E6: Narrowing the health inequalities gap: inch-wide & mile deep – Core20PLUS5

International Forum on
QUALITY & SAFETY
in HEALTHCARE
COPENHAGEN

Adapting to a changing world: equity, sustainability and wellbeing for all

@QualityForum #Quality2023

Institute for Healthcare Improvement

BMJ

Narrowing the health inequalities gap

Inch wide, mile deep

Prof Bola Owolabi, MRCGP MFPH (Hon)

Director, National Healthcare Inequalities Improvement Team

Pedro Delgado

Vice President, Institute for Healthcare Improvement

www.ihi.org / pdelgado@ihi.org

Instructor, Harvard TH Chan School of Public Health

Senior Atlantic Fellow for Health Equity

Wednesday May 17, 2023 / International Forum

The session

- Welcome and intro
- Concept to reality, delivery architecture and ecosystems
- Accelerators: prototyping for learning
- Q&A


QNB
DANIELS
DOHA2019
QNB
SANTOS
QNB
BASS
DOHA2019
QNB
SCHIPPERS
DOHA2019

Patient story

CORE20 PLUS 5

NHS England

Professor Bola Owolabi MRCGP MFPH(Hon)

Director - National Healthcare Inequalities Improvement Team

Vision

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

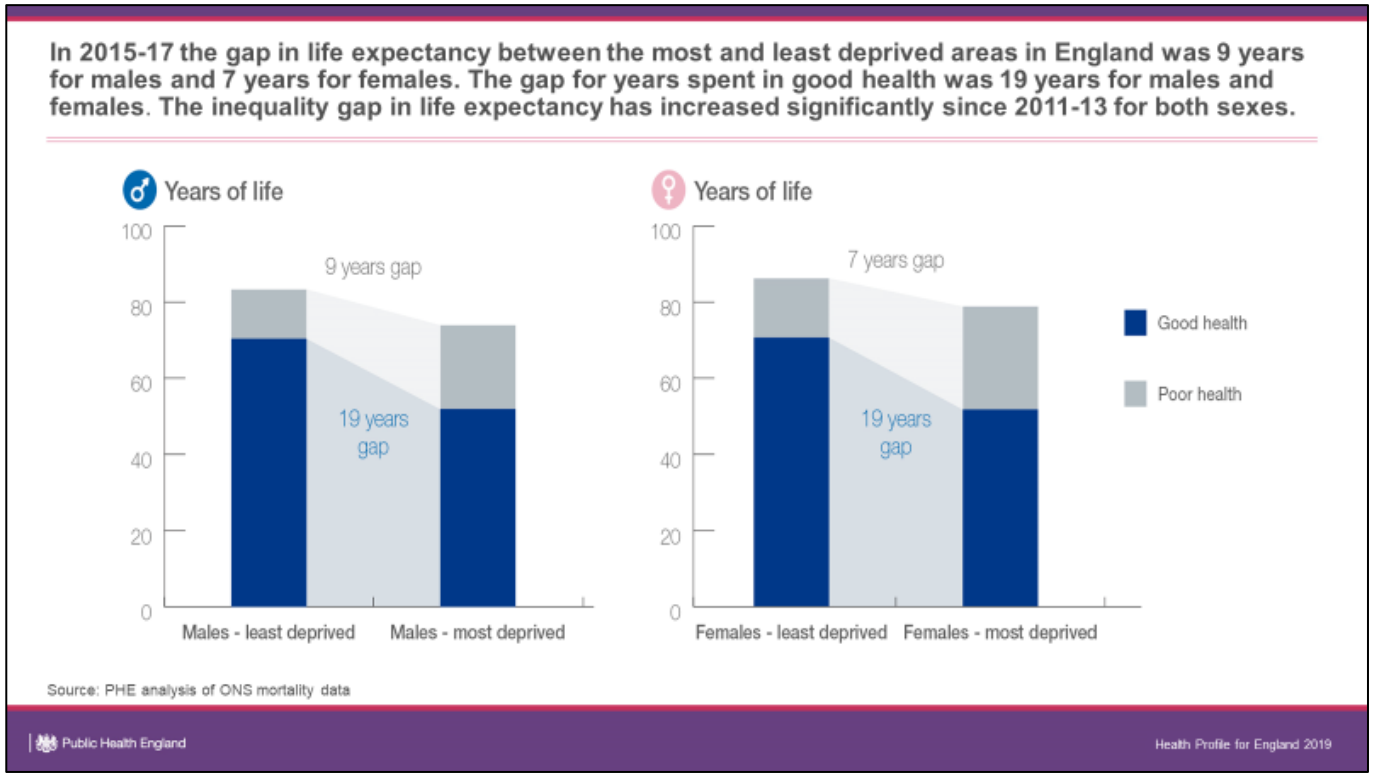
The people cost of healthcare inequalities

