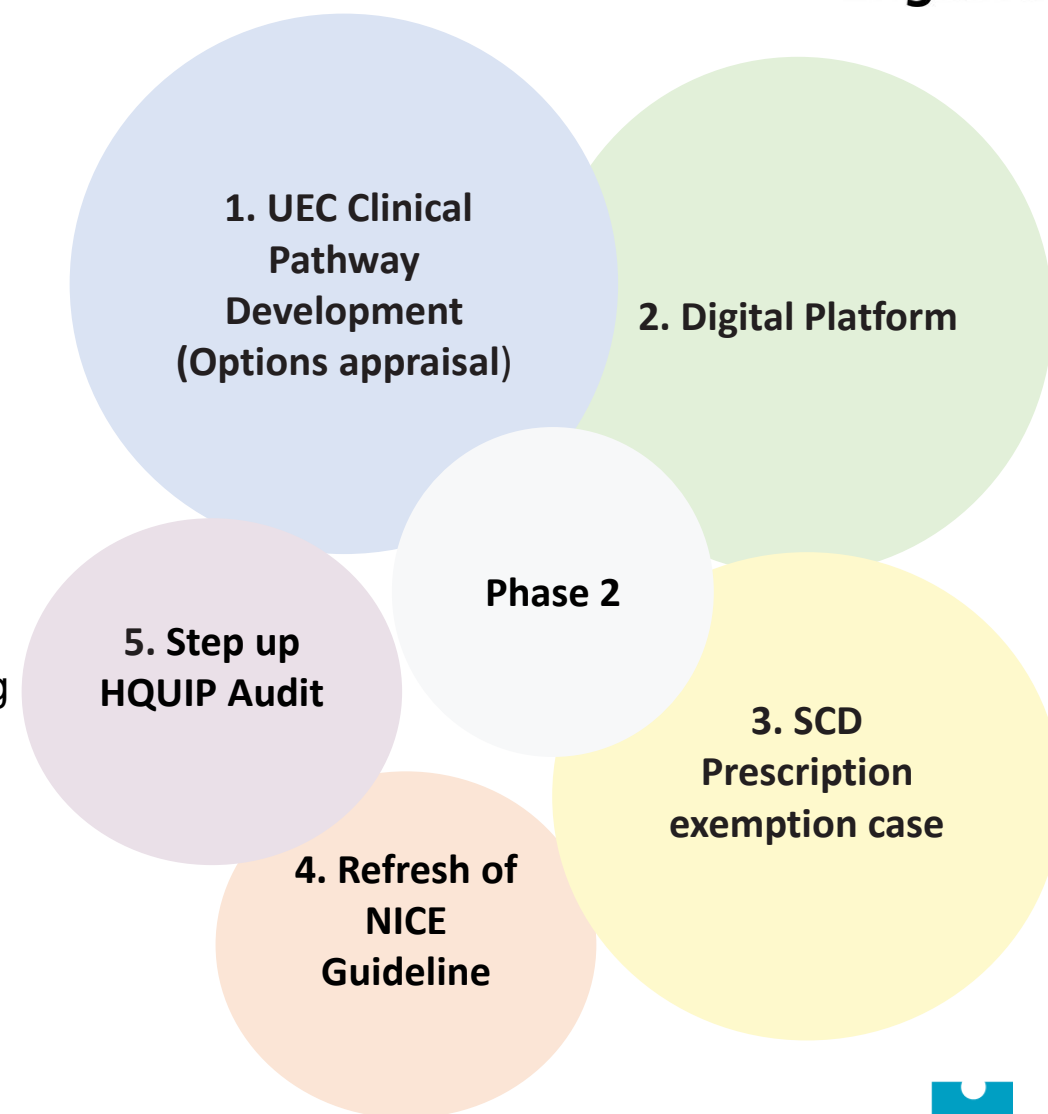
Healthcare Inequalities Improvement Programme Vision:

