

# 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](mailto:england.healthinequalities@nhs.net)

NHS England and NHS Improvement



Figure 3: Males living in the most deprived areas were expected to live less than three-quarters of their lives in good general health

Healthy life expectancy at birth, England, 2018 to 2020

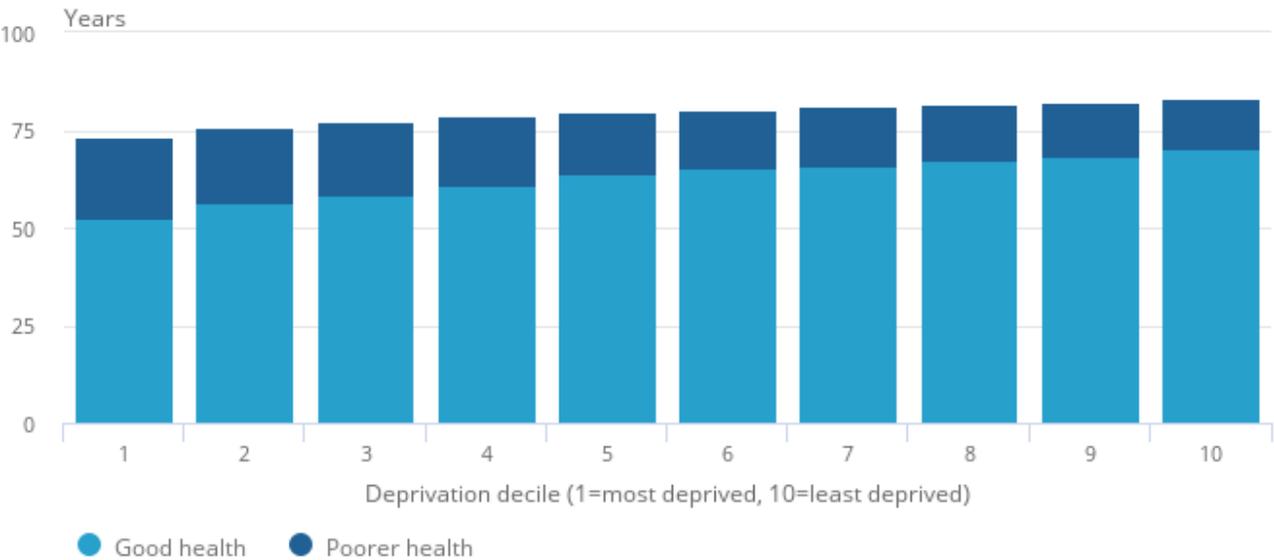
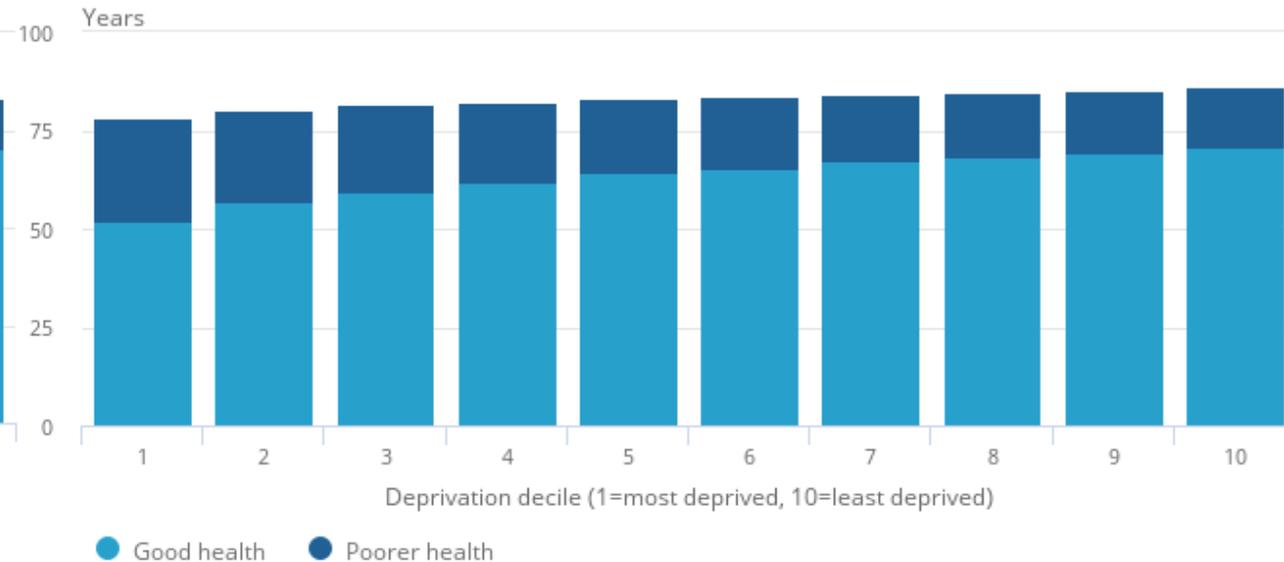


