

## ACCELERATED ACCESS COLLABORATIVE (AAC) BOARD

**Meeting date:** 21 June 2023

**Paper title:** Healthcare inequalities: update on the Core20PLUS5 approach and related activity

**Agenda item:** 4

**Report author(s):** Bola Owolabi

**Paper type:** For discussion

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### AAC Priority Area:

Research	<input type="checkbox"/>	Building innovation capacity	<input type="checkbox"/>
Demand signalling and horizon scanning	<input type="checkbox"/>	Innovator support	<input type="checkbox"/>
Uptake of proven innovation	<input type="checkbox"/>	Cross-cutting (Health Inequalities, Net Zero, Life Sciences Vision)	<input checked="" type="checkbox"/>
Other (statutory, governance)	<input type="checkbox"/>		

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### Ask of the AAC Board:

The AAC Board is asked to:

- Continue to commit to integrating a health inequalities lens throughout AAC work.
- Support plans for 2023/24 and beyond, particularly work with NHS Innovation Accelerator (NIA) and the NHS Race and Health Observatory (RHO) on a targeted call for innovation, as well as work with the Small Business Research Initiative (SBRI), and Academic Health Science Networks (AHSNs).
- Support a continued and updated focus on health inequalities as part of AHSN landscape reviews.

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### Executive summary:

Health inequalities are a complex problem with many drivers. NHS England has therefore set five strategic priorities on health inequalities and a focus for delivery through the Core20PLUS5 approach. Core20PLUS5 has been refined over the last year and is now supported by an infrastructure of people (Connectors with lived experience, and professionals acting as Ambassadors) as well as ICB Accelerator sites driving quality improvement.

Innovation is an important enabler of action health inequalities. The InHIP programme has acted as a springboard for AHSNs and ICSs working in local partnerships to address healthcare inequalities through innovation, funding 39 ICS projects across England.

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### Background

1. The NHS Long Term Plan set out commitments to systematically address health inequalities across the NHS. NHS England and ICBs have a legal duty to have due regard to reducing inequalities in access to the NHS and outcomes achieved. The vision in support of our commitments and legal obligation is to

ensure delivery of exceptional quality healthcare for all, through equitable access, excellent experience and optimal outcomes. Innovation will be essential for securing progress across these domains of inequality.

### The programme of action on healthcare inequalities

2. The National Healthcare Inequalities Improvement Programme is driving a broad programme of work across the NHS to reduce inequalities. This paper updates on activity since our last report to the AAC Board in March 2022.

#### Five strategic priorities

3. In operational planning guidance we have set out five strategic priorities for system action on health inequalities recurrent since 2021/22 that we anticipate will be in place for at least a five-year period (**Annex 1**). The priorities are intended to:
  - *Drive improvements to operational delivery* including inclusive restoration of services particularly elective care, and acceleration of preventative programmes, starting from those areas covered in Core20PLUS5.
  - *Promote action on the enablers of progress on inequalities* with improved data, digital inclusion, and strengthened leadership and accountability.

#### The Core20PLUS5 approach

4. In the autumn of 2021, NHS England set out the [Core20PLUS5 approach for adults](#) to focus delivery on reducing inequalities on issues within the NHS's direct influence, which are major contributors to inequalities in life expectancy (**cancer, CVD, respiratory disease**) or Long Term Plan priorities where stark inequalities are evident (**maternity, severe mental illness**). The approach has since been updated to:
  - a. reflect the positive contribution of **smoking cessation** across the clinical areas of focus,
  - b. refine the **CVD** priority to reflect the importance of optimal management of hypertension and lipid optimal management, alongside casefinding,
  - c. on **maternity**, remove a reference to a 75% target for delivering midwifery continuity of care to women from ethnic minority and most deprived communities, to reflect [changes to the rollout](#) of this approach following the Ockenden Review
5. In addition, we launched the [Core20PLUS5 approach for children and young people](#) in November 2022, providing a framework with specific areas of clinical focus to tackle inequalities in this population (**Annex 2**).
6. We mobilised the Core20PLUS5 approach across the NHS using a variety of methods in 2022/23 (**Annex 3**):

- a. Our **Core20PLUS Connectors** programme supports community-based approaches to addressing inequalities through co-production and co-design. We invested £1m in 2022/23, involving 24 sites over three waves, over 300 Connectors and 48 Healthwatch or voluntary sector partners.
  - b. Our **Core20PLUS Ambassadors** programme is an opportunity for people working in healthcare organisations to develop their skills, knowledge and ability to drive targeted action on healthcare inequalities. Ambassadors promote best practice and innovation to drive measurable improvements.
  - c. We launched a **Core20PLUS Collaborative** is a forum bringing together strategic partners and experts working to reduce healthcare inequalities.
  - d. In collaboration with the Institute for Healthcare Improvement and the Health Foundation, we launched seven **Core20PLUS Accelerator sites**, one per region. They will use improvement methodologies and test innovative approaches to address inequalities in locally identified groups.
7. We have also developed approach to assess progress made on Core20PLUS5. This has included definition of a set of data indicators for each clinical area to be included on the Health Inequalities Improvement Dashboard and other data tools, and development of a mixed methods programme evaluation informed by a theory of change, recognising that we seek to drive complex system change.

