

Delivering The Integrated Care Strategy for Kent and Medway

Abraham George

Integrated Care Strategy

We will work together to make health and wellbeing better than any partner can do alone

Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

Shared Outcome 3

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

Shared Outcome 4

Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing

Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality,

Shared Outcome 6

Make Kent and Medway a great place for our colleagues to live, work and learn.

Enabler: We will drive research, innovation and improvement across the system

Enabler: We will provide system leadership, and make the most of our collective resources

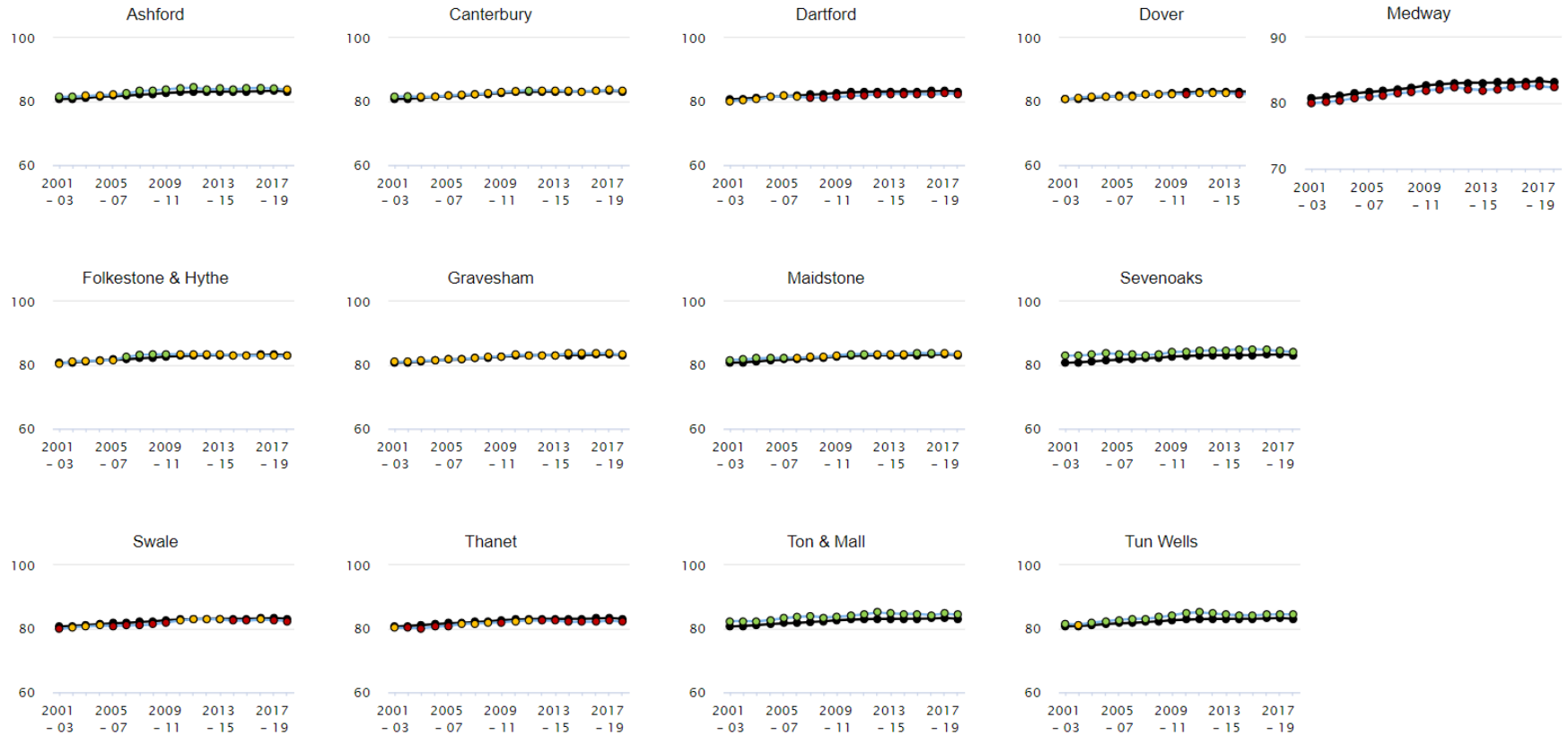
Enabler: We will engage our communities

Key Findings (Kent level)

Life Expectancy

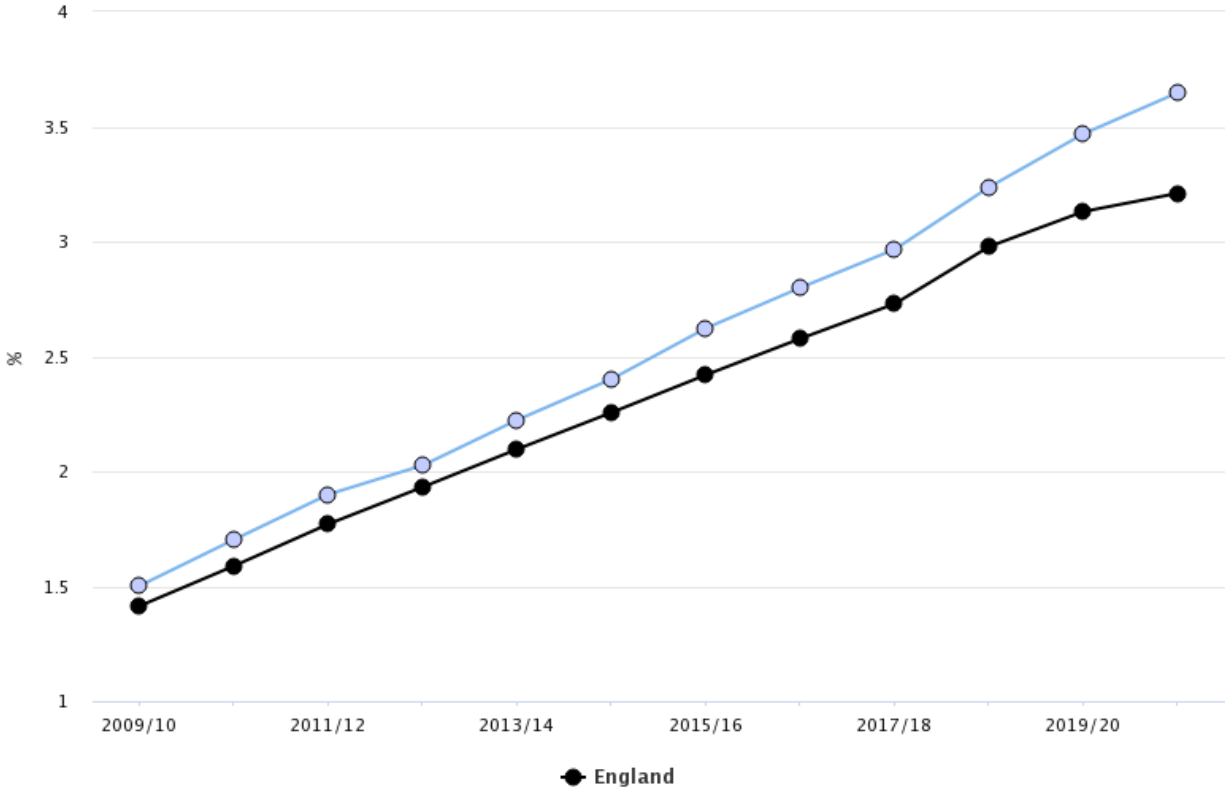
A01b - Life expectancy at birth (Female, 3 year range)

