CORE20PLUS5

NHS England

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Vision

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

The Role of Finance in Reducing Healthcare Inequalities

Business Case for reducing health inequalities

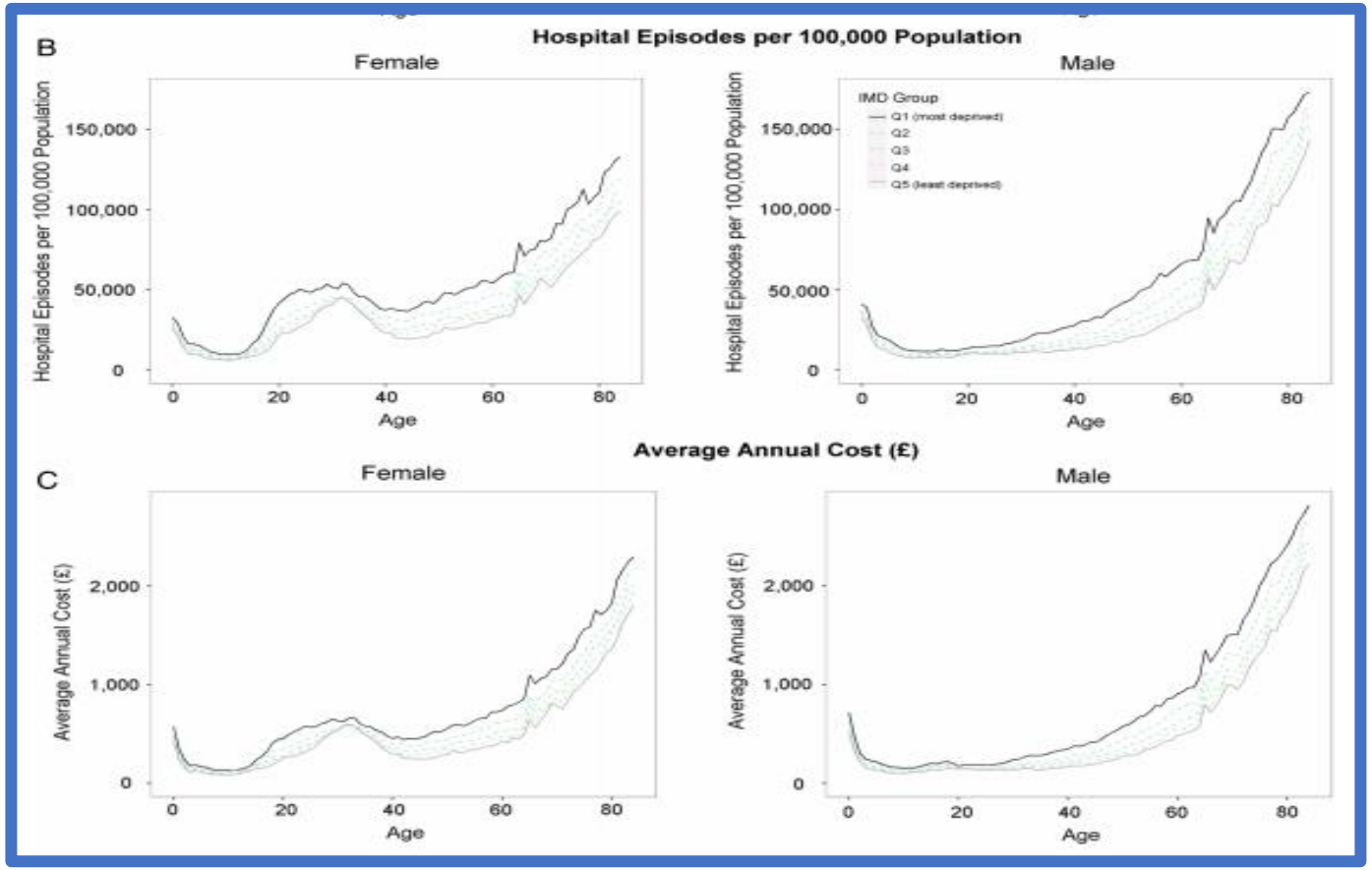
- Increased NHS treatment costs
  - > £5 billion

- 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



Fair Society, Healthy Lives The Marmot Review of Health inequalities in England post 2010 - PowerPoint PPT Presentation
https://www.slideserve.com/daniel_millan/fair-society