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.



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**

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**

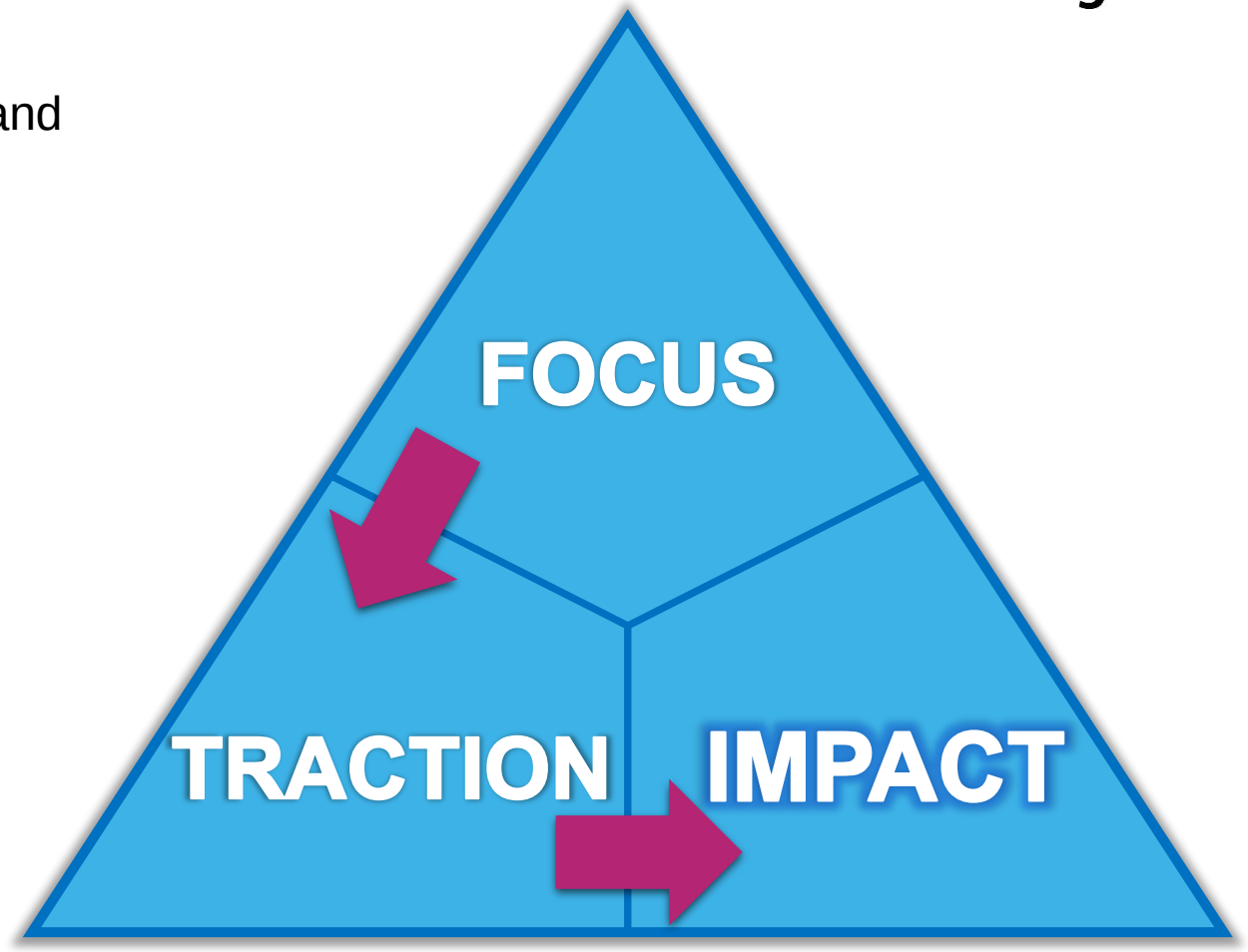
Living in **poverty** in early childhood can have **damaging consequences for long-term health**