Life expectancy - Years

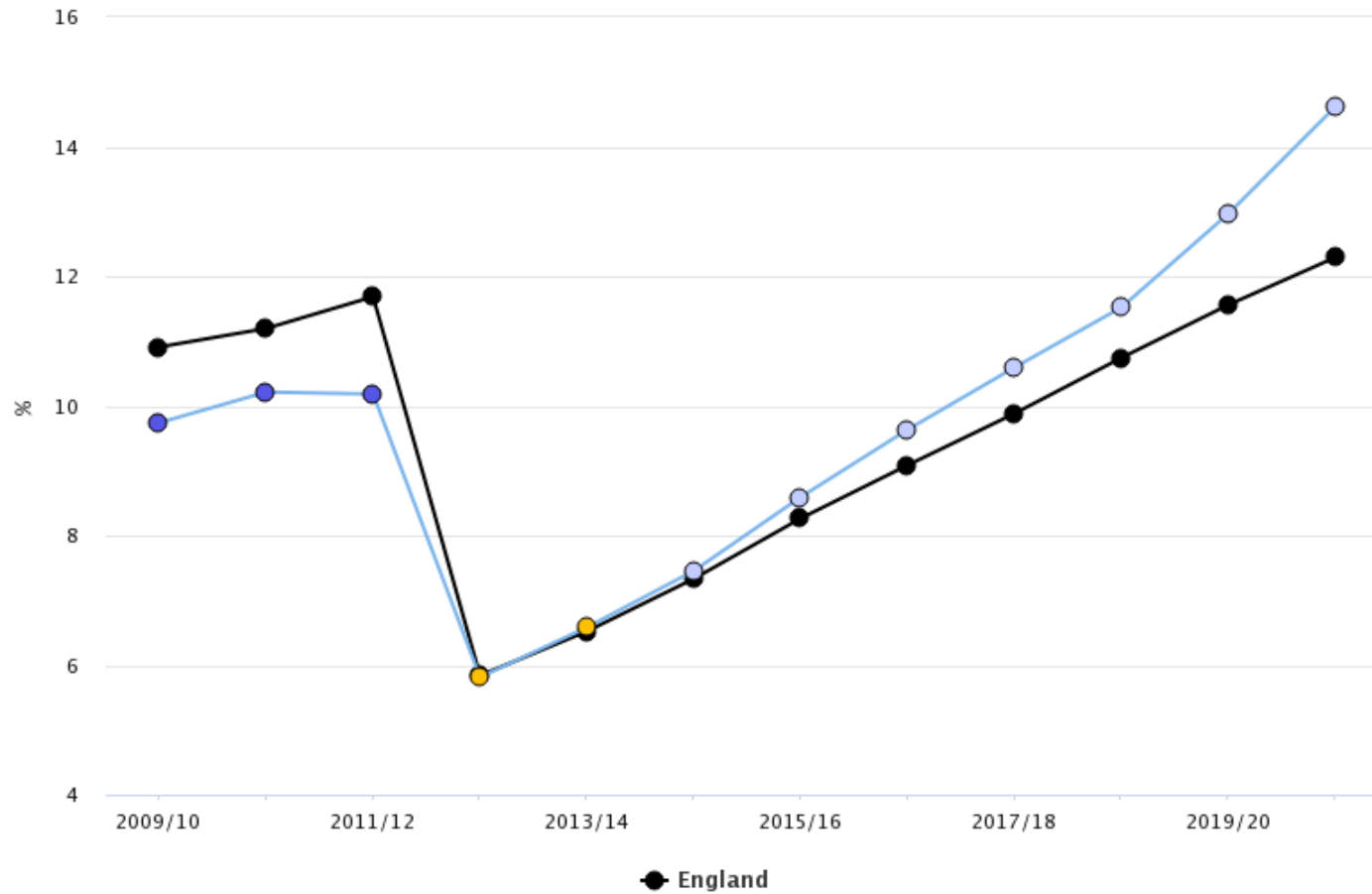


Cancer

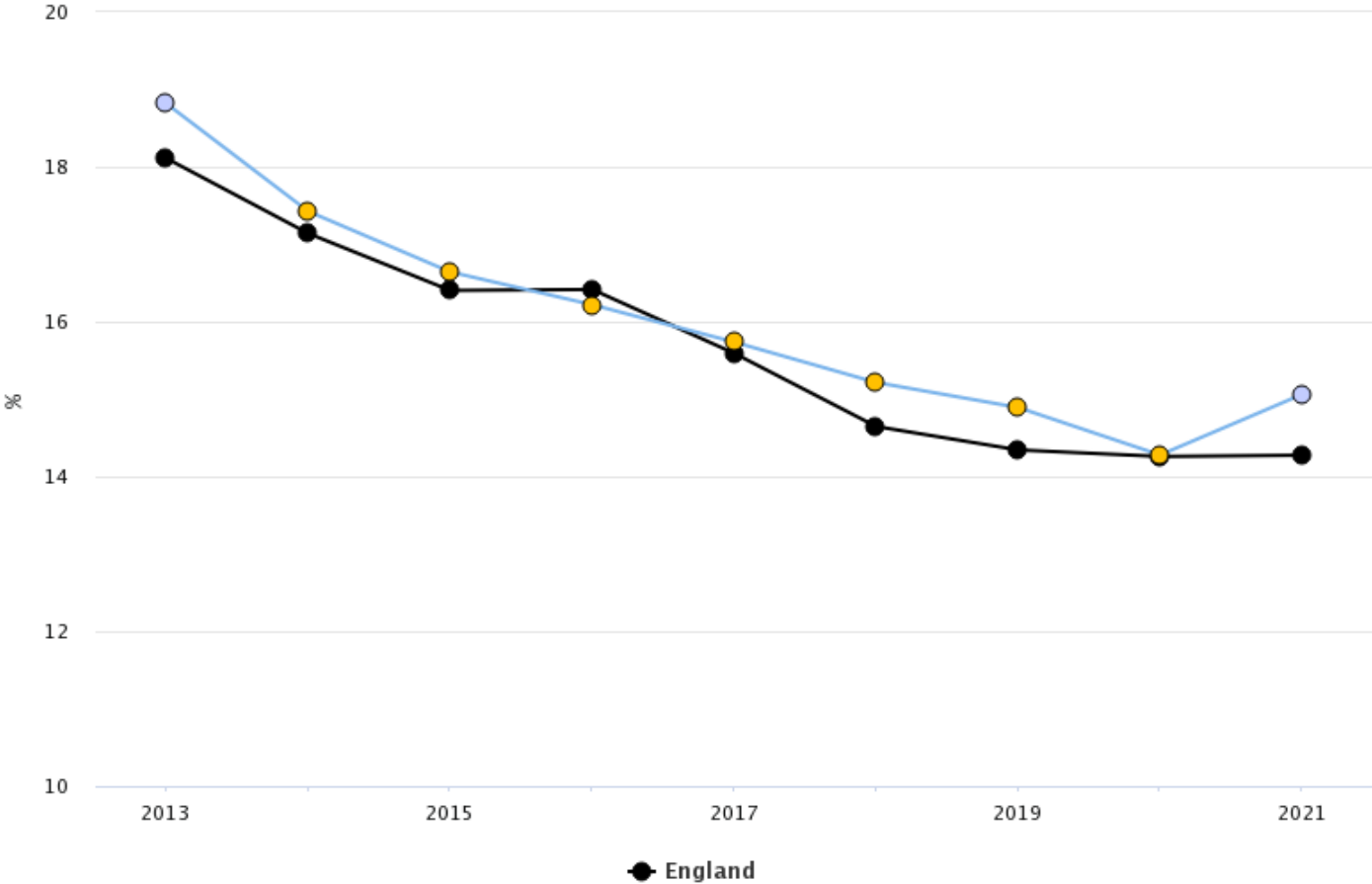
Cancer: QOF prevalence (all ages) for NHS Kent and