Cinque Port Town of New Romney

Mrs C. Newcombe
Town Clerk

Town Clerk's Office
Town Hall
New Romney
Kent TN28 8BT

Tel: New Romney 01797 362348

Ref: CN/3005 12th November 2024

Dear Councillor / Committee Member,

Meeting of the Health & Wellbeing Committee

A Meeting of the Health & Wellbeing Committee will be held in the **Assembly Rooms, Church Approach, New Romney** on **Tuesday 19th November 2024** commencing at **10.00am**. The favour of your attendance is requested.
Yours sincerely,

C. Newcombe

Mrs. C Newcombe – Town Clerk
Email: town.clerk@newromney-tc.gov.uk

The afore-mentioned meeting will commence at 10.00am.

Members of Public are welcome to join this meeting. However, a number of matters discussed by the Health & Wellbeing Committee are likely to be discussed in private and confidential session due to their sensitive, legal or contractual nature. Members of Public and Press and Council Members who are not Members of the Health & Wellbeing Committee will be required to leave the meeting at that time.

PLEASE NOTE: New Romney Town Hall and New Romney Assembly Rooms all have restricted access for people with limited mobility; please enquire for details.

PUBLIC PARTICIPATION AT TOWN COUNCIL MEETINGS

1. Who can participate in this New Romney Town Council meeting?

All Members of the Public may attend this meeting, except at such times as certain sensitive, legal or contractual matters may be considered in private and confidential session, when Members of the Public will be required to leave the meeting.

Agendas and reports for meetings will be available at least 3 working days and usually 7 weekdays before the date of the meeting on the Town Council website. Any supplementary sheets will be available the day before the meeting and can be viewed at www.newromney-tc.gov.uk

THE LAWS OF LIBEL AND SLANDER

• These laws are very strict.

• If, in public, you say something about a person that is not true, even if you believe it to be true, you may be sued and have to pay compensation. Therefore, you need to be very careful about any criticism you wish to make of people in any written submission to the Council.

• Councillors are able to speak more freely and bluntly while in Council or Committee meetings than members of the public.

• You, as a member of the public, do not have the same protection.

NEW ROMNEY TOWN COUNCIL
HEALTH & WELLBEING COMMITTEE MEETING
TUESDAY 19TH NOVEMBER 2024 AT 10.00AM

AGENDA

Welcome and Introductions.

1. APOLOGIES:
To receive and note the apologies of councillors / committee members unable to attend.

2. DISPENSATION TO PARTICIPATE:
To receive and note any applications granted by the Town Clerk, on behalf of the Town Council, for dispensation to participate in Meetings of New Romney Town Council.

3. DECLARATIONS OF INTEREST:
Councillors to declare any Disclosable Pecuniary Interests or Other Significant or Personal Interests they may have in items on the agenda for this meeting.

4. MINUTES (Encs*):
To approve the minutes of the **Health & Wellbeing Committee Meeting** held on 3rd September 2024.

5. NEW ROMNEY NHS PROVISION:
To consider local needs for future NHS provision in New Romney and the wider Romney Marsh and make any such recommendations to Full Council as deemed appropriate thereon.

6. LOCAL HEALTH & WELLBEING NEEDS AND ISSUES:
(i) To further discuss and identify local health & wellbeing needs and issues, as appropriate, including:
- Update
- New Issues
- Successes

(ii) To make any such recommendations to (i) New Romney Town Council and / or (ii) NHS Primary Care Network / Local Health & Wellbeing Providers or other organisations as may be deemed appropriate.

7. NHS – BETTER LIVES TOGETHER (Encs*):

To receive and note presentation slides regarding the NHS Better Lives Together initiative and take any such associated action as may be deemed appropriate.

8. EXCLUSION OF PUBLIC AND PRESS:

To consider exclusion of public and press in accordance with Standing Order No.34 (a), which states that *'in view of the special and confidential nature of the business about to be transacted, it is advisable in the public interest that the public and press be temporarily excluded [from the meeting] and they are instructed to withdraw'* due to the fact that elements of the agenda items as listed above may relate to matters of a sensitive, legal or contractual nature.

9. CONCLUSION OF PRIVATE SESSION:

To consider concluding private session, if applicable.

Mrs. C Newcombe - Town Clerk

Copied to Health & Wellbeing Committee Members and to all other Councillors for information only.

084

MINUTES
Of
A Meeting of New Romney Town Council's Health & Wellbeing Committee Held in the Council Chamber, New Romney on Tuesday 3rd September 2024 Commencing at 10.00am

PRESENT: Councillors J Rivers, J Hiscock, J Davies, P Coe, Rev Cn S McLachlan
NHS Representatives: 6

In the Chair: Councillor J Rivers

In Attendance: Facilities and Communications Clerk - Mrs J Ruffhead
Observer - Cllr P Carey
Members of the public: 1

Following introductions, the business of the meeting commenced @10.00AM

198/2024-25 **ELECTION OF VICE-CHAIRMAN**

The Chairman called for nominations for the position of Vice-Chairman of the Health & Wellbeing Committee for 2024-25. Having duly considered the requisite skills, knowledge and understanding for relevant Committee leadership, it was:

PROPOSED BY: Councillor Coe
SECONDED BY: Councillor Rivers

RESOLVED UNANIMOUSLY - that Councillor J Davies is duly elected as Vice-Chairman of the Health & Wellbeing Committee for the ensuing civic year.