CORE20PLUS5 A Focused Approach

NHS England

Core20PLUS5 offers ICSs 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



Quality Improvement Methods

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

REDUCING HEALTHCARE INEQUALITIES

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

Target population

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

CORE20PLUS5

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

NHS

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

Target population

CORE20 PLUS 5

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

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

CORE20PLUS5

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

CORE20PLUS CONNECTORS

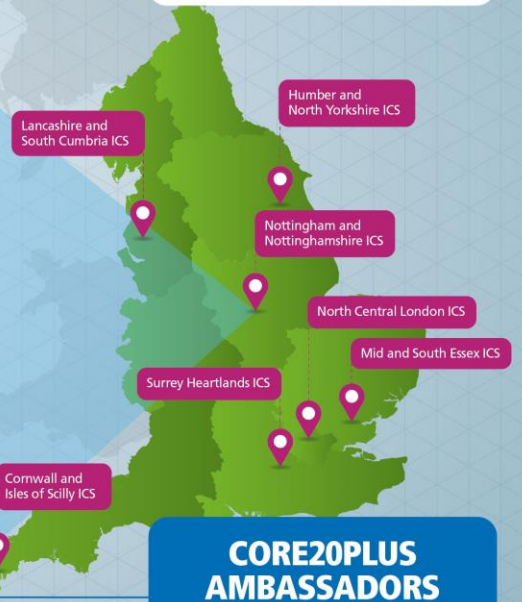
Connectors are people who are part of those communities who are often not well supported by existing services, experience health inequalities, and who can help change these services to support their community better. This will include taking practical steps locally for health improvement in excluded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

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.

