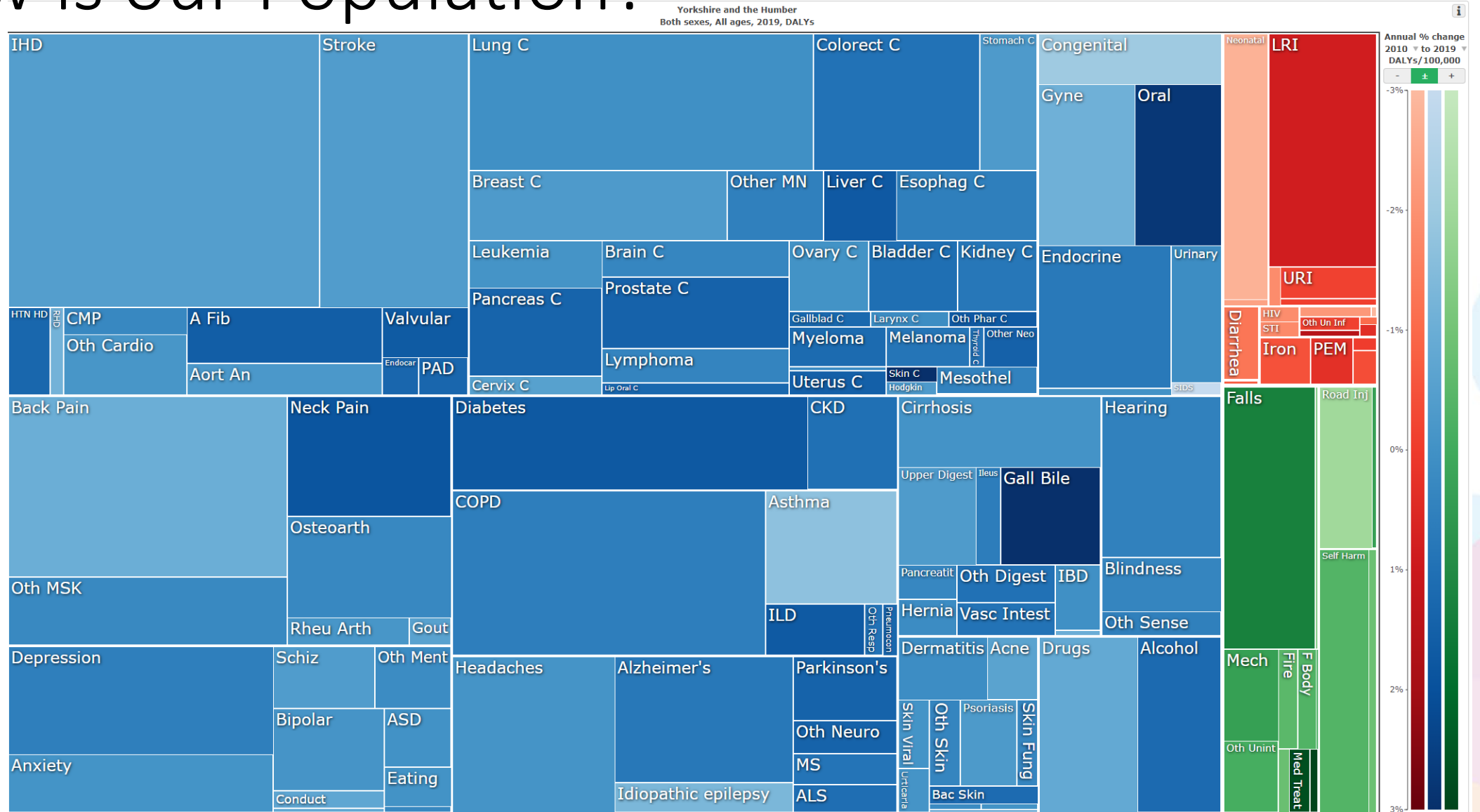




**Humber and North Yorkshire**  
Health and Care Partnership

Population Health and Prevention Executive  
March 2023

# How is our Population?



## Figure 9: A lower percentage of people in the most-deprived areas reported being in very good health compared with the least-deprived areas

Age-specific percentages of people who were in very good health in each age category in each decile of deprivation, England, 2021