199/2024-25 **APOLOGIES FOR ABSENCE**

Apologies were received and noted, as follows:

Lisa Barclay (Invicta Health) - For personal reasons

200/2024-25 **DISPENSATION TO PARTICIPATE**

No new requests for Dispensation to Participate had been processed by the Town Clerk.

201/2024-25 **DECLARATIONS OF INTEREST**

None.

202/2024-25 **MINUTES**

The Chairman presented the minutes of the Health & Wellbeing Committee meeting held on 25th June 2024, which were duly received and noted and it was:

PROPOSED BY: Councillor Davies
SECONDED BY: Councillor Coe

A vote ensued the result of which was:
10 For
1 Abstain
0 Against

RESOLVED – that the minutes of the Health & Wellbeing Committee meeting held on 25th June 2024 be hereby approved as a true and correct record.

203/2024-25 **NEW ROMNEY NHS PROVISION**

It was noted that Orchard House Surgery has a new landlord who is committed to the area. Improvements to the building are being made and funding has been secured for this. They have some salaried GP's showing interest in vacancies not only in Orchard House, but across Invicta Healthcare. There was a discussion on GP recruitment and need, and on the importance of new GP training and facilities for them.

A discussion took place regarding the concept from the District Council of a Medical Centre on the site of Station Road play park, and the suitability of the site. No new comments have been heard by the medical professionals, and concern was raised that the local council and community were not being involved in any District Council discussions.

Having duly considered all the comments, it was:

PROPOSED BY: Councillor Rivers
SECONDED BY: Councillor Coe

RECOMMENDED UNANIMOUSLY – Following concern from the Committee that no progress has been made on the transfer of the Station Road playpark, by Folkestone and Hythe District Council to New Romney Town Council, due to the District Council's consideration of possible alternative uses, the Chairman requests that New Romney Town Council apply for clarity by contacting Folkestone and Hythe District Council.

204/2024-25 **LOCAL HEALTH & WELLBEING ISSUES**

(i) It was reported that the Hub on The Beach opened yesterday (Monday) and activities were starting today (Tuesday). There were also spaces available for private rental within the building.

It was noted that the Dial-A-Ride minibus is ready for operation, volunteers have been recruited and are currently being trained, and the service is expected to become operational before the end of the month (September). Annual membership of the scheme will be £20 with additional costs per trip. It will operate over the 100 square miles of the Marsh, plus Ashford and Folkestone hospitals. There was a discussion on the ideas of GP referrals for the scheme, hardship funds, and Surgeries sharing the information with the service about large clinics (eg Vaccination clinics) where a tailored service might be useful. Dialogue was had regarding access to transport for hospitals further away.

Romney Marsh Community Hub (RMCH) has engaged with Quest Prehab to pilot a 6 month project to provide face to face cancer support. Potential clients can self-refer or be referred by their GP.

RMCH now has 2 new peer support groups running, for Stroke sufferers and for Arthritis sufferers.

Romney Marsh Community Hub is about to publish their 5 Year Strategy Plan.

New Issues –

Discussions were had regarding whether Nutritional Needs were being looked at locally by GP's, and also if New Romney Town Council are actioning anything to help with the cost of living and/or reduction of the winter fuel allowance. RMCH will be running the 'Warm Hub' concept project again, this winter.

It was noted that the RSV vaccine roll out started on the 1st September, and clinics will be commencing on Saturday, but that there are limited appointments, and additional clinics are planned.

Successes –

It was noted that Church Lane Surgery is to be congratulated on it's various recent improvements and overall positivity.

(ii) No recommendations were made to (i) New Romney Town Council or (ii) NHS Primary Care Network / Local Health & Wellbeing Providers or other organisations.

205/2024-25 **COMMUNITY SERVICE EVENT 2025**:
Having considered the concept of a Community Service Event to publicise what is on offer to local residents in terms of volunteer support and services, it was:
PROPOSED BY: Councillor Rivers
SECONDED BY: Councillor Coe

RECOMMENDED UNANIMOUSLY - that a working party, with members as named below, be set up to plan a Community Service Event.
Cllr J Rivers – New Romney Town Council
L Taylor – Romney Marsh Community Hub
Cllr P Carey – New Romney Town Council
A Representative to be nominated from Invicta Health

206/2024-25 **EXCLUSION OF PUBLIC AND PRESS**:
Not applicable

207/2024-25 **CONCLUSION OF PRIVATE SESSION**:
Not applicable

Following a general discussion, in which it was noted that an NHS representative was retiring and would no longer be a member of the committee, the Chairman thanked those present for their attendance and the meeting concluded **@10.58AM**

NB: All documents referred to herein are available for perusal on request, except for those documents of a sensitive / legal nature discussed in private session, including documents relating to staff matters which remain Private and Confidential in accordance with Data Protection legislation.

Minutes prepared by the Facilities and Communications Clerk

NHS – BETTER LIVES TOGETHER

Better Lives Together
East Kent
Health and Care Partnership

East Kent – Folkestone and Hythe Briefing 12th September 2024

Better Lives Together

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Health and Care Partnership

Lives

The Briefing

- The briefing will be hosted Online, Anne Ford, Deputy Director of the of the East Kent Health & Care Partnership (HCP) will be in attendance to present further detail on the aims, objectives and strategy of the partnership. This will include a presentation on the Kent and Medway integrated Care System and where a Health and Care Partnership fits with the Integrated Care Board (ICB).

