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Vision

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

Integrated Care Systems – The Aims

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that **improves population health** and **reduces inequalities between different groups**.

- improve outcomes in population health and healthcare
- **tackle inequalities in outcomes, experience and access**
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The people cost of healthcare inequalities

The pandemic has exacerbated inequalities...

Disproportionate deaths from COVID-19 between those living in the most deprived areas and those living in the least deprived areas.

People in more deprived areas spend more of their shorter lives in ill health than those in the least deprived areas.

Recurrent hospital admissions (for acute exacerbations of chronic respiratory disease) are more prevalent in more deprived neighbourhoods.

Social isolation and loneliness are associated with a 30% increased risk of heart disease and stroke

Economic disadvantage is strongly associated with the prevalence of smoking, obesity, diabetes, hypertension

Living in poverty in early childhood can have damaging consequences for long-term health

For women in the most deprived areas of England, life expectancy fell between 2010 and 2019

In the areas of England with the lowest healthy life expectancy, more than a third of 25 to 64 year olds are economically inactive due to long-term sickness or disability

Health Inequalities Improvement Policy Drivers:

- The NHS Constitution
- 2022 Health and Care Act
- Government Mandate to the NHS
- Levelling up White Paper
- Areas of Research Interest
- Research in underserved populations and geographies

The Business Case for Reducing Health Inequalities



- **Increased NHS treatment costs**
 - > £5 billion
- **Losses from illness associated with health inequalities**
- **Productivity losses**
 - £31 billion - £33 billion
- **Reduced tax revenue and higher welfare payments**
 - £20-£32 billion

People from the most deprived areas have a lower life expectancy compared to those in more affluent areas, yet the per capita cost of healthcare due to emergency admissions, LTCs, prolonged LOS & spend on healthcare is higher for those from more deprived areas

Intersection with Patient Safety

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

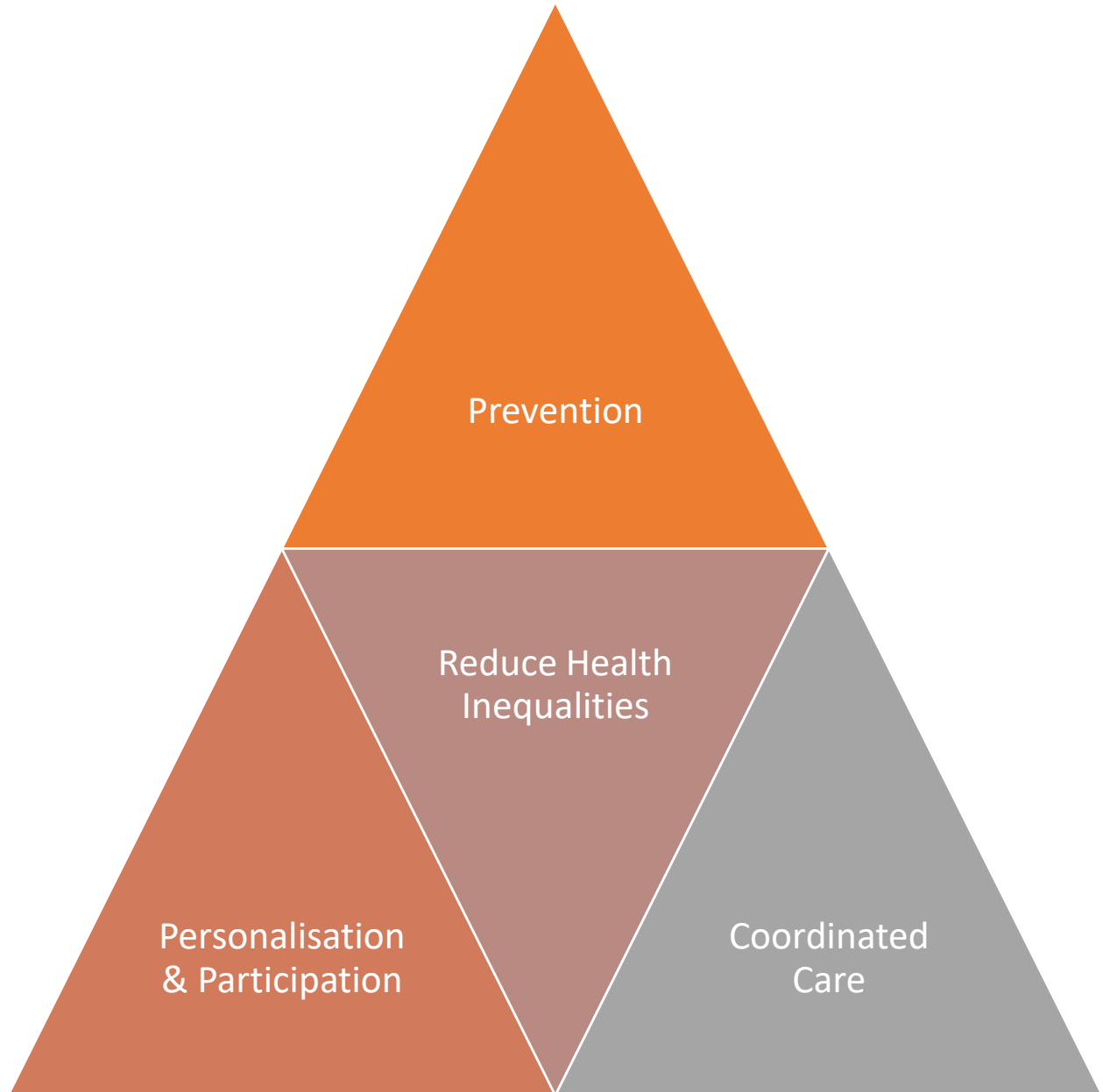
[Action on patient safety can reduce health inequalities | The BMJ](#)