Medway Integrated Care Board



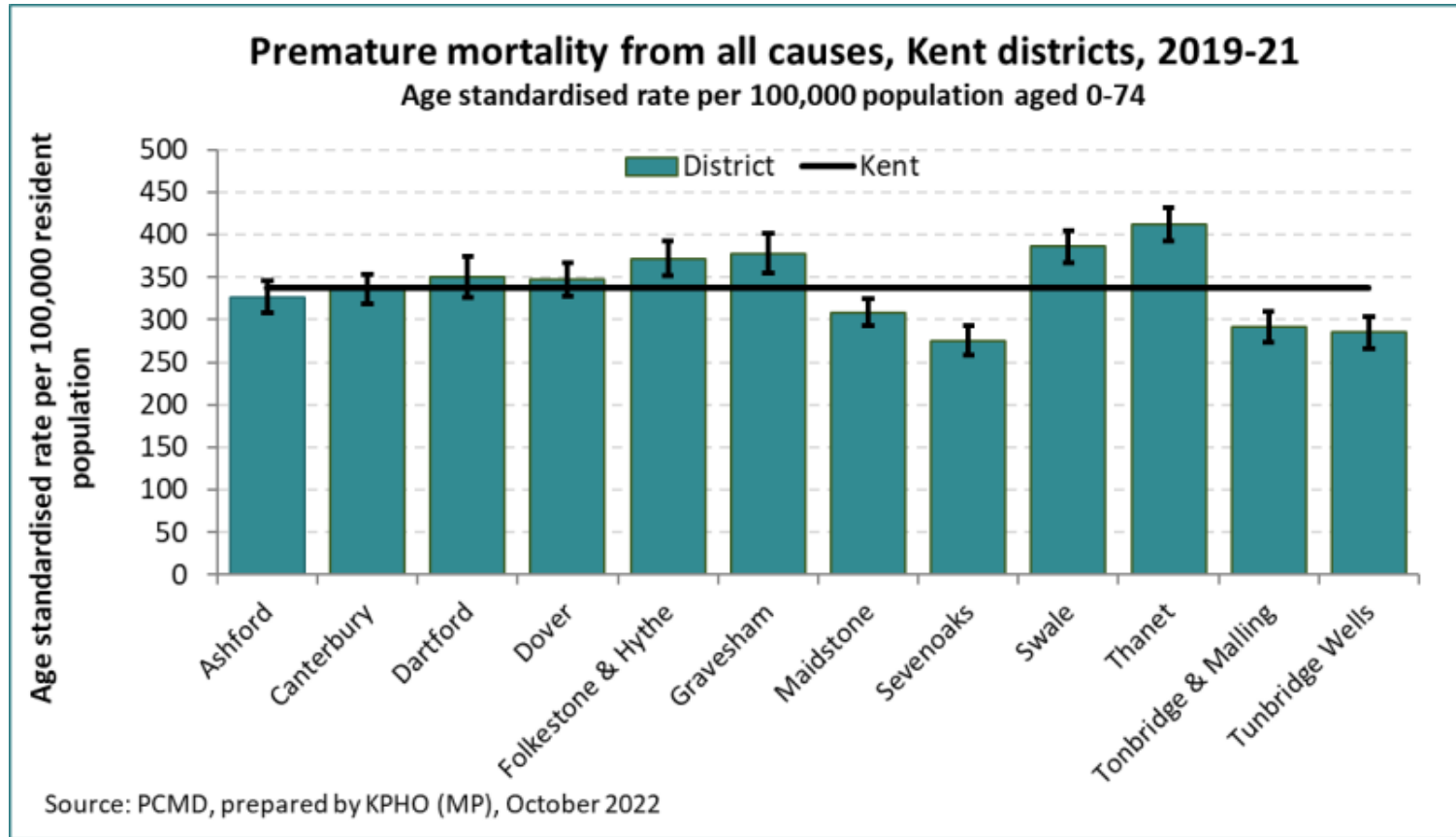
Depression: Recorded prevalence (aged 18+) for NHS Kent and Medway Integrated Care Board