CORE20PLUS5

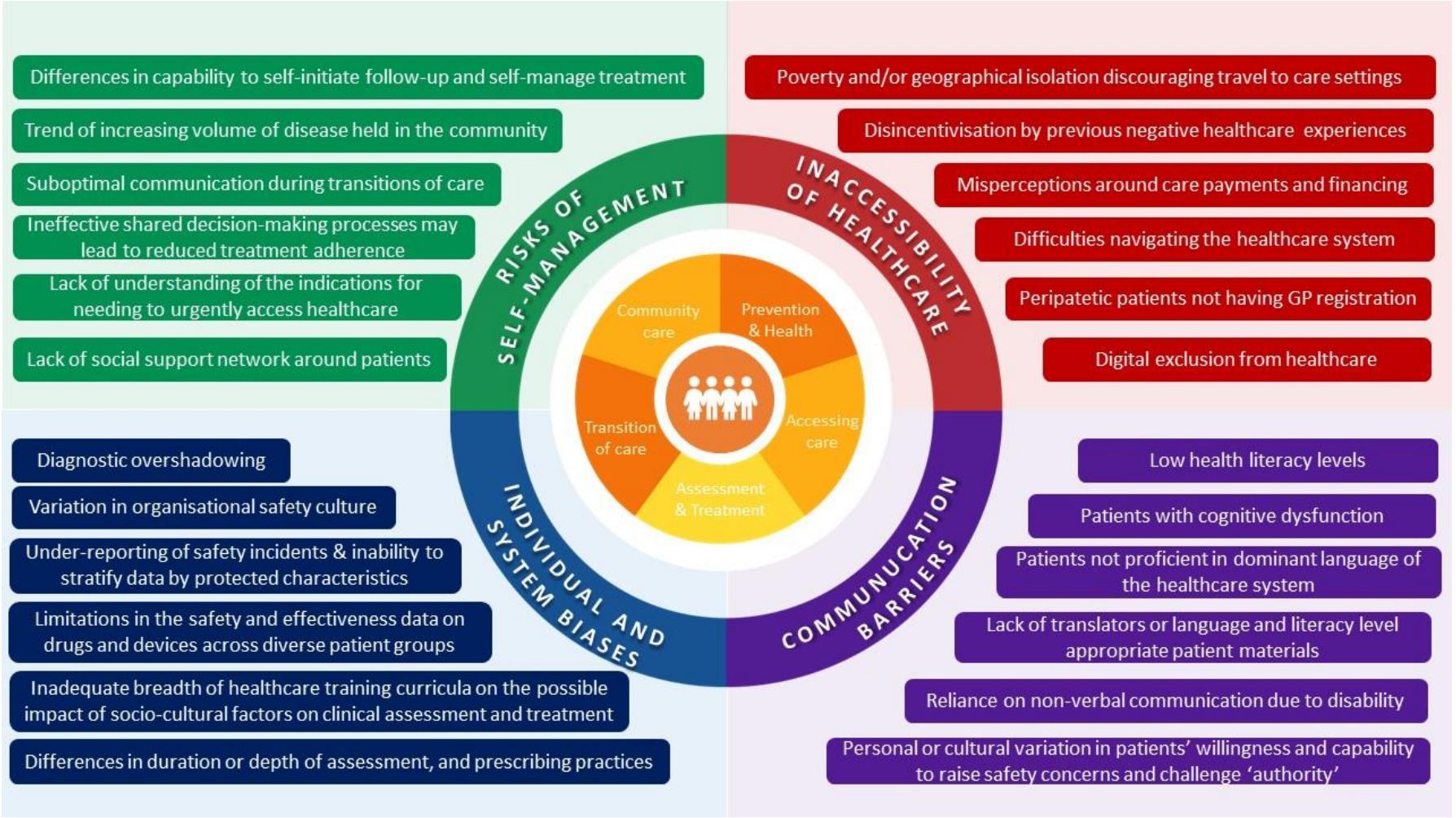
NHS England

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.



Healthcare inequalities

Impact of air pollution

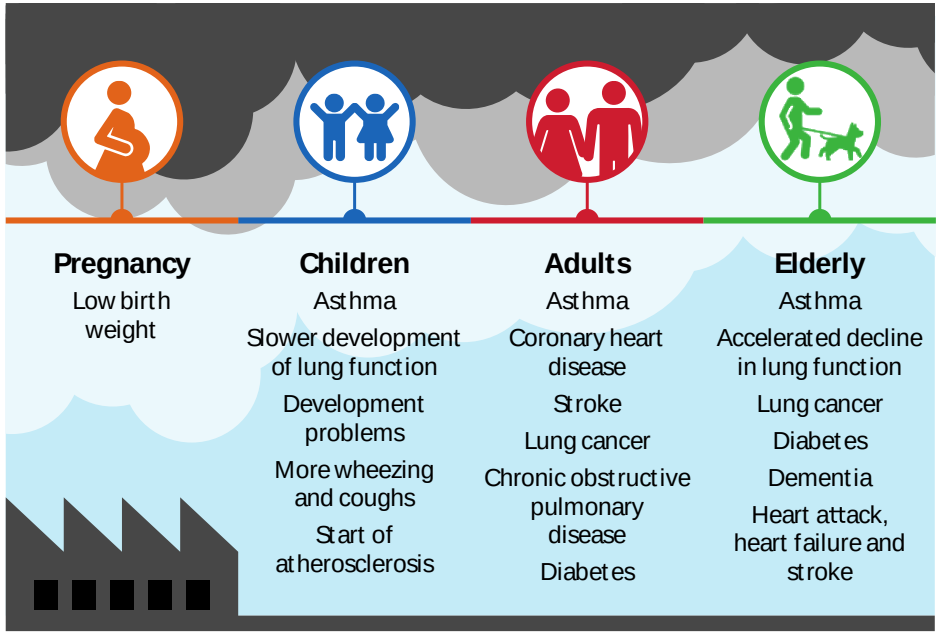
Chief Medical Officer's
Annual Report 2022
Air pollution

NHS England

- 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]