Figure 4: Females living in the most deprived areas were expected to live less than two-thirds of their lives in good general health

Healthy life expectancy at birth, England, 2018 to 2020



NHS England and NHS Improvement



1. **The 2019 NHS Long Term Plan (LTP)** set out key commitments to accelerate action to prevent ill health and tackle health inequalities.

*2.26. To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan.*

*NHS England, working with PHE and our partners in the voluntary and community sector and local government, will develop and publish a 'menu' of evidence-based interventions.*

2. **COVID-19:** The disproportionate impact of the pandemic people from the most deprived areas, ethnic minority communities, and other vulnerable groups, has highlighted now more than ever the urgent need to tackle health inequalities.

3. The **NHS Operational Planning Guidance** in 2021/22 asked systems and providers to focus on five priority areas for tackling health inequalities, which have set the system-wide context for Core20PLUS5. This focus on health inequalities was re-emphasised in the 2022/23 Operational Planning Guidance.



Priority 1: **Restoring NHS services inclusively**

Priority 2: **Mitigating against digital exclusion**

Priority 3: **Ensuring datasets are complete and timely**

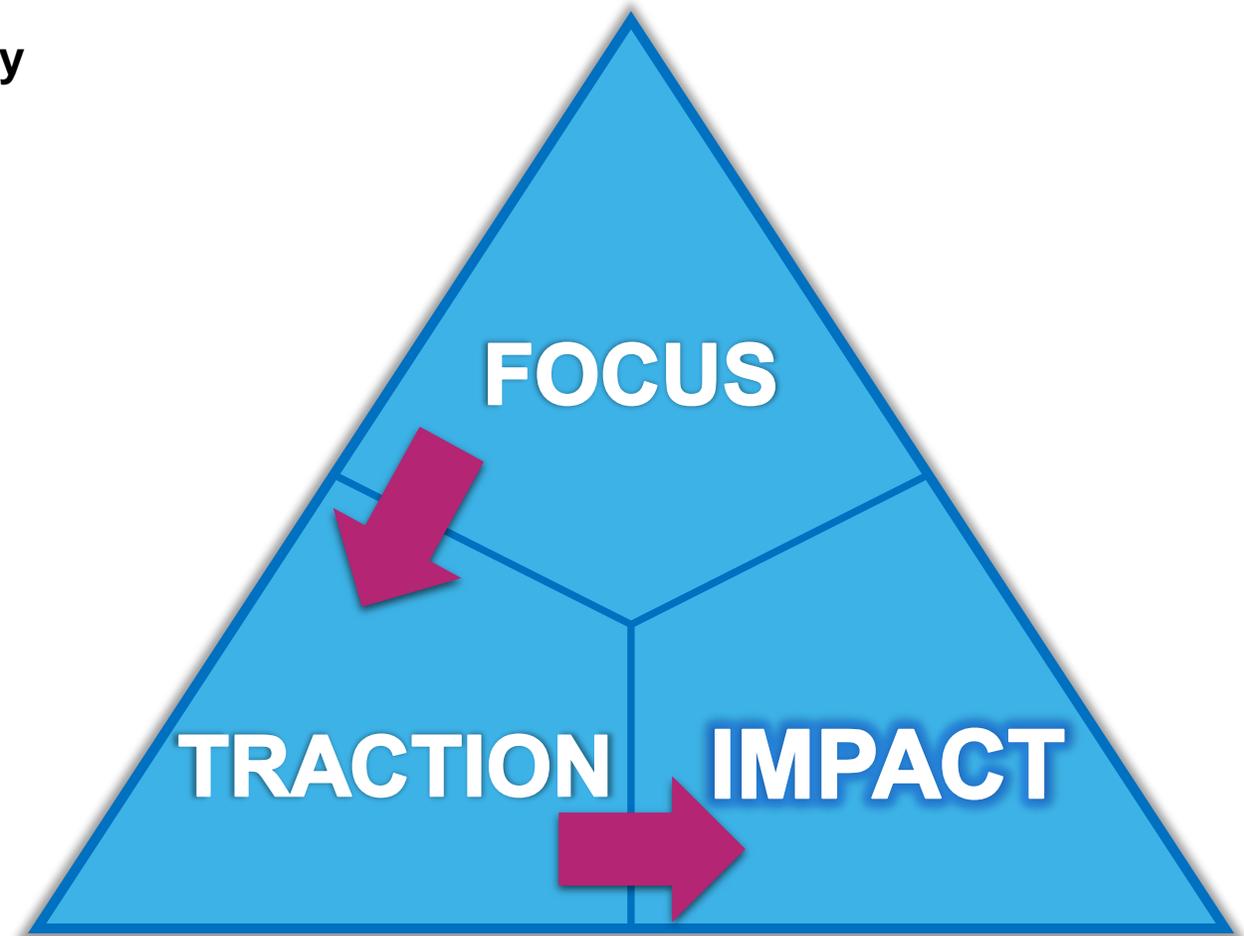
Priority 4: **Accelerating preventative programmes**