% of active smokers (GPPS) for NHS Kent and Medway Integrated Care Board



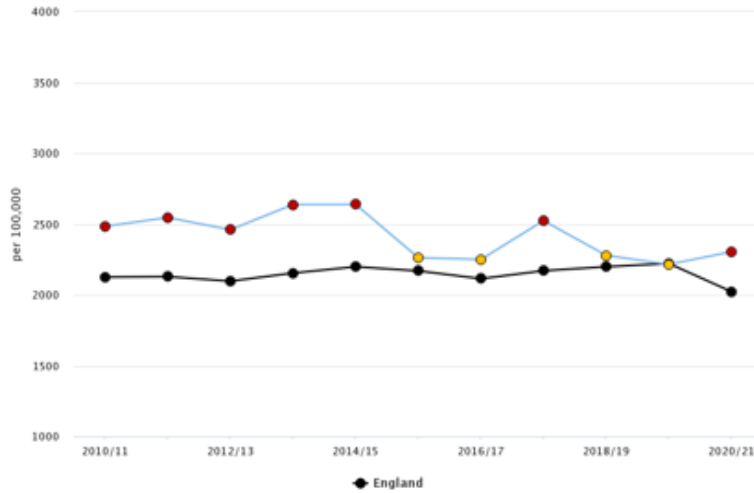
Mortality



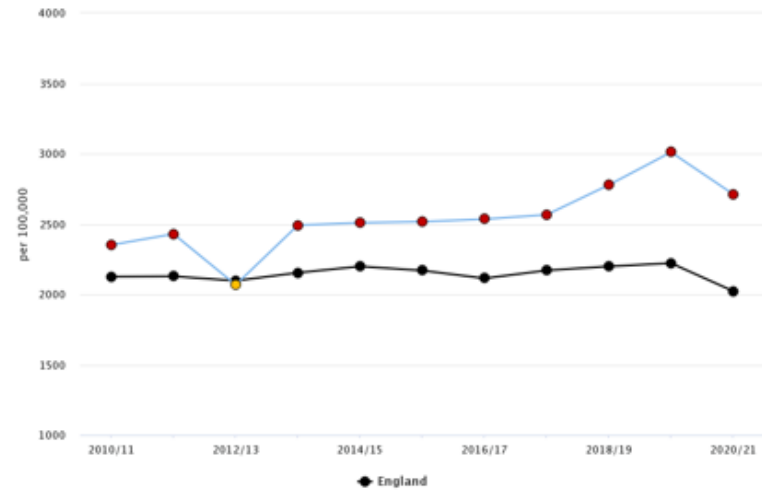
Key findings (West Kent Health Needs Assessment)

Falls related admissions

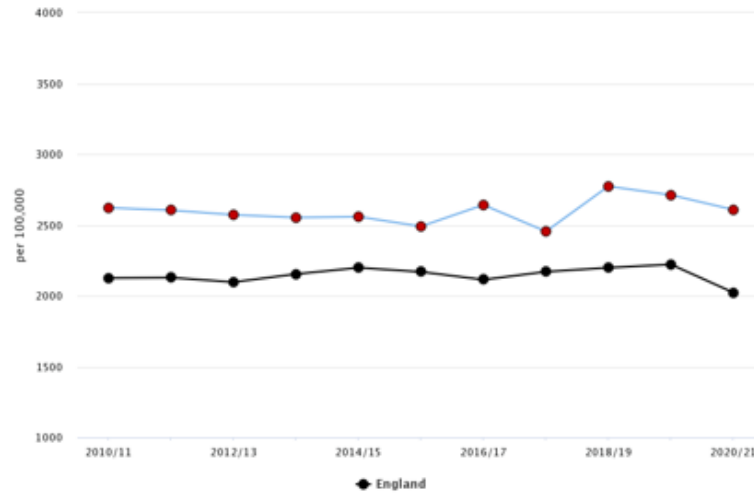
Emergency hospital admissions due to falls in people aged 65 and over for Sevenoaks



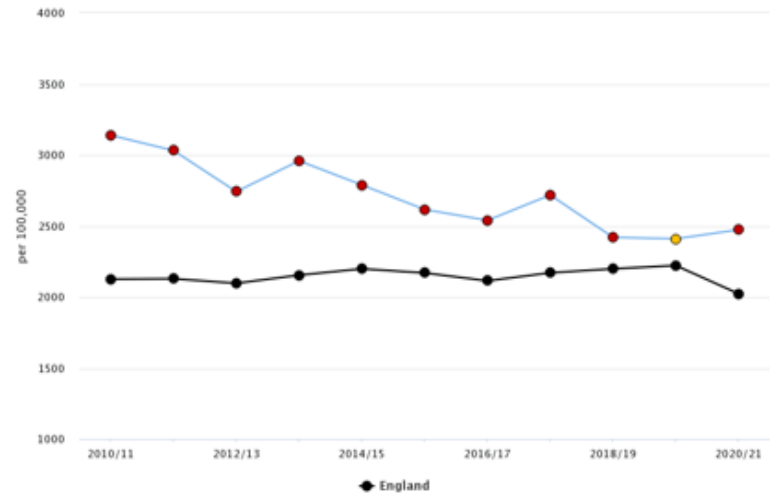
Emergency hospital admissions due to falls in people aged 65 and over for Maidstone



