Medway Council
Serving You

MEDWAY HEALTH AND WELLBEING BOARD

2 SEPTEMBER 2021

UPDATE ON POPULATION HEALTH MANAGEMENT AND HEALTH INEQUALITIES

Report from: Rachel Jones, Executive Director of Strategy and Population Health, Kent and Medway CCG

Author: Karen Cook, Policy & Relationships Adviser, Kent County Council
Donna Carr, Senior Programme Manager, Population Health
Kent and Medway Clinical Commissioning Group

Summary

This report sets out an update on Population Health Management, the key findings from the Health Inequalities workshop held on 10 June 2021 and proposes the next steps in the development of a Health Inequalities Action Plan for Kent and Medway Integrated Care System.

1. Budget and policy framework

1.1 Reduction of health inequalities and promotion of population health are areas of priority for Health and Well Being Boards, which are also 2 of the 4 core purposes for Integrated Care Systems currently running in shadow form and due to be created, in statue, from 1 April 2022.

1.2 There is no current impact on budgets for financial flows however, the finance work undertaken as part of the Population Health Management Development Programme may identify alternative financial flow opportunities to support the delivery of an outcome-based approach.

2. Introduction

2.1. The Wave 3 NHSE/I Population Health Management programme commenced across Kent and Medway with the first system Action Learning Set on 22 July.

2.2. The aim of the programme is to build capacity and capability by working with all tiers of the system to transform service delivery around key population groups. It has 2 key objectives:

- Support and sustain changes to integrated care delivery - through PCNs, community, acute and mental health providers, public health and social care teams; to achieve demonstrably better outcomes and experience for selected population cohorts and support knowledge transfer to spread the approach to other cohorts.

- Advance the system's infrastructure and build sustainable capability across all tiers of the system which supports a focus on proactive population health management and tackling unwarranted risk and variation.

2.3. There are 4 levels of Action Learning Sets delivered as part of the programme; System, ICP (including finance & contracting), PCN and analytics.

2.4. Medway and Swale have been selected as the lead ICP alongside east Kent ICP which has self-funded an additional place. 5 lead PCNs have been selected each with a buddy. For Medway and Swale the lead PCN is Sheppey and the buddy is Medway Central.

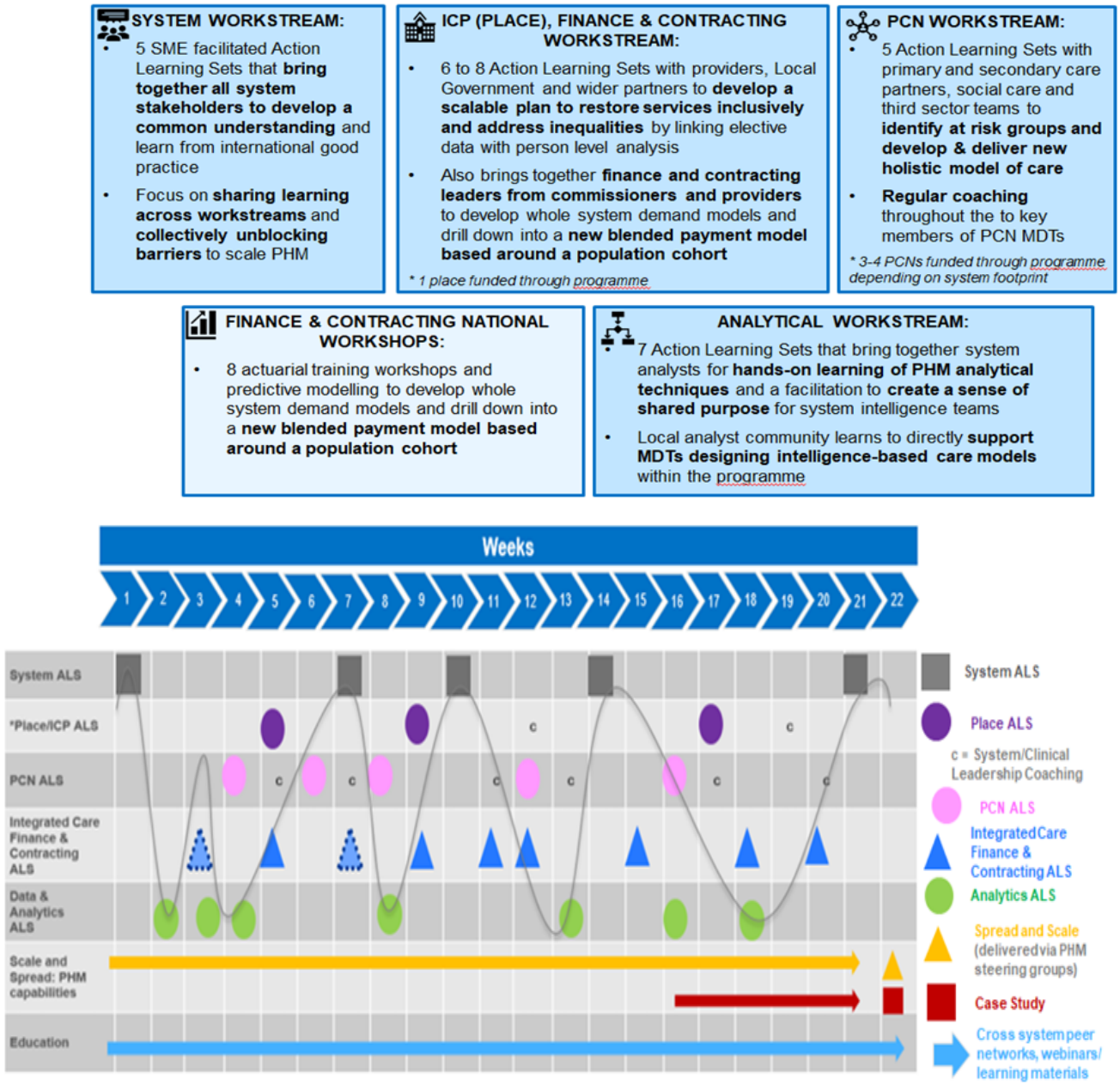
2.5. On 17 September 2020 the Kent and Medway Joint Health and Wellbeing Board (the Joint Board) agreed to hold a development session about the emerging impact of COVI/D 19 and the wider health inequalities found in Kent and Medway. The development session took place on 10 June 2021 and included the members of the Joint Board and the members of the Integrated Care System Partnership Board, bringing together the widest leadership of the Kent and Medway Integrated Care System for the first time.