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

<https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>

Sickle Cell Review Programme – Phase Two Delivery

- Phase 1 of the Sickle Cell Programme completed in late Autumn 2022 and was a deep dive of the SCD clinical healthcare pathway.
- Ten individual projects (or delivery streams) have been identified and agreed, with the primary focus being on delivering the first 5 in full by March 2023 and starting work on the remaining 5 from April.
- A Phase 2 Sickle Cell Disease delivery programme team was set up in November and sits within the wider HIIP team. A Steering Group has been constituted and will provide clinical stewardship and will receive patient input through a Patient Advisory Group (PAG).
- As part of efforts to improve outcomes in patients, NHS England has recently approved funding of £1 million, to enable blood type genotyping to be done for all patients.
- Updates on all programmes will be provided to Executive Quality Group and NHS Execs
- The Sickle Cell team can be contacted via their direct mailbox; england.sicklecellreview@nhs.net



Health Inequalities Improvement Policy Drivers:

- The NHS Constitution
- 2022 Health and Care Act
- The NHS Long Term Plan
- NHS England 23/24 Priorities & Planning Guidance
- Government Mandate to the NHS
- Levelling up White Paper
- Digital Health and Care Plan
- Covid19 Elective Recovery Plan
- High Intensity User Programme

- Health Inequalities Futures Platform – Hosts What’s New, Case studies & opportunity for people to showcase work they’re doing in the HI space
- National Healthcare Inequalities Improvement Network – Going from strength to strength



