From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board – 6 December 2023

Subject: Update on Inequalities, Prevention and Population Health Management Sub Committees

Classification: Unrestricted

Summary:
This report provides an overview of the Inequalities, Prevention and Population Health Committee (the Committee) and its three Sub Committees of the Inequalities, Prevention and Population Health Committee (IPPH) of the Kent and Medway ICB. Although the Committee reports into the ICB, due to its nature it is also responsible to the Integrated Care Partnership (ICP) which is a core component of the Kent and Medway Integrated Care System.

The report sets out how these Sub Committees are located within the governance structure of the Kent and Medway Integrated Care System (ICS). It also demonstrates how the Sub Committees relate to the 4 core purposes of the ICS, their connection with the key structural components of the ICS and the Integrated Care Strategy.

The next sections then outline the role of each Sub Committee along with some exemplification and updates on their work for the Health and Wellbeing Board to consider and note.

Recommendation:

The Kent Health and Wellbeing Board is asked to CONSIDER and NOTE the report.

1 Introduction

1.1 This report sets out the strategic fit, governance and delivery across the Kent and Medway ICS relating to health inequalities, prevention and population health management (PHM).

1.2 Included in the four core purposes of ICSs are the following:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access

1.3 The Kent and Medway ICS covers the areas served by Kent County Council (KCC) and Medway Council. The structure includes the NHS service based Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

1.4 The ICP is a core component of the Integrated Care System and is a broader coalition of partners which aims to join up planning and delivery to improve health and social care across Kent and Medway.

1.5 The Integrated Care Strategy is the mechanism by which the ICP, working closely with communities can deliver system level, evidence-based priorities to improve the health and wellbeing of people and communities throughout the ICP footprint.

1.6 The IPPH Committee of the ICB is the delivery vehicle for one of the strategic outcomes of the Integrated Care Strategy, which is focused on health inequalities, the wider determinants of health and embedding PHM approaches.

1.7 Three Sub Committees of the IPPH Committee drive forward the three specific areas of work related to Inequalities, Prevention and PHM. Each Sub Committee is chaired by a senior system leader and comprises a broad range of partners including the VCSE sector and the four Health and Care Partnerships (HCP) each representing one of the four 'places' across the Kent and Medway ICS.

1.8 The purpose of this report is to provide an overview of the role and work of each of the three Sub Committees, namely the IPPH Inequalities Sub Committee, the IPPH Prevention Sub Committee and the IPPH Population Health Management Sub Committee.

2 IPPH Sub Committees

Each of the IPPH Sub Committees works to their specific element of the IPPH Committee high level delivery plan. Coherence across the work of the three Sub Committees is maintained by regular communication between the senior leaders who chair the Sub Committees and the ICB Chief Medical Officer.

2.1 The following three sections outline the work and role of each of the IPPH Sub Committees.

3 IPPH Inequalities Sub Committee

3.1 The role of the IPPH Inequalities Sub Committee includes:

- Working together to influence improvement in the wider determinants of health and broader social and economic development, in areas such as housing, climate, transport, sport and leisure etc. improving mental health and well-being and reducing social isolation.
- Overseeing the ICS Core20PLUS5[1] development plan for adults and children and young people. The Sub Committee oversees the implementation of this plan at a local and system level.
- Developing and agreeing plans for the NHS England (NHSE) allocated ICB health inequality funding, ensuring it is appropriately spent and providing assurance on its impact.

3.2 The IPPH Inequalities Sub Committee oversees the ICB allocation of recurrent NHSE funding to address health inequalities in outcomes, experience and access. The funding provides for a range of programmes at HCP level and ICS wide. The IPPH Inequalities Sub Committee reviews highlight reporting to assure the progress and impact of these programmes.

[1] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

3.3 A small set of examples of programmes currently funded via the NHSE allocated ICB Health Inequalities funding include:

- Hypertension Heroes: An ICS system wide programme supporting blood pressure management within targeted communities, in this case Black, Asian and minority ethnic groups. Working with community partners, the project is focused personalisation for patients. The model works to address health inequalities around self-management of hypertension using an asset-based approach.
- West Kent: Designing and developing a Health and Housing intervention to address the links between poor housing and health, particularly relating to damp and mould.
- East Kent: Continuing the roll out of integrated care diabetes clinics and additional multidisciplinary teams across East Kent. Working with the voluntary sector and enhancing community support groups available to carers.
- Dartford, Gravesham & Swanley: targeted community development comprising, initially, scoping and engagement with underserved populations in identified areas of significant inequality (i.e. obesity, diabetes, cancer screening, and respiratory). A Health Creation approach is being taken with the voluntary and community sector with evidenced based feedback informing a programme of targeted interventions.
- Medway and Swale: Improving outcomes for children with asthma in deprived populations, providing a focused paediatric asthma review service for patients in the most deprived localities where fuel poverty is high, and patients may not have access to secondary care.