- The EK HCP was formally recognised as part of the Kent and Medway Integrated Care System in July 2023 and has an overarching aim to improve population health and reduce health inequalities in East Kent. The vision is that this will be achieved by working locally across partner organisations, and to recognise that health outcomes are equally affected by wider determinants of health such as housing and employment, as they are by clinically provided services.

- The aim of the partnership is to build collaboration to tackle some of the key local challenges, including the impact on health of poverty and the workforce challenges that the health and care system faces.

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NHS Architecture

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ICS Architecture – High Level Overview

Transforming health and social care in Kent and Medway

Lives

NHS Kent and Medway Integrated Care Board
Statutory NHS organisation for leading the NHS in Kent and Medway. One of the Leaders in the Integrated Care System

Kent and Medway Integrated Care Partnership (ICP)
Statutory Joint Committee between ICB and Upper Tier Local Authorities
Responsible for development of overarching health and well-being strategy and outcome measures.

K&M System

4 x Health and Care Partnerships
Covering defined geographies within the overarching system, incorporating local commissioners, providers of health and social care, district councils and other partners; to develop and deliver services. Ambition is for health, social care, voluntary sector and other providers to work in a seamless way.

East Kent | West Kent | Dartford, Gravesham and Swanley | Medway and Swale

Place

41 x Primary Care Networks (PCNs)
Provide community, social care and primary care services. Based around groups of neighbouring GP practices and will have an individual clinical director whose role will be to ensure that local needs, knowledge and challenges are reflected in wider planning and delivery of health and care services.

Neighbourhood

Individual health and care providers, including NHS Trusts and Foundation Trusts (our anchor organisations), primary care, social care, and the wider voluntary and community sector

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Our ambition

"To improve population health and reduce health inequalities, focusing on prevention and proactive care"

Prevention and wellbeing

Improving access to preventative and health improvement services, including those that focus on the wider determinants of health

Integrated Neighbourhood Teams

Developing neighbourhood and community teams, to ensure that people have access to the information and services they need in a timely and sustainable way

Urgent & Emergency Care Flow

Reducing delays to ambulance services and improving flow through the hospital, so that patients are discharged to the right place, at the right time, and with the right support

Pillar 1

Pillar 2

Pillar 3

Foundations of working together

Developing effective and sustainable partnerships, to deliver upon our strategic ambition

6

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Health and Care Partnership

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Who are we

A **place-based partnership** made up of:

- 16 primary care networks (PCNs) with 69 GP practices
- East Kent Hospitals University NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust (Mental Health Trust)
- Kent Community Health NHS Foundation Trust (Community Services Trust)
- Kent County Council Public Health
- Kent County Council Social Care
- District Councils
- IC24
- Healthwatch
- Voluntary and Community sector
- SECAmb

Partners have committed to becoming a sub -committee of the Kent and Medway ICS.

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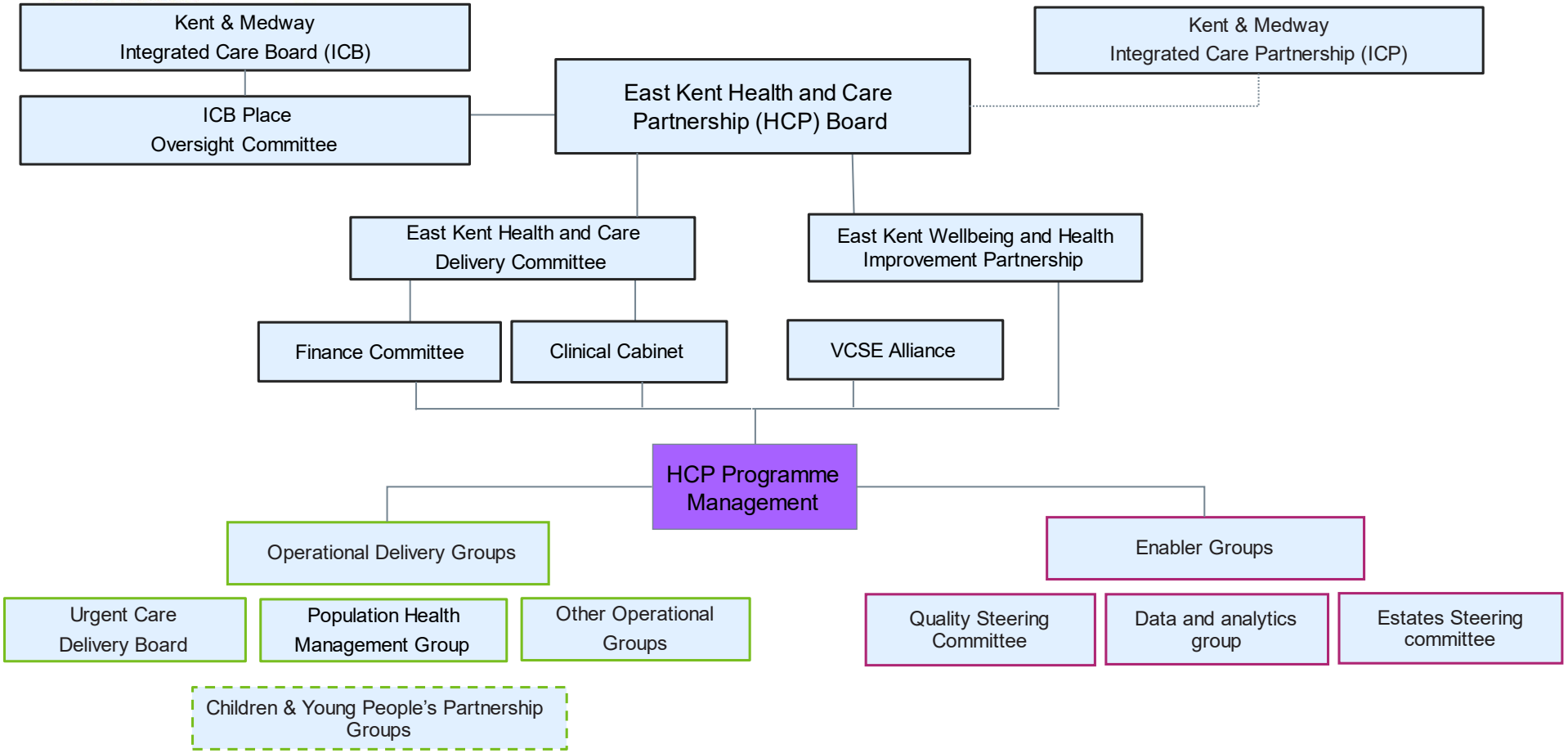
East Kent Health and Care Partnership Governance



