

**LEICESTER CITY HEALTH AND WELLBEING BOARD  
28 July 2022**

<b>Subject:</b>	Report of the Chief Strategy Officer, LLR Integrated Care Board (ICB)  Reducing Health Inequalities – Core20Plus5
<b>Presented to the Health and Wellbeing Board by:</b>	Steve McCue – Senior Strategic Development Manager, LLR ICB Mark Pierce – Head of Population Health, LLR ICB
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**Purpose of report**

1. The purpose of this report is to inform the Health and Wellbeing Board (HWB) of the NHS requirement by NHS England and NHS Improvement to deliver against the CORE20Plus5 to support wider work to reduce health inequalities across Leicester, Leicestershire and Rutland (LLR).
2. The HWB is required to ‘Do’ specific Leicester place-based work (such as work on the wider determinants of health) and ‘Sponsor’ wider LLR NHS initiatives that reduce health inequalities in Leicester.

**RECOMMENDATIONS:**

3. The Health and Wellbeing Board is requested to:
  - a. Receive and Note the report
  - b. Complete further work TO AGREE an initial focus on a Leicester population cohort(s) who already experience health inequities – a plus cohort of the Core20Plus5 approach

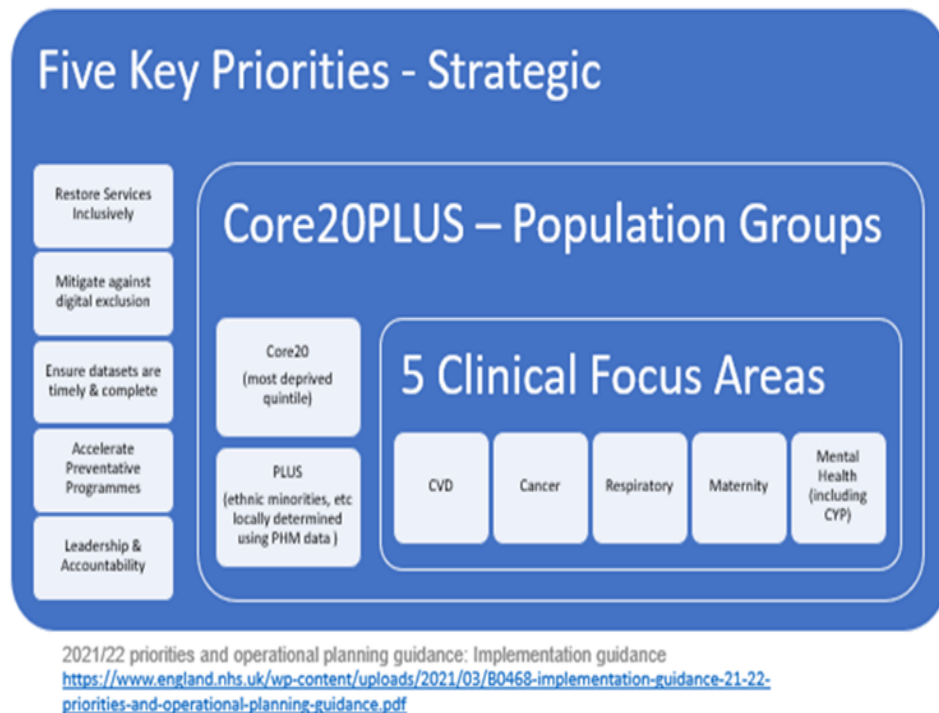
## **Policy Framework and Previous Decision**

4. Previous reports on the Core20Plus 5 have been reported in the following meetings:
  - a. Received for information by the LLR Integrated Care Board – 14 April 2022
  - b. Received for information by the LLR Integrated Care Partnership - 29 March 2022
5. Improving population health and healthcare and tackling unequal outcomes and access are two of the four purposes of the LLR Integrated Care System (ICS)
6. Nationally, Core20Plus5 is the NHSs approach to tackling unequal outcomes and access
7. LLR Health Inequalities Framework – Better Care For All (Appendix 1) presented to the HWB on 25 March 2021

## **Background**

8. NHS England define health inequalities as the preventable, unfair, and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental, and economic conditions within societies. Reducing health inequalities is a core priority for the LLR ICS and our programme of work to reduce health inequalities will be guided by the 12 principles within the LLR Health Inequalities Framework (see Appendix 1) with a focus on addressing the five priorities in the 21/22 & 22/23 NHS Operational Planning Guidance and the Core20Plus5 approach (Figure 1). The LLR ICS is aligned to the national vision of 'exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes. Health inequalities exist on a gradient throughout populations, and we are committed to using a proportionate universalism approach to reduce inequity wherever it exists across LLR.