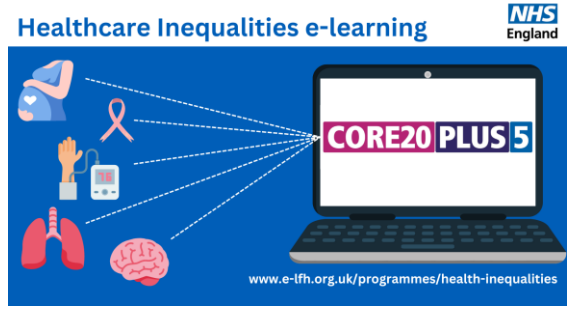
Figure 1: Health effects of air pollution throughout life

 https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution

CORE20PLUS5 e-learning modules

NHS England

- 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/

Narrowing the health inequalities gap

Inch wide, mile deep

Prof Bola Owolabi, MRCGP MFPH (Hon)

Director, National Healthcare Inequalities Improvement Team

Pedro Delgado

Vice President, Institute for Healthcare Improvement

www.ihi.org / pdelgado@ihi.org

Instructor, Harvard TH Chan School of Public Health

Senior Atlantic Fellow for Health Equity

Wednesday May 17, 2023 / International Forum

90 day cycle ahead of Accelerators

What We Heard from People with Lived Experience

- **Relationships Matter**
  - Building 'trust' is a recurring theme
  - Working closer with GPs for case finding
- **Coalitions**
  - Need community champions/connectors type roles representing communities to reach into communities, raise awareness, signpost and advise professionals
  - Work with clinicians from the communities to engage their communities
  - Role of faith leaders, including staff from faith groups
  - Learn from trusted people already working in the communities and work alongside them
  - Partner and co-produce at every level including steering groups
- **Sensitivities**
  - Lack of culturally appropriate services
  - People feel that they haven't been prioritized
  - Take time to understand the 'why' of communities' engagement or lack of
- **Recognition**
  - Make sure people's time is compensated and acknowledged and they are valued
- **Service models**
  - Offer one stop shop when different tests are required
  - Use risk assessment tools that include genetics and signpost as necessary e.g. 'C the Signs'
  - Reduce unnecessary face-to-face appointments where possible
  - Have a strategy for spread