Priority 5: **Strengthening leadership and accountability**



Core20PLUS5 offers a multi-year and **focused delivery approach** to enable prioritisation of energies and resources in the delivery of NHS LTP commitments to tackling 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** thus demonstrating **impact** in reducing health inequalities



# REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health 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 **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 blood pressure and minimise the risk of myocardial infarction and stroke

Core20PLUS5 will be driven by QI methodology, including:

**1) Strengths-based approach:**

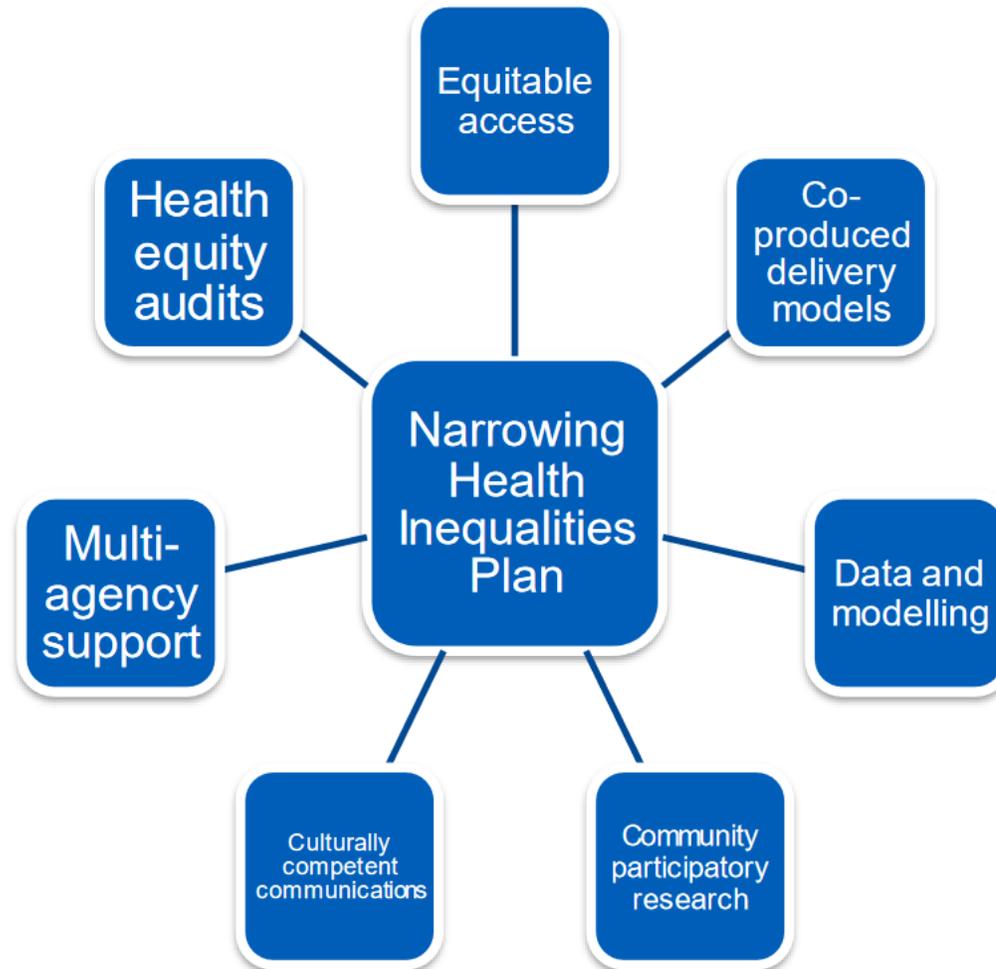
- a) Identify Exemplars
- b) Build from strength