	Most deprived									Least deprived
	1	2	3	4	5	6	7	8	9	10
90+	3.3	3.5	4.0	4.5	4.8	4.7	5.0	5.2	5.5	5.9
85 to 89	4.6	5.1	5.8	6.3	6.7	7.3	7.6	7.9	8.3	9.2
80 to 84	6.4	7.6	8.6	9.7	10.7	11.6	12.4	12.6	13.4	14.6
75 to 79	8.7	10.3	12.1	13.9	15.4	16.5	17.4	18.2	19.1	21.0
70 to 74	11.1	13.8	15.8	18.6	20.3	21.9	23.1	24.0	25.3	27.6
65 to 69	13.1	16.1	19.1	22.2	24.6	26.8	28.5	29.8	31.5	34.4
60 to 64	16.0	19.9	22.7	26.2	29.2	31.6	33.7	35.2	37.4	40.7
55 to 59	19.8	24.0	27.2	30.6	33.5	36.3	38.5	40.2	42.2	46.0
50 to 54	23.7	28.1	31.2	34.4	37.0	39.5	41.8	43.9	45.9	49.6
45 to 49	28.1	32.6	35.9	38.7	41.2	43.6	45.9	48.0	49.9	53.6
40 to 44	34.2	38.6	41.6	43.9	46.2	48.2	50.2	51.9	53.8	56.9
35 to 39	39.7	44.4	47.1	49.0	50.8	52.4	53.8	55.2	56.7	59.3
30 to 34	44.8	49.7	52.3	54.0	55.4	56.7	57.8	59.0	60.1	61.7
25 to 29	49.5	54.0	56.5	57.7	58.9	60.2	60.9	62.2	62.9	64.2
20 to 24	54.1	56.7	58.4	59.2	60.7	61.9	63.6	64.7	65.9	67.1
15 to 19	64.2	65.9	67.0	67.9	69.5	71.0	72.8	73.9	75.6	75.9
10 to 14	72.4	74.2	75.4	77.0	78.8	80.0	81.4	82.5	83.6	85.3
5 to 9	76.2	77.8	79.2	80.8	82.2	83.5	85.0	85.9	86.7	87.9
1 to 4	79.4	81.0	82.1	83.5	84.9	85.8	86.9	87.5	88.2	89.1
Under 1	81.7	82.7	83.6	84.7	85.4	86.0	86.7	87.4	87.5	87.8

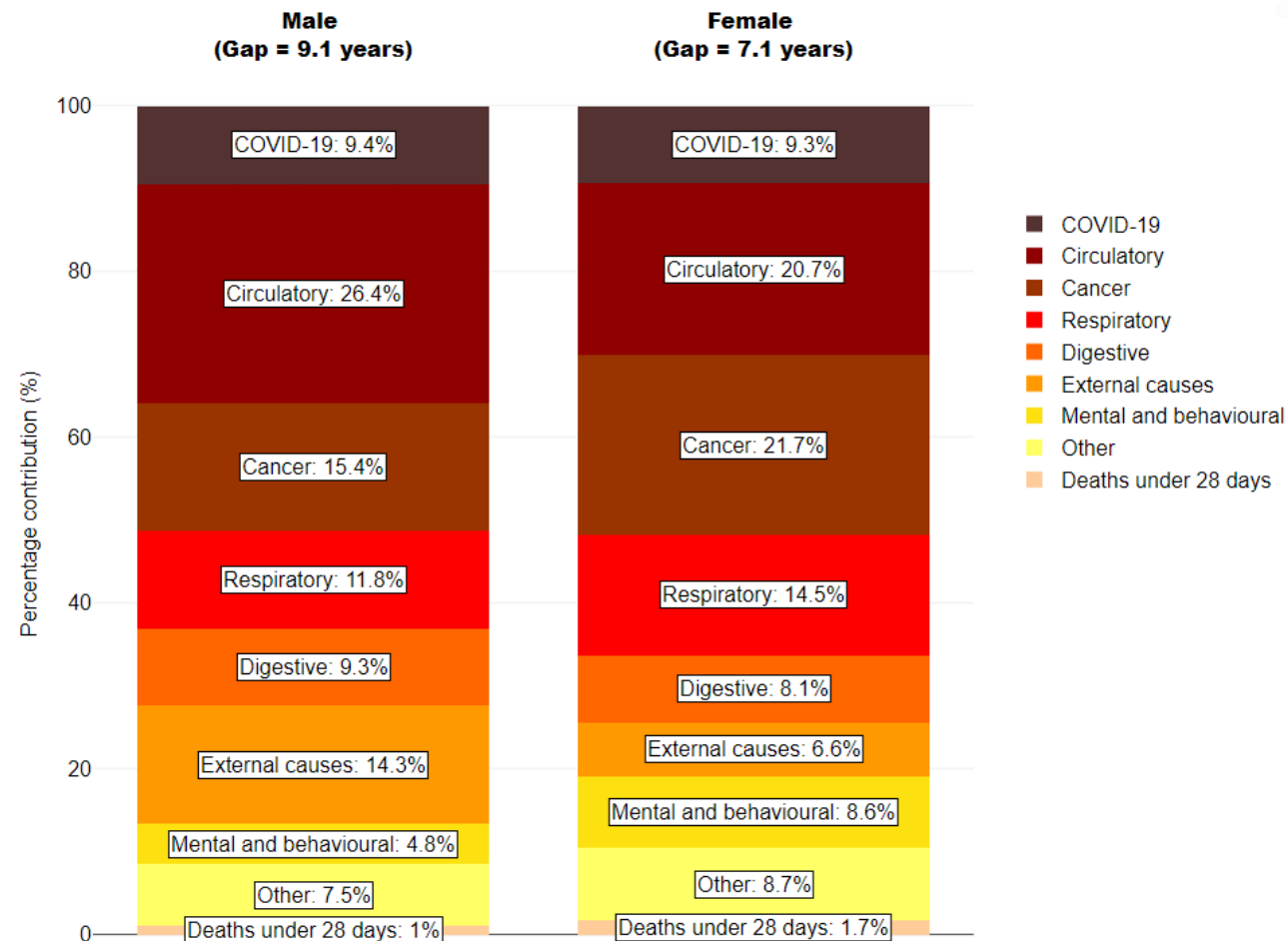
Age-specific percentage (%)