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Integrated Care System purpose

Bring partner organisations together to:

1. **improve outcomes** in population health and healthcare

2. **tackle inequalities** in outcomes, experience and access

3. enhance **productivity and value for money**

4. help the NHS support broader **social and economic development**.

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What is the population profile?

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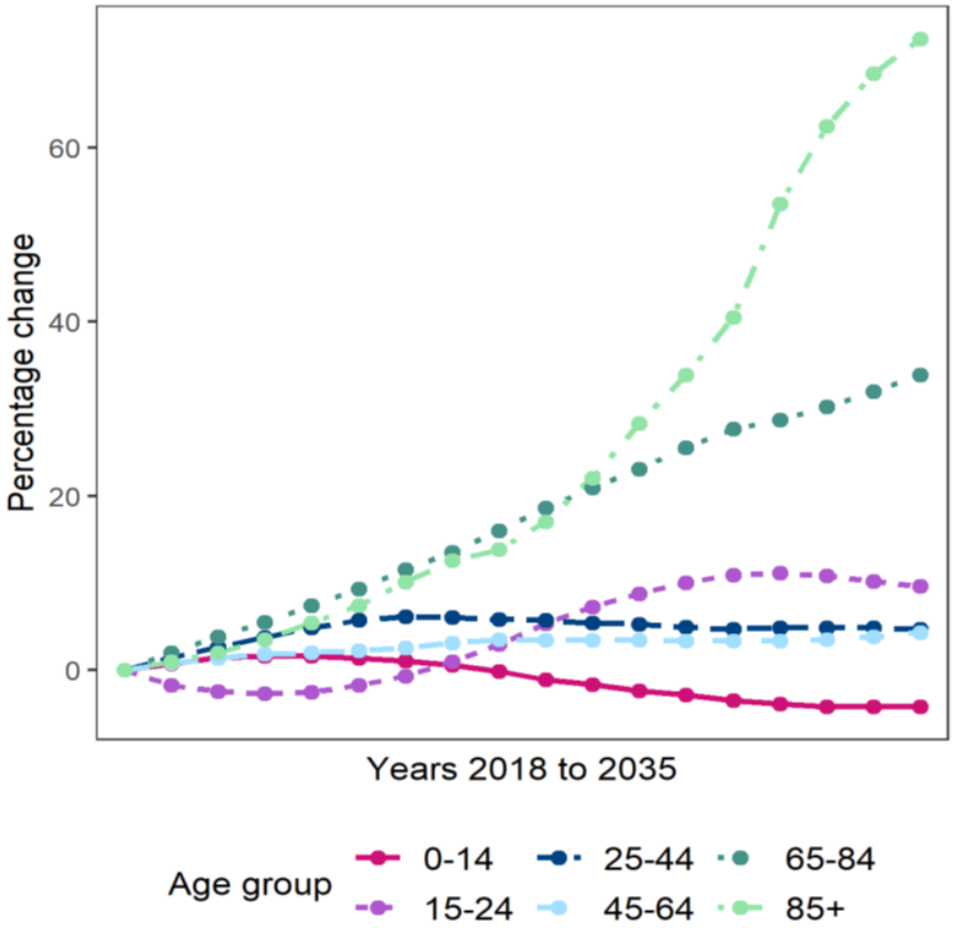
- East Kent has one of the largest place-based partnerships in the country – population of more than **734,000**, forecast to **grow by 7.3 per cent** by 2028.
- The number of people aged **65 and over** is forecast to **increase by 35 per cent** by 2036.
- The number of people aged **85 and over** expected **to increase by 70 per cent** over the same period.



Source: ONS. Population projections for local authorities. 2018 based.

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What are the Health Inequalities?