3.4 A key current role of the IPPH Inequalities Sub Committee is to define the approach across the Kent and Medway ICS to supporting PLUS groups within the Core20PLUS 5 programme.

3.5 Core20PLUS5[2] is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies five clinical areas for improvement:

- Core20: the most deprived 20% of the national population as identified by the index of multiple deprivation (IMD).
- PLUS: Within the Core20PLUS5 approach to reducing healthcare inequalities, PLUS refers to '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'[3].
- 5: Five clinical areas of focus for adults are, maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case-finding and optimal management, and lipid optimal management. The five clinical areas for children and young people are: asthma, diabetes, epilepsy, oral health and mental health.

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[2] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

[3] CORE20PLUS5 infographic - https://www.england.nhs.uk/publication/core20plus5-infographic/

3.6 The IPPH Inequalities Sub Committee have identified a range of groups which the Kent and Medway ICS should consider as PLUS groups within the Kent and Medway ICS. The IPPH Inequalities Sub Committee agreed that the overarching impetus should be for a cultural shift to incorporating ways of working and a health inclusion approach to facilitating the best outcomes for these groups. This approach is based on the Inclusion Health Framework recently published by NHSE and which is shown in Figure 1.

Figure 1 NHSE Inclusion Health Framework[4]

3.7 There is ongoing work to develop metrics for Core20PLUS5 being undertaken by the IPPH Inequalities subgroup to highlight the challenges and opportunities. The work of Kent and Medway analysts will be further informed by the NHSE publication when it is available; it is understood that Core20PLUS improvement metrics from NHSE are due to be released by the end of the 2023 calendar year.

3.8 Kent and Medway ICS were successful in bidding for Wave 2 of the Core20PLUS5 Community Connectors Programme[5]. This programme provided funding for recruitment and mobilisation of community connectors, individuals who are influential in their own communities. The community connector role is a dynamic one which both engages local people with health services but one which is also well placed to inform and shape services. Kent and Medway ICS has two programmes, the first focuses on bowel screening in Thanet and the South Kent Coast for people between the ages of 60-75, particularly those from Black, Asian and minority ethnic backgrounds, men, and those with a physical disability. The second engages with Black, Asian and minority ethnic women, contributes to wider work on the LMNS Maternity Equity Strategy and is centred around the work of a lead practitioner in Dartford and Gravesham. The

[4] https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/
[5] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-community-connectors/

proposal builds on work relating to perinatal outcomes for Black, Asian and minority ethnic women.

3.9 The IPPH Inequalities Sub Committee are reviewing analyses which examine the equity of provision of health services by age, gender, ethnicity and deprivation to determine if there are inequities in service delivery. Early analyses will include cancer, A&E data and referral to treatment (RTT), and these are planned for review at the IPPH Inequalities Sub Committee.

4 Prevention

4.1 The role of the IPPH Prevention Sub Committee includes:

- Working to deliver prevention at scale, maximising the use of resources to deliver better outcomes for the population and efficiencies for the system. Putting co-production at the heart of our efforts, ensuring the participation and engagement of our communities in all our work. The lived experience of residents will be central to this.
- Tackling inequalities and preventing ill health, targeting those most in need.
- Supporting the population to adopt positive health behaviours.
- Increase detection and optimise the management of hypertension, atrial fibrillation, high cholesterol, and 10-year cardiovascular disease risk.
- Protect the public from infectious diseases, chemical, biological, radiological, and nuclear incidents and other health threats.

4.2 The IPPH Prevention Sub Committee has identified 6 priority areas on which to focus; obesity, tobacco and smoking, alcohol and substance misuse, mental health, hypertension and screening and immunisations.

4.3 Action plans are being developed for each priority area by identified leads. The action plans focus on two short term actions (<12 months) and two longer term actions (1-2 years). A sample of actions identified include:

- Improving the outcomes of the most vulnerable people with mental health conditions.
- Ensuring clear and equitable weight management pathways for children and adults across all tiers.
- Increasing the number of smokers from high prevalence groups referred into stop smoking services.
- Delivering a multiagency hypertension campaign for ‘Know Your Numbers’ week.
- Increasing the numbers of people into structured treatment for substance misuse.
- Improving the uptake of flu vaccination amongst 2 and 3 year olds.

4.4 A Prevention Framework has been adopted by the IPPH Prevention Sub Committee to act as a guide to sense check and frame prevention plans and interventions. An infographic of the Prevention Framework can be seen in Figure 2. The Framework is underpinned by the following criteria:

- Support by the right authorising environment in terms of local, regional and national policies, strategies and plans
- Tackling wider determinants
- The levels of prevention that are included

- The principles which are represented
- The critical enablers that are in place.

