East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
24 March 2022

Title	Core20PLUS5: an approach to reducing health inequalities
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Purpose of the report

To update the Board on the national policy framework for health inequalities, including Core20PLUS5, and the Trusts developing approach to tackling health inequalities.

Committees/meetings where this item has been considered

Date	Committee/Meeting
10/3/22	Council of Governors

Key messages

- The Trust Strategy 2021-26 includes a number of significant commitments to tackle health inequalities
- We have a number of work programmes underway to do so, and are working with Integrated Care Systems and borough-based partners to take these and other developing work programmes forward
- National policy places a strong emphasis on the leadership Integrated Care Systems and Trusts should play in tackling health inequalities, with a new framework – Core20PLUS5 – developed as one vehicle to do so, supported by £200m funding in 2022/23.

Strategic priorities this paper supports

Improved population health outcomes	☒	Tackling health inequalities are at the heart of the Trust population health strategic objective.
Improved experience of care	☒	Ensuring service users and carers with protected characteristics and other marginalised groups are able to access our services equitably will improve quality of care.
Improved staff experience	☒	Many of our staff experience inequalities, and are concerned with inequalities experienced by the populations we serve – our work programmes to tackle inequalities will support our staff to flourish
Improved value	☒	Tackling health inequalities will include earlier access to services for some communities that currently access services in crisis.

Implications

Equality Analysis	The Trust is working with Integrated Care System partners and internally to develop insights from our data to inform our work programmes on inequalities
Risk and Assurance	Health inequalities represent one of the most profound risks for the various populations we serve.

Service User/ Carer/Staff	People participation is central to our efforts to tackle health inequalities – without leadership from service users, carers and communities on what matters most to them, work programmes would not be focussed on the right outcomes
Financial	There is potential further investment to support our work on inequalities through £200m funding made available nationally
Quality	Ensuring service users and carers with protected characteristics and other marginalised groups are able to access our services equitably will improve quality of care.

1.0 Introduction

1.1 This report updates the Board on the national policy framework for tackling health inequalities and summarises the Trusts response.

2.0 Background and policy context

2.1 The Trust works in some of the most vibrant and diverse areas in the country. It also works in some of the poorest, where some people fall well short of being able to achieve a decent standard of living, and where some struggle to eat, or to keep warm and dry[1].

2.2 We know that there is a direct relationship between poverty and health outcomes: estimates vary, but generally around 10% of a person or community's health status is accounted for by medical care, whilst 60% is accounted for by social determinants and individual behaviours (and individual behaviours are strongly correlated with social determinants[2].

2.3 We also know that there are particular communities who experience particularly pronounced health inequalities, including people from certain black, Asian or minority ethnic communities, or with other protected characteristics, or people in "health inclusion groups" such as vulnerable migrants, Gypsy Roma or Traveller communities, sex workers and other groups.

2.4 Health inequalities within and between population groups are not new. Whilst the pandemic has shone a particularly sharp light on inequalities for some of the communities we serve - in particular people from Black Asian and Ethnic Minority communities - we have known for many years that people living in the poorest circumstances have significantly poorer health outcomes. Professor Sir Michael Marmot (2011)[3] undertook a clear and comprehensive review of the evidence in Fair Society, Health Lives, and laid out key recommendations to make a difference.

[1] https://www.jrf.org.uk/our-work/what-is-poverty

[2] http://www.goinvo.com/features/determinants-of-health/

[3] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

2.5 The recently published NHS Race & Health Observatory Report[4] *Ethnic Inequalities in Healthcare,* details and evidence review and recommendations for action, including mental health. The recent Kings Fund report[5], *Equity and Endurance: how can we tackle health inequalities this time?* Notes the history of policy focus on health inequalities and makes a case for alternative approaches for more sustainable change for the future.

2.6 Recently, the Health & Care Bill 2022 has been amended in the House of Lords to include an explicit requirement for Integrated Care Systems and NHS Trusts to focus on health equity, as part of delivering the statutory duty to deliver the triple aim of improving outcomes, quality and value for the populations we serve.

