

Submitted to Core20PLUS5
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1 Have you read the 'Core20PLUS5 Online Engage Survey - supporting document'?

Yes

2 Which of the following best describes you?

My organisation supports, or has an expert view on, one or more of the communities particularly at risk of health inequalities

Other::

3 Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements?

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - A focus on the nationally most deprived 20% is a good approach to tackling health inequalities:

Agree

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - Identifying the 20% most deprived will provide ICSs with direction & focus in improving health inequalities:

Agree

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'Core20' approach will be straightforward to apply:

Disagree

4 Please use this space to provide further context to the answers you have given to Q3 on the 'Core20' part of the approach:

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Inequalities in health are embedded early in life and preventative measures in the adolescent period reduce the likelihood of young people growing up as unhealthy adults. Evidence demonstrates that inequalities set in during this period as demonstrated in obesity data that reveals a 15.6% gap in levels of obesity between young people (aged 10) living in the most deprived areas and those in the least deprived areas.[1]

The Association for Young People's Health (AYPH) welcomes interventions aimed at reducing health inequalities and the Core20PLUS5 approach provides a clear framework for ICSs to identify population groups in order to target resources. Our survey response is guided by the experiences of health inequalities faced by young people aged 10-25. The current Core20PLUS5 approach is not applicable to young people. It will not lead to actions in ICSs that reduce young people's health inequalities and does not take a preventative view of reducing poor health in adolescence. Michael Marmot identifies children and young people as a key group requiring action in order to reduce health inequalities across the life course.[2]

We would like to see prioritisation of this age group at NHSE level and are open to engaging in discussions on how the Core20PLUS5 approach can be adapted to meet the specific needs of young people. We believe that there would have been a real benefit in prioritising the needs of children and young people at the outset of the process, as preventing health inequalities begins with addressing the inequalities that arise in childhood and adolescence. Amending this adult-centred Core20PLUS5 approach to tailor the needs of children and young people implies that the needs of young people are an afterthought in policy and practice decisions.

Looking specifically at the 'Core20' element of the approach, we see value in targeting interventions at the most deprived areas. Numerous sources of health data show differences in health outcomes by deprivation quintile. Economic inequality and poverty is the major driver of health inequalities as it affects an individual's ability to lead a healthy lifestyle.

Health inequalities exist on a scale of experience. It is not only the experiences of those who are most deprived that is important, but the experiences of all young people across the deprivation scale. Looking specifically at the least 20% deprived groups will go some way in reducing their inequalities but it will not address the needs of the middle population groups and so will not even out the scale of difference entirely. Additional steps will need to be taken to raise the health of all groups in ICS populations. Marmot and colleagues [3] recommend that efforts to reduce health inequalities should take a "proportionate universalism" approach. This means that actions should be universal, in line with population health initiatives that support the health and wellbeing of the entire population. Universal actions should be applied to groups based on their level of need, in this case by their level of disadvantage. Taking such an approach would level the steepness of the gradient between groups. Therefore, we recommend that the 'Core20' approach should promote actions to reduce health inequalities that adopt a "proportionate universalism" approach.

In terms of practical delivery, it is unclear whether the 'Core20' approach will be applied at either a national or a local level. Supporting documentation and information given at a recent NHSE webinar on the topic suggest that the 20% most deprived areas in England will be selected as priority areas nationally. This will identify a select number of ICSs who fall into the most deprived 20% category. There is a risk that ICSs who are not in the bottom 20% feel that the Core20PLUS5 approach isn't applicable to them and they will not prioritise actions to reduce health inequalities. We know that inequalities exist on a smaller regional scale than this. Some "wealthy" areas contain pockets of deprivation with poorer health outcomes, while some "deprived"

areas contain pockets of affluence that do not necessarily require interventions for tackling inequality. An alternate approach to implementation of 'Core20' would be for every ICS to identify the 20% most deprived areas within their patch. More guidance is needed on how the 'Core20' areas will be identified, whether it is nationally or regionally.

References:

NHS Digital. 2020. National Child Measurement Programme, England 2019/20 School Year. Available online at: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2019-20-school-year>

Marmot et al. 2010. Fair Society, Healthy Lives. London: UCL Institute for Health Equity.