**2) Co-Production:**

- a) Engaging Communities in design, implementation & evaluation.
- b) Genuinely listen with curiosity

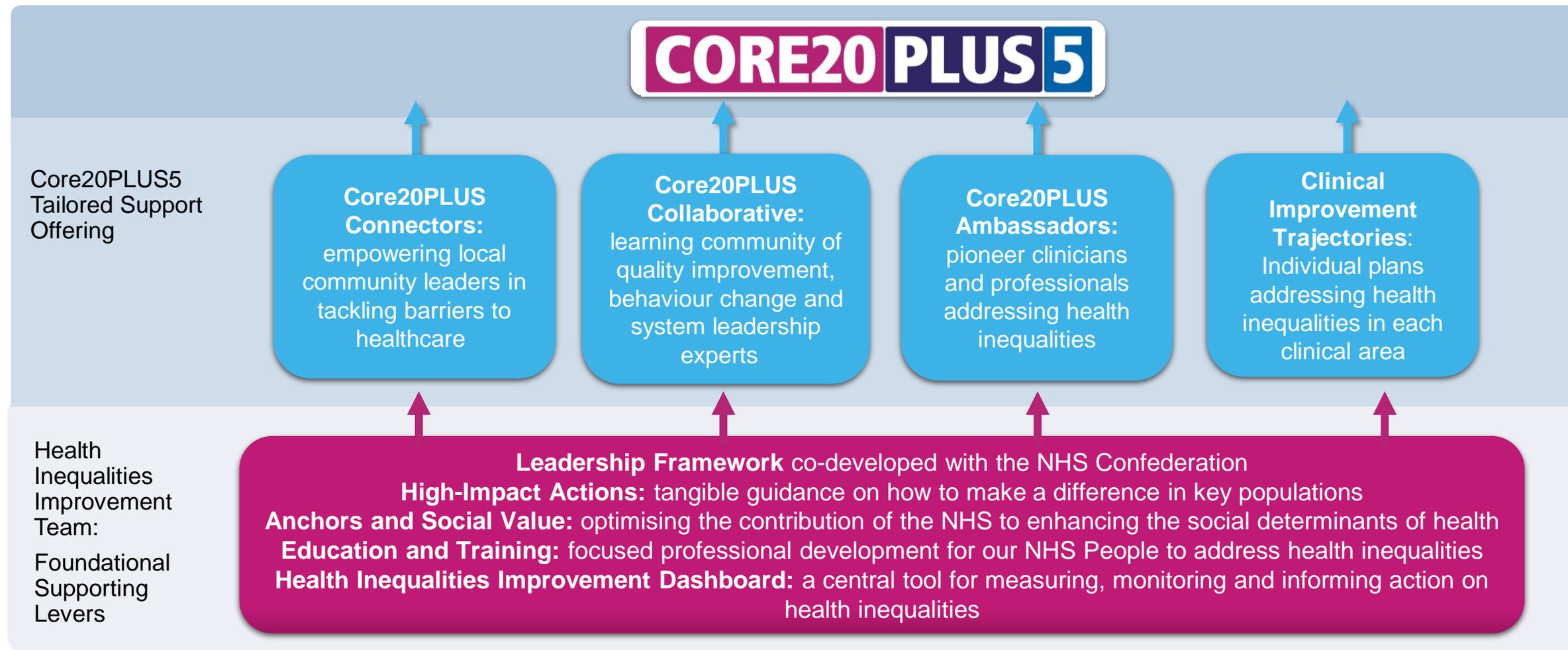
**3) Data-driven Improvement** – Creating virtuous circles of data generating actionable insight which then drive interventions to bring about improvement thus generating intelligence about what works





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



**I didn't know 1 in 4 black men get prostate cancer. Did you?**

Prostate cancer often has no obvious symptoms. If you are a black man over 45 and want to discuss your personal risk of prostate cancer, visit your doctor.