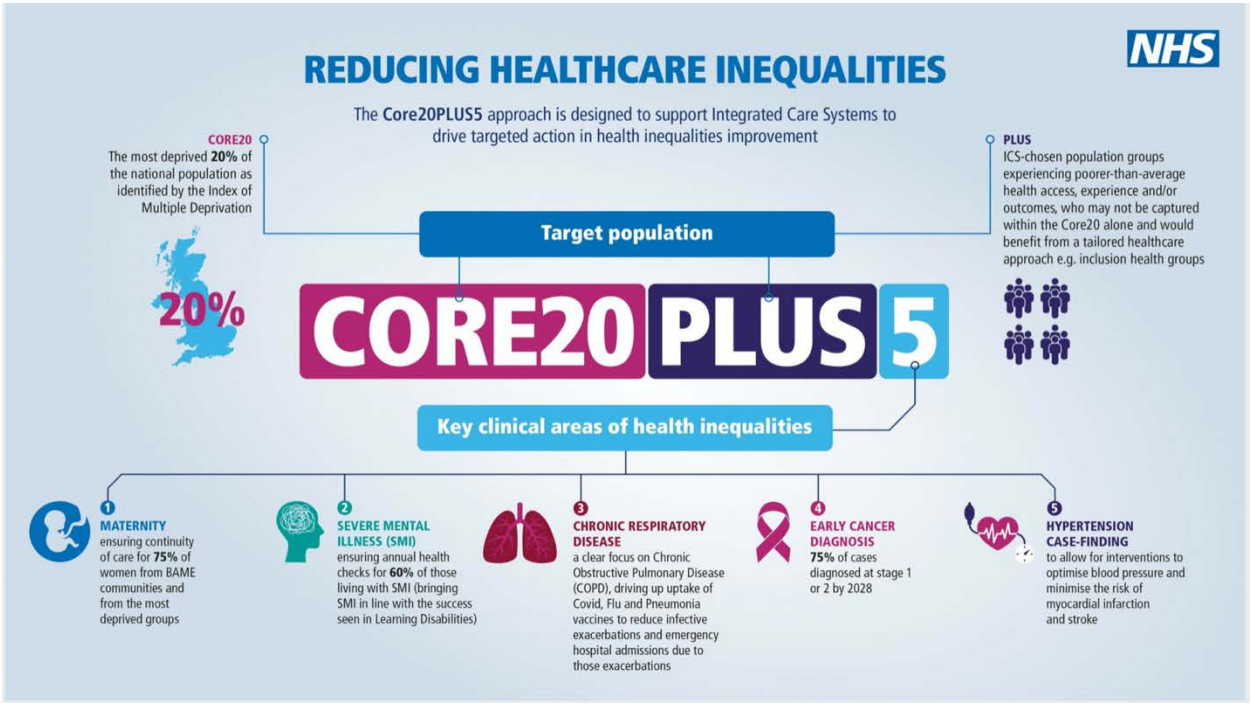
2.7 NHS England operational planning guidance in response to the pandemic lays out the following national inequalities priorities for the NHS:

- **Priority 1: Restoring NHS services inclusively:** where performance reports will be broken down by patient ethnicity and Index of Multiple Disadvantage (IMD) quintile, focusing on unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening and late cancer presentations.
- **Priority 2: Mitigating against 'digital exclusion' –** ensuring providers offer face to face care to patients who cannot use remote services; and ensure more complete data collection, to identify who is accessing face to face/telephone/video consultations is broken down by patient age, ethnicity, IMD, disability status etc.
- **Priority 3: Ensuring datasets are complete and timely** – to continue to improve data collection on ethnicity and other protected characteristics, across primary care/outpatients/A&E/mental health/community services, specialised commissioning and secondary care Waiting List Minimum Dataset (WLMDS).
- **Priority 4: Accelerating preventative programmes;** covering flu and Covid-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities; supporting the continuity of maternity carers and targeting long-term condition diagnosis and management.
- **Priority 5: Strengthening leadership and accountability** –Supporting PCN, ICS and Provider health inequalities SROs to access training and wider support offer, including utilising the Health Inequalities Leadership Framework, developed by the NHS Confederation.

