

# REDUCING HEALTHCARE INEQUALITIES AMONG OLDER 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 for people aged over 65 in community and acute care.

Target population

**CORE20**

**PLUS**

**5**

**PLUS**

Groups chosen by the ICS from those aged over 65 who may experience poorer-than-average access to or experience of healthcare and worse health outcomes, owing to social isolation, poverty, low health literacy or other factors not captured by the Core20 population alone. These groups may benefit from a tailored healthcare approach e.g. LGBTQ+ or minoritised ethnic groups.

Key clinical areas of health inequalities

1

## FRAILITY

Identification of those living with mild, moderate or severe frailty to enable (a) proactive care in the community; (b) systematic frailty-attuned care; and (c) acute assessment for frailty syndromes including delirium.

2

## DEMENTIA

Quicker diagnosis of dementia and more access to support services for the individual and carers.

3

## FALLS PREVENTION & MANAGEMENT

Reducing the impact of falls and fractures by preventative approaches and appropriate treatments.

4

## MULTIPLE LONG-TERM CONDITIONS AND POLYPHARMACY

Holistic biopsychosocial assessment of physical and mental health needs through CGA, including appropriate deprescribing.

5

## END OF LIFE CARE

Increased focus on Advance Care Plans and shared decision-making, ensuring that more people have access to good care at the end of life.

Measuring success - tracking progress

- Increase in patient records with CFS score recorded and personalised care plan in place.
- Increase in primary care records showing eFI status.
- Increase in number of people with frailty receiving CGA
- Decrease in avoidable ED attendances and admissions.

- Increase in number of cognitive assessments using validated tool (4AT, MoCA, MMSE).
- Decrease in length of time from referral to diagnosis and the start of treatment.
- Increase in uptake of dementia support services for patients and carers.

- Decrease in number of patients with 2 or more falls in one year.
- Decrease in number of patients presenting with fragility fractures.
- Increase in uptake of strength and balance services.
- Increase in number of patients prescribed bone protection medications.

- Increase in number of structured and documented medication reviews.
- Increase in number of patients with MLTC receiving CGA.

- Increase in number of Advance Care Plans completed and documented.
- Increase in number of people accessing end of life care support services.
- Increase in people dying in their preferred place of death.

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