**BE CLEAR ON CANCER**  
nhs.uk/prostate

**PROSTATE CANCER UK**

**Check your risk in 30 seconds**

### A trial to transform early cancer detection

140,000 people of all different backgrounds and ethnicities will take part in the NHS-Galleri trial. If successful, the trial could transform early cancer detection in England.

→ [How to take part](#)



## Targeted Lung Health Check Programme





Obstetrics and gynaecology  
Original research



### Can birth outcome inequality be reduced using targeted caseload midwifery in a deprived diverse inner city population? A retrospective cohort study, London, UK

Ruth Hadebe <sup>1</sup>, Paul T Seed <sup>2</sup>, Diana Essien <sup>1</sup>, Kyle Headen <sup>1</sup>, Saheel Mahmud <sup>3</sup>, Salwa Owasil <sup>3</sup>, Cristina Fernandez Turienzo <sup>2</sup>, Carla Stanke <sup>4, 5</sup>, Jane Sandall <sup>2</sup>, Mara Bruno <sup>1</sup>, Nina Khazaezadeh <sup>1</sup>, Eugene Oteng-Ntim <sup>1, 2</sup>

Correspondence to Dr Ruth Hadebe; ruth.hadebe@nhs.net



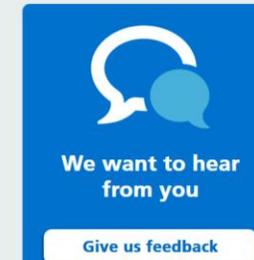
## South Tyneside Primary Care Physical Health Service – INT019

The South Tyneside Primary Care Physical Health Service links in with GP practices to offer physical health checks to patients with serious mental illness, learning disabilities or autism.

Our team can meet you at your own home or an agreed place that is convenient to support with your physical health checks. This can include taking your blood pressure, weight, bloods and a discussion on lifestyle.

We can also point you in the right direction for any additional support you may need such as:

- helping you access specialist services to red
- giving up smoking



South Tyneside Council

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## Top of the Table for Health Checks for At Risk Groups

### TOP OF THE TABLE FOR HEALTH CHECKS FOR AT RISK GROUPS

More people with a severe mental illness in South Tyneside have received an annual health check over the past year than anywhere else in the country.



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Home > [News & Media](#) > [News & Events](#) > [2021 news](#) > [February 2021 news](#) > Maternity team launches 'Continuity of Carer'

### Maternity team launches 'Continuity of Carer'

02 February 2021

The James Paget University Hospital's maternity team has launched a new initiative aimed at further improving its maternity service for local mothers and babies.