Healthcare inequalities

Health equity and outpatient productivity – case studies

- NHS England » Free transport reduces ‘was not brought’ rates for children at Midlands trust

- NHS England » Narrowing inequalities in waiting lists in Leicester

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

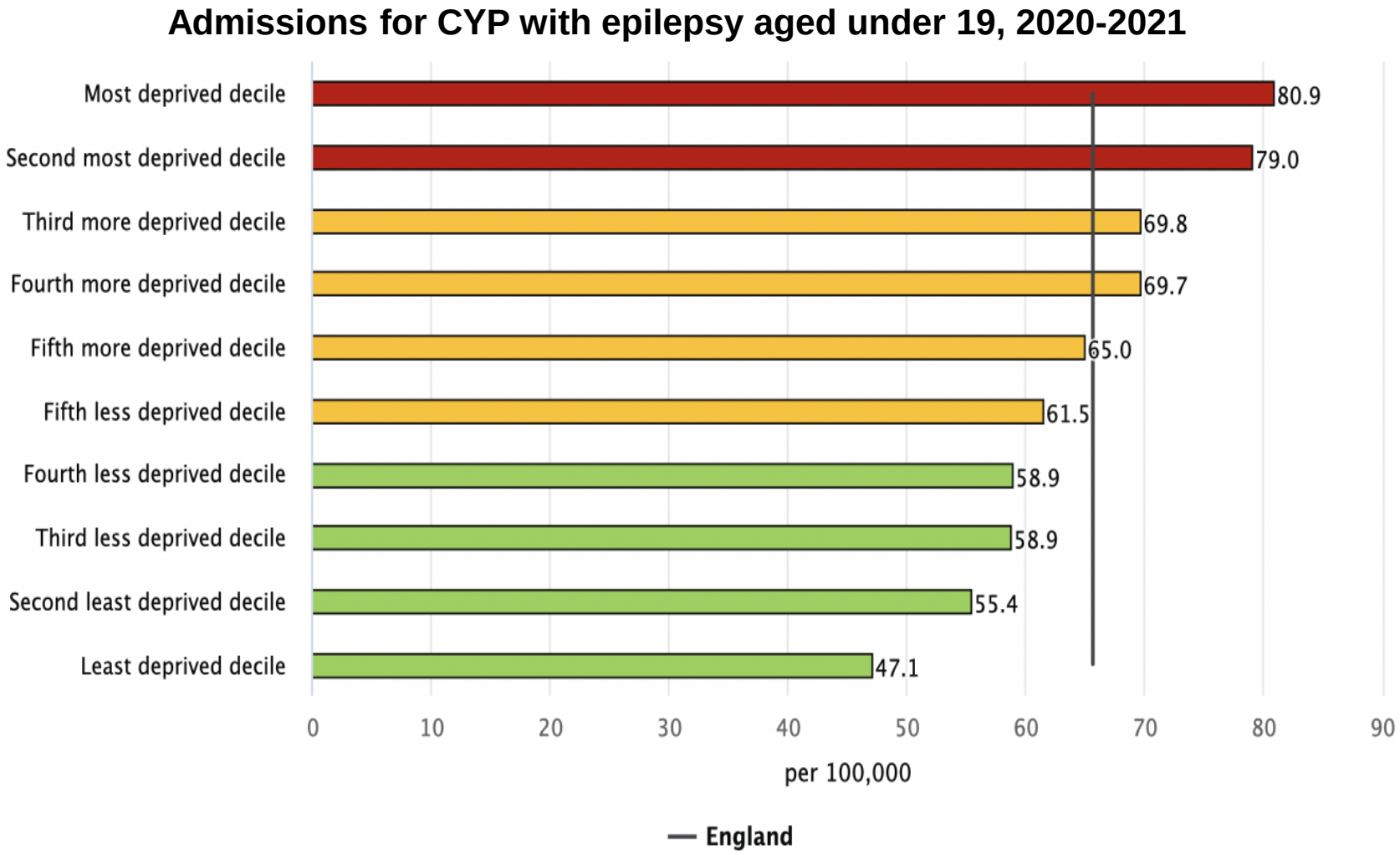
5. **MENTAL HEALTH**
   Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Removal of decayed teeth is the most common reason for a 5 – 9-year-old child to be admitted to hospital in England

- Decay can cause pain leading to problems with eating, sleeping, communication and socialising, as well as resulting in time away from education and work for parents / carers
- Good oral health a key indicator of school readiness
- Dental disease is almost always preventable