Emergency hospital admissions due to falls in people aged 65 and over for Tonbridge and Malling

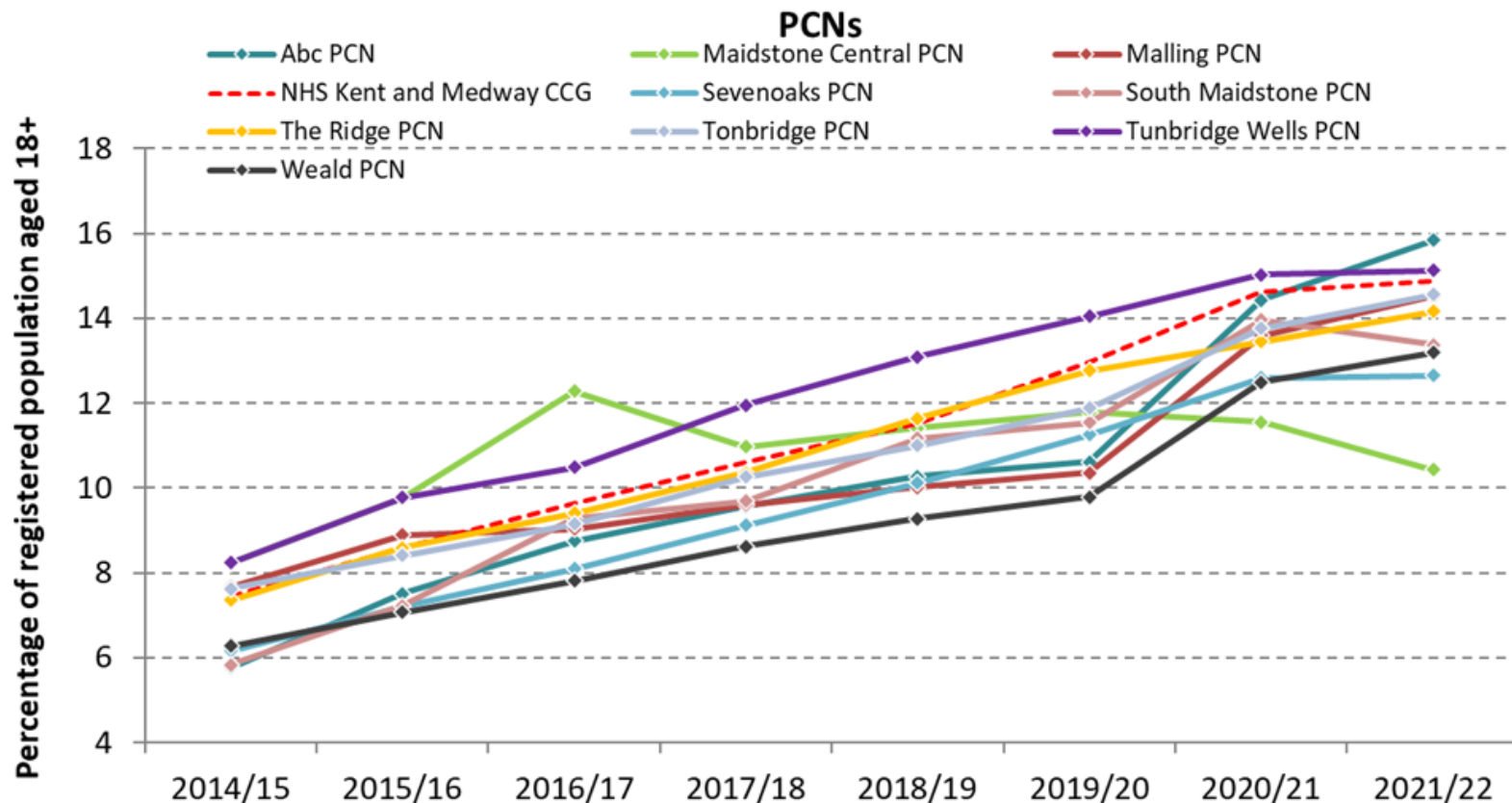


Emergency hospital admissions due to falls in people aged 65 and over for Tunbridge Wells



