

The logo features a large white circle centered on an orange background. A dashed yellow arc is positioned on the upper-left side of the circle, and a solid blue dot is on the lower-right side. The text "Core20Plus" is centered within the white circle.

Core20Plus

Context for the programme

The Core20PLUS Connectors programme is part of the NHS goal to tackle healthcare inequalities: *Exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes.* The Connectors programme is part of the support framework for progressing the goals of [Core20PLUS5](#), a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

About the programme

- **Our aim is to support communities to remove barriers that prevent access to health and wellbeing services, to build trust and create opportunities for Community Connectors to be the voice for their communities and help shape service provision that better meets needs of those communities**
- **The focus is on communities who are not accessing the range of services available to help them maintain their health and wellbeing. Currently the data we have, shows some of these groups include people from LGBTQ+, travellers, victims of domestic abuse, refugees and the homeless communities, who may have poorer health outcomes as a result.**

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



20%

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 **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
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Community Connectors' Role

- To understand and bring the power of their lived experiences and values to underpin their actions
- Explore existing community relationships and provisions,
- Develop networks and create possibilities based on these findings
- Identify opportunities where people already gather and interested people who can help shape work
- Co-produce approaches to improving current health provisions and developing new bespoke services
- Carry out the co-production work in a manner which builds trust and develops community relations
- Share learning and intelligence across the different areas/groups to build borough-wide coherence
- Challenge in senior meetings for oversight of community views and challenge/escalate issues
- Co-produce/deliver development for the health and care workforce to build cultural competence

The Connector's Approach

Community-centred:

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- The model for taking forward the Connectors programme is based firmly on community-driven/ assets-based Community Development.
- The co-design work with people and organisations bringing direct experience of health inequalities and in community-based roles affirms several features of being community-driven.

Co-design your local connector programme

- Work with existing organisations with trust
- Learn from what already exists / assets (and invest in it)
- Speak to communities and ask them what will work.
- Define success in community terms not KPIs/targets



Recruit connectors

- Community Connectors must be local people (peer power)
- Have recent lived experience of inequality
- Have good current connections within their communities
- Engage people with the right attributes/traits
- Train and support them (prevent harm and progress)



Share power with communities

- Equal seats
- Long term relationship
- Accept responsibility
- Listen, get behind and fund what they think the solutions are
- Share anonymised data with them
- Work with them to address the issues – in partnership

My activity (November & December):

familiarising with the project aims

doing Domestic violence awareness training sessions coordinated by Sharon Martin

I was making links with lots of organisations (RMC, Nashdom, Tumende Association, Sparkle Wolverhampton, Glebe Centre, Serco –Asylum Seekers, Walsall Council members)

Attending Community Forum organised by the Tumende Association in Walsall – talking about ‘raising awareness of the existing health inequalities within Roma/gipsy/ Travellers community’

Starting the recruitment process of community connectors (one from Roma/Gipsy/Travellers cohort and one from Refugees area)

Regular attending ‘Generation Café’ at Nashdom, Fridays afternoon 5-8pm

Attending St Nicolas Event on 11th of December – a good occasion to meet and link with refugees cohort

Attending Learning & Sharing day + “Here & Queer” exposition at New Art Gallery – meeting Julie Brown who invited me to join the LGBTQ+ Community panel

Delivering donations for RMC refugees from Pleck Medical Centre

Engaging with Homeless people from Glebe Centre

PLECK HEALTH CENTRE
SENDING DONATION
DURING CHRISTMAS TO:

R.M.C. WALSALL
41-43, BRIDGE STREET, WAL
TEODORA ALBU

HAS COLLECTED
TODAY (20.12.2022) FROM
PLECK H.C. & DROPPING
THEM TO R.M.C. WALSALL

At 1 PM PLECK H.C.

C/O Teodora Albu

Artur Paulovskij
Received



Plan by March



BUILD TRUST WITH COMMUNITIES



IDENTIFY INITIAL HEALTH
CONCERNS



RECRUIT 15 INITIAL CORE
CONNECTORS INTO COMMUNITIES

Activity and outputs

- 1. Recruit a/some Part time Community Engagement Facilitators to support the community connectors**
- 2. Recruit at least 15 Community Connectors in year 1 with an ambition to double this number in year 2**
- 3. Develop a plan for community connectors' support to include community-based co-production events**
- 4. Commence work with the six most deprived and disengaged communities in Walsall**
- 5. Commence work with; LGBT+, travellers, domestic abuse victims, refugees and homeless**
- 6. Create a visual representation of groups, community assets, barriers to access and potential improvements**
- 7. Enable contribution of community connectors with redesign , policy development and health strategy**

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Contact
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