#### Innovation as an enabler of reductions in health inequalities

8. We have worked with the AAC and AHSN Network to design and deliver the **Innovation for Healthcare Inequalities Programme (InHIP)**. InHIP aims to enable accelerated access to innovations for people experiencing healthcare inequalities across the clinical areas of Core20PLUS5, through pathway redesign and innovation transformation, seeking to improve equity of outcomes and experience.
9. InHIP provides AHSNs and ICSs with a framework for engagement to identify evidence-based innovations that help to address local priorities for reducing healthcare inequalities, and funding to work in partnership to design and deliver local projects to improve access for underserved groups.
10. The programme allocated almost £3.8million in 2022/23 to fund 39 projects across England and provided support for local teams including measurement frameworks and evaluation guidance, facilitation of shared learning on best practice and improvement opportunities, and the production of education and development resources. All 39 projects are due be complete and evaluated by 31 March 2024. A programme evaluation will be delivered in early 2024/25 with quantitative and qualitative data to demonstrate impact, capture learning and transferable knowledge for future initiatives.
11. We are also working with the **NHS Innovation Accelerator (NIA)** and the NHS Race and Health Observatory (RHO) to produce a targeted call for innovation that, set within the context of racially motivated inaccessibility issues in the NHS, will address an issue relating to the Core20PLUS5 approach or

healthcare inequalities strategic priorities. This initiative will help successful innovators to extend their footprint in the NHS and support their business growth, by providing access to the seven Core20PLUS Accelerator sites as well as NIA support. The scenario is currently in development – the call is due to go live in June/July. Successful innovators will gain support from late autumn 2023 as part of the NIA Fellowship programme.

12. More broadly, the **AHSN Network** supports the reduction of health inequalities by focusing innovations on key target groups to accelerate access to new technologies and medicines. **Annex 4** provides a detailed description of the AHSN Network’s approach to work on inequalities. Broadly speaking it works to:
  - a. *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.
  - b. *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.
  - c. *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.

### Priorities for 2023/24

13. Over the next period, the Healthcare Inequalities Improvement Programme will:
  - a. **Continue to mobilise the Core20PLUS5 approach** through the initiatives described in paragraph 8. We will also be preparing a **Core20PLUS5 handbook**, to inform practical action across the system.
  - b. **Deliver key frameworks and strategies** in support of our strategic priorities, including a new framework for NHS action on **digital inclusion**, and a **healthcare inequalities strategy** consolidating and communicating our focus and priorities in a single place
  - c. **Continue to work with the NHS Innovation Accelerator (NIA)** and the NHS Race and Health Observatory (RHO) on a targeted call for innovation (as described in paragraph 11).

## Recommendation

14. Health inequalities are a complex challenge with many drivers. We have therefore set out the Core20PLUS5 approach and supporting priorities to ensure there a clear focus for systems efforts on inequalities. Equally, NHS England’s legal duty to have due regard to reducing inequalities in access and outcomes is not limited to the Core20PLUS5 approach. We recommend:
- That the AAC Board ensures that future programmes of work are responsive to changes to the Core20PLUS5 framework and supporting initiatives described in this paper
  - That the AAC Board commits to identifying and leveraging ongoing opportunities to secure reductions in inequalities through innovation, particularly through AHSN landscape reviews.
  - That the AAC Board agrees to support continued identification of dedicated resources from the innovation funding envelope to support healthcare inequalities improvement through innovation.

### Board members are asked to:

- Continue to commit to integrating a health inequalities lens throughout AAC work.
- Support plans for 2023/24 and beyond, particularly work with NHS Innovation Accelerator (NIA) and the NHS Race and Health Observatory (RHO) on a targeted call for innovation, as well as work with Small Business Research Initiative (SBRI), and Academic Health Science Networks (AHSNs).
- Support a continued and updated focus on health inequalities as part of AHSN landscape reviews.