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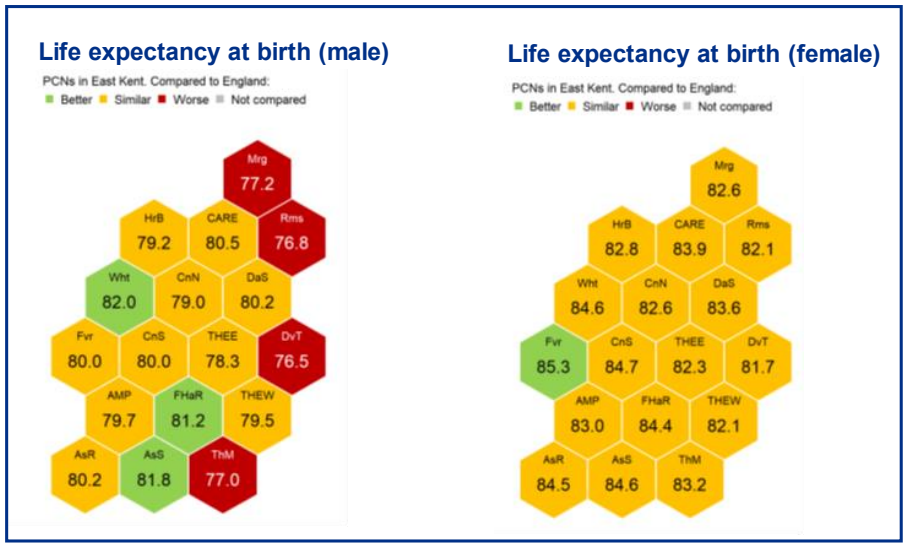
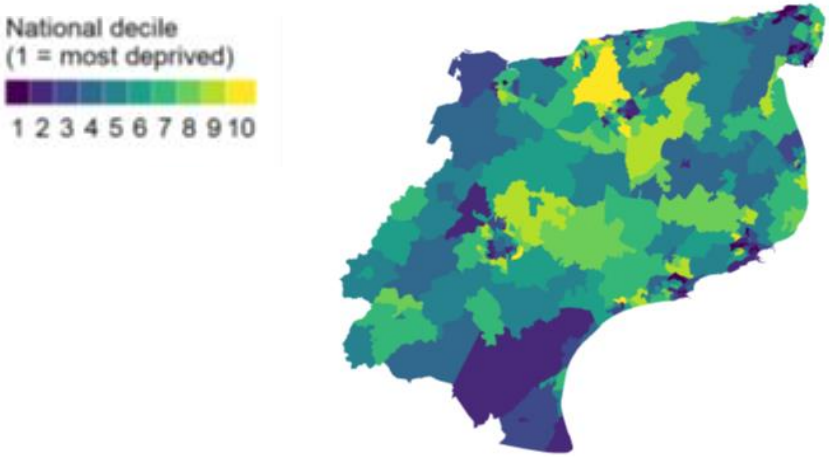
Health Inequalities

'Coastal communities, the villages, towns and cities of England's coast have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases.'

Chris Whitty, Chief Medical Officer
Health in Coastal Communities Report 2021

- People who live in the poorest parts of east Kent are **more likely to develop serious illnesses** and to die earlier than those in the most affluent areas.
- **25%** more **die from heart disease** in poorer areas.
- **20%** more from **cancer**.
- **50%** cent more from **lung disease** before the age of 75 than in the wealthiest areas.





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Summary: Folkestone Hythe and Rural

Compared with England: Better Similar Worse Not compared
Compared with England: Lower Similar Higher

Indicator	Compared to England
Pupil absence primary [%]	Worse
Unemployment	Better
Fuel poverty [% households]	Lower
Life expectancy (Female) [Years]	Better
Life expectancy (Male) [Years]	Similar
Smoking prev 15+ [%]	Lower
Year 6 excess weight	Similar
Obesity prev 18+ [%]	Higher
Alcohol admissions	Better
Prescribed antibiotics [ISR]	Lower
Breast screening [%]	Better
Cervical screening [%]	Better
Bowel screening [%]	Better
Low birth weight	Better
A&E attendances (0 -4 years)	Worse
Asthma admissions (<19 yrs)	Similar
Self-harm admissions (10 -24 yrs)	Similar
CHD prevalence	Higher

Indicator	Compared to England
Stroke prevalence	Higher
PAD prevalence	Similar
Heart failure prevalence	Similar
AF prevalence	Higher
Hypertension prevalence	Higher
CKD prevalence	Higher
Cancer prevalence	Higher
Diabetes prevalence	Similar
COPD prevalence	Similar
Serious mental illness prevalence	Similar
Depression prevalence	Higher
Dementia prevalence	Higher
ACSC adm [DSR/100,000]	Better
All cause deaths <75 [DSR]	Better
Cancer deaths <75 [DSR]	Similar
Circulatory deaths <75 [DSR]	Better
Osteoporosis prevalence (>50 yrs)	Lower
Hip fracture admissions (>65 yrs)	Better