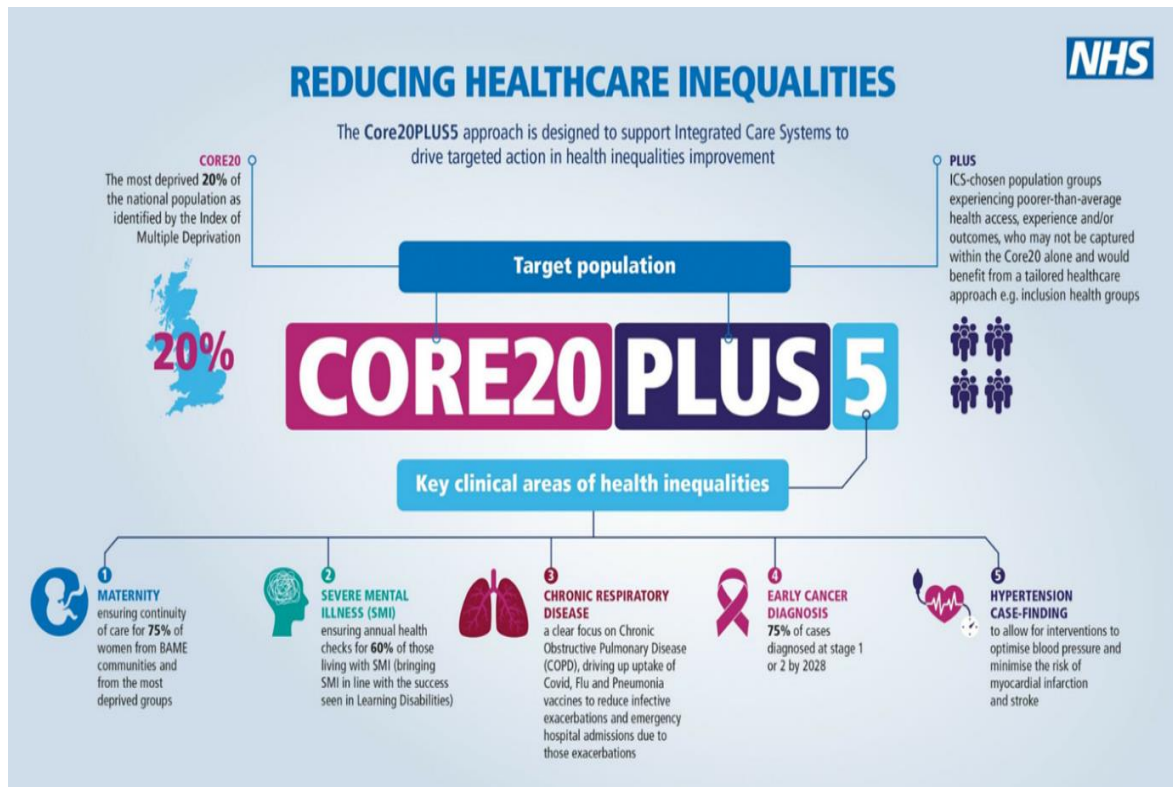
## Health Inequalities Improvement Programme Prioritisation - Core20PLUS5



**Figure 1:** *The five priorities in the 21/22 & 22/23 NHS Operational Planning Guidance and the Core20Plus5 approach*

### Core20Plus5 – An approach to reducing health inequalities

9. Core20Plus5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system (LLR) level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement (Figure 2).



**Figure 2:** *The Core20Plus5 approach to reducing health inequalities*

### Core20

10. The Core 20 refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.
11. For Leicester, Leicestershire & Rutland (LLR), 153,284 registered patients live in the 20% most deprived neighbourhoods in England (Table1). Our Strategy and system, place and neighbourhood levels of service delivery will be to ensure that we invest resources to ensure that (1) access to services, (2) experience of services, and (3) health and care outcomes are fair and equitable for the people in this group compared to the rest of the population. This means that we will work with partners to make the necessary efforts and investments needed to “level the playing field” for everyone in terms of chances to live a long and healthy life.

