

CORE20 PLUS 5

Innovation and Transformation for Healthcare Inequalities Improvement

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Vision

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

The people cost of healthcare inequalities

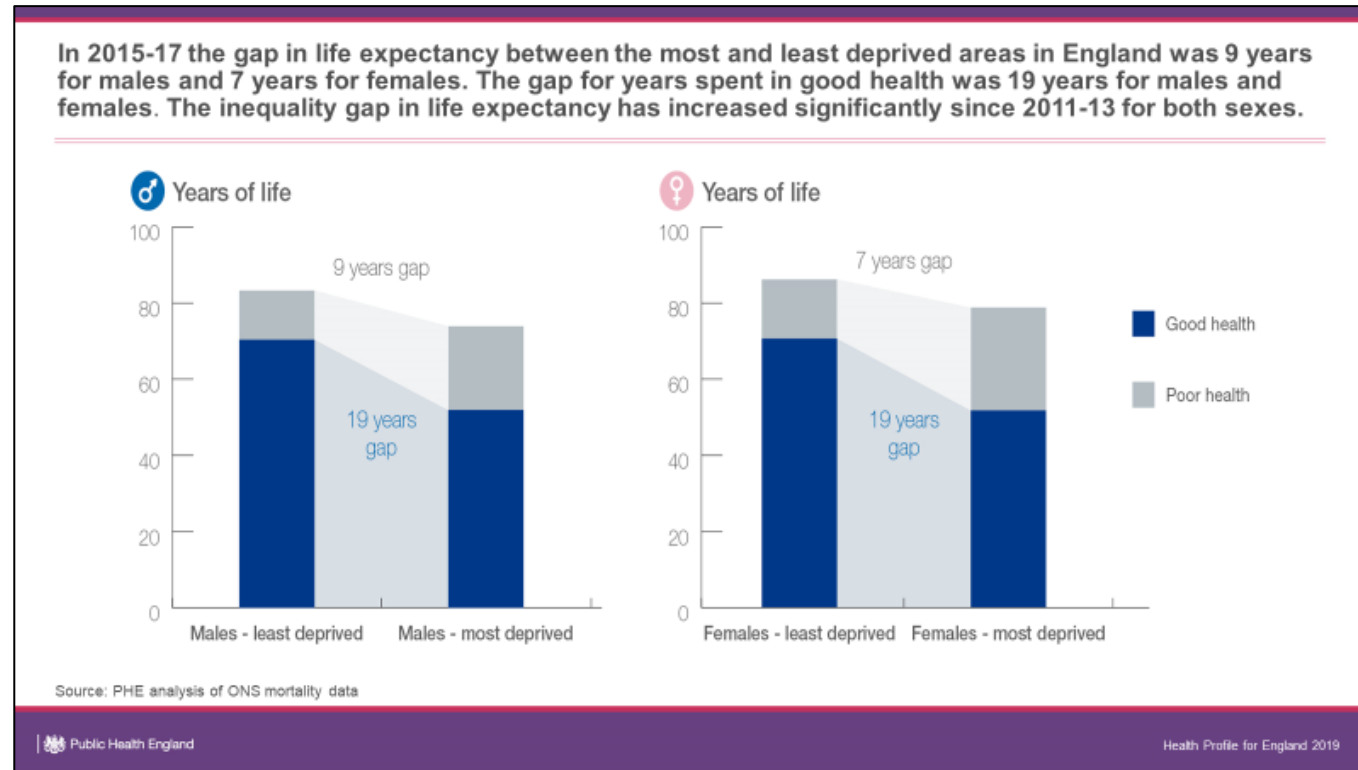


The pandemic has exacerbated inequalities...