Marmot, M. et al. 2020. Health Equity in England: The Marmot Review 10 Years On. London: Institute of Health Equity.

5 Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements?

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - I understand which population groups fit into the 'PLUS' element of the framework:

Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - My ICS will need support to identify their 'PLUS' groups:

Strongly agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - I would benefit from additional training to identify and respond to the sensitive and cultural needs of 'PLUS' groups:

Strongly agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'PLUS' element of the framework will enable local flexibility:

Neither

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - Partnerships established through the COVID-19 vaccination roll-out can be built on to identify and respond to the healthcare needs of the 'PLUS' groups:

Neither

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - This approach will positively impact inclusion health groups:

Neither

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'PLUS' element of the approach is straightforward to apply:

Disagree

6 Please use this space to provide further context to the answers you have given to Q5 on the 'PLUS' part of the approach.

Please use this space to provide further context to the answers you have given to Q5 on the 'PLUS' part of the approach.:

The Association for Young People's Health (AYPH) welcomes the approach to use ICS population health data to target groups that experience poorer health outcomes in comparison to others. We recommend that the approach should consider both NHS defined "inclusion health" groups alongside protected characteristics. The combination of both lists provides a more complete picture of all people who may be more likely to experience disadvantage in both access and experience of healthcare services.

Age is an important protected characteristic. Inclusion of this factor within the approach allows for analysis of the ways in which young people experience health inequalities. We recommend ICSs take an intersectional approach to examine how the inclusion health groups (e.g. people experiencing homelessness / migrants) may be particularly at risk to health inequalities if they are also young people from these groups.

It is important to consider which groups are not listed within "inclusion health" and protected characteristics, as excluding them could exacerbate the health inequalities experienced by these groups. From our analysis of both lists, we see that care experienced young people / care leavers / Looked After Children and young carers are not listed. Therefore, we recommend that ICSs are provided with thorough guidance and complete lists of all groups that are more likely to have poorer health outcomes to help them to identify their 'PLUS' communities. Without appropriate guidance on subgroups, there is a risk that some groups will be lost and not considered in this approach.

We strongly support the recommendation for ICSs to work collaboratively with the VCSE sector in their patch, building upon the success of joint working during the Covid-19 pandemic. These groups hold insight and access to groups experiencing health inequalities. They are likely to work with groups on a regular basis and are able to communicate their needs in a meaningful way. However, partnerships with the VCSE sector must have a specific focus on the needs of young people in order to meet their needs. We are concerned that there are examples from during the Covid-19 pandemic that demonstrate ineffective partnership working with the youth sector, specifically in relation to the rollout of the Covid vaccine for young people aged 12-17.

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7 Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements?

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I understand how the five focus clinical areas have been identified:

Disagree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I agree that the five focus areas identified are the right place to start in reducing health inequalities:

Strongly disagree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - Application of the 'Core20PLUS' approach should lead to improvements in the five clinical areas in the target populations:

Neither

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - The five focus areas should be adapted as progress is made:

Strongly agree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I understand how ICSs can apply the Core20PLUS approach to these five focus areas:

Neither

8 Please use this space to provide further context to the answers you have given to Q7 on the five focus clinical areas:

Please use this space to provide further context to the answers you have given to Q7 on the five focus clinical areas::

The five clinical areas outlined in the approach are not relevant for young people aged 10-25. We recommend the approach is reviewed to consider the needs of young people. At the Association for Young People's Health (AYPH), we are open to engaging in discussions on how the 'Core20PLUS5' approach can be adapted for young people. We have responded to state that the clinical areas should be updated when progress is made, however we should not wait for progress before identifying clinical priorities for young people - this should happen in parallel to the current adult focused version of 'Core20PLUS5'. Without such an approach we will again be left with an adult focused approach which is not fit for purpose for young people and we will not see improvements in the reduction in health inequalities experienced by young people.