## Annexes

### **Annex 1: Five strategic priorities for reducing healthcare inequalities**

**Priority 1: Restore NHS services inclusively** including elective recovery, urgent and emergency care and primary care

**Priority 2: Mitigate against digital exclusion**

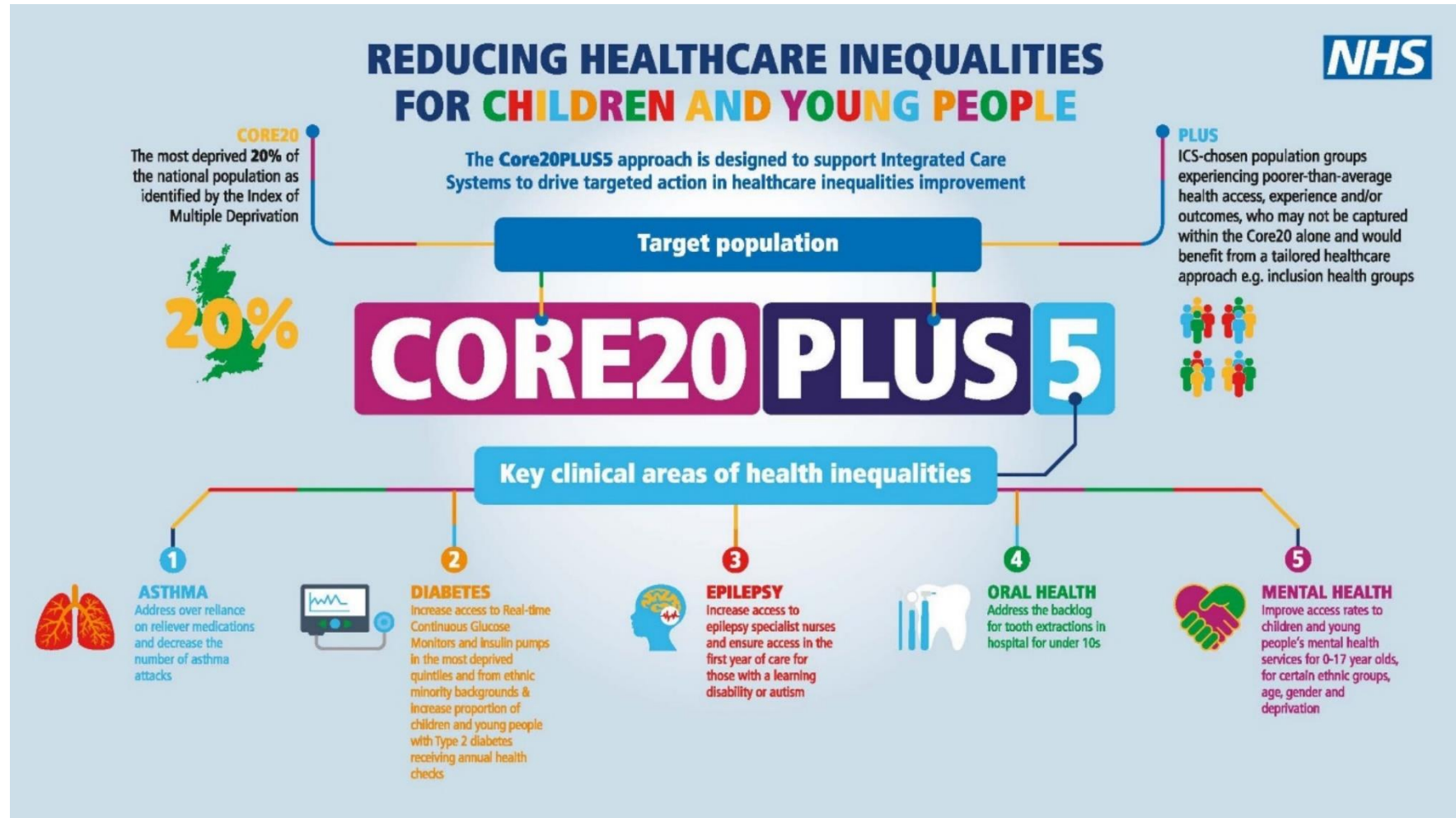
**Priority 3: Ensure datasets are complete and timely**, particularly with regard to ethnicity coding

**Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes**, particularly by driving forward the Core20PLUS5 approach

**Priority 5: Strengthen leadership and accountability** for action on healthcare inequalities

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### Annex 2: The Core20PLUS5 approach for children and young people



# Annex 3: Architecture to support delivery of the Core20PLUS5 approach





## ACCELERATED ACCESS COLLABORATIVE (AAC) BOARD

### Annex 4: Summary of AHSN Network health inequalities activity since March 2022

<b>Audience</b>	Accelerated Access Board
<b>Date of brief</b>	2 June 2023
<b>Author(s)</b>	Charlie Walton, Interim Coordination Director Stuart Monk, Director of Programmes Lead COs: Phil Jennings & Chris Laing
<b>Purpose of paper</b>	This paper provides a summary of AHSN Network Health Inequalities activity since the March 2022 AAC Board update. The AAC Board requested that the response focuses on AHSN specifically in relation to: <ol style="list-style-type: none"> <li>1. How a collaborative approach has delivered benefits, with a focus on the AHSNs, industry and via the Innovation for Health Inequalities Programme (InHIP)</li> <li>2. Support for the continued and growing focus on health inequalities as part of the AHSN Landscape review.</li> </ol>

In 2022, the Health Inequalities team set out how it was going to address health inequalities through existing work programmes. We recognise the opportunity to support the reduction of health inequalities at national and system level by focusing innovations on targeted cohorts of the population to accelerate access to new technologies and medicines.