# How is our Population?

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Humber and North Yorkshire by cause of death, 2020 to 2021



Our **strategy** on a page

Our **ambition** is:

for everyone in our population to live longer, healthier lives  
by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

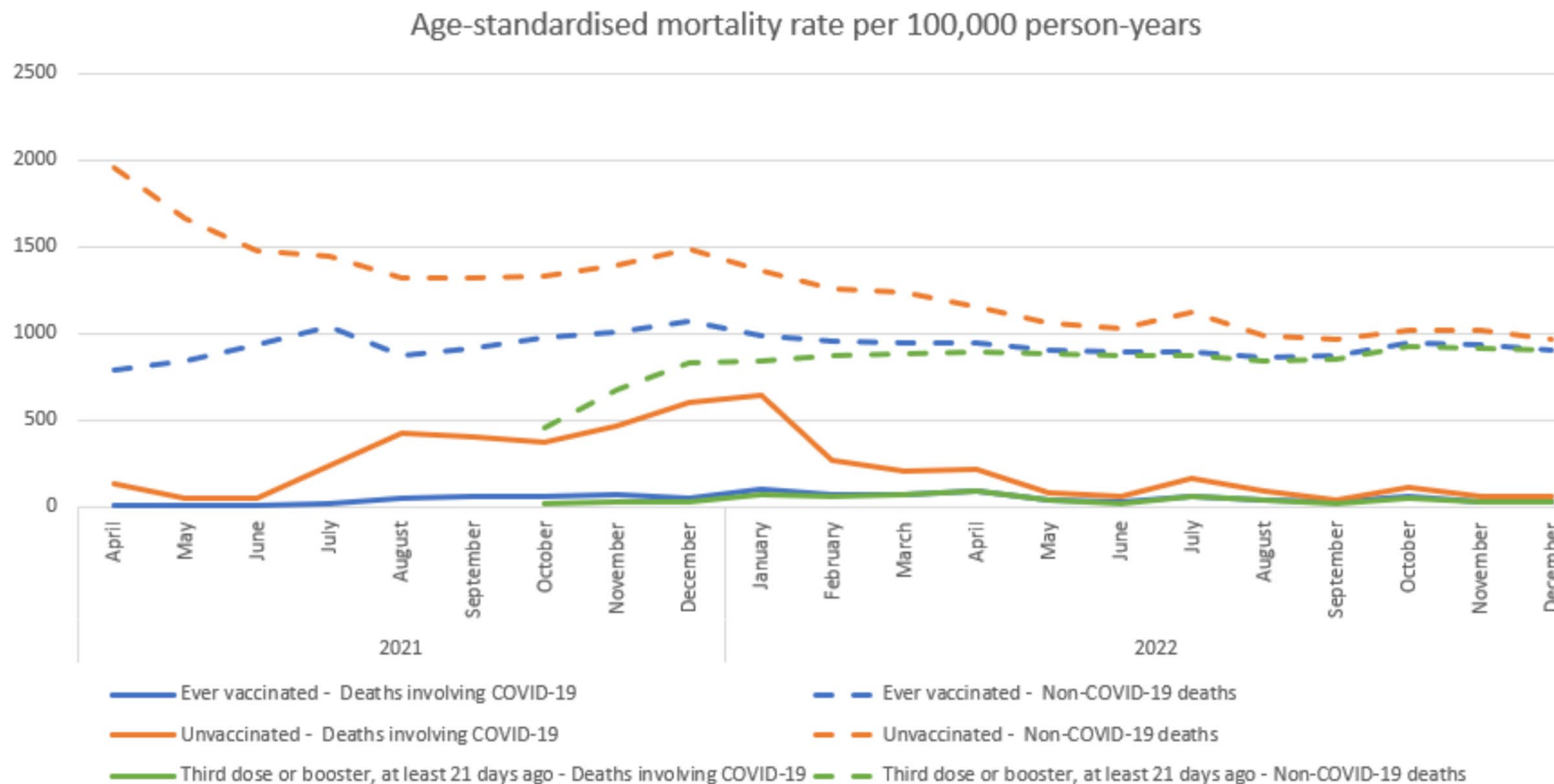


42% of the burden of poor health and early death in England is attributable to modifiable risk factors.



Source: OHID, 2022

# COVID





# Our Context

- Integrated Care Strategy
- CORE20PLUS5 Adults and Children
- Health Inequalities Areas of Focus 2022/23
- Going forward

## Our **strategy** on a page

### Our **ambition** is:

**for everyone in our population to live longer, healthier lives**

by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.



# 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



Target population

**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



# CORE20 PLUS 5

Key clinical areas of health inequalities



**1 MATERNITY**  
ensuring continuity of care for women from Black, Asian and minority ethnic 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