Mental Health

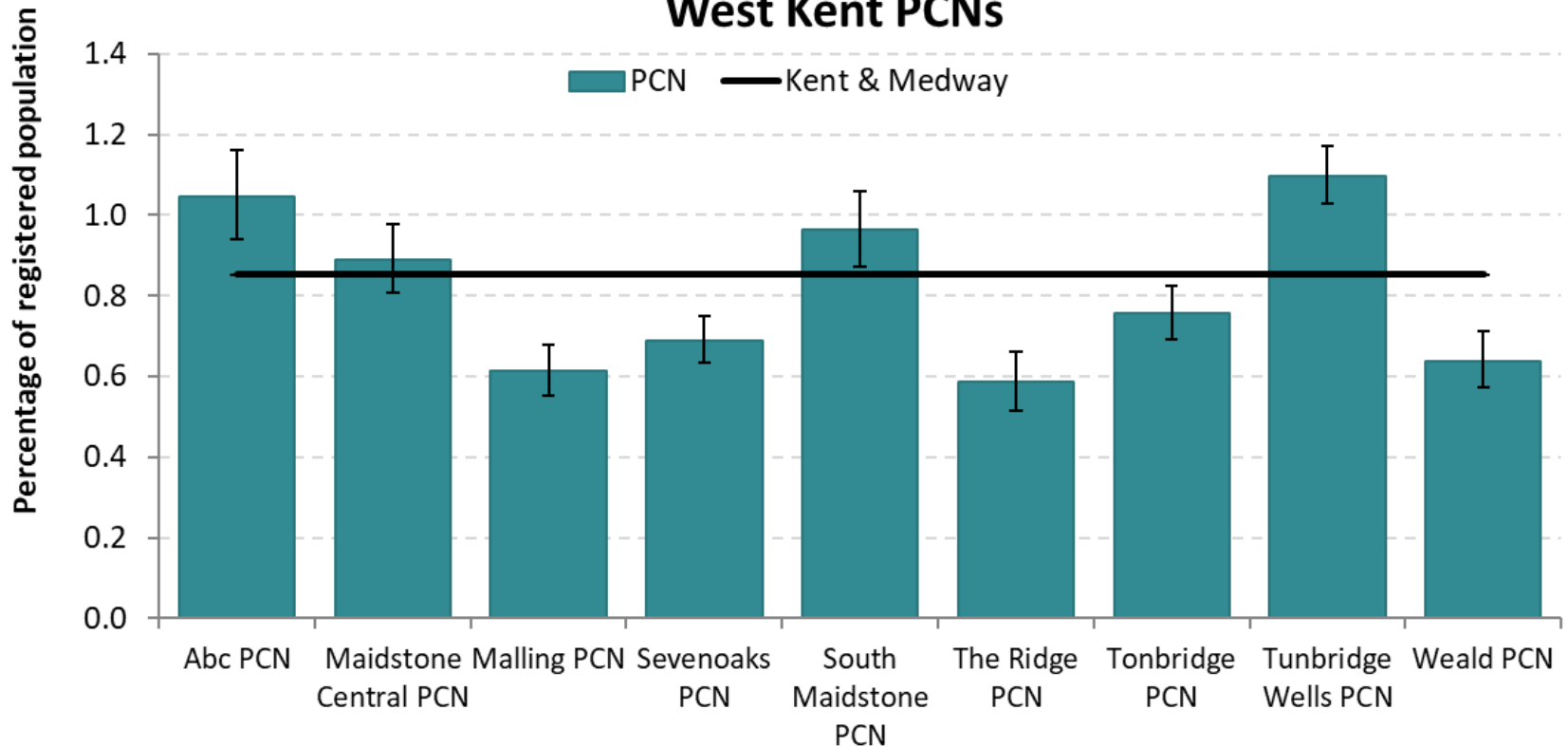
Depression recorded in primary care, trend 2014/15 to 2021/22, West Kent



Source: NHS Digital, prepared by KPHO (MP), October 2022

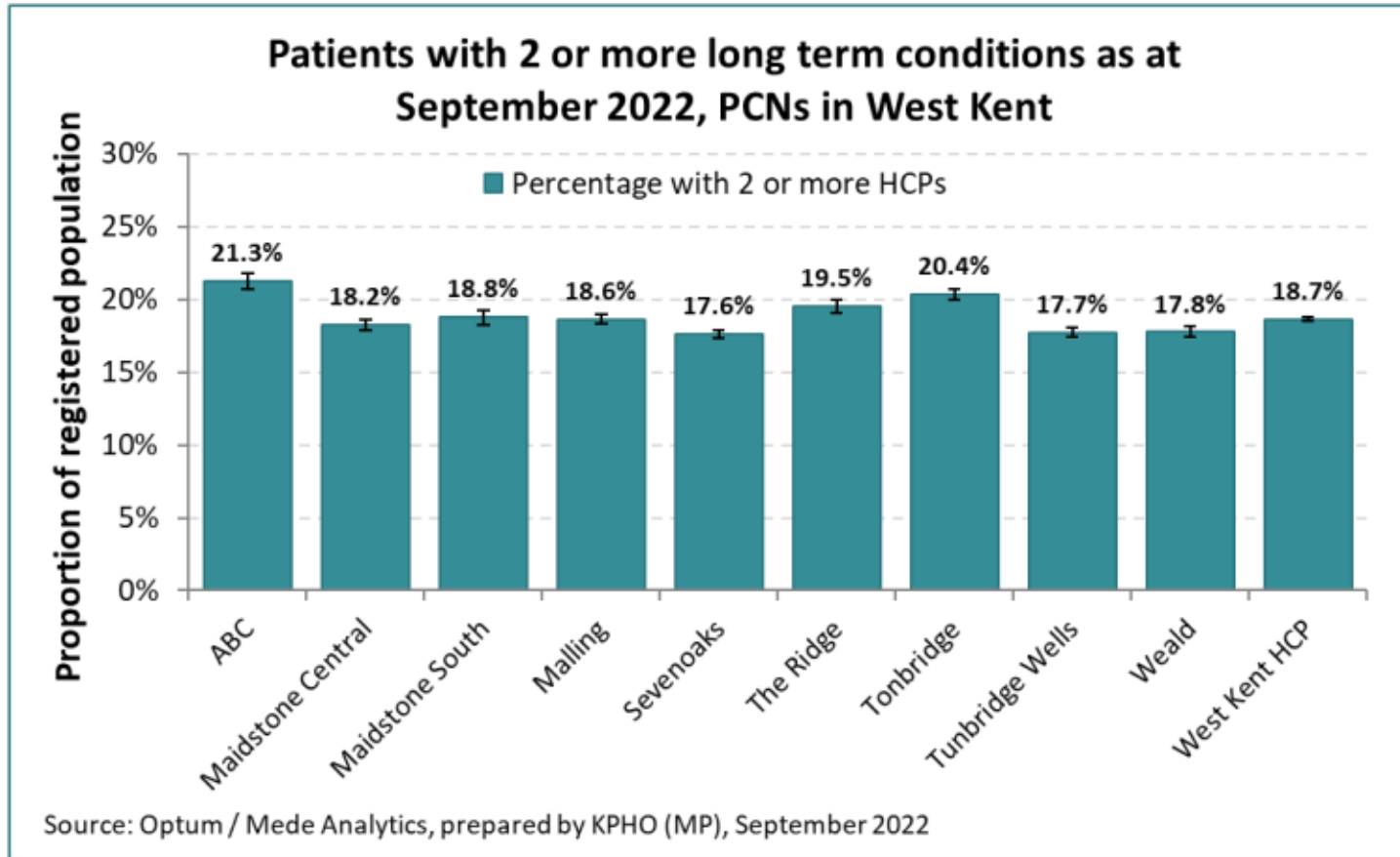
Mental Health

Serious mental illness recorded in primary care, 2021/22, West Kent PCNs



Source: NHS Digital, prepared by KPHO (MP), October 2022

Multi - morbidity



Other key health indicators by exception (district level)

