

Hampshire Health and Adult Social care Select Committee

Frimley Integrated Care System and North East Hampshire and Farnham Partnerships at Place

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Refreshing our Integrated Care System Strategy

-ICP Assembly took place in Aldershot on Thursday 11th May 2023

This will include defining top priorities for partners to work for each of the six ambitions and developing our Frimley-wide work programme

- Draft Strategy has been published online, final copy will be published after 11th May

North East Hampshire Place Shared Priorities

Survey out on Place Priorities and Opportunities to work together in 2023/24

NHS Core 20 approach and population health evidence has enabled us to consider focused attention on vulnerable and inclusion groups experiencing inequalities





Creating Healthier Communities Strategy Refresh

March 2023

Frimley Health and Care Integrated Care System



Executive Summary

Our Objectives

We remain committed to delivering the two overarching objectives which were defined by the 2019 Frimley ICS strategy; *Creating Healthier Communities*. Our partnership focus will continue to be defined by delivering improvements against the following two headline measures:

- (1) **Reducing Health Inequalities** for all of our residents who experience unwarranted variation in their **outcomes** or **experience**
- (2) Increasing **Healthy Life Expectancy** for our whole population, ensuring an improvement not just in length of life but in the quality of those years as well.

Our Strategic Ambitions

The Strategic Ambitions which were established in 2019 are retained with new areas of focus and energy against a refreshed set of priorities which better reflect the challenges of 2023 and beyond.

- **Starting Well**
- **Living Well** (previously Focus on Wellbeing)
- **People, Places & Communities** (previously Community Deal)
- **Our People**
- **Leadership and Cultures**
- **Outstanding Use of Resources**

Each of our Strategic Ambitions will focus on a discrete number of headline priorities in the 3-5 years ahead, which are likely to be some of the most challenging that the health and care system has ever faced. You can read more about these, and the other areas of work for each ambition, in the dedicated sections of this strategy document between pages 13 and 35.

Our Headline Commitments in this Strategy

Starting Well

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty
- Initiatives to improve the lives of babies and Children in the first 1001 days through to primary school.
- Supporting and strengthening partnerships around health visiting and school nursing, working in partnership between the NHS, Local Authorities and Public Health to make improvements in these vital roles.

Living Well

- A renewed focus on cardiovascular disease and its causes which contribute to hundreds of avoidable deaths annually
- Working with partners across Places and Public Health to help our population maintain Healthy Weights
- Helping people in our population to quit smoking by supporting them with advice and alternatives

People, Places & Communities

- A clear approach to engaging with our population at place and system levels
- Ensuring all of our diverse populations are represented with the creation of an ICS inclusivity framework
- Exploring citizen leadership and creating opportunities to develop decision making in our communities

Our People

- Creating a joint workforce model for health and care to give our people fulfilling and varied career opportunities
- Widening access to employment and keeping the people we have by ensuring we provide great places to work
- Strengthening partnership working and new models of care for our staff, residents and their communities

Leadership and Cultures

- Deliver our system equality, diversity and inclusion ambitions
- Use our leadership networks to accelerate the spread and adoption of system change
- Nurturing a shared learning culture to create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities

Outstanding Use of Resources

- Reduce the need for acute and specialist services through investment in preventative and wellbeing interventions
- Optimise medication use and adopt digital innovation to deliver greater value for our population
- Make best use of our estates, community assets and anchor institutions by sharing capacity across our partnership working system wide on reducing our carbon footprint

What does the strategy mean for our partnerships in North East Hampshire and Farnham?

May 2023



How have we successfully worked together in 2022/23?

Partnership Progress on our existing top three priorities



Hypertension

Exceeded our target of reaching over 1000 people with a new diagnosis



Mental wellbeing

Following successful campaigns to staff and the public, psychological therapies are back to pre-Covid levels



Physical Activity

Excellent partnerships built, mapping of community offers, and funding secured for increased physical activity opportunities –new Walks Co-ordinator in Rushmoor, £10k for refugees from Sport England and £40k levelling up funding available in Waverley



Our proposed partnership priorities 2023-24: Now

What does the data show us now in 2023?