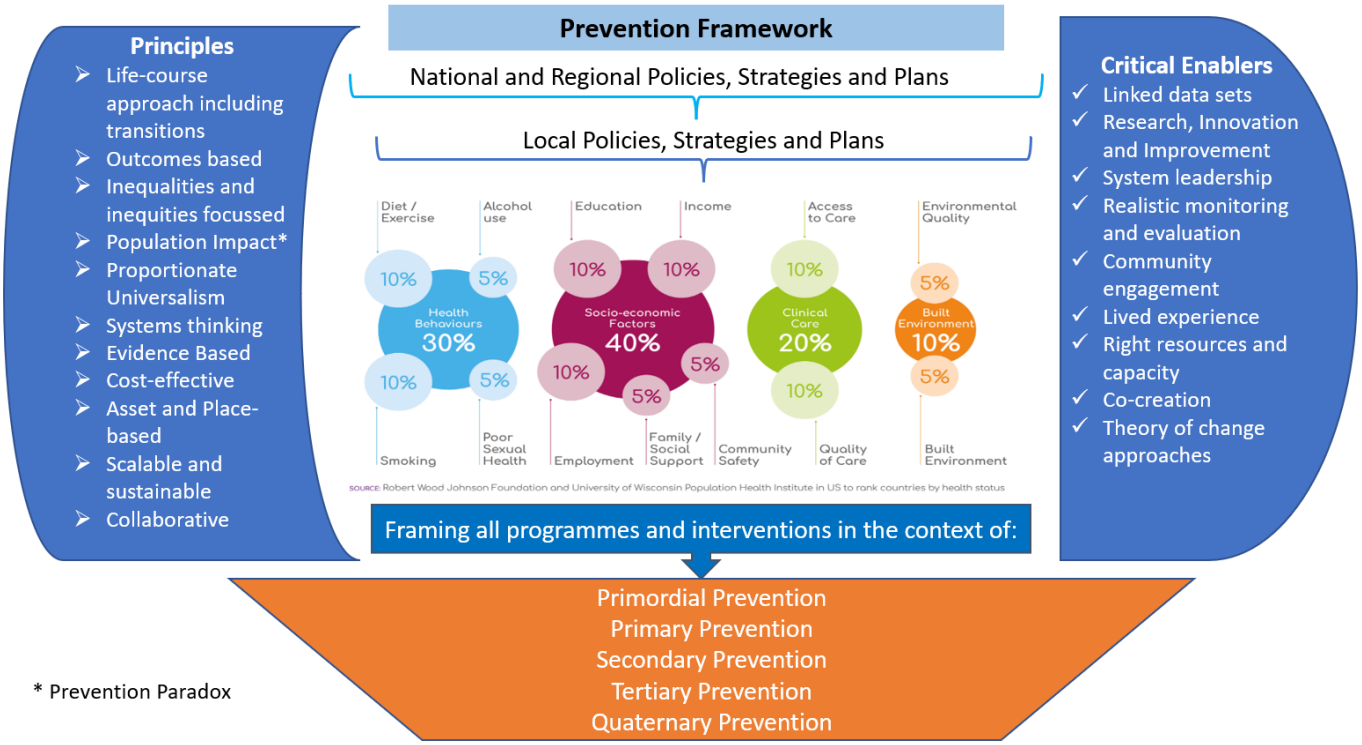

Figure 2 The Prevention Framework adopted by the IPPH Prevention Sub Committee

4.5 The Long Term Plan[6] committed to supporting people in contact with NHS services to quit smoking:

- By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will be adapted for expectant mothers and their partners with a new smokefree pathway.

Trusts, partners and stakeholders are collaborating across Kent and Medway ICS to implement this programme. All maternity services across Kent and Medway have now started delivery of this programme, which also builds on the work of the Smoking in Pregnancy midwives who have been established in each acute Trust since 2019.

4.6 A whole system approach to obesity programme[7] is being implemented across each of KCC and Medway Council, with a Whole Systems Approach to Obesity officer aligned to each HCP area. These programmes take a whole systems approach working with stakeholders and partners across each HCP place in an approach which makes full consideration of the wider determinants of health, such as environment, transport, food outlets, advertising etc.

[6] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[7] https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

4.7 The Hypertension Support Package is a package of resources for Primary Care Networks and GP practices with a focus on the identification and treatment of hypertension. A robust approach to hypertension has been taken across Kent and Medway ICS which includes the Hypertension Heroes Programme (paragraph 3.3). There is much work to do, but from data from June 2022 to June 2023, Kent and Medway is one of the seven most improved systems nationally.