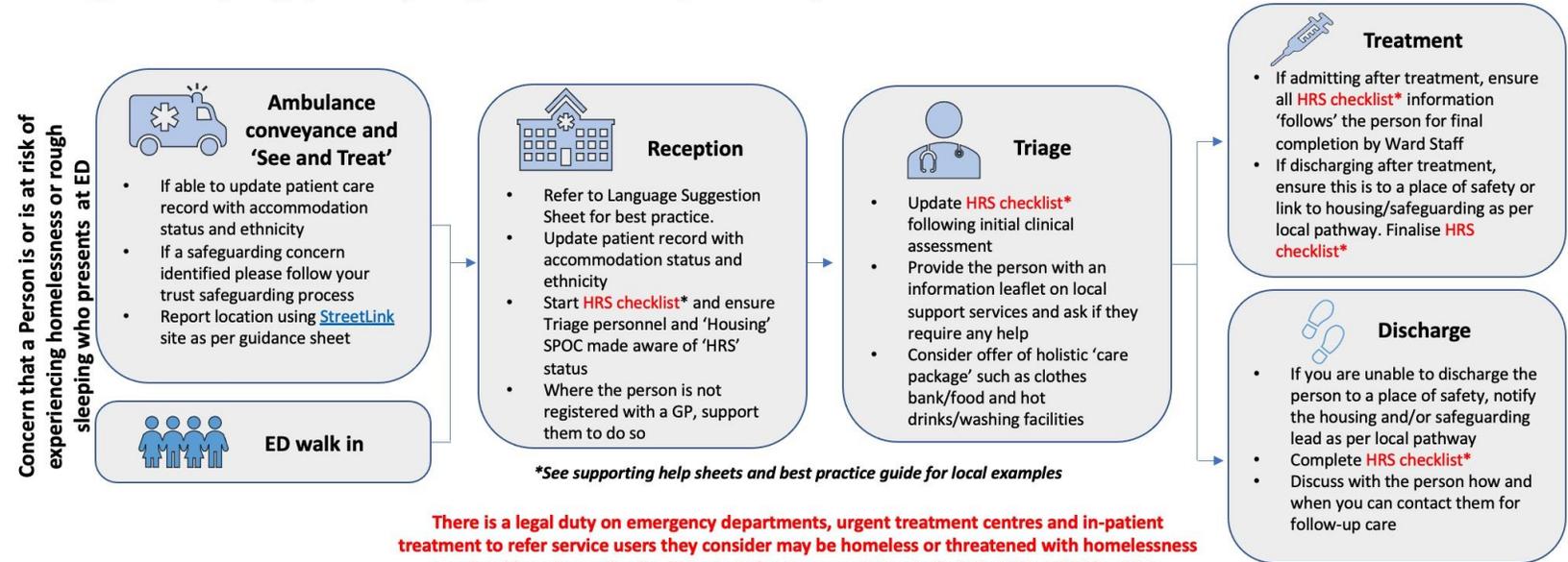


For more in depth information on CORE20PLUS5 clinical areas with more information on the case studies mentioned today, please view the webinars available on the NHS Futures website on SMI, cancer, CVD and maternity.



- Work with UEC team, people with lived experience, providers and charities to develop a consistent Emergency Department pathway, checklist and toolkit to support people experiencing homelessness and rough sleeping – Pilots underway
- High Intensity User work programme in collaboration between HiQiT/UEC/Improvement Directorate – signed off via NIRB - Mobilisation underway

## Supporting people who are at risk of or who are experiencing homelessness or rough sleeping (HRS): high level ED pathway from attendance to discharge



**There is a legal duty on emergency departments, urgent treatment centres and in-patient treatment to refer service users they consider may be homeless or threatened with homelessness to a local housing authority. Duty to Refer documentation included within HRS Checklist.**

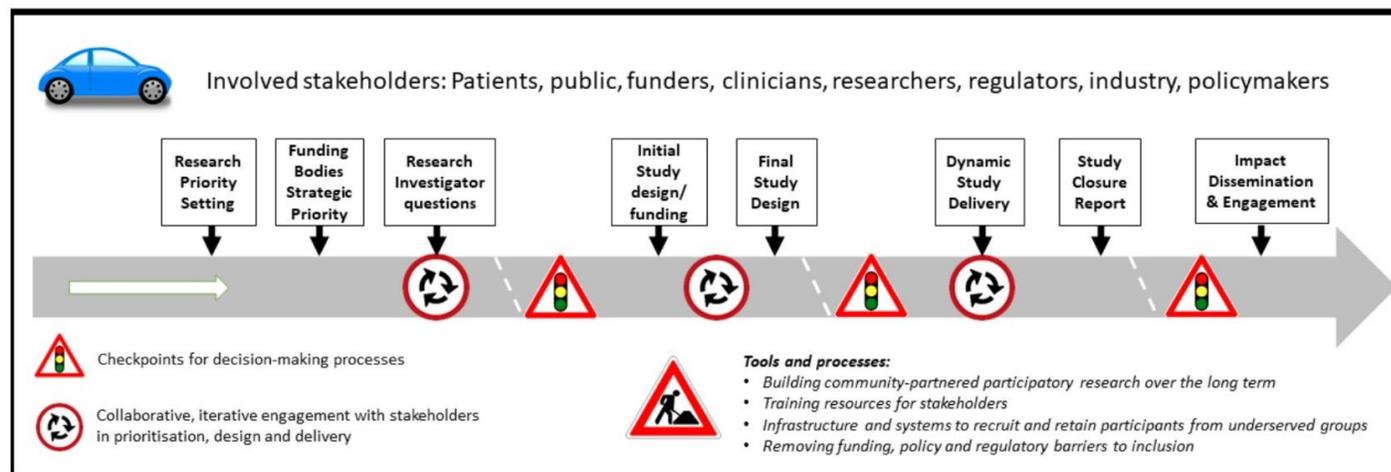
- Top tips:**
- ✓ Consider appointing a/several **housing SPOCs** within the ED (either clinical or non-clinical) to engage with local housing contacts and create good working relationships.
  - ✓ Remember that many people who are at risk of or are experiencing homelessness have been exposed to trauma; ensuring you and your team take a **trauma informed approach to care** is important.
  - ✓ Consider the **language** you use at all stages in the pathway to make sure it is inclusive for HRS patients. See help sheets for example questions and guidance.
  - ✓ Consider accessing **further training** to support professionals at each stage of the pathway to maximise outcomes for HRS patients – see supporting help sheets for how to access free e-learning on HRS, Duty to Refer, and cultural competence.