**Table1:** Summary of the number of registered patients across LLR and those that live in the 20% most deprived areas in England

	Registered patients living in 20% most deprived areas in England	Total registered patients	%
Leicester	130,794	413,074	31.7%
Leicestershire	22,321	688,401	3.2%
Rutland	169	40,035	0.4%
LLR	153,284	1,141,510	13%

### The “PLUS” populations

12. The Plus populations of the Core20Plus5 approach to reducing health inequalities are groups, not specifically covered in the “Core 20”, who may need additional support from system partners in order to have an equitable chance of having the best health and care outcomes. The LLR partners will use national and local data to identify these groups. They may include ethnic minority communities, people with very poor mental health, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, military and veteran populations, sex workers, people in contact with the justice system, victims of modern slavery. It also considers those living in very rural areas/ those remote from certain services, and other socially excluded groups.

13. The emerging Leicester Health, Care & Wellbeing Strategy (2022-2027) has health inequalities as a cross cutting theme across all the life course stages. To ensure that additional work and resources are aligned to the specific ‘place’ priorities and populations, it is recommended that the ‘Plus’ population groups will be determined in each of our three ‘places’ by the relevant Health & Wellbeing Board.

### “The 5”

14. The final part of the Core20Plus5 framework sets out five clinical areas of specific NHS focus. Governance for these five focus areas sits with national NHS programmes; national and regional teams coordinate local systems to achieve national aims. The five clinical areas include;

- a. Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the Core 20 part of the population

- b. **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)
- c. **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
- d. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028
- e. **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

### **Delivery & Governance**

15. The local NHS will collaborate with partners to deliver against Core20Plus5 national targets. Successful programmes to improve access, experience and outcomes requires not just the NHS, but all system partners working together. At system level; reporting on, and governance of actions will be through the LLR Prevention & Health Inequalities Reduction Board and ICB/ICP. At place it will be through the Health and Wellbeing Boards and Directors of Public Health. At neighbourhood level, it will be through local neighbourhood Community Health and Wellbeing Plans which will include delivery partners such as Primary Care Networks, Integrated Neighbourhood Teams and local authority partners.
16. Reporting on Health Inequalities will be proportionate to the footprint at which action is taken, with neighbourhood reporting being the most detailed and localised, but aligned to place and system priorities, and overall progress against the NHSEI 5 priority areas and Core20Plus5 metrics for the five clinical areas.
17. The LLR ICS has placed a very high premium on identifying and strengthening leadership and accountability for tackling health inequity at all levels of the system. Health Inequality Leads are now in place at Board level in each large NHS providers, on the NHS system Board, and through formal clinical and management leader roles in different specialities. The LLR Prevention & Health Inequalities Board, chaired by the Director of Public Health for Leicestershire, will oversee the implementation of the LLR Health Inequalities Framework and support

action at place and neighbourhood level through a 'Do, Sponsor, Watch' approach to delivery.

18. A local LLR health inequalities dashboard has been developed in addition to the national reporting tool to help us measure local progress on reducing health inequalities through the Core20Plus5. Regular reporting against system, place and neighbourhood actions to reduce health inequalities will be presented to the Integrated Care Board, the Integrated Care Partnership and each of the three Health and Wellbeing Boards in LLR.

### **Consultation/Patient and Public Involvement**

19. Health Watch has been a member of the Task and Finish Group for drafting the LLR Health Inequalities Framework. This framework is currently being updated to reflect the Core20Plus5 approach. We believe that meaningful engagement with public and patients on health inequalities needs to take place at place level and more locally to be effective in driving effective action.

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

20. The CORE20Plus5 is a NHS national framework to reduce health inequalities, it takes into account protected characteristics as part of its 'Plus 5' groups.

### **Partnership Working and associated issues**

21. The Core20Plus5 approach provides a framework for how we plan to act, both collectively and through specific organisations to positively impact not just the direct causes, but the "causes of the causes" of these differences. Some work, therefore, will fall to the NHS to do, some to other partners such as local authorities or other public sector bodies, and some as joint working at system, place or neighbourhood. Often this is not something one organisation can do on their own – it requires the system to work together to act as anchor institutions – using their collective resources and working with the voluntary and community sector to make a difference.

### **Background papers**

<https://www.england.nhs.uk/wp-content/uploads/2021/06/240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf>

## **Appendices**

### LLR Health Inequalities Framework – Better Care For All



HIF - BETTER CARE  
FOR ALL - Final 03.0.

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