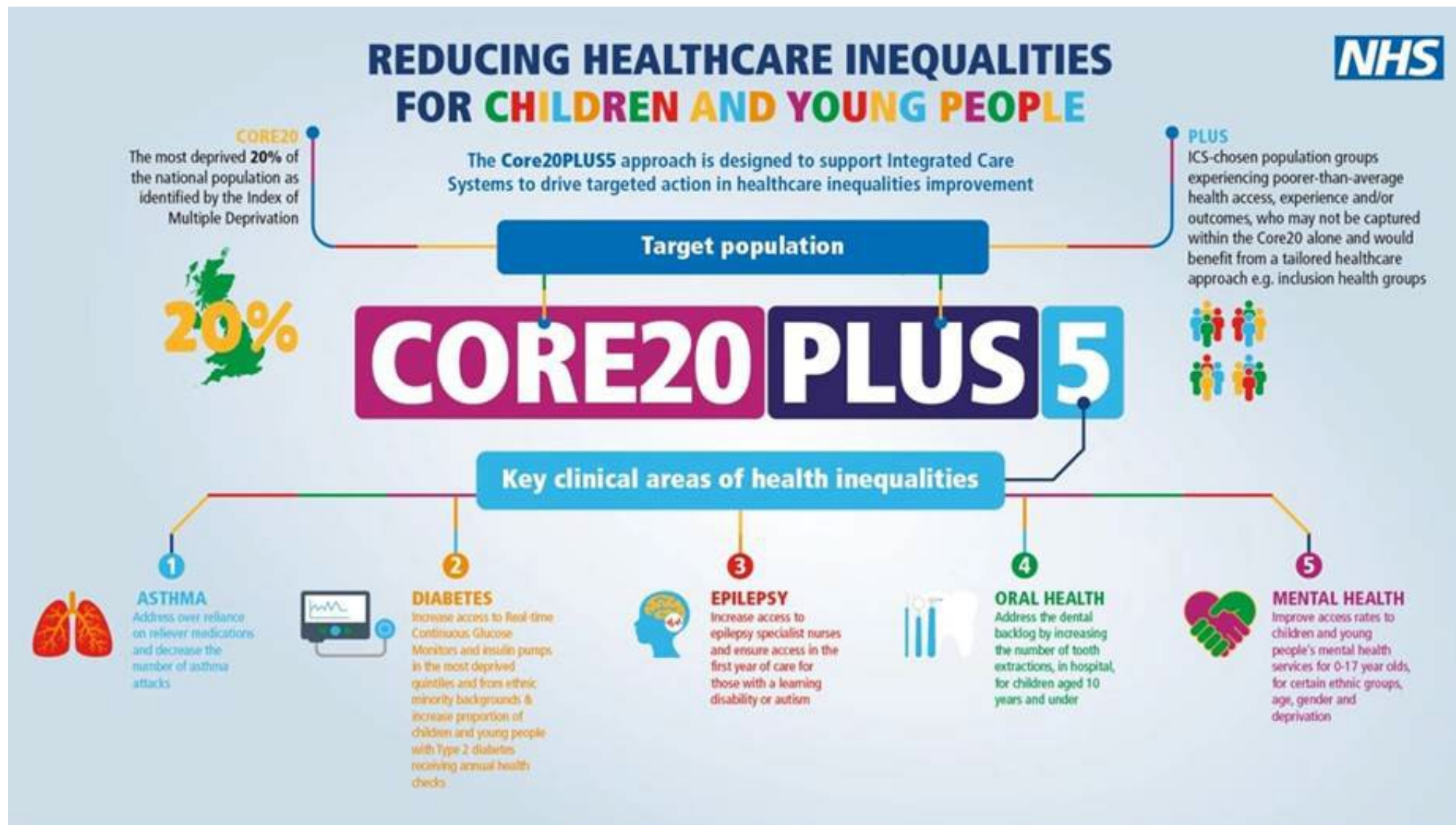


**5 HYPERTENSION CASE-FINDING**  
and optimal management and lipid optimal management



**SMOKING CESSATION**  
positively impacts all 5 key clinical areas







# Population Health and Prevention Programme

East Riding Place

Hull Place

North Lincs Place

North East Lincs Place

North Yorkshire Place

York Place

**Population Health and Prevention Executive Committee**  
**Executive Lead: Amanda Bloor**  
**Co-Chairs: Louise Wallace DPH / Julia Weldon DPH**

Community, Acute, VCSE, MH, LD &  
Autism and Primary Care  
Collaboratives

**Population Health and Prevention Operational Group**

Workstream 1  
Core20PLUS5 (Adults)

Maternity

SMI

Respiratory

CVD / Hypertension

Early Cancer  
Diagnosis

Inclusion  
Health/PLUS5

Workstream 2  
Core20PLUS5  
(CYP)