2.6. The session was used as an introduction to the issues facing Kent and Medway and looked at how other areas in the Country had responded to health inequalities through a system wide approach. It was agreed that the System would develop agreed priorities out of the learning from that day and with further analysis and consideration.

3. Background

3.1 Kent and Medway were offered the opportunity to take part in the Wave 3 Population Health Management development programme run by NHSE/I. The programme is free for one ICP and a PCN per ICP in a system.

3.2 It is based on an action learning methodology to bring together analysts, clinicians, and other professionals to use data to generate a sense of common purpose and priority and then develop a series of action plans and outputs using logic models and other techniques. The result within 22 weeks is tangible change on the ground that benefits individual patients and cohorts, improving their health and wellbeing and provides a sustainable way to do quality improvement within integrated care teams.



3.3 The programme is the launch-pad for the development of our population health management approach, supporting us to build core PHM capabilities through infrastructure, intelligence and intervention.

3.4 Health inequalities are caused by much more than an individual's actions or access to traditional health care. Green spaces; social activities; education and employment opportunities; healthy food; good housing and transport services all play a hugely important role, and all have been disrupted by the pandemic.

3.5 COVID 19 has impacted on our citizens and our workforce in ways that are becoming clearer. Certain populations have been affected more than others, such as people from black and minority ethnic backgrounds. Other issues are

also known to have a bearing on health inequalities. These include gender and age. People with underlying health conditions, for example diabetes, asthma and cardiovascular disease are known to have experienced worse physical and emotional outcomes during the pandemic. What is clear is that the wider determinates, poverty, housing conditions, job insecurity and joblessness, have played a pivotal role in terms of increasing inequalities during the pandemic. So, whilst there have always been health inequalities in Kent and Medway, the effect of COVID-19 will be to exacerbate and increase the inequalities experienced by our population.

3.6 COVID-19 response measures have also led to some services being stepped down. We know that latent demand has developed in the population. This could lead to poorer health outcomes as a result of delayed cancer screening, loss of herd immunity and an increase in vaccine preventable diseases arising from a reduction in population coverage of routine child and adult vaccination programmes. There will likely be an effect associated with the postponement of elective care procedures, or through people not accessing routine primary care for fear of visiting their GP during the pandemic.

3.7 On 17 September 2020 the Joint Health and Well Being Board agreed to:

- develop a plan to publicly set out its vision, strategic aims and ambitions regarding how the partnership could work together to tackle those areas of health inequalities identified as priorities for the system.

- hold a development session to better understand the emerging impact of COVID-19 and the wider health inequalities found in Kent and Medway to inform the plan. This took place on 10 June 2021.

- the Executive Director of Strategy and Population Health for Kent and Medway CCG being the lead officer for this work on behalf of the Joint Board, informed by the Public Health Directors of both Medway and Kent.