Maidstone

- Emergency Hospital Admission rates for intentional self-harm and violence (including sexual violence) continue to be significantly higher than the England average over the last 6 to 8 years
- Other recent significant increases include admissions for alcohol related admissions and smoking prevalence at the time of delivery

Sevenoaks

- Case ascertainment for Diabetes diagnosis has been significantly lower than the England average
- Smoking Status at time of delivery has increased in 2020/21 to 13.5% significantly higher than 9.6% for England.

Tonbridge & Malling

- Case ascertainment for Dementia diagnosis rate has been significantly lower over the last 5 years (49.5% in 2022) than the England average of 62%
- Emergency Hospital Admission rates for intentional self-harm and violence (including sexual violence) continue to be significantly higher than the England average over the last 6 to 8 years

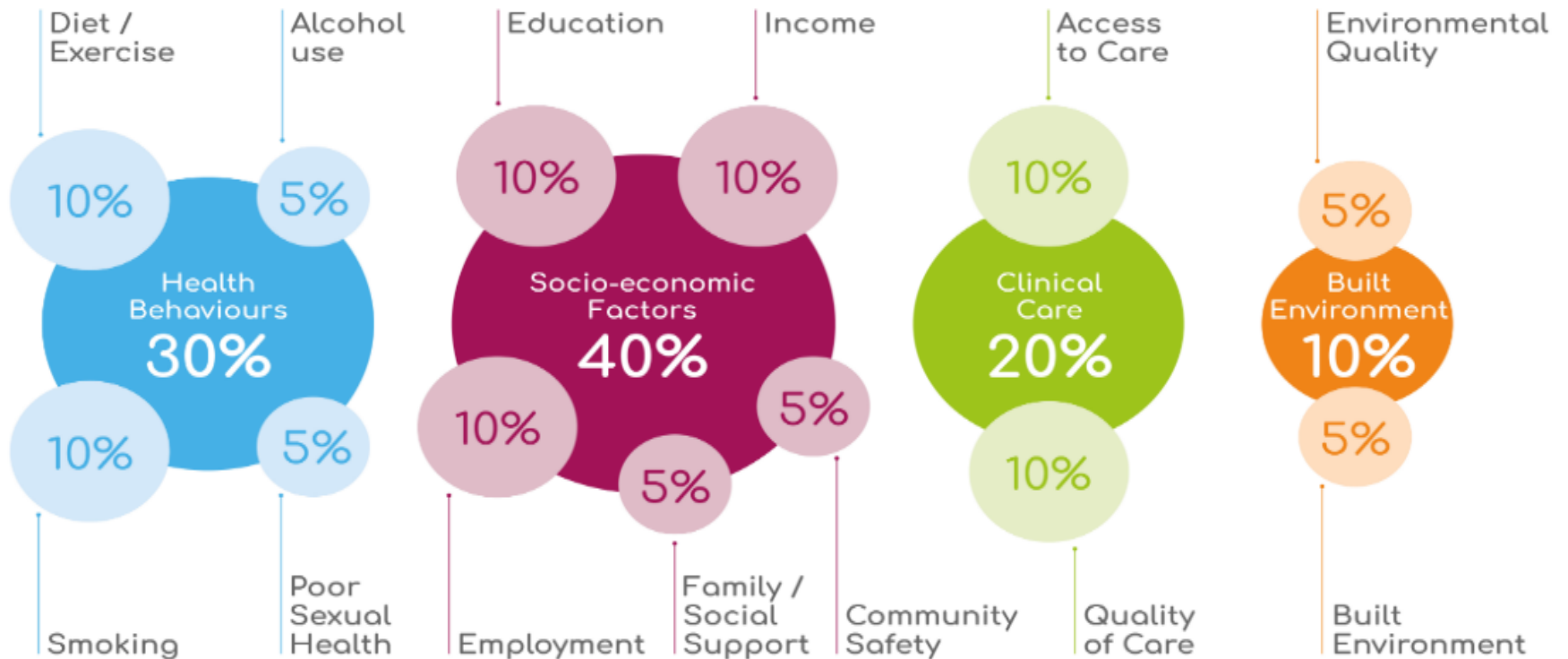
Tunbridge Wells

- Case ascertainment for diabetes diagnosis has been significantly lower than the England average
- Smoking Status at time of delivery has increased in 2020/21 to 13.4% significantly higher than 9.6% for England
- Excess winter deaths has increased to 35.1% in 2019/20 compared to 17.4% for England average

Summary of findings

- Halted rise in life expectancy
- Persistent and increasing inequalities
- High levels poor mental health
- Poor health behaviours: e.g. 2/3 adults overweight or obese
- Further impact Covid

Emphasis on Wider Determinants of Health



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Wide Ownership and Partnership

- **District and Boroughs** , as Anchor institutions, system leadership, around Lifestyles and around housing, planning and development including access to green spaces
- **NHS including the ICS (ICB and ICP), and the four Kent ICP Health Care Partnerships**, as Anchor institutions, system and clinical leadership, around clinical services, and lifestyles as well as mental health
- **Parish and town councils** including KALC around lifestyles, social isolation and communities
- **Communities** around lifestyles and mental health issues
- **Employers** (Chamber of Commerce) around employment, mental health and lifestyles
- **Voluntary Sector** around wider determinates and lifestyles
- **Police, OPCC** around community safety, mental health and lifestyles
- **Kent County Council and Medway Unitary Council**~ Growth, Economy and Transport, Childrens' services, Education, Adult Education, Adult social care, Corporate role as an Anchor Institution
- **Academic partners** – University of Kent, Canterbury and Christchurch University, University College of London (Institute of Health Equity), National Institute of Health Research (NIHR), Health Education England (HEE)