CORE20PLUS5

90 day cycle ahead of Accelerators

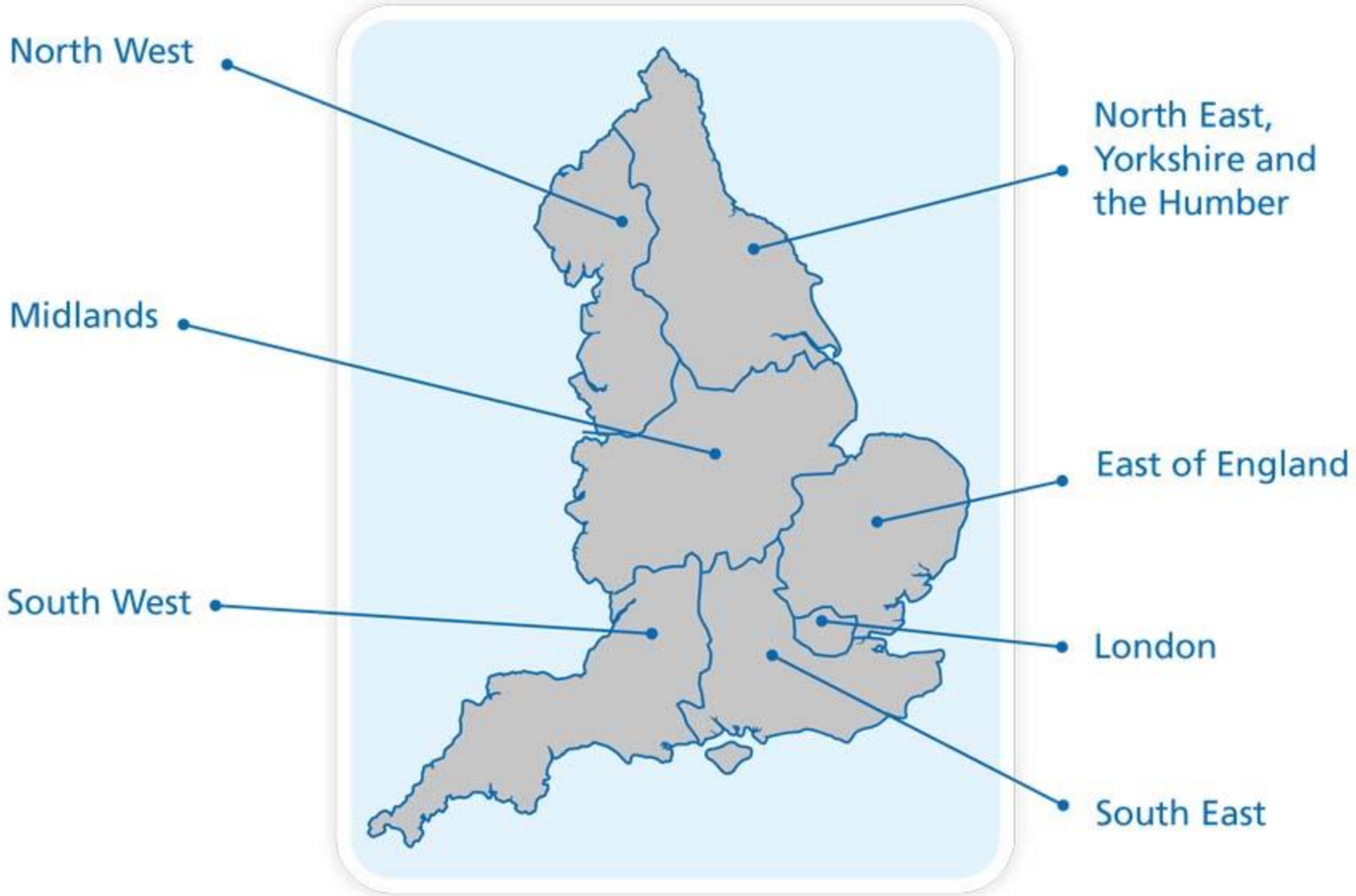
NHS England

What We Heard from Those Successfully Engaging Communities

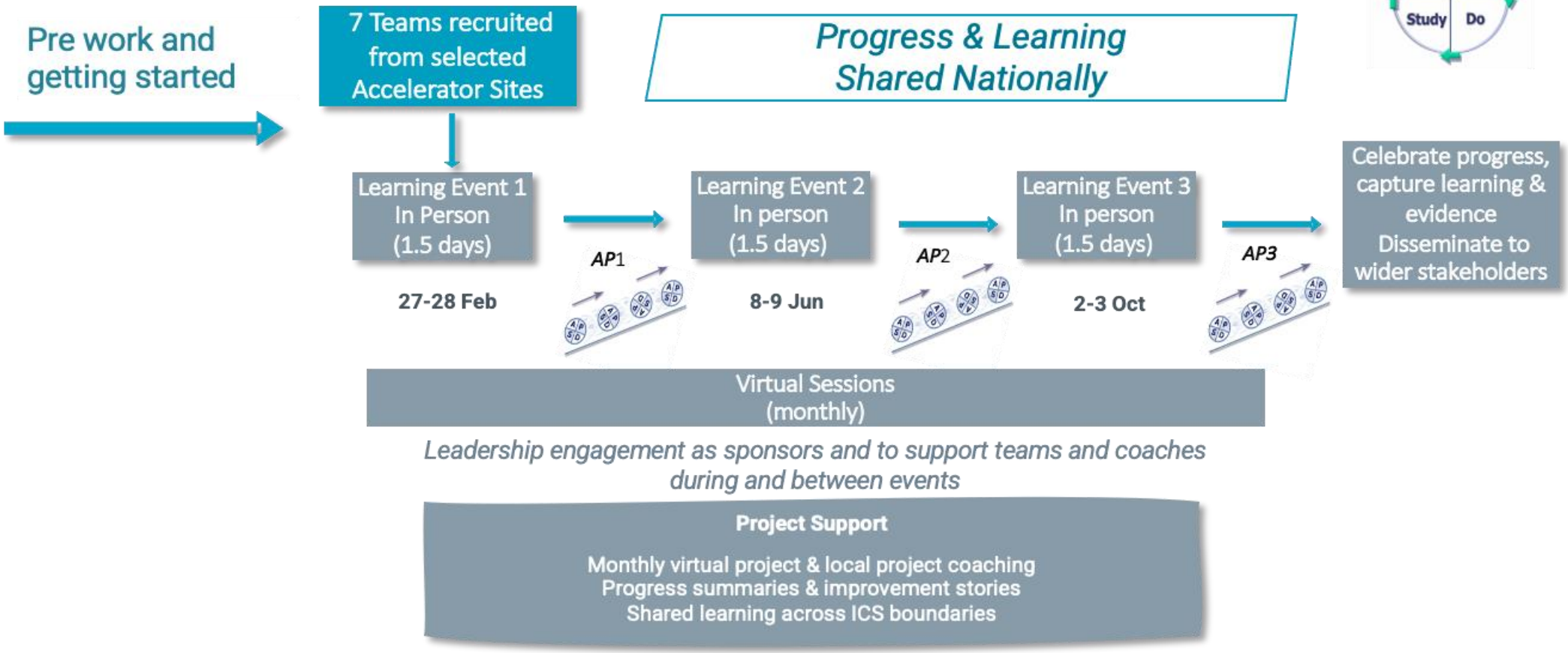
- **Parity**
  - Lived & learnt experience should equally valued and seen as equal partners
- **Co-produce**
  - Be explicit that co-production is non-negotiable
  - Spend time being curious to create the culture to enable co-production
  - Co-produce from the start and throughout
  - Regional, system level, and local co-production are all essential
  - Co-production can be small; start with one person and scale
  - Use digital storytelling to capture and share stories at every stage
- **Reach**
  - Make use of the networks and communities of the populations
  - Target communication strategies at different groups, e.g. young people
  - Strengthen collaborative working with the VCS, including faith-based centres
- **Relationships**
  - Public involvement shouldn't require lived experience, just an understanding of inequalities and the NHS
  - Find people in the community who are trusted and understand the issues, fund them
  - Get clinicians from the communities speaking to their communities
  - Language needs to be relatable