Cian Wade et al.

Importance of the wider determinants of health

An estimated 60-80% of health is attributable to wider determinants of health¹. This includes 'individual determinants' and wider societal impacts such as the climate emergency and the economy.

NHS @75 – The 3 Shifts



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 **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
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

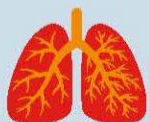


Target population

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

CORE20 PLUS 5

CORE20PLUS CONNECTORS

Connectors are people who are part of those communities who are often not well supported by existing services, experience health inequalities, and who can help change these services to support their community better. This will include taking practical steps locally for health improvement in excluded communities.



CORE20PLUS COLLABORATIVE

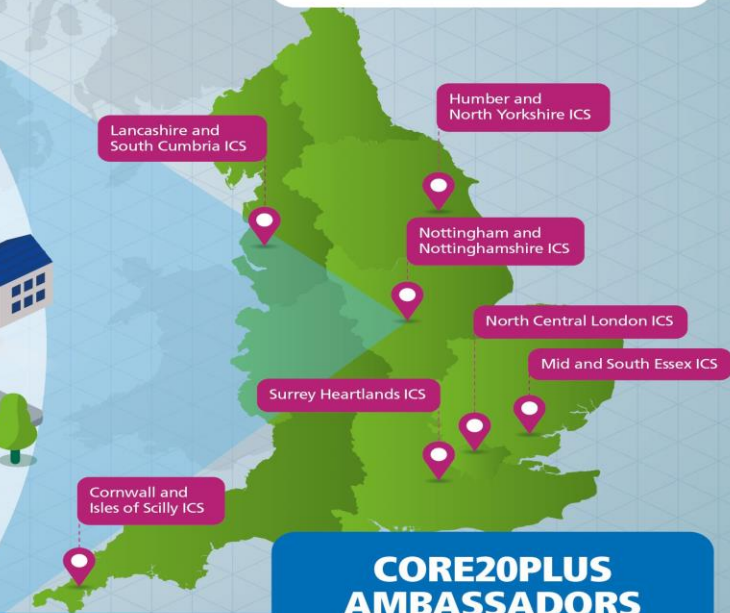
The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

NHS England architecture to support delivery of Core20PLUS5;
NHS England's approach to reducing healthcare inequalities



CORE20PLUS ACCELERATORS

Accelerator sites are integrated care systems (ICSs) supported to accelerate progress on Core20PLUS5 priorities using a quality improvement approach. Learning and development on best practice in healthcare inequalities improvement will be shared nationally across ICSs.



CORE20PLUS AMBASSADORS

Ambassadors are people working within or across integrated care systems (ICSs) who are committed to narrowing healthcare inequalities and will use their role and influence to progress Core20PLUS5 at a local level.

Compassionate Communities – making a difference facing outwards

- food poverty and obesity
- poor mental health and wellbeing
- digital poverty and exclusion
- language barriers and misinformation.



HELPING
OUR HOSPITALS
DO MORE



"The knock-on effects of the pandemic reach far beyond the hospital walls, widening health inequalities in our communities."