Work to Date

- Initial discussions with key partners
- Understanding of current partner and system priorities
- JSNA with focus on health and inequalities in Kent and Medway
- Review wider policy context
- Agreed approach to engagement – **workshops to be set up** in each district
- Developed **draft** Themes and Priorities for discussion
- Linked with evolving Medway JHWS and background work for Kent Public Health Strategy (now subsumed)
- Refocussed Public Health with named lead in each district

Proposed Workshop discussions

- 1. Does the strategy reflect our systems and your organisations high level priorities?**
- 2. Is there anything fundamentally missing that you would want to see in future iterations of our strategy?**
- 3. What do you feel we, the ICS should do to mature and develop our strategy in 2023/24 and what commitment could you make as system leaders to embed our strategy ambitions across the integrated care system?**
- 4. Are there any other comments you have on the overall strategy?**

Some thoughts

- Clarity around system priorities and focus recognising local focussed action is needed to meet local needs
- Shift focus to **Wider Determinants of Health** from purely clinical working with NHS partners
- Understand “**best buy**” interventions based on evidence and best practice to meet Kent’s localities needs
- Encourage **data sharing** and access where required, including relevant data on local need, (eg between council and NHS) to enable proper local health needs assessment, effective service planning, targeting and measurement of success
- Look at system opportunities eg as public sector anchors linked to local skills, employment and procurement
- Ensure **Making Every Contact Counts** opportunities are optimised, learning together and from each other
- Identify opportunities to resource eg NHS England Health Inequalities funding
- Consider together the role of our communities in need to deliver simple interventions at scale, learning from each other and best practice
- Build on current practice in all partners to best impact on full range of WDH

Draft System Themes ~ People

	Theme 1: Best start in Life	Theme 2: Healthy Behaviour	Theme 3: Frailty and Long-Term Conditions	Theme 4: Mental Health and Wellbeing	Theme 5: Work and Opportunity
People	<p>Priority 1.1 Prepare and support parents to be the best parents they can be</p> <p>Priority 1.2 Encourage and enable child developmental milestones to be met with positive parenting and utilisation of high-quality early years education.</p> <p>Priority 1.3 Develop cultures in education that optimise every child's potential</p> <p>Priority 1.4 Prevent poor mental health from the start of life and identifying mental health needs early</p>	<p>Priority 2.1 Deliver evidence-based support at appropriate scale to enable healthy weight, healthy diet choices, physical activity, good sexual health, and minimise alcohol and substance misuse and tobacco use</p> <p>Priority 2.2 Optimise use of MECC (Making Every Contact Count) to signpost and deliver around support to health challenges</p>	<p>Priority 3.1 Support people to live independently within their community and manage their conditions</p>	<p>Priority 4.1 Promote positive mental wellbeing in all communities</p> <p>Priority 4.2 Work through communities to tackle the wider drivers of mental ill health in all age groups (including loneliness, financial distress, abuse, addiction, housing, relationships)</p> <p>Priority 4.3 Ensure people of all ages with mental health issues can access the support they need (whether that's clinical treatment or wider support such as employment, housing etc)</p>	<p>Priority 5.1 Ensure relevant skills and training opportunities are available to all</p> <p>Priority 5.2 Support skills development to enable progression in the workplace</p>

Draft System Themes ~ Policy and Practice

Policy & Practice	Theme 6: Wider Determinants	Theme 7: Focussed Population Groups	Theme 8: Evidence-based	Theme 9: Population Health Management
	<p>Priority 6.1 Partners to consider the full range of health determinants in developing plans as well as links with other partners</p> <p>Priority 6.2 Maximise the role of partners as anchor institutions to improve local opportunity</p> <p>Priority 6.3 Adopt proportionate universalism to ensure health inequalities are addressed</p> <p>Priority 6.4 Ensure wider determinants are considered across decision making, commissioning and services</p> <p>Priority 6.5 Services to focus on prevention</p>	<p>Priority 7.1 Ensure people with vulnerabilities are in the right environment to thrive and that they can fulfil their potential with secure employment and homes with full access to available benefits and support to live safely</p> <p>Priority 7.2 Engage users in the design and running of services to ensure they are both accessible and acceptable</p> <p>Priority 7.3 Provide bespoke support as required to address identified needs in specific groups</p>	<p>Priority 8.1 Use evidence to drive choice of interventions including data around need, effectiveness of interventions and best practice elsewhere</p>	<p>Priority 9.1 Data and evidence will inform resource allocation where possible</p> <p>Priority 9.2 Ensure workforce skills and capacity meet population needs</p> <p>Priority 9.3 Provide accessible local services close to the user</p>

Draft System Themes ~ Place

	Theme 10: Communities	Theme 11: Economic Growth	Theme 12: Environment	Theme 13: Homes
Place	<p>Priority 10.1 Recognise and support communities as key partners in identifying and delivering local solutions</p>	<p>Priority 11.1 Attract and retain high quality sustainable employment to local areas</p> <p>Priority 11.2 Create new businesses and employment opportunities within Kent</p> <p>Priority 11.3 Enable people with health challenges to remain in the workplace</p>	<p>Priority 12.1 Ensure people can live in safety without fear of crime</p> <p>Priority 12.2 Develop “place” to facilitate wide uptake of active and sustainable travel options as well as access to green space</p> <p>Priority 12.3 Ensure good access to jobs, facilities and social opportunities</p> <p>Priority 12.4 Ensure capacity and systems to deliver health protection</p> <p>Priority 12.5 Protect the environment through both mitigation and adapting to the impacts of climate change and promoting programmes delivering environmental benefit</p>	<p>Priority 13.1 Ensure high quality homes available to all, including the most vulnerable, and tackle homelessness</p>