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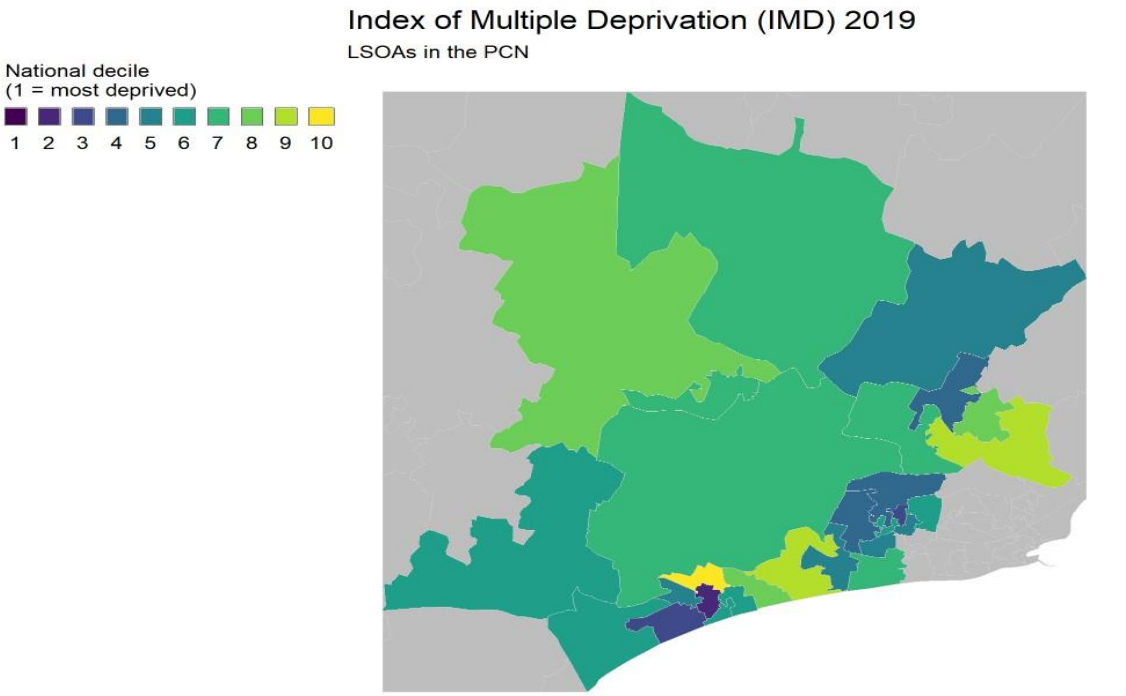
Deprivation



Source: GOV.UK. Ministry of Housing, Communities & Local Government. English Indices of Deprivation 2019.

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Demographics

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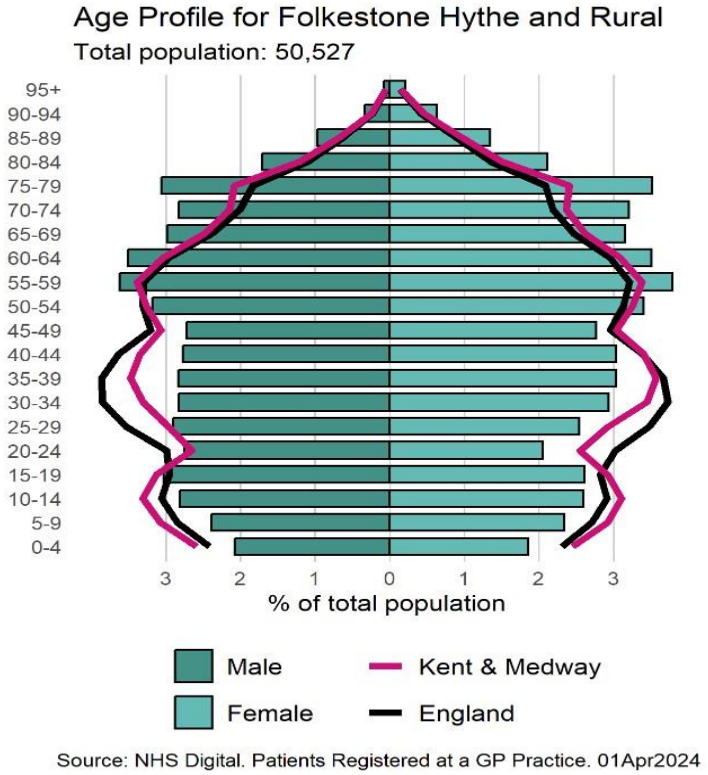
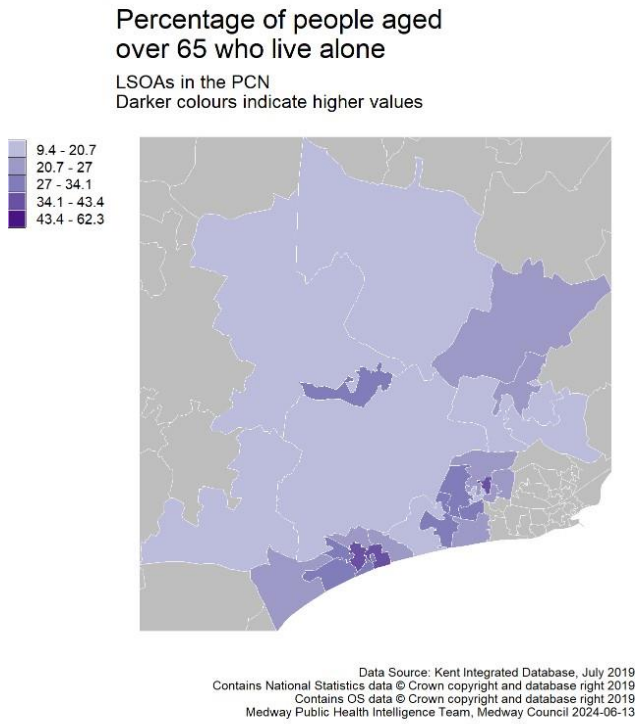
Population



Source: NHS Digital. Patients Registered at a GP Practice. 01Apr2024



Data for people living alone aged 65 and over due to be updated to Census 2021. Awaiting 2021 LSOAs to be used in the NHS Dig ital Patients registered at a GP practice data.