Image courtesy of British Society of Paediatric Dentistry

Lack of optimal management of epilepsy can lead to unnecessary emergency care – and there is a clear social gradient in emergency admissions of CYP with epilepsy



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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

CORE20PLUS5

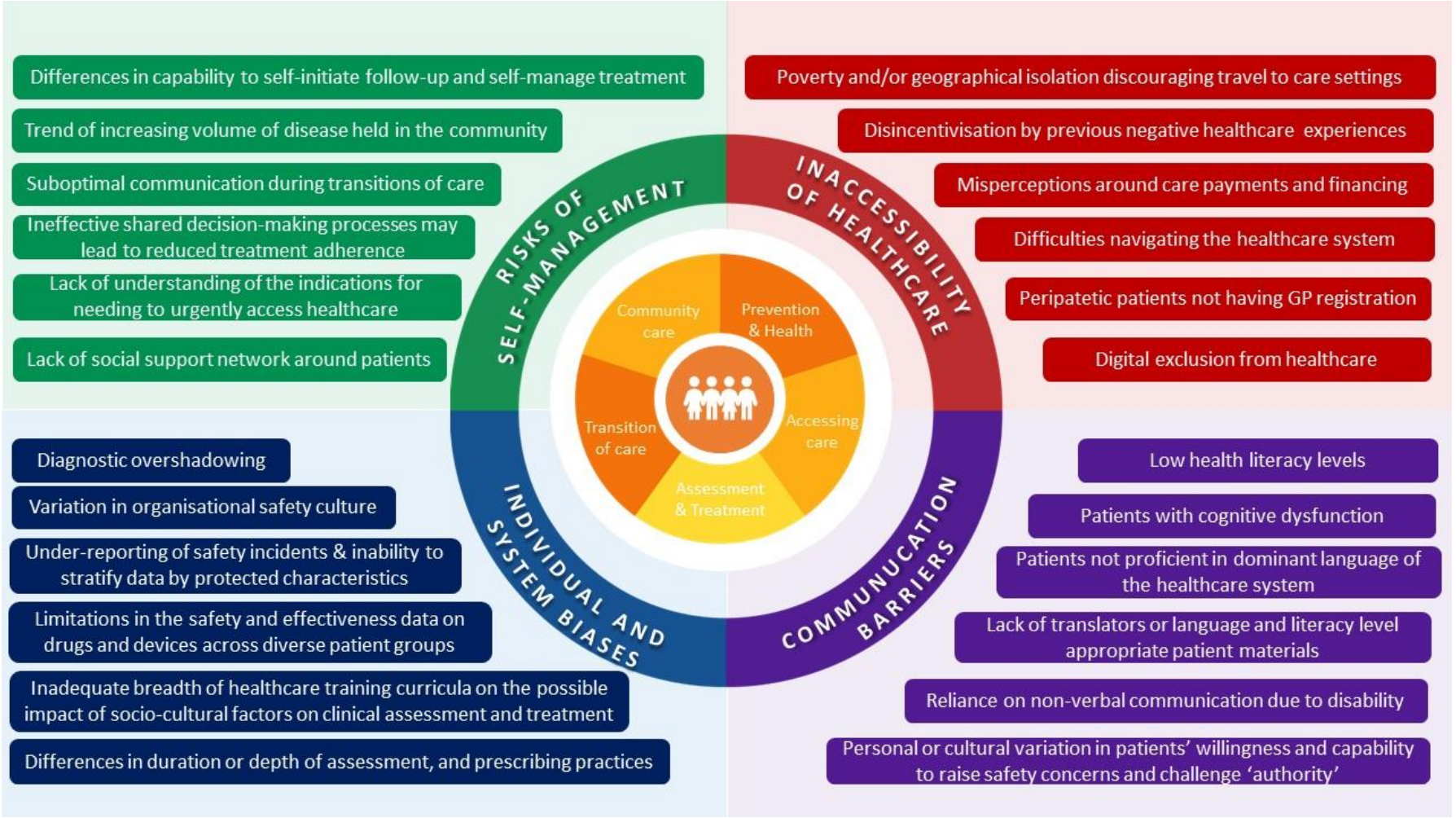
NHS England

Intersection with Patient Safety

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

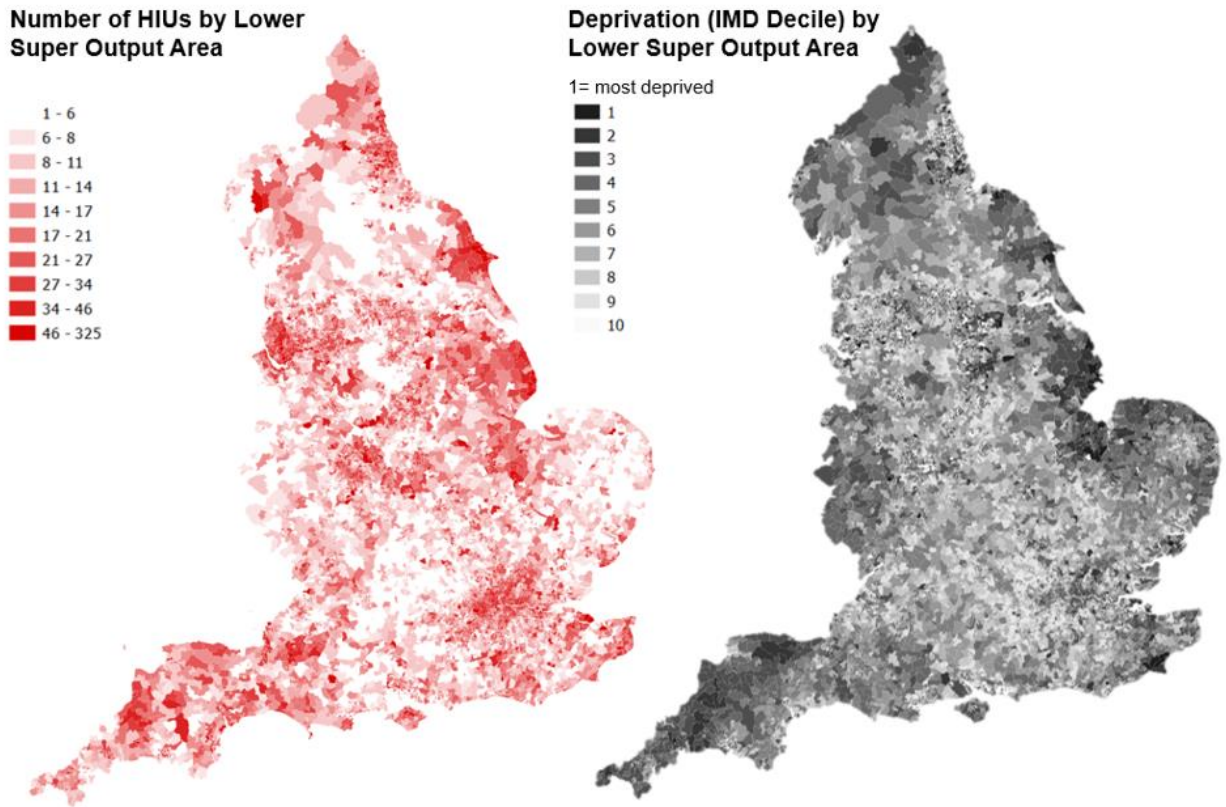
[Action on patient safety can reduce health inequalities | The BMJ]

Cian Wade et al.



High Intensity Use is associated with several demographic patterns including poverty, housing instability, social isolation and loneliness

- HIUs are split roughly equally between men and women with almost one third of HIUs aged 20-40
- **20% of HIUs live in areas in the most deprived band (IMD band 1 of 10).**
- HIUs are over a third more likely to live alone than the general population
- HIUs are at least 25% more likely to move than the general population - A crucial point is the 7th visit to A&E when an HIU is more likely to be one for more than a year
- HIUs aged 30-50 mortality rates are elevated by 7.5 times compared to the average population
- HIUs who attend 16 times a year, remain an HIU for multiple years