The AHSN Network five-year licence was extended by one year for 2023/24, as part of the business planning for this work, Health inequalities was identified as a key priority and the three areas below capture our ongoing work.

- (1) *“Undertake local engagement to understand local pathways for Core20PLUS5 areas and to provide support on the evidence-based medicines, medical devices, diagnostics and digital products available to address these.”*
- Since May 2022, we have worked in partnership with the AAC and HIIT teams, to design and commence delivery of the Innovation for Healthcare Inequalities Programme (InHIP). This programme, has provided £3.8m funding for 38 ICSs to enable better access, experience, and outcomes for Core20PLUS populations to clinical pathways and NICE recommended medicines and medical technologies, by 31 March 2024
  - The AHSN Network continues to work with the HIIT team to promote the Core20PLUS Ambassadors and Connectors programmes, with many AHSNs now working with those HIIT stakeholders in their localities
  - Health Inequalities is a cross-cutting theme in our 23/24 business plan and is now embedded in our approach to delivering Network-wide programmes, with examples being Blood Pressure Optimisation, Lipids/inclisiran and polypharmacy to target

individual PCNs that serve Core20PLUS cohorts in some of England's most deprived areas.

- Through the MedTech Funding Mandate programme, we are tackling inequality in access to automated red cell exchange for sickle cell patients, by helping Haemoglobinopathy Coordinating Centre services across England develop new service models and business cases for Specialised Commissioning funding.
- The NHS Innovation Accelerator programme onboarded a cohort of health inequalities-focused Fellows in 2022 and is now working to ensure that this features as a prominent part of all Fellows' curriculum as part of the Programme.
- Across England, AHSNs are fully engaged with their ICS and Regional health inequalities SROs and programme leads and will continue to strengthen links with Regional Health Inequalities Boards to support broader strategic planning and alignment, as-well as programme delivery.

(2) *“Understand and prepare for the next generation of innovations coming through”*

- The AHSN Network established a Programme and Pipeline Development Group in 2022 to focus on Core20Plus5 clinical areas of focus to develop a curated pipeline of innovations that are ready for wider scale and adoption to address these issues. This work programme has established four clinical working groups for cardiovascular disease, respiratory diseases (including smoking cessation), mental health and maternity and neonatal services. PPIE, VCSE and external partners are represented on these CWGs. This pipeline is expected to be tested with the HI team in Quarter 2.
- All 15 AHSNs are working with innovators from all sectors to ensure that inequalities in patient access and experience of clinical pathways and potentially innovations are carefully thought through as part of the of their innovation's design.
- The AHSN Network, is supporting the development of an Outcomes Framework to ensure innovations coming through capture outcomes relating to EDI, PPIE, NetZero and Health Inequalities, alongside traditional NHS operational impact measure addressed in the Model System and other NHS dashboards.

(3) *“Identify research and evaluation gaps and feed this into the relevant prioritisation processes so that we can better identify how we can answer the questions of tomorrow”*

- Through the Programme and Pipeline Development Group the AHSN Network have conducted landscape reviews to summarise the health and care system challenges and summarise the innovations and where identified gaps.
- The AHSN is working closely with the horizon scanning and demand signalling team to feed in this intelligence and to support wider access to the innovation pipeline to support and identify research and evaluation gaps.
- NHS Insights Prioritisation Programme (NIPP), designed and delivered by the ARCs and AHSNs on behalf of the AAC focused on accelerating the evaluation and spread of innovation that support post-pandemic ways of working, whilst considering and addressing health inequalities. National programme evaluation is imminent and will enable the sharing of learning for reflection and to help drive future Health and Health Inequalities programme design

- (4) *“Case studies describing 22/23 local AHSN work programmes to tackle health inequalities”*
- The Health Innovation Network’s [Healthy Eating and Active Lifestyles for Diabetes \(HEAL-D\) in African and Caribbean communities - Health Innovation Network](#) describes a project and intervention that improved the lives of African and Caribbean diabetes sufferers
  - [Black Maternity Matters](#) is a West of England AHSN collaboration, supporting midwives to reduce the inequitable maternity outcomes faced by Black mothers and their babies. It supports maternity systems to offer safer, equitable care for all.