4. Advice and analysis - Key Findings from the workshop

4.1 In summary the workshop highlighted that:

a) Living in a deprived area negatively affects your health and wellbeing:

- If you live in the most deprived ward in Kent you are likely to die before someone who lives in the least deprived. In the most extreme case, there is a 25-year age gap between the average age of death for the least deprived and most deprived in our area.

- You are more likely to go into hospital as an emergency case if you live in a poorer ward. For example, there are more emergency admissions for chronic obstructive pulmonary disease and stroke for people in more deprived areas.

- You are more likely to have more than one thing wrong with you i.e. Diabetes AND high blood pressure if you live in a more deprived area.

- As deprivation increases school examination attainment decreases. Children from poorer areas receive far lower grades than those in less deprived areas.

- If you live in a deprived area, you were more likely than those living in more affluent areas to die from COVID

b) However not all inequality is related to poverty:

- If you have a mental illness, you are more likely than the general population to have a physical illness and to die younger.

- If you grow up and have experienced more than 4 adverse childhood events- such as parental separation, any kind of mental or physical abuse or experienced mental health problems - you are more likely as an adult to go on to use drugs, become involved in violence or go to jail than a child who has had no or fewer adverse experiences.

- The increase in mortality compared to before COVID was greater in people who were from Black and Asian minority ethnic backgrounds.

- If you eat a poor diet, smoke or drink too much alcohol or take drugs you are more likely to develop a preventable illness and your long-term health and wellbeing will be severely affected.

4.2 The workshop emphasised that life chances of individuals are severely impacted by the inequalities they face in their lives. Tackling the root causes of inequality is the right thing to do for any public sector organisation involved in serving, supporting and championing their communities.

4.3 Reflections from system leaders on the event:

a) Leadership

- Leadership is vital, however it has to be system wide and all recognised as equal partners to ensure this works well in order to ensure the best outcomes.

- We need a sustained commitment to this and we must use our span of influence.

- Deciding where to put resource is key. We need to be clear and confident in what we want to achieve.

- We need to challenge ingrained adverse culture and understand the importance of place-based context and know and act on how people could be empowered.

- Involving the local community is a key part of a number of the key points we have raised today.

- Find one small thing that we can do together (with thought and based on data) and DO IT!

- Focus on staff inequalities as much as community inequalities.

b) Areas of Priority for system working:

- Collectively driving cultural change and holding each other to account.

- Using and understanding our own data and developing it to give us better access across the whole system.

- Focus on mental health and multi-morbidity.

- We know the interventions that work, we need to do them at scale. The selection of interventions and how they are implemented needs to be worked out within the community.

- Our leadership needs to be aligned across all levels – we need to commit to that alignment and hold each other to account.

- We need to both enable local pilots with multiple partners including voluntary sector, while building in the right enablers to scale things across the whole system – can't do one without the other.

- Get together as leaders around the shared purpose more often and trigger the conversations in our own organisations.

- We need to build health inequalities into our agenda and take a more integrated, proactive approach to our business to incorporate action to address health inequalities.

5. Next Steps

5.1. To take a full and active role in the PHM development programme.

5.2. To feed the outputs and views from the health inequalities workshop into the population health management (PHM) programme to develop a system wide understanding of the leadership required to make the best of this learning and development programme opportunity.

5.3. A PHM roadmap for Kent and Medway will be developed throughout the 22 weeks and is a key deliverable at the end of the programme. This

enables systems to think about their own approach to spread the learning and build on PHM capabilities within and across partner organisations.

5.4. This is a whole system programme, and the Directors of Public Health from Kent and Medway are joint chairs of the Kent and Medway Population Health and Prevention Group. The programme is being managed by the Strategy and Population Health Team in Kent and Medway Clinical Commissioning Group and local authority officers as well as Members are engaged in the programme.

5.5. It is important that the learning from this programme influences the priority setting for the Health Inequalities Action plan and the two link together to provide a coherent strategic approach for joint planning and working going forward.

6. Risk management

6.1. A risk register is maintained and reviewed on a monthly basis by the Kent and Medway Population Health and Prevention Group. This is jointly chaired by the Directors of Public Health for both Medway, and for Kent. This group is responsible to the Integrated Care System Partnership Board and Joint Health and Wellbeing Board.

7. Financial implications

7.1. There are no direct financial implications for the Council arising from this report.

8. Legal implications

8.1. There are no direct legal implications for the Council arising from this report.

9. Recommendation

9.1. The Health and Wellbeing Board is asked to note the briefing presented in the report.

Lead officer contact

Rachel Jones, Executive Director of Strategy and Population Health, Kent and Medway CCG, rachel.joines22@nhs.net

Appendices
None

Background papers
None