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**

A Business Case for tackling Healthcare Inequalities

Increased NHS treatment costs

- > £5 billion

Losses from illness associated with health inequalities

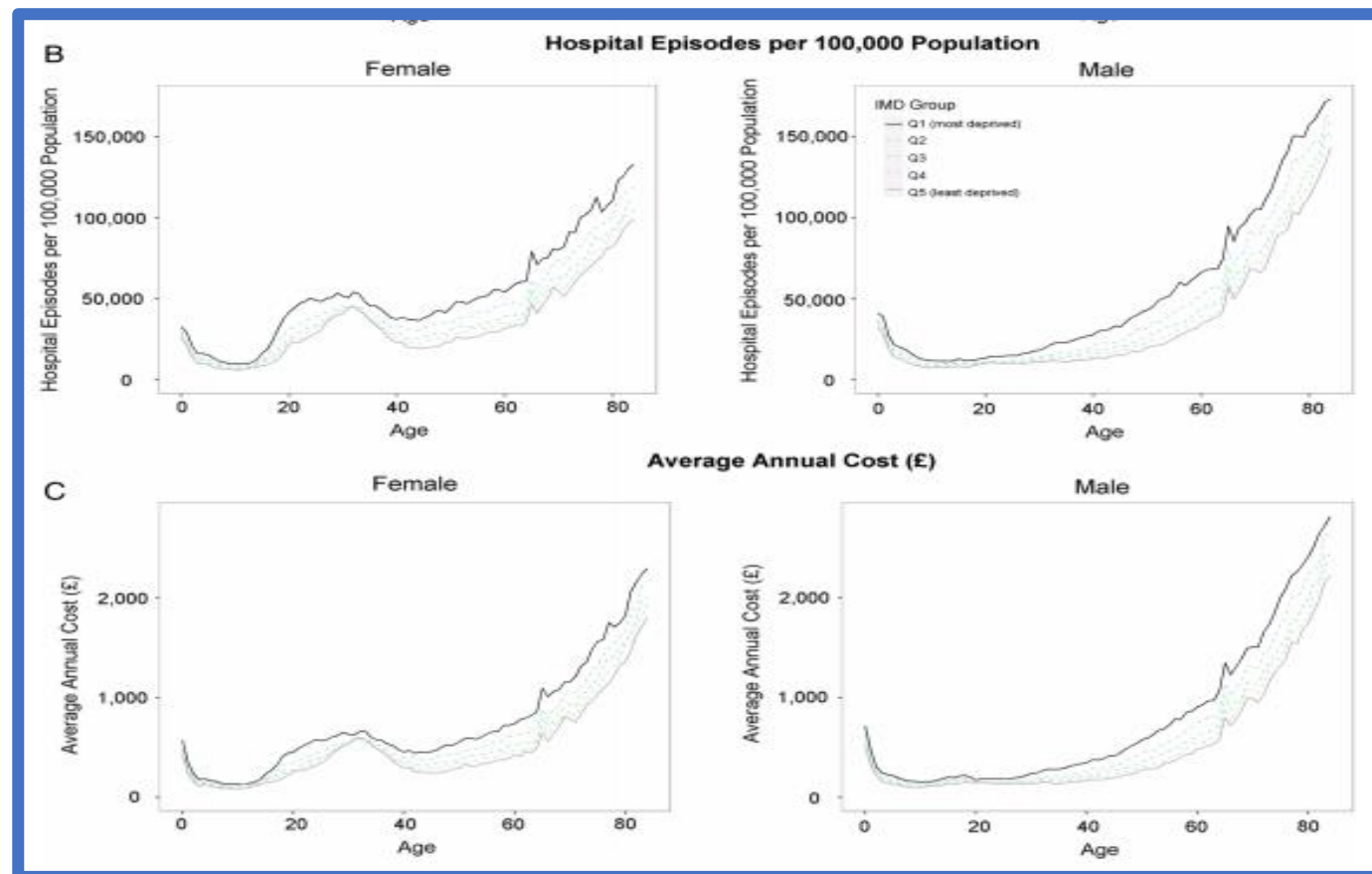
Productivity losses

- £31 billion - £33 billion

Reduced tax revenue and higher welfare payments

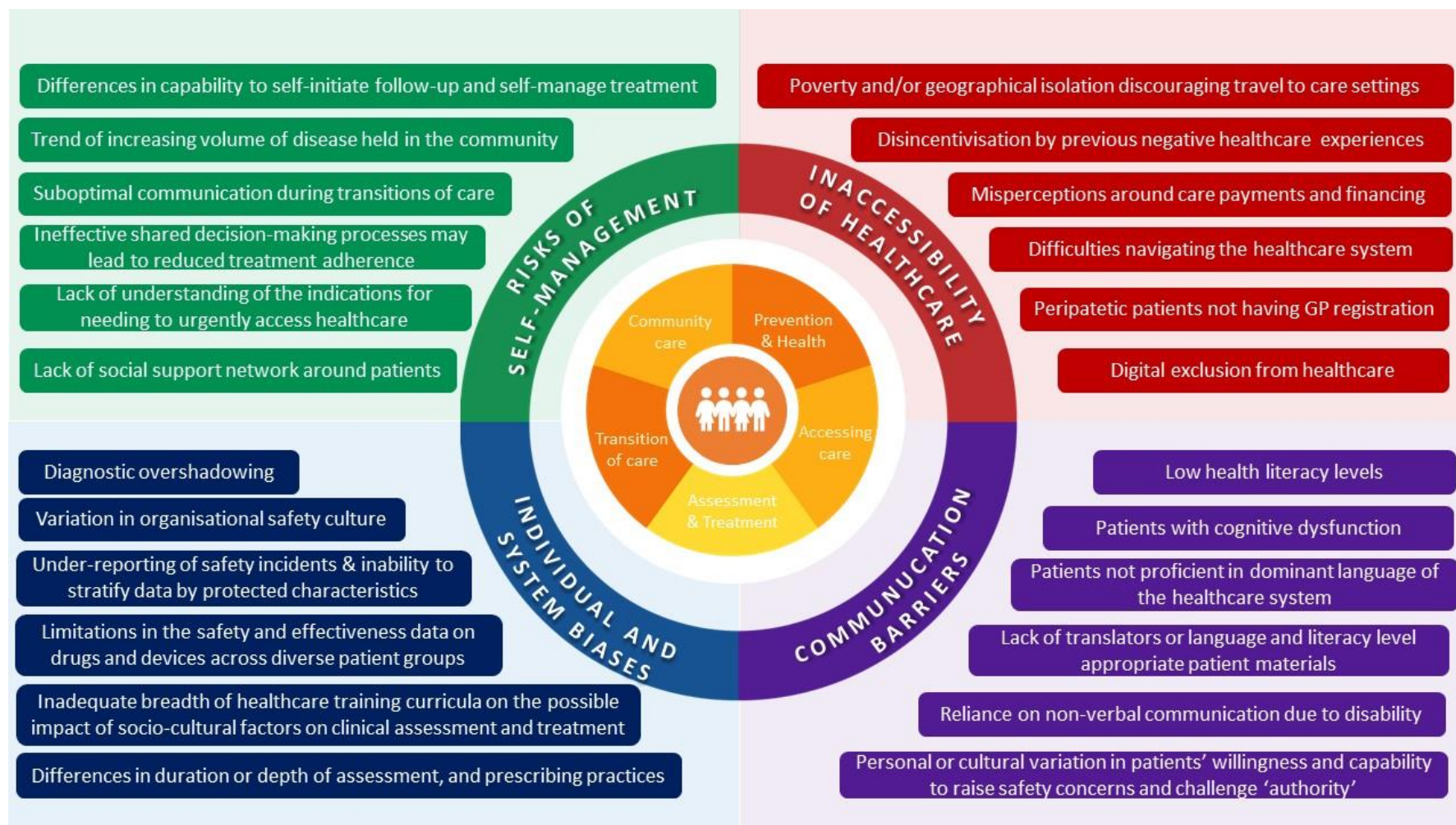
- £20-£32 billion

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



CORE20 PLUS 5 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



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

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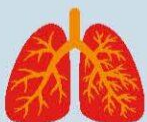


Target population

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 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).

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

Innovation is part of NHS England's architecture for supporting delivery of Core20PLUS5.

CORE20PLUS ACCELERATORS

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

West Yorkshire and Harrogate Health and Care Partnership (Kirklees)

Warrington Together (Cheshire and Merseyside STP) system

Leicester, Leicestershire and Rutland system

Norfolk and Waveney system

Buckinghamshire, Oxfordshire and Berkshire system

South East London system

Cornwall system

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 AMBASSADORS

The ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities.