2.8 As part of planning requirements for 2022/23, NHS England has also introduced the Core20plus5 approach, supported by £200m national funding targeted at those areas with the greatest health inequalities:

[4] https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/

[5] https://www.kingsfund.org.uk/publications/how-can-we-tackle-health-inequalities



2.9 **Core20** refers to the most deprived 20% of the population. **PLUS** refers to Integrated Care System identified populations or communities that are not thriving, and explicitly may include inclusion health groups. **5** refers to five clinical areas of focus, where there are particular inequalities, including:

1. **Maternity:** ensuring continuity of care for 75% of 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**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

2.10 The Trust is working closely with Integrated Care System partners in Bedfordshire, Luton and Milton Keynes and in North-East London to develop and mobilise our work to take forward the national inequalities priorities and Core20plus5.

3.0 The Trust Strategy and approach

3.1 The refreshed Trust Strategy 2021-2026, developed after extensive engagement with service users and carers, staff and stakeholders over Summer 2021, includes a number of key commitments to tackling inequalities, in particular:

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment

- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups
- Address inequalities in experience, access and outcomes in our services.

3.2 The Trust is partnering with Professor Sir Michael Marmot at the Institute for Health Equity (IHE) to develop and take forward our programme of work to understand how best an NHS Trust can implement programmes of work to address the underlying causes of poor health (social determinants) and work to tackle inequalities. We are the first NHS Trust to partner with the IHE and we will share our learning with other NHS Trusts.

3.3 We have a whole range of work programmes already in inception or underway, including (but not limited to):

- Co-producing trustwide plans with service users, carers and staff
- Working with directorates and teams to "make equality work" – recent Trust wide events have identified key actions
- Working with our staff networks to ensure we "make equality work" for our staff
- Recent recruitment of Head of Equality, Diversity & Inclusion
- Working through our Marmot programme with partners in Luton to promote good employment and increase employment opportunities for service users and for local populations facing multiple disadvantage
- Working through our Marmot programme with partners in Newham to give every child the best start in life; in particular exploring how we can co-locate financial support services in our healthcare settings and train staff on incorporating social welfare advice into our clinical consultations.
- Embedding social value in our approach to selecting suppliers, supported by the Health Foundation as one of the 12 recently announced national evaluation sites
- National pilot site for Patient and Race Equality Framework
- Undertaking Health Equity Audits to understand patterns of outcomes, access and quality for particular services, for example IAPT
- Developing culturally competent community mental health services through our community mental health early adopter programme
- Working with Integrated Care System partners to understand how joined up data across the NHS and Councils can help us to understand and tackle inequalities (population health management) and developing dashboards for our teams to be able to quickly and easily view outcomes and access by protected characteristic
- Rolling out our Pursuing Equity programme - supported by our people participation, public health and quality improvement teams and aimed at building capability in our frontline teams to understand and address inequalities in our services
- Delivering on key priorities, for example physical health checks for people with serious mental illness and learning disability
- NHSE national pilot site for tobacco control for mental health inpatients and outpatients
- Exploring how we can co-locate financial support services in our healthcare settings and train staff on incorporating social welfare into our clinical consultations
- Leading work on inequalities in our Integrated Care Systems and nationally.

3.4 The Trust Council of Governors discussed health inequalities on 12/5/22 as a substantive agenda item, with a rich and insightful debate regarding priorities for the Trust for the next year, which will be reviewed and incorporated into our programme of work.

3.5 We will continue to work with Integrated Care System and borough-based partners to plan for and deliver Core20plus5, and in particular champion people participation and quality improvement as key opportunities to drive the work forward in the most impactful way.

4.0 Action Being Requested

4.1 The Board/Committee is asked to **RECEIVE** and **NOTE** the report.