If NHSE are open to creating an adapted version of the 'Core20PLUS5' approach for children and young people, it is important that it considers the unique needs of young people and is not solely focused on the early years (0-5 years). Adolescence is a key period, where many long term health conditions are first developed and diagnosed. Young people are moving through a period of growth and change, where they are expected to navigate health systems independently for the first time and to adopt self-management techniques for their care. They are frequent users of primary care services, though often report poor experiences related to communication and not feeling listened to. It is also a time when young people adopt health behaviours which they are likely to take with them through life, such as diet and exercise habits and experimenting with smoking and alcohol use. This informs the need for preventative interventions to improve young people's health and reduce health inequalities in early adolescence.

The clinical priorities should match the commitments to young people set out within the NHSE Long Term Plan (LTP), as ICSs are already working toward making improvements in these areas. The LTP was particularly ambitious in its commitments to children and young people and many measures to improve young people's health are being implemented by the NHSE Children and Young People's Transformation Programme. We produced a briefing paper that outlines all of the specific commitments that are relevant to young people [1] and we hope to see these implemented in full in the coming years. We recommend that when identifying clinical priority areas for young people in an adapted 'Core20PLUS5' approach, NHSE works with the Children and Young People's Transformation team to align aims around existing priority areas for young people.

References:

Rigby, E. & Hagell, A. 2019. What's in the new NHS Long Term Plan that is directly relevant to young people's health? London: Association for Young People's Health.

9 Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements?

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - The Core20PLUS5 approach is clear and understandable:

Disagree

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I understand my role in Core20PLUS5:

Disagree

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I understand how to integrate Core20PLUS5 with my own existing priority areas:

Strongly disagree

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I am confident that if applied across all ICSs, the Core20PLUS5 approach will lead to reductions in health inequalities:

Disagree

10 Overall, how useful an approach is 'Core20PLUS5' in helping NHS systems to reduce health inequalities?

Not very useful

11 In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework?

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support in identifying their 'Core20PLUS' populations and their specific healthcare needs:

3

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support and advice on working in partnership with people and communities who are being targeted through this approach:

1

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support with data including collection, analysis or access:

2

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Provide platforms, networks and other opportunities for sharing learning and best practice:

6

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Recommended interventions to reach target populations:

5

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Provide Health Inequalities training for NHS professionals:

4

12 Use this space to share any other suggestions for what support ICSs will need to successfully apply the Core20PLUS5 approach:

Use this space to share any other suggestions for what support ICSs will need to successfully apply the Core20PLUS5 approach::

It is imperative that the needs of young people who experience health inequalities are at the forefront of driving change. Their experiences should inform the approaches and resources that are developed to reduce health inequalities, as they are the expert voice. ICSs should be fully supported to identify these groups and work in partnership with communities to implement this approach. This includes young people and will require training and resources for ICSs, with support likely coming from the VCSE sector.

At the Association for Young People's Health (AYPH), we have recently begun work on identifying training needs relating to young people's health. We would be happy to discuss any crossover with training needs for ICSs on how to effectively engage with young people as part of the implementation of their 'Core20PLUS5' approaches.

Data is key to understanding population group needs and identifying which groups require targeted support. We know that current health data are often not broken down by aspects such as age, gender and ethnicity, factors which enables the identification of different health inequalities. There is even less data available by population groups (e.g. homeless groups / migrants). We recommend that as part of the process ICSs are encouraged to improve data collection and sharing between different agencies and organisations within their regions, to better understand their population groups and to target their efforts accordingly. Data will also enable ICSs to monitor progress and change against the clinical areas, signalling whether a refresh of priorities is needed.

13 Use this space to share any other comments on the Core20PLUS5 approach:

Use this space to share any other comments on the Core20PLUS5 approach::

The current 'Core20PLUS5' approach is not relevant for children and young people and will not see a reduction in the health inequalities experienced by young people. We would welcome discussions with NHSE and colleagues about developing a 'Core20PLUS5' approach that is relevant for young people aged 10-25. At the Association for Young People's Health (AYPH), we have expert insight into what a framework would need to include to meet the health and wellbeing needs of young people and to reduce their health inequalities.

14 If you are interested in staying informed about further engagement opportunities around NHS England and NHS Improvement's approach for reducing health inequalities, please provide your name, job title, organisation and email address:

Name::

Rachael McKeown

Job title::

Inequalities Policy Fellow

Organisation::

The Association for Young People's Health (AYPH)

Email address::

rachael@youngpeopleshealth.org.uk