Core20PLUS Accelerator Sites

- Accelerated implementation of Core20PLUS5 priorities using a Quality Improvement (QI) approach
  - The Health Foundation, NHSE and IHI
- Seven (7) ICSs representing all regions in England – competitive process
- Focusing on one or more of the five clinical areas
- To narrow healthcare inequalities for people living in the most deprived areas and individuals from PLUS population groups
- Collaborative learning sessions to share good practice
- Accelerator sites receive support (In-person learning events and local project coaching)


North West
North East, Yorkshire and the Humber
Midlands
East of England
South West
London
South East

Learning and Action Network Overview



Accelerator Sites: topics

Cornwall	• Early Cancer Diagnosis
HNY	• Integrated Neigbourhood teams
MSE	• Severe Mental Illness
North Central London	• Diagnosis of Lung Cancer
Surrey Heartlands	• Cancer Screening Uptake
Nottingham	• Cardio Vascular Disease
Lancashire and South Cumbria	• Management of Hypertension

Teams have developed a range of process outcome and balancing measures to better understand performance of the interventions

% of people on the General Practice SMI register that have received a full and comprehensive physical health check in 12 months to the end of March 2024	Greater uptake from our ethnic groups in deprived parts of the borough of Targeted Lung Health Checks.	Greater diagnosis of lung cancer at Stage 1 and 2.	Increase in hypertension diagnosis within the targeted population group, reducing the inequalities.

Opportunities and Challenges

Opportunities

- Collaborative approach has brought people together behind a common aim
- Engaged and focused audience with a common aim
- Accelerator sites have a clear path to drive improvements
- Refresh QI knowledge and skills
- Sharing experiences with others
- Coaching for improvement

Challenges

- Defining and aligning aims
- Refining measures and aligning with the broader indicators
- Time / competing priorities
- Reorganisations
- Changes in personnel at local level

Thank you

Prof Bola Owolabi, MRCGP MFPH (Hon)

Director, National Healthcare Inequalities Improvement Team

Pedro Delgado

Vice President, Institute for Healthcare Improvement

www.ihi.org / pdelgado@ihi.org

Instructor, Harvard TH Chan School of Public Health

Senior Atlantic Fellow for Health Equity

Wednesday May 17, 2023 / International Forum