Sources: HES data benchmarked against ONS data. **KB**

Core20PLUS adding value: Chronic Respiratory Disease

5 Key Clinical Focus Areas

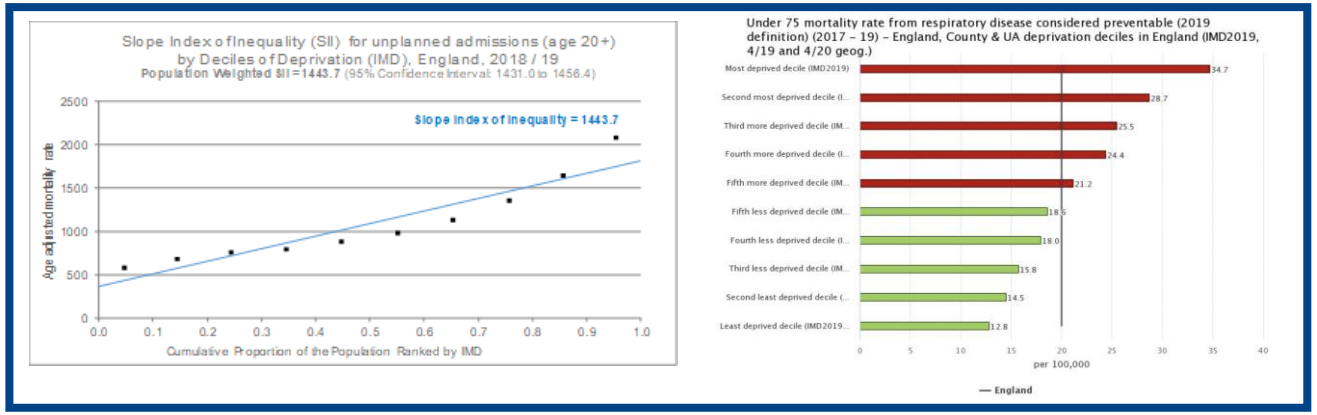
1. **Cardiovascular disease -** hypertension case-finding
2. **Cancer –** early diagnosis
3. **Chronic Respiratory Disease –** reducing acute exacerbation of COPD through focus on Covid, Flu and Pneumonia vaccination
4. **Maternity** –ensuring continuity of carer for 75% of deprived & ethnic minority women
5. **Mental health** - Annual health checks for severe mental illness

Importance of Long-Term Plan Goal:

- Chronic respiratory disease is one of the biggest contributors to the life expectancy inequality gap between the most and least deprived regions. The under-75 mortality rate from respiratory disease for the most deprived quintile is 4 times higher than for least deprived quintile. Acute exacerbations of COPD account for roughly 1 in 8 emergency admissions in England. The LTP respiratory programme aims to improve diagnosis, treatment and pulmonary rehab. As part of this, the Core20PLUS5 approach will focus on accelerating Flu, Covid-19 and Pneumonia vaccines uptake to reduce premature mortality and emergency admissions due to exacerbation of COPD.

Benefits Hypothesis of focusing on the CORE20 is:

- Avoidable mortality from COPD is roughly 2.5 times higher in the most deprived quintile, compared with the least deprived quintile (under 75)