Hopes and Fears Activity

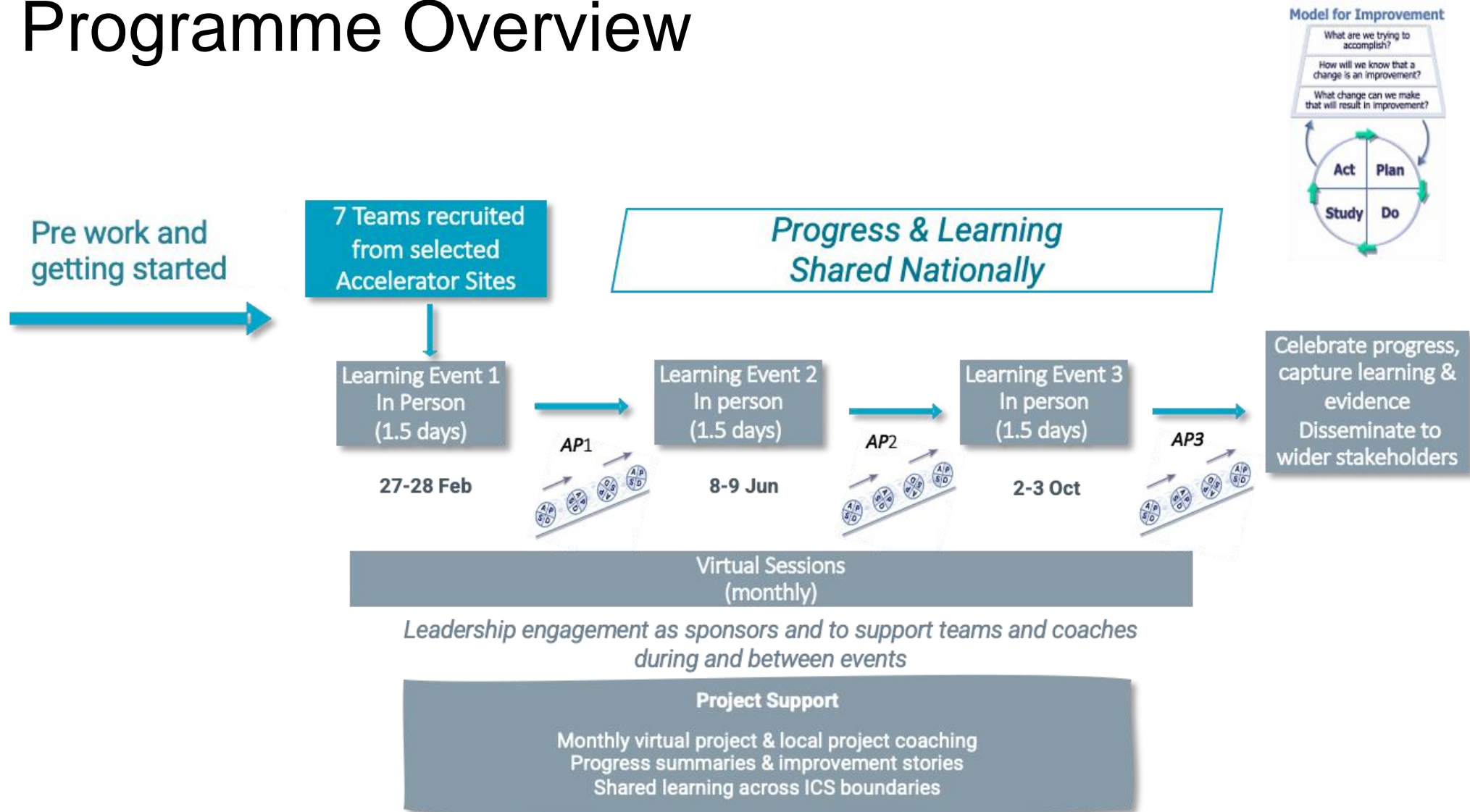


Team Introductions & Connection Time

1. Choose one person to chair the group discussions.
2. Start by everyone introducing themselves:
 - Name
 - Role
 - A brief summary of what you'll be working on during the Accelerator Sites programme.
3. Have a group discussion around "what would success look like" to you and your team during this programme?
4. Be prepared to share your "success visions" in the chat when we return back.



Programme Overview



What's involved in a Learning Session?

In-person opportunities to share and learn around larger themes and improvement tools

Team working time to accelerate a piece of work using QI methodology

1:1 time with QI and Content faculty in-person

Sharing learning with other teams

Making connections

Specialised faculty on hand when needed

National contextualizing

An opportunity to host your colleagues



What's involved in the Action Periods?

Updates from the Learning Session

Fortnightly coaching calls

Small cycle testing, prototyping, piloting

Data analysis and coaching

Measurement development

Identification of challenges

Topic specific calls

Sharing learning with other teams

The ongoing work

Ongoing communication with the team (calls/emails)



Requirements for the Accelerator Sites

- Be prepared and present at all calls and Learning Sessions
- Bring data (quantitative and qualitative to meetings)
- Link your "travel team" and your "home team"
- Ongoing co-production with members of the community
- Be open to new ideas/techniques
- Be ready to provide feedback for how to improve the programme
- Be open to share both successes and challenges

Preparing for LS1: Pre-work Packet

Complete in advance and submit

Accelerator Site
Overview
Quality Improvement
Self-Assessment

Review

Your submission
Team roles document

Bring with You:

Bring a 'list' of some of the data and information you have access to (and the data if you have it) on:

- *Population health patterns that affect the chosen population*
- *Perspectives of care teams and professionals supporting the population*
- *Perspectives of service users and citizens*

Arrange to have at least 3 people from your project team attend – one must be your Programme Manager



Tips for attending learning sessions

Before the session, take time to reflect on your current progress and gather any questions you have.

Come prepared



Engage in discussions, ask questions, and actively apply what you're learning to your work.

Be an active participant



Work with your team to share insights and apply what you're learning to real-world scenarios.

Keep it real



Bring data and research findings to support your insights and make them more compelling.

Bring data to support your insights



Keep asking questions and seeking out additional resources to deepen your understanding.

Stay curious



Actively seek out diverse perspectives and value the contributions of others.

Be inclusive



Be open to feedback and willing to revise your insights based on the discussion and feedback from others.

Be open-minded



Continuous learning is key to staying current and improving - stay open to new ideas and ways of thinking.

Keep learning



Take time to acknowledge and celebrate the progress you and your team make.

Celebrate your successes



Make a plan to apply what you've learned as and track your progress

Apply what you learn



Learning Session Logistics

Date: Monday 27th & Tuesday 28th February 2023

Time: We will start around 10 AM on Monday and finish up around 3-3:30 PM on Tuesday

Location: Leonardo Royal London St. Paul's, www.leonardohotels.co.uk
10 Godliman Street, London EC4V 5AJ 020 7074 1000

Catering will be provided, please let us know if there are any dietary restrictions

Please let us know if there are accessibility requirements

Please note: transportation and lodging for the event will need to be provided by the accelerator sites

Next Learning Session Dates



Learning Session 1: February 27-28, Leonardo Royal Hotel, London



Learning session 2: June 8-9, Location TBD



Learning Session 3: October 2-3, Location TBD

Wrap-up and Questions



Thank you!