Innovation for Healthcare Inequalities



Innovation and transformation are key to tackling healthcare inequalities.

IRLS defines

- Innovation as “an idea, technology or object that is new to accepted standards of care and has potential to offer substantial positive impact on health-related outcomes with disruption to current service delivery models”.
- Transformation as “a radical and fundamental change in the character or nature of something, particularly so that the thing is significantly improved”.

This strategy uses a broad definition of innovation to include transformative approaches to service delivery, new technologies, medicines, devices, products and services, with improving healthcare inequalities being at the heart of innovation and transformation approaches.

It also considers the importance of culture change for innovation.

Wrapped around innovation and transformation success is fostering a culture and system for:

- Good practice for improvement
- Adoption, spread and scale
- Culture of innovation and improvement
- A learning system

1. Research and Audit
e.g. NIHR INCLUDE, NHSE
REND, NHS-Academic
partnerships, National audits

**5. Engaging with third
sector networks**
e.g. VCSE HI network, HIIN

**2. Innovation Creation and
Development**
Early and small-scale innovations
e.g. CEP, NIA
Established innovations or
industry
e.g. SBRI, ABPI

**Fostering an Equitable
Innovation Ecosystem**

4. Commissioning and adoption

- CORE20PLUS5 infrastructure
- AHSN, IRLS & AAC e.g. InHIP
- Contractual levers & incentives: e.g. GP contract, CPCS, specialised commissioning

3. Regulation and endorsement
e.g. NICE – [health inequalities portal](#),
MHRA supporting patient access

Across the ecosystem, innovation is successfully being used as a mechanism by which to reduce healthcare inequalities. These programmes form the foundations on which future work can be built.

5. Engaging with third sector networks

- Expand partnership working with VCSEs, including development of VCSE HI network
- Work with third sector to develop technological innovations to improve healthcare for underserved communities

4. Commissioning and adoption

- Expand on service transformation work, using an equity approach
- Develop innovative and integrated healthcare delivery models
- Build on and expand learning and approach to InHIP, including evaluation frameworks, with broader focus (CYP, other clinical areas)
- Build on partnership working e.g. with NICE to mobilise national infrastructure to support innovations that tackle HI
- Upskill workforce to adopt innovation equitably, including through optimising HI knowledge within systems to promote innovation
- Maximise influencing through use of levers to promote innovation to reduce HI

1. Research and Audit

- Build on REND and INCLUDE to ensure adoption research and RWE gathering considers impact on underserved populations
- Engage with teams and initiatives working to improve diversity of clinical researchers

Expanding an Equitable Innovation Ecosystem

2. Innovation Creation and Development

- Enhance HI-related support for innovators (education and training, mentoring, peer-learning)
- Evaluation of innovations and/or adoption and spread strategies (tools, frameworks)
- Work with horizon scanning functions e.g. NIHRIO to identify innovations that meet areas of HI-related unmet need
- Continue to work with innovation programmes to drive innovations that reduce HI, and diversity of innovators

3. Regulation and endorsement

- Working with NICE, AHSNN & others to speed up market access of innovations that meet need (including those that are pre-market)

1. Research and Audit

Translating evidence into practice

How NICE can help you tackle health inequalities

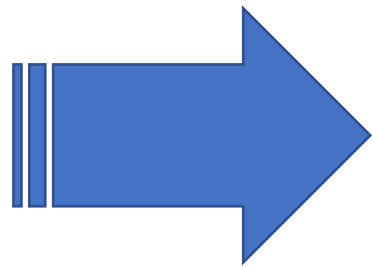
Reducing health inequalities is a core part of our DNA. In fact it's one of [our core principles](#). So, our guidance supports strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

We consider the protected characteristics stated in the [Equality Act 2010](#). We also consider inequalities arising from socioeconomic factors and the circumstances of vulnerable groups of people. These include looked-after children and people who are homeless.

By incorporating our recommendations into your work, you can ensure the care you provide is:

- effective
- consistent
- makes efficient use of resources.

And ultimately, that it minimises the impact of health inequalities on people's health.