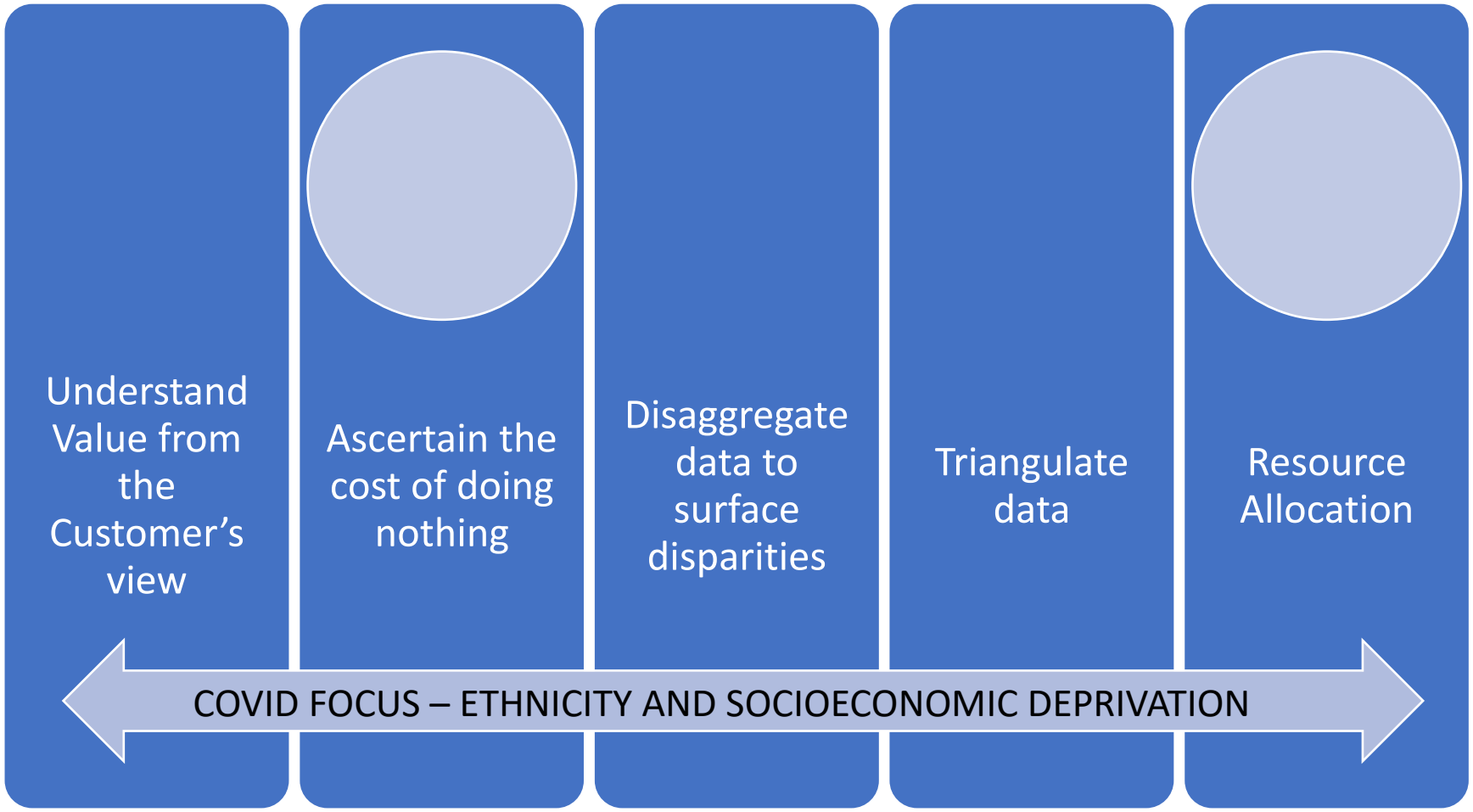


An enhanced inequalities focus is needed because:

- The rate of emergency admissions (per 100,000 population) in the most deprived quintile is roughly 3 times higher than in the least deprived quintile
- This will minimise emergency admission winter pressures arising from COPD exacerbation, which are higher in the most deprived regions

https://www.nice.org.uk/guidance/qs10/documents/briefing-paper

The Role of Finance



CORE20PLUS5

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

CORE20PLUS CONNECTORS

Connectors are those with influence in their community who can help engage local people with health services.

CORE20PLUS INNOVATION

Projects to improve access to innovative health technologies and medicines are being run with local communities. This work aims to identify, address and minimise healthcare inequalities for Core20PLUS groups through schemes such as the Innovation for Healthcare Inequalities Programme (InHIP).

CORE20PLUS ACCELERATORS

Accelerator sites help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs)

CORE20PLUS COLLABORATIVE

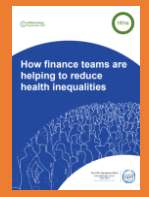
CORE20PLUS AMBASSADORS

Support on tackling healthcare inequalities

Finance teams have an important role to play in helping to reduce healthcare inequalities. When teams are working at their best, they can increase value and have a significant impact on patient access, outcomes and experience. As such, the HFMA is working on a package of resources which will help finance teams as they work to address healthcare inequalities. There are two main sources of support: (1) briefings and publications, and (2) HFMA bitesize online learning. Both are freely available to all NHS staff.

(1) Briefings and publications

Health inequalities: establishing the case for change



How finance teams are helping to reduce health inequalities

Health inequalities data sources map

Resources and funding to reduce health inequalities

The role of the NHS finance function in addressing health inequalities

Further briefings to follow on financial incentives, business cases, commissioning and financial strategy (all focusing on health inequalities).

Support on tackling healthcare inequalities

2) HFMA bitesize – online learning, available on ESR

Introduction to health inequalities for finance

Using data to understand health inequalities

Further courses to follow on funding and business cases (both focusing on health inequalities).

In addition, the HFMA is hosting a cohort of HFMA healthcare inequalities finance fellows (HIFFs). The HIFFs make up a network of NHS finance professionals across the UK who come together to share ideas on the practical steps we can take to tackle healthcare inequalities.

Please do get in touch if you have any ideas about what else we can do to support you in this area by emailing policy@hfma.org.uk.