Hannah Fontana, Compassionate Communities Programme Manager

Mid and South Essex Hospital as Anchor Institution Programme – Anchor programme helping with reducing inequalities

- **Widening access programme** targeted at children in schools in Basildon, raising aspirations and offering support for further education or health and care career
- Virtual work experience for 80 children in 20-21 with positive feedback that has given access to first time education or job aspirers

Supported internship for young adults with Learning Disability

- Hospital, Essex County Council and South Essex College collaboration
- 12 Young people, 16-24 years started in Sep 2021
- 9 months duration and three rotations, rotations can remain stable if it is a skills and aptitude match
- On site learning support

Ambition is that all gain quality NHS work and that the model will be replicated and scaled up across Mid and South Essex

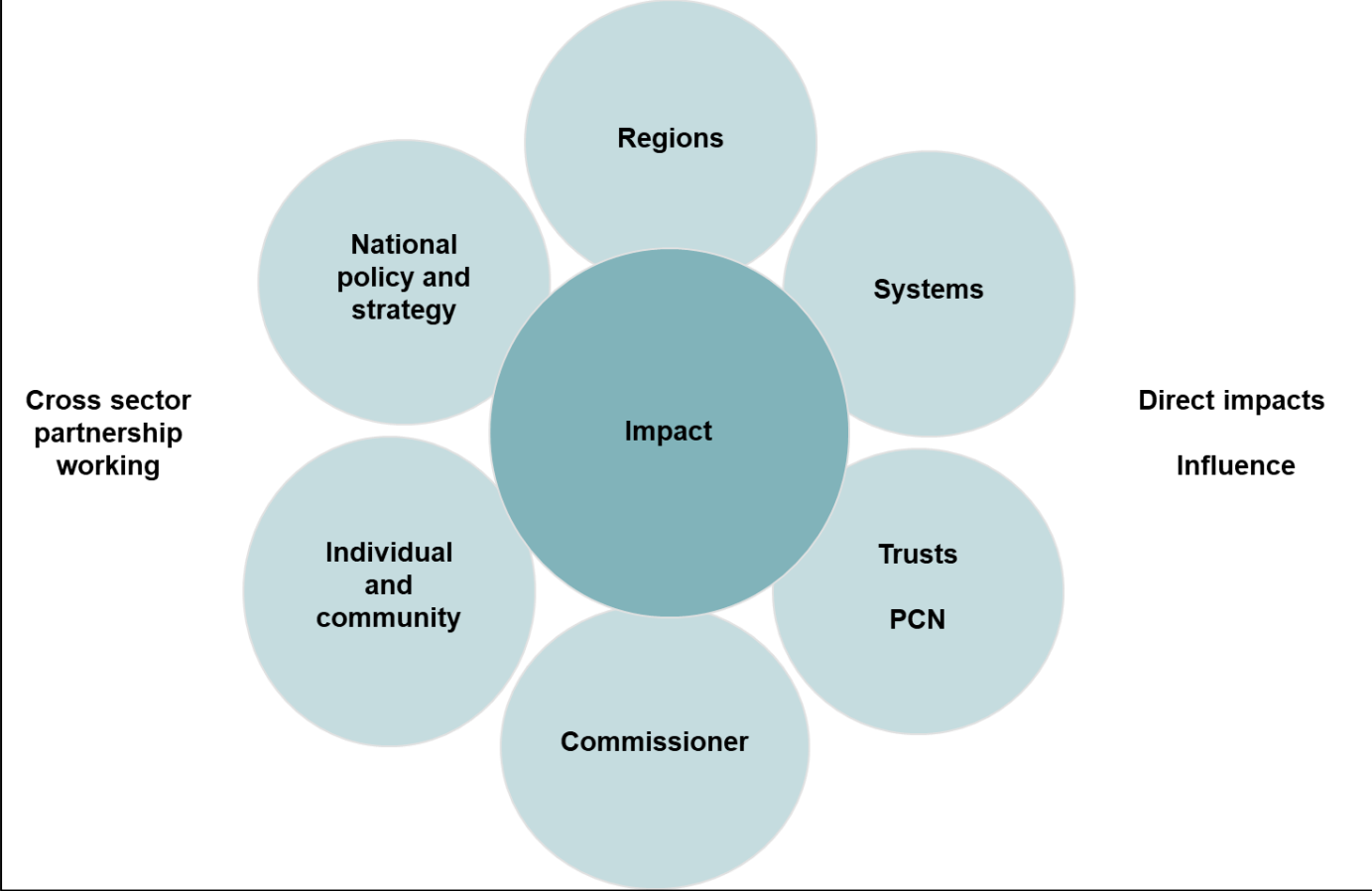
Stretching the value of environmental initiatives

University Hospital of North Midlands NHS Trust installed solar panels:

- Saved £300k and **invested into Beat the Cold** charity which **tackles sickness and fuel poverty**
- Early evaluation - helped **reduce the rate of readmissions**, particularly among elderly people and other vulnerable groups



Action at every level



Culture, leadership and partnership working is key