CORE20 PLUS5

Healthcare Inequalities Improvement Programme Vision:

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

2. Innovation Creation and Development

- Programme of work to support:
 - NHS organisations and workforce to develop, test and implement innovative solutions
 - Innovators, making it easier to navigate the innovation ecosystem and deliver transformational commercial deals at scale, is one of the AAC's five priorities
- Existing AAC programmes are already working to drive innovation in Core20PLUS5 and other strategic priority areas and supporting innovators from underserved population groups, such as:



- The Life Sciences industry is also working to use innovation to reduce healthcare inequalities

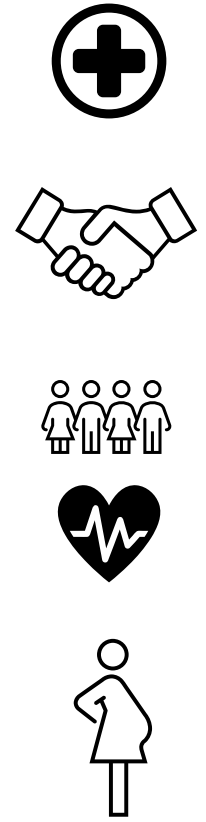


Long-term collaborative work programme to build the right tools, techniques and capabilities to meaningfully address health inequalities.

2. Innovation Creation and Development



Small Business Research Initiative



- SBRI supports the development of new innovations which meet known NHS challenges, enabling industry to respond directly to healthcare challenges and feeds the innovation pipeline with products that have an existing demand from the NHS.
- The SBRI Programme is committed to unleashing innovations that can help deliver equitable healthcare and benefit the most vulnerable groups of society and deprived communities.
- SBRI supports the Core20PLUS5 agenda through: [\(20/22 Annual Review\)](#)
 - £1 million was awarded to three innovators tackling Mental Health Inequalities in Children and Young People
 - £3.3 million to eight late-stage innovations that help detect, prevent and manage Cardiovascular Disease (CVD). Cardiovascular Disease is a leading cause of premature disability, mortality, and health inequalities in the UK
 - £900,000 for the development of ten innovations that help narrow inequalities in maternity care. While the UK is among one of the safest places to give birth, maternity care is impacted by health inequalities. Black and Asian women are more likely to die during pregnancy, and childbirth and poor pregnancy outcomes such as preterm birth, foetal growth restriction, and stillbirth, disproportionately affect Black and Asian women from the most socio-economically deprived backgrounds.

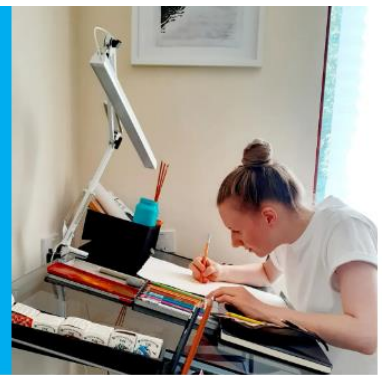
2. Innovation Creation and Development

- The **Clinical Entrepreneur Programme** is a workforce development programme for NHS staff with an interest in entrepreneurship and innovation, providing them with the commercial skills, knowledge and expertise needed to successfully develop and spread innovative solutions to the challenges facing the NHS through mentoring, networking and training.
- CEP has partnered with Venture Studio from Crisis to support people experiencing homelessness to develop their entrepreneurial skills.
- In February 2022, four individuals who had experienced homelessness and had received business grants from Crisis Venture Studio, were welcomed on to the CEP. They received mentorship, training and bespoke support. Four further places were made available to Crisis Venture Studio entrepreneurs in March 2023.
- For its September 2023 cohort, the CEP has developed a series of health inequalities information sheets that will form part of the training/education programme for clinical entrepreneurs.



Name: Laura Poppitt – Venture Studio from Crisis Entrepreneur

Occupation: Artist and Mental Health Advocate



“The NHS were incredible when I was in recovery from addiction, and I was eager to give back through the partnership with the CEP. The programme has had a big impact on me, and I have really enjoyed learning from speakers and entrepreneurs. It was incredible to meet NHS staff and innovators at the programmes pit stops and networking has helped me develop my ideas, inform people about my art and develop my business.”