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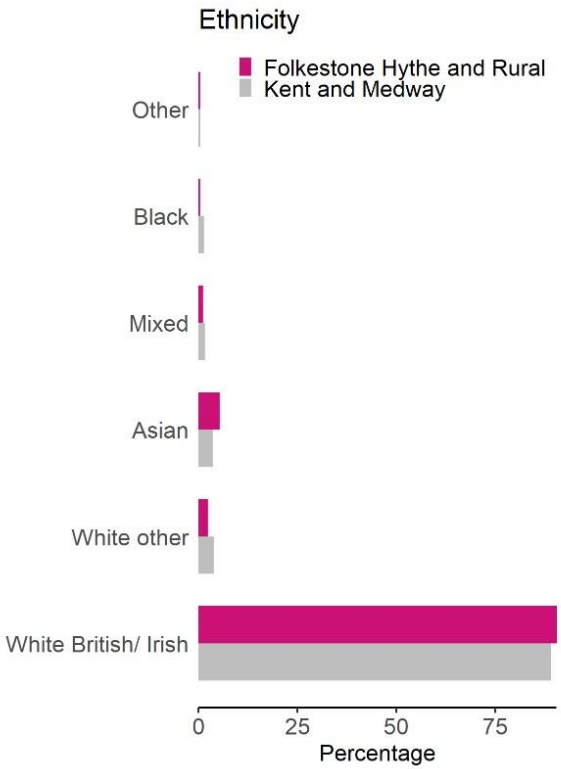
Ethnicity and main language



Census 2011 (Office for National Statistics), 2011 ethnicity and main language.
Data due to be updated to Census 2021. Awaiting 2021 LSOAs to be used in the NHS Digital Patients registered at a GP practice data.

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What are the Enablers?

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What needs to be different

- Population health approach – a focus on both wider determinants of health, data driven decisions to help with targeting resources and a focus on reducing inequalities in health care access
- Collaboration not competition
- Partner/system infrastructure guided by a clear outcomes framework. Front line focus and reduction in bureaucracy. Shared intelligence of activity, pressures and financial position.
- Collective action to support workforce
- Celebrate what we do well.

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Further information

The Kings Fund: How does the NHS in England work and how is it changing?
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

Kent & Medway ICS: Kent and Medway Integrated Care Strategy :: Kent & Medway ICS (kmhealthandcare.uk)

Clare Fuller Report: NHS England » Next steps for integrating primary care: Fuller stocktake report

Kent and Medway PCN Profiles
Primary Care Network (PCN) profiles | Area profiles | Medway Council

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East Kent Wellbeing & Health Improvement Partnership's role is to bring together district councils, Public health, Voluntary sector and wider partners to agree and deliver priorities for the prevention of ill health and to support wellbeing across the population of east Kent.

It also prioritise delivery against the issues identified in the east Kent needs assessment ,drives delivery and develops consistent approaches and best practice.

The membership of the WHIP are as follows:

- *Kent County Council – Chair (Director of Public Health)*
- *Ashford Borough Council– Co Chair (Chief Executive)*
- *Ashford, Canterbury, Dover, Folkstone & Hythe, Thanet district councils – Lead officers*
- *Kent County Council– Public health Consultant*
- *Dover PCN –Clinical Director*
- *The Limes Medical Centre– GP*
- *EKHCP– Programme Director & Deputy Director*
- *Social enterprise Kent– Chief Executive, Director of Wellbeing*
- *KCHFT – Director of health inequalities ,Head of Service Adult Health Improvement*

The WHIP meets bi monthly and reports into the HCP Board

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Current examples of work

- Health inequalities funded programmes of work –Managed through the Wellbeing Health Improvement Partnership Steering group
- Homelessness Pathway Team
- Winter Well Programme – Health Watch Award
- Complex Care Project – Remote Monitoring
- Total Health Excellence PCN and Romney Marsh INT
- District Health Alliance Partnership Priorities
- Independent Living Scheme across East Kent

Title: Homeless Pathway Work

Step 1: Problem Statement (including reason for project, issue & impact)
Link to Strategic Theme: Healthcare Outcomes

Homelessness exacerbates and contributes to health inequalities among the east Kent population. Homelessness is an independent risk factor for premature mortality and is associated with extremes of deprivation and multi -morbidity. In effort to address this, a homeless pathway team has been implemented in East Kent to improve access to healthcare, to embed the statutory duty to refer within the acute trust, to advocate for patients and to facilitate safer discharges for homeless peop le.

Links to: Healthcare outcomes, EK HCP Pillar one – Prevention and Wellbeing

Step 2: what does good look like?

- Commissioners of health, social care and housing services should work together to plan, and fund integrated multidisciplinary health and social care services for people experiencing homelessness.
- Homelessness multidisciplinary teams should act as expert teams, providing and coordinating care across outreach, primary, secondary and emergency care, social care and housing services
- Services should be designed and delivered in a way that reduces barriers to access and engagement with health and social care, for example, by providing outreach services, low -threshold services, flexible opening and appointment times, and trauma -informed care.
- Commissioners and providers should provide intermediate care services with intensive, multidisciplinary team support for people experiencing homelessness who have healthcare needs that cannot be safely managed in the community but who do not need inpatient hospital care.
- Commissioners and providers should recognise the need for a range of accommodation types that are suitable for the varied needs of people experiencing homelessness, such as self -contained accommodation and accommodation with specialist onsite support for people who are particularly at risk, or who might otherwise benefit from higher levels of support.
- If fully implemented, the NICE guidelines would significantly reshape provision for people experiencing homelessness and ensure systemic improvements to commissioning and provision were made.