CYP Alliance

CYP Mental Health  
Steering Group

Workstream 3  
Prevention / Risk Factors  
Delivery Group

Alcohol

Tobacco

Obesity

Workstream 4  
Public Health  
Functions

Winter Vaccinations

Future Section 7A

Workstream 5  
Population Health  
Intelligence

PHM Project

PHM Network

ICS Outcomes  
Framework

Workstream 6  
ICP Building  
Blocks

Anchor Strategy

Integration Strategy

Support to ICP

**System Quality Group**

**Clinical Networks**

**Key**

Established group

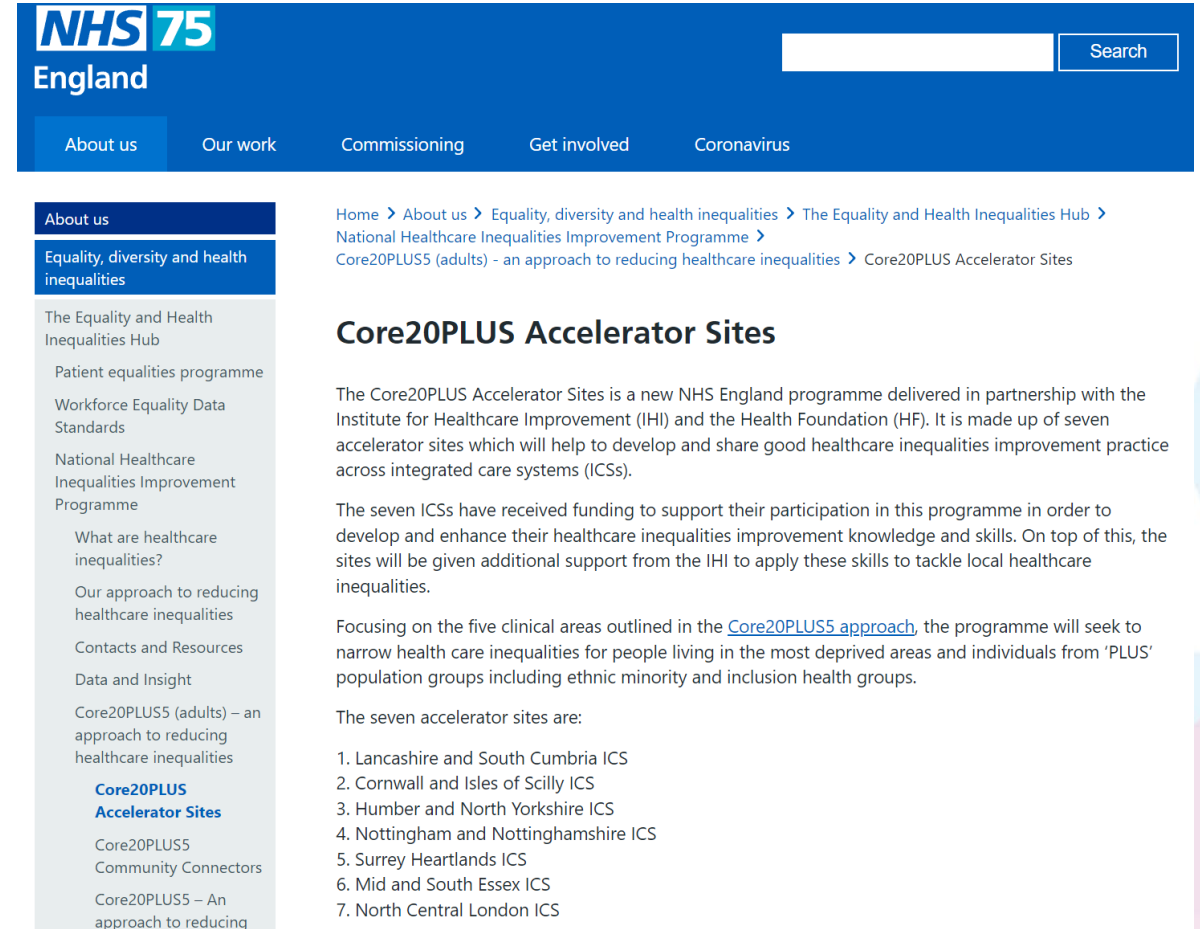
Formalisation Required

Proposed group

External

# Highlights

- Workstream 1: Core20Plus5 Adult
  - CORE20PLUS5 Accelerator
  - Asylum Seeker Health
- Workstream 2: Core20Plus5 CYP
  - Place/DPH Funding
- Workstream 3: Prevention/Risk Factors
  - Tobacco Centre for Excellence
- Workstream 4: Public Health Functions
  - Winter Vaccinations
  - Dental Inequalities
- Workstream 5: Population Health Intelligence
  - PHM Programme
  - ICP Outcomes Framework
- Workstream 6: ICP Building Blocks
  - Integration Strategy
- Operating Model
  - Local Authority collaboration
  - Provider Health Inequalities
  - Collaborative Health Inequalities



The screenshot shows the NHS England website. The top navigation bar is blue with the NHS 75 England logo on the left and a search bar on the right. Below the navigation bar, there are links for 'About us', 'Our work', 'Commissioning', 'Get involved', and 'Coronavirus'. The main content area has a left sidebar with a menu. The 'Equality, diversity and health inequalities' section is highlighted. The main content area displays the 'Core20PLUS Accelerator Sites' page. The page text describes the programme as a new NHS England initiative in partnership with the Institute for Healthcare Improvement (IHI) and the Health Foundation (HF). It lists seven accelerator sites: Lancashire and South Cumbria ICS, Cornwall and Isles of Scilly ICS, Humber and North Yorkshire ICS, Nottingham and Nottinghamshire ICS, Surrey Heartlands ICS, Mid and South Essex ICS, and North Central London ICS.

**NHS 75 England**

Search

About us Our work Commissioning Get involved Coronavirus

About us

Equality, diversity and health inequalities

The Equality and Health Inequalities Hub

Patient equalities programme

Workforce Equality Data Standards

National Healthcare Inequalities Improvement Programme

What are healthcare inequalities?