Laura Poppitt, a Birmingham-based artist, and Venture Studio from Crisis Entrepreneur

2. Innovation Creation and Development

- The [NHS Innovation Accelerator](#) (NIA) supports exceptional individuals to scale promising innovations across England's NHS for greater patient and staff benefit. It also provides real-time practical insights on spread to inform national strategy.
- Fellows receive bespoke support, including access to mentorship from a range of high-profile experts, links with AHSNs and other stakeholder organisations, peer-to-peer learning and support, a dedicated learning programme, presentation and networking opportunities, and a bursary.
- In 2021, the NIA commissioned the development of a set of reports on HI and innovation - [Key areas for targeting innovations to tackle health inequalities in the English NHS](#) and [Needs and strategies targeting health inequalities in the adoption and spread of healthcare innovations – a rapid scoping review](#).
- In July 2023, the HIIP and NHS RHO partnered with the NIA to drive ground-breaking innovations that target key areas of healthcare disparities, aligning with the Core20PLUS5 approach and other NHS England and RHO priority areas. This was delivered through a health inequalities targeted callout (HITC) to identify solutions that can help de-bias the scoring and stratification systems across three clinical settings: Maternity, Sickle Cell and Elective Care.



2. Innovation Creation and Development



How can we build on what has been done?

- Enhance HI-related support for innovators through:
 - Build on programmes work on HI education and training for innovators through enabling access to Innovation and HI (InHIP) Futures Toolkit and co-developing education materials e.g. CEP health inequalities info sheets
 - Provision of HI-related mentoring for innovators, for example : through Ambassadors, HIIN, existing innovators whose innovations focus on HI, convening and facilitation of HI-related CoP with innovators and HIIP
- Enable evaluation of innovations and/or adoption and spread strategies
 - Co-development of tool to assess innovations (thinking already happening in this space by NICE, CEP, possibly others)
- Work with horizon scanning functions e.g. NIHRIO to identify innovations that meet areas of HI-related unmet need
- Continue to work with innovation programmes to drive:
 - Innovations that specifically reduce healthcare inequalities
 - Diversity of innovators within the NHS and Life Sciences