5 Population Health Management

5.1 The role of the IPPH Population Health Management Sub Committee includes:

- Developing, implementing and monitoring the spread and sustain programme for PHM including the development of key enablers e.g. linked data sets.
- Ensuring a consistent and coherent system wide approach across Kent and Medway which focusses on using a targeted and data driven approach to PHM to improve outcomes.
- Ensure that plans are built bottom-up using PHM data and local assessments of need (including local authority Joint Strategic Needs Assessments) to drive improvement with a specific focus on reducing inequalities, improving population health and in particular, considering communities that may have specific and or unique characteristics.
- Developing and delivering a strategic framework for PHM in Kent and Medway with the engagement of partners, to advance PHM capabilities across four core areas: infrastructure, intelligence, interventions, and incentives.
- Overseeing the development of a segmentation model to be used in conjunction with other tools and based on a linked data set. This will enable the ICS to use identify populations with common care needs and implement the most effective approaches to improve health and wellbeing outcomes in the population.

5.2 The purpose of the PHM Programme is to embed a population health management approach across the system, developing the knowledge, skills and understanding of people so that they can deliver health improvement and reduce inequalities, agreeing actions that are informed by data and intelligence.

5.3 A structured programme approach, based on an action learning methodology, was in place for Phase 1 (July 21 to March 22) and Phase 2 (July 22 to March 23) of the programme. This was delivered through System, HCP, Neighbourhood, and Analytics action learning sets over a defined period of time. Using a hands-on approach HCPs and Neighbourhoods reviewed their data, and shared knowledge and insights for their local area to identify a priority cohort. They used a logic model to agree the intended outcomes and develop interventions to meet those outcomes.

5.4 The Population Health Management Programme is now entering Phase 3. The IPPH Population Health Management Sub Committee has recently reviewed Phase 2 of the programme which concluded in March 2023 where key learning, insights and challenges along with key next steps were highlighted. A separate piece of work has also highlighted the importance of undertaking evaluation of projects which are part of the PHM Programme and other projects more widely. Along with an evaluation of the PHM action learning set from a Primary Care

Networks perspective, the learning from these three pieces of work has informed the design of Phase 3 of the programme.

5.5 Phase 3 of the programme transitions from the structured style of Phase 1 and Phase 2 where the programme is driven by HCPs to embed the approach across places and neighbourhoods, with some key aspects led at ICS level. HCPs are developing plans for embedding PHM locally, setting out their approach, priority areas, how they are using data to drive action, progress and challenges. In this phase the ICS will look at implementing an agreed Insights to Action framework.

5.6 This approach will provide a structure for teams, organisations and systems to gather insights and develop actions to deliver the best outcomes for patients, the population and staff. It covers multiple domains, including clinical, operational and staff well-being, and is based on five stages: gather data, analyse, make decisions, implement those decisions, and close the loop by monitoring effectiveness of the changes implemented. For instance, focus on developing insights to support action in care homes. During this Phase 3 there will be a focus on working with a small number of clinical transformation services to address inequalities in specific areas.

5.7 The six principles of the approach for Phase 3 of the PHM programme are:

- Strategic direction from System with HCPs driving delivery at Place.
- Transition from a programme approach to embedding operationally and led by HCPs.
- Develop a blueprint of PHM tools to provide a consistent approach.
- Develop a consistent approach to data and analytics, to consolidate the analytical tools, resource and shared data available to support HCPs and Neighbourhoods.
- Develop a system wide PHM education, training and development package to support HCPs to embed across Place and Neighbourhood.
- Much bigger focus on evaluation to ensure success can be scaled.

6 Financial Implications

6.1 There are no direct financial costs associated with this paper. It is important however that ICS resources in the future be prioritised as appropriate to tackle the agreed priorities.

7 Equalities implications

7.1 An Equality Impact Assessment (EqIA) has not been carried out directly in relation to this paper. However, an EqIA has been led by the ICB in relation to the development of the Integrated Care Strategy from which the IPPH Committee and IPPH Sub Committees take the guide for their work.

8 Conclusions

8.1 This report has provided an overview of the three Sub Committees of the Inequalities, Prevention and Population Health Committee (IPPH) of the Kent and Medway ICB. These are the IPPH Inequalities, Sub Committee, IPPH Prevention Sub Committee and the IPPH Population Health Management Sub Committee.

8.2 The report has set out how the Sub Committees are located within the structure of the Kent and Medway ICS and provided an overview of their role and exemplars of their work for the Health and Wellbeing Board to consider and note.

9 Recommendation(s):

9.1 The Kent Health and Wellbeing Board is asked to CONSIDER and NOTE the report.

10 Background Documents

None

11 Contact details:

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