Our approach to reducing healthcare inequalities

Contacts and Resources

Data and Insight

Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

**Core20PLUS Accelerator Sites**

Core20PLUS5 Community Connectors

Core20PLUS5 – An approach to reducing

Home > About us > Equality, diversity and health inequalities > The Equality and Health Inequalities Hub > National Healthcare Inequalities Improvement Programme > Core20PLUS5 (adults) - an approach to reducing healthcare inequalities > Core20PLUS Accelerator Sites

## Core20PLUS Accelerator Sites

The Core20PLUS Accelerator Sites is a new NHS England programme delivered in partnership with the Institute for Healthcare Improvement (IHI) and the Health Foundation (HF). It is made up of seven accelerator sites which will help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs).

The seven ICSs have received funding to support their participation in this programme in order to develop and enhance their healthcare inequalities improvement knowledge and skills. On top of this, the sites will be given additional support from the IHI to apply these skills to tackle local healthcare inequalities.

Focusing on the five clinical areas outlined in the [Core20PLUS5 approach](#), the programme will seek to narrow health care inequalities for people living in the most deprived areas and individuals from 'PLUS' population groups including ethnic minority and inclusion health groups.

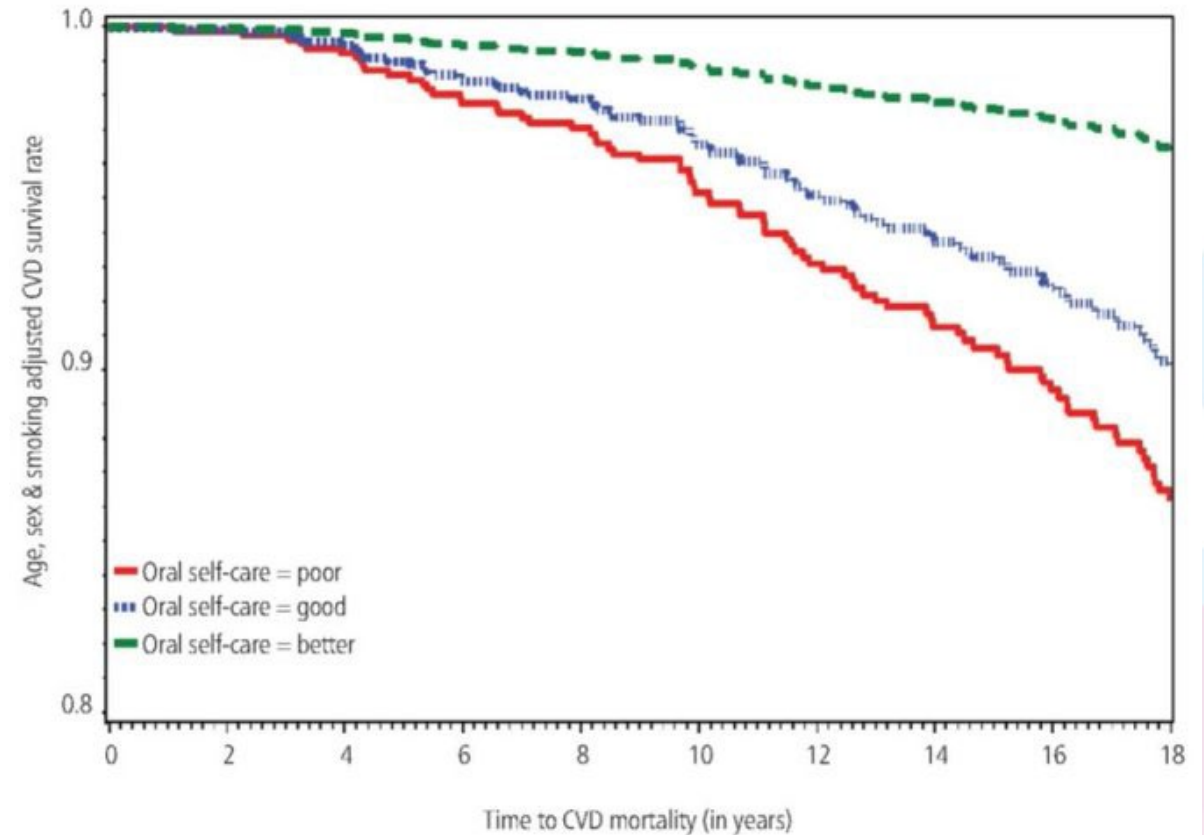
The seven accelerator sites are:

1. Lancashire and South Cumbria ICS
2. Cornwall and Isles of Scilly ICS
3. Humber and North Yorkshire ICS
4. Nottingham and Nottinghamshire ICS
5. Surrey Heartlands ICS
6. Mid and South Essex ICS
7. North Central London ICS



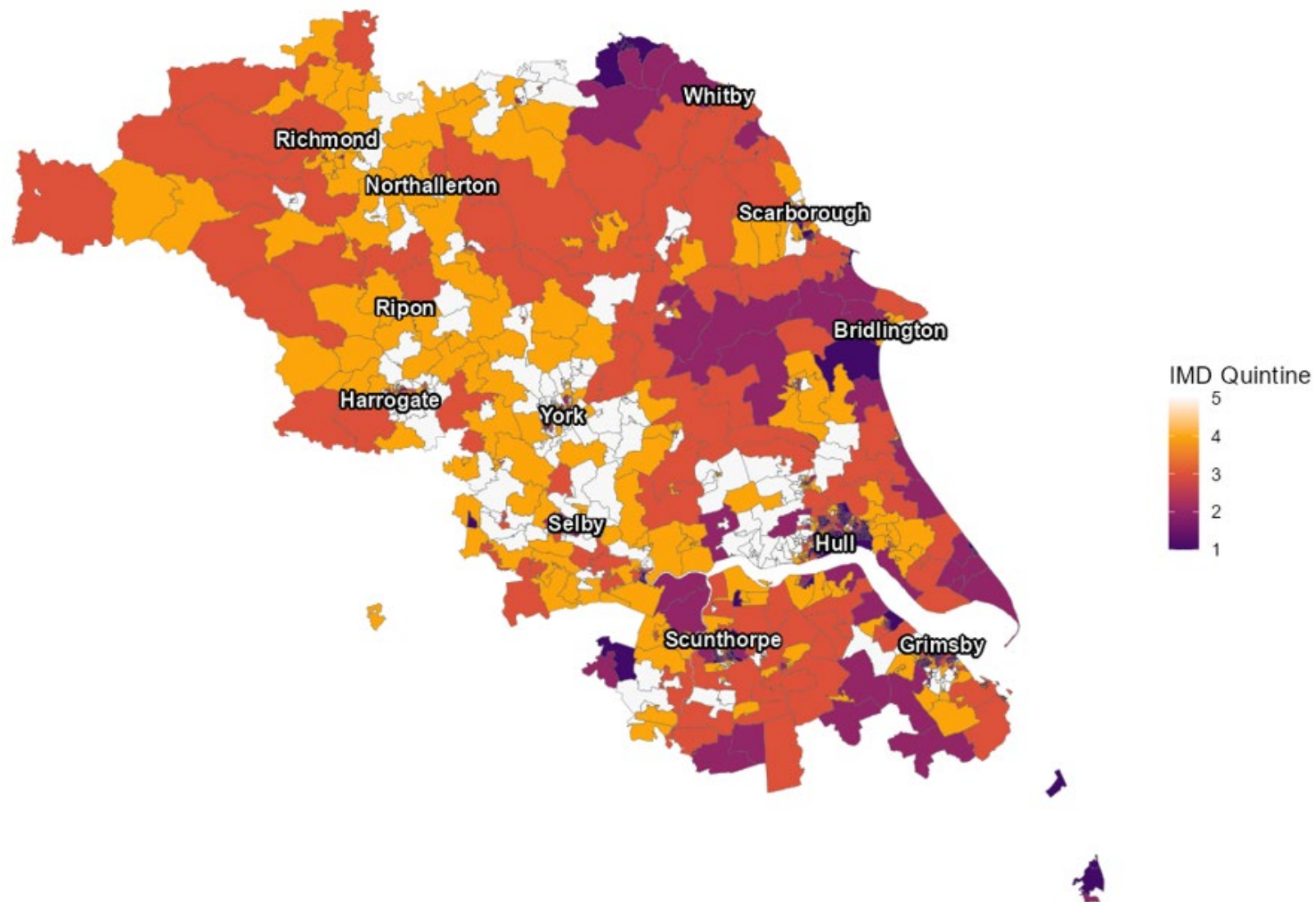
# Ambitions 23/24

- Finance/Workplan
  - Allocation of resources between System, Place and Programme
- Workforce
  - Health Inequalities Fellowships
  - Junior Doctors and Registrars (HEE)
- Measurement
  - System PHM
- Dental





# What is the real HNY?



# What is the real HNY?