RegisterDescription	# Prevalence	% Prevalence	RelativeRisk
Asthma	11,295	5.2%	0.99
Atrial Fibrillation	4,701	2.2%	1.17
Cancer	8,084	3.8%	1.14
Chd	5,578	2.6%	1.08
Ckd	6,250	2.9%	0.98
Copd	2,983	1.4%	1.21
Dementia	1,717	0.8%	1.16
Depression	24,441	11.3%	1.13
Diabetes	11,949	5.5%	1.02
Epilepsy	1,212	0.6%	1.09
Heart Failure	2,157	1.0%	1.17
Heart Failure Lvsd	833	0.4%	1.22
Hypertension	30,157	14.0%	1.09
Learning Disability	837	0.4%	0.89
Mental Health	1,530	0.7%	0.93
Mental Health Lithium	106	0.0%	1.01
Non-Diabetic Hyperglycaemia	12,196	5.7%	1.35
Obesity	18,677	8.7%	1.13
Osteoporosis 75	1,082	0.5%	2.00
Pad	947	0.4%	1.25
Palliative Care	802	0.4%	0.94
Rheumatoid Arthritis	1,176	0.5%	1.02
Stroke/Tia	3,234	1.5%	1.08

Obesity is a causal and driving modifiable risk factor for many conditions and is high in NEH&F

- 18,677 known patients on Connected Care –this is likely to be highly underestimated

High and increasing **childhood obesity** in Rushmoor (significantly worst than England average).

- **1 in 10** children in Reception between 2019-2022 classified as obese or severely obese.
- **1 in 5** children in Year 6 between 2019-2022 classified as obese or severely obese.

High **smoking** prevalence in Rushmoor (13% over 18s), **21,884** patients recorded as current smokers.

Tobacco identified as a **high risk factor in 6 of 7 leading causes of death in North East Hampshire and Farnham** in 2021.

Both Hampshire and Surrey have high **hospital admissions due to self-harm** within the younger population. **1400** in 10-24 year olds Hampshire and **985** in Surrey in 2020/21.

Continuing 2022/23 priorities: hypertension, physical activity, mental health to embed activity as business as usual.

Our proposed priorities for 2023-24 include:



Healthy Weight
(focus on tackling food insecurity for healthy, good nutrition, tackling obesity and preventing diabetes)



Smoking Cessation
(working towards smoke free communities)