**Improving inclusion of under-served groups in clinical research:  
Guidance from INCLUDE project**



**The INCLUDE roadmap**



Work with NHSE/I Patient Safety team & NHS Resolution to better articulate intersection between Patient Safety & Health Inequalities

[Action on patient safety can reduce health inequalities | The BMJ](#)

Cian Wade et al



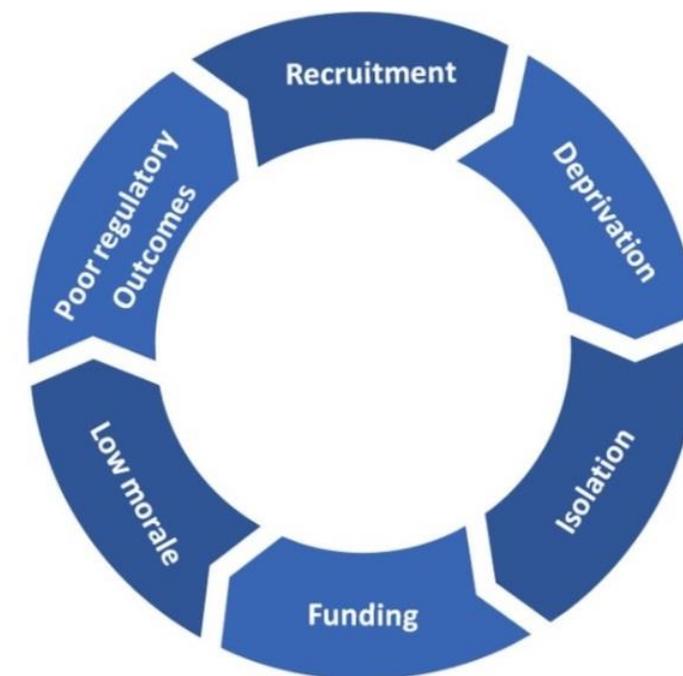
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Healthcare inequalities may be related to the experiences of GP practices which tend to be predominantly in the most deprived areas. These suffer a further impact on health inequalities for their population from adverse regulator inspection outcomes.

- Regulators' Pioneer Fund - [Project • Reducing health inequalities in areas of depriv... \(citizenlab.co\)](#)
- Podcast - [GP practices and the impact of health inequalities by Care Quality Commission \(soundcloud.com\)](#)
- Ethnic Minority Led Practices & health inequalities - [Ethnic minority-led GP practices: impact and experience of CQC regulation | CQC Public Website](#)

Figure 1: The Cycle of Inequality



Stigwood, A, 2020

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**CORE20 PLUS 5**

RSM NHSE/ HIIT Collaboration



Health Inequalities Collaboration with RSM - [RSM to launch major programme on health inequalities with special conference](#)

**Date and time:**  
Autumn 2022

**Location:**  
Royal Society of Medicine, London

<https://www.rsm.ac.uk/tackling-inequalities/>



**Dr Bola  
Owolabi**

Director, Health Inequalities  
at NHS England and  
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**Professor Sir  
Michael Marmot**

Professor of Epidemiology at  
University College London,  
Director of the UCL Institute  
of Health Equity

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Thank you for listening.