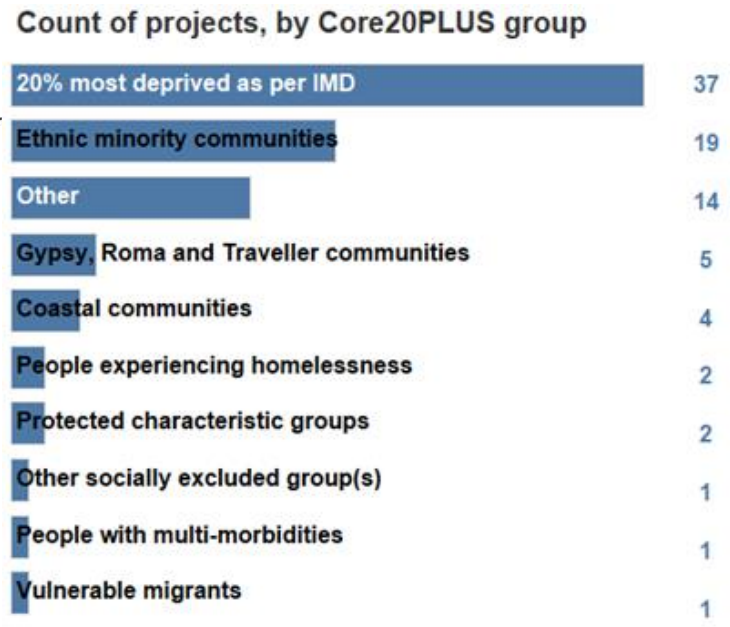
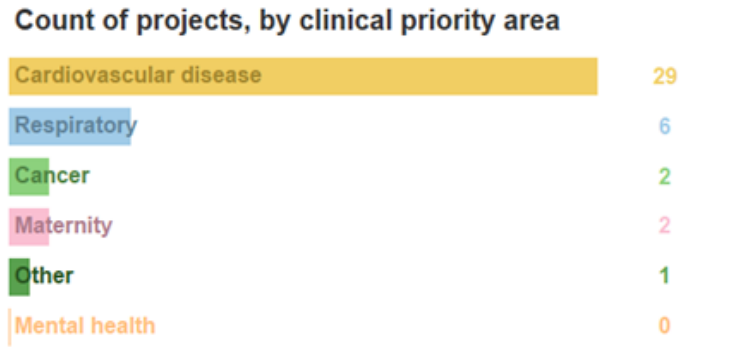
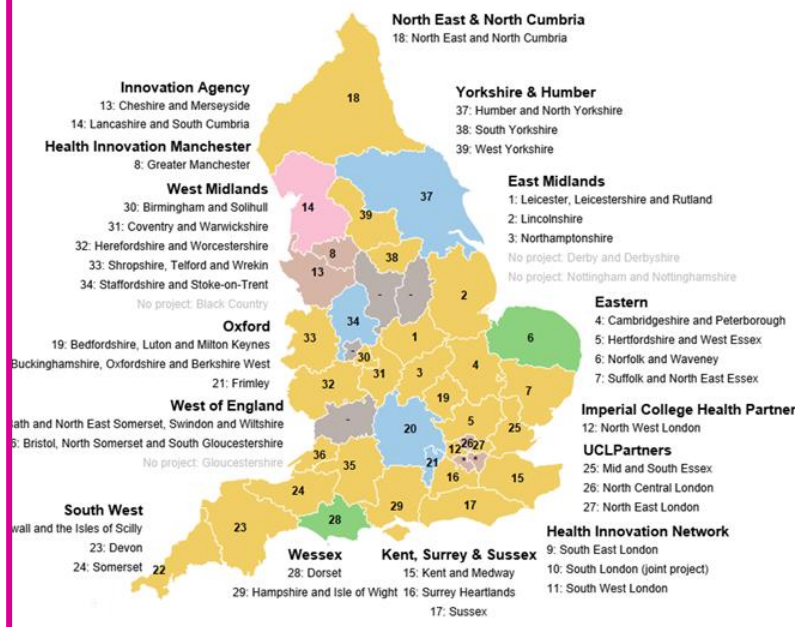


4. Commissioning and Adoption

Levelling the playing field: Innovation for Healthcare Inequalities Programme (InHIP)



- Addressing local healthcare inequalities using the **Core20PLUS5** approach by supporting systems to **improve access to innovations** (medicines and health technologies).
- Projects are **designed and led by ICSs**, supported by their AHSNs. Focus on
 - Core20PLUS** population,
 - Alignment to one of 5 clinical areas,**
 - A NICE-approved innovation.**
- Local communities are key to the delivery of the programme through a co-design approach.
- Leverages HII and innovation, spread and adoption expertise from HIIT, AAC and AHSNN.



Progress:

- 39 projects** from 38 ICSs allocated almost **£3.9m**
- The national team are supporting these activities through delivery guidance, measurement frameworks, HII educational content, and community of practice co-ordination

4. Commissioning and Adoption

The **AHSN** Network



Equitable rollout of new innovations: The AHSN Network

The AHSN Network supports the reduction of health inequalities by focusing innovations on key target groups to accelerate access to new technologies and medicines. Broadly speaking it works to:

- **Undertake local engagement to understand pathways for Core20PLUS5 areas**, delivered through collaboration on NHS England programmes including InHIP, the MedTech Funding Mandate, and the NHS Innovation Accelerator; ensuring a focus on most deprived and disadvantaged (Core20PLUS) populations at the heart of AHSN Network programmes; engaging ICS and regional health inequalities SROs and programme leads.
- **Understand and prepare for the next generation of innovations**, focussing programme and innovation pipeline development on Core20PLUS5 clinical areas, working with innovators to minimise inequalities in patient's access and experience of innovations and capture outcomes related to inequalities.
- **Identify research and evaluation gaps and healthcare system challenges and feed this insight into the relevant prioritisation processes**, ensuring that health inequalities are considered and addressed as programmes evaluate and spread innovation. In particular, through the Programme and Pipeline Development Group the AHSN Network has conducted landscape reviews to summarise the health and care system challenges, summarise the innovations and, where identified, gaps.