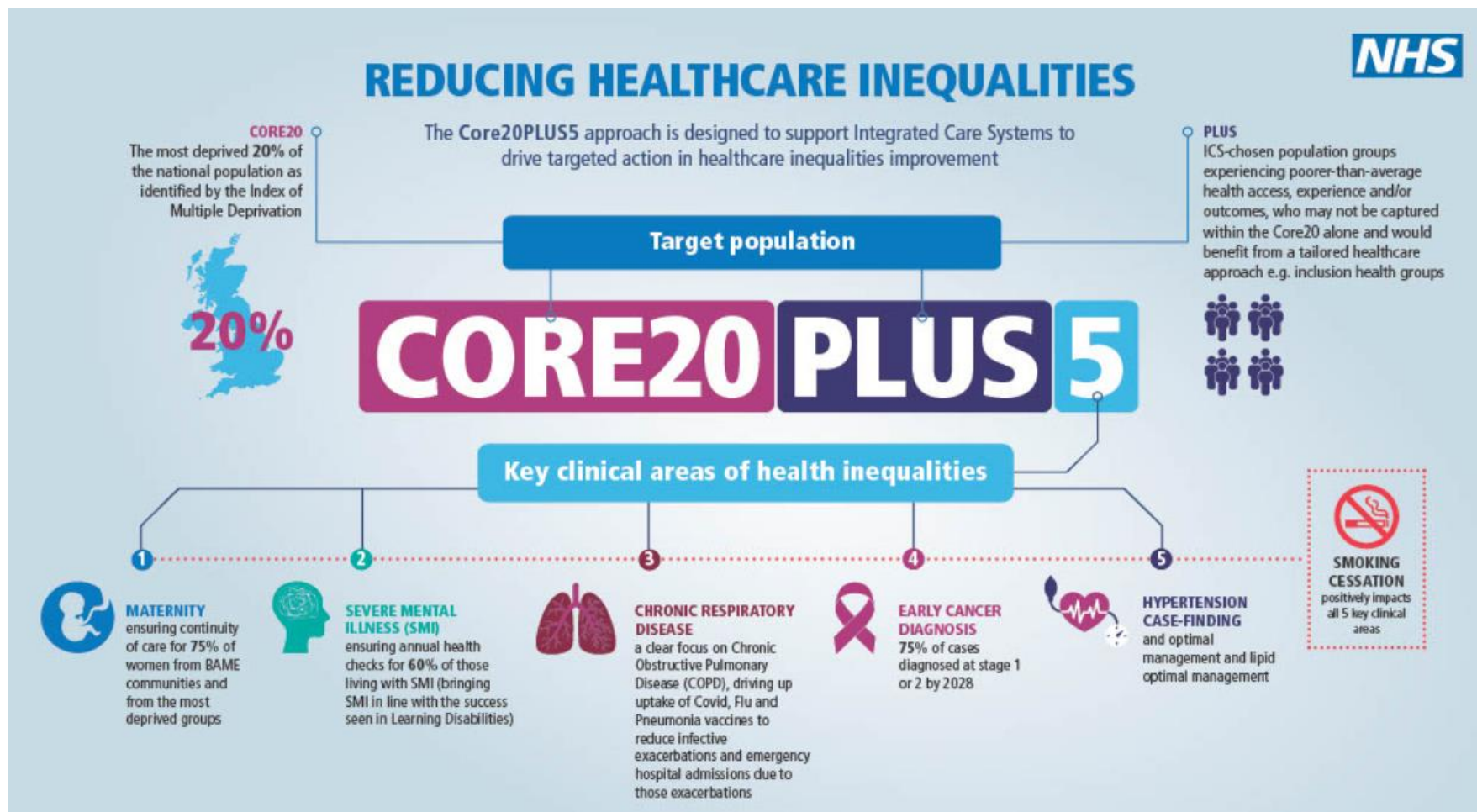


Cost of Living Crisis
(focus on tackling fuel and food insecurity)



Young People's Mental Health
(preventing self-harm)

CORE20PLUS5 Overview



Overview

- Core 20 constitutes the most deprived population within our ICS
- Wellington Ward in Aldershot
- Aldershot Park in Aldershot
- Cherrywood in Farnborough (All Rushmoor Wards)
- Upper Hale in Farnham (this area is not in Core 20 but is a priority due to being 14th highest deprived area in Surrey within IMD 3 and falls within NEH&F)
- 5 are the nationally defined clinical areas- Maternity, SMI, Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension case finding with Smoking cessation also here
- PLUS or 'inclusion' groups are yet to be determined Frimley-wide and we need to agree locally in NEH&F the inclusion groups we are aware of that experience inequalities locally where we should focus our collective efforts.

'Plus or inclusion' groups in NEH&F we should be considering working with in partnership to reduce health inequalities are carers, veterans, Nepalese residents, Gypsy Roma Traveller communities and Vulnerable Migrants, Refugees and Asylum Seekers

PLUS Discussion for Children

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG 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

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

ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks



2

DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks



3

EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism



4

ORAL HEALTH

Address the dental backlog by increasing the number of tooth extractions, in hospital, for children aged 10 years and under



5

MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



Overview

- Improvement metrics have been identified across five clinical areas for children and young people (CYP); Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.
- It is widely accepted that health outcomes are to do with more than health service provision. For CYP this is also about improving overall wellbeing and giving CYP the best life chances.
- We will need to work across our local NEH&F system
- 'Plus' Inclusion health groups at Frimley ICS level are yet to be determined for children and young people

The 'Plus or inclusion' groups in NEH&F we should be considering working with in partnership to reduce health inequalities amongst children and young people include children who are overweight or obese, Asylum seeking children, young carers, and children of military families.

We may also wish to consider Care Leavers and Looked After Children.



Experiences of partnerships at place working so far

- Combined efforts on 3 top priorities with a dispersed leadership approach is successful, making quick wins and having a great sense of collective effort makes the biggest difference!
- Working groups are NEH&F wide and these could be more localised to gain further insights and support partnership work within Districts
- Too many meetings!
- Some duplication of effort –not using existing assets, partnerships and working groups
- Some great digital resources are starting to form i.e. Here for Hart Directory, Cost of Living Rushmoor, lists of social prescribing offers

Things to consider

- Make more use of NEH&F population health data and insights to set our priorities and focus our collective response together
- More hyper-local meetings, combine meetings or bring to existing groups to the existing assets i.e. District Partnership Meetings
- Increase community engagement and outreach to allow the community's voice to come through
- Increase involvement with our VCS colleagues where possible –there are a huge amount of existing community assets
- Local web-based directories or repositories to share resources and community offers
- Where possible, pool finances and resources together and invest in our VCS –duplication of grants, funding streams BCF, PH Covid-19 COMF, Innovation funding etc

Proposed ways of working in partnership in North East Hampshire and Farnham 2023/24

Equity principle

Purposefully and proportionately targeting population groups evidently experiencing the most disadvantage, poorest health outcomes and avoidable premature deaths.

Collective action

Working together on specific projects together with incremental steps over time. Including county, district, education, emergency services and voluntary sector partners.

Hyper-local neighbourhood focus

Healthier Communities priorities in locality areas of Rushmoor, Hart and Waverley (rather than North East Hampshire and Farnham wide).

Working within council districts and specific priority locality areas.

Enablers

Workforce and leadership, assessments of needs and assets, data and insights, Making Every Contact Count, Digital Directory, community outreach, and communications campaigns.