Step 3: what data or evidence do we have that this is an issue currently?

- East Kent needs assessment conducted in 2021 collected: qualitative data through a series of stakeholder and service user interviews; and quantitative data through analysis of hospital emergency attendances, admissions and discharges of homeless people.
- Quantitative data analysis covering period of October 2017 to September 2021 identified:
  - 1,060 homeless patient admissions with average length of stay of 3.1 days and a 19% readmission rate within 28 days of discharge
  - 8,557 A&E attendances from 4,405 unique patients with 12% re -attendance rate within 7 days
  - Statutory Duty to Refer applications not recorded at EKHUFT

Step 4: Measures

- Improved identification of homeless patients within the hospitals through implementation of the NHSE Homeless and Rough Sleeping Toolkit. 100% of consenting patients are referred to a Local Authority under the Duty to Refer.
- 85% of patients receive holistic needs assessment and care plan.
- 80% of patients have housing status recorded on both admission and discharge to measure improvement in housing status on discharge.
- 85% of patients not registered with a GP supported to register with a GP they can access on discharge.
- Discharges that involve return to rough sleeping ar e recorded, causes identified, and appropriate interventions delivered to reduce this from happening.

Step 5: what factors are causing the issues identified at Step 3?

- Homelessness of risk of homelessness is caused by many factors, some of which may be the impact of the cost -of-living crisis, living in a coastal community and seasonal work creating job insecurity, domestic abuse, evictions, losses of tenanci es, job losses, asylum seeking in coastal community.
- Lack of a system wide plan for provision of homelessness services. HCP is influencing K&M ICB
- Lack of collaborative working with system partners – local authorities, community and voluntary sector providers
- Short term funding cycles for projects affecting longevity of service provision – EK has mapped all provision and identified risks
- EPR Systems used often do not allow for homelessness or housing status to be captured accurately affecting identification of homelessness.

Step 6: Goals for 24/25

- Improve identification of homelessness for patients presenting to urgent care settings or admitted to hospitals.
- Understand the wider context of homelessness in East Kent through Kent and Medway Care Record data analysis and through better collaborative working with system partners.
- Develop an East Kent Homelessness Forum comprising of all stakeholders to enable sharing of information, collaborative bid applications, identify and work to resolve gaps in service provision, develop joint working protocols and improve information sharing through application of information governance processes.
- Reduce inequality in access to healthcare for homeless patients.

Step 7: Milestones

Q1	Q2	Q3	Q4	Goal
Roll out of HRS Toolkit	Work with EKHUFT to support better identification of homelessness (not ZZ99 postcodes)	Data cleansing exercise		Improve identification of homelessness
Review KMCR data fields and identify most relevant				Wider context of homelessness
Working group formed and mapping current provision	Sub-groups to meet to progress IG, data, temporary housing options			EK Homelessness Forum

Step 8: Governance

Goal	Forum responsible
Report project progress, escalate risks and issues.	EK HCP Health Inequalities Programme Board
Programme oversight and updates	Population Health Management Group

Title: Winter Well

Step 1: Problem Statement (including reason for project, issue & impact)

There are major concentrations of deprivation in East Kent particularly in Thanet, Folkestone and Dover which leads to greater health inequalities and lower life expectancy with some populations experiencing higher morbidity and low quality of life status. This programme of work, managed through the Wellbeing Health Improvement Partnership, enables collaborative working to help improve primary and secondary prevention of ill health focused in areas of high deprivation.

Winter Well events help tackle inequalities across the districts by supporting local communities with advice on CoL, staying staff, carers' support, healthy eating, public health advice on smoking, eating well, children immunisations, school health , health visiting and dental health outreach support .

Impact

Supporting families with healthcare advice for children and young people

Advice on lifestyles changes to improve health and wellbeing e.g. advice in smoking, healthy eating, healthcecks /MOTs.

Supporting families with CoL advice, fuel poverty and referrals into food banks and financial support

Step 2: what does good look like?

Having these events every winter in all the districts in east Kent to support the local population to live longer and have healthier lifestyles.

Reduction in health inequalities

Improvement in Smoking prevalence

Average life expectancy improved

Improvement in Obesity

Meeting the needs of the hard to reach population (inclusion groups)

Step 3: what data or evidence do we have that this is an issue currently?

it is important that the Winter well events can demonstrate the impact on health inequalities from the date collected on the day and follow up support needed.

Issues:

- Having the buy in from all the district councils to deliver this as BAU every Winter
- Organisation of the events are time and labour intensive
- Planning must start early in the year
- Capturing meaningful data to evidence impact of events

Step 4: Measures

- Number of attendees
- Number of partners involved
- Number of flu vaccinations given
- Number of MOTs/healthcecks done
- Health care and oral health advice given
- Number of people referred/signposted to other services
- Number of coats , hats , gloves etc given
- Number of people give CoL, housing advice

Step 5: what factors are causing the issues identified at Step 3?

- All partners need to be involve and not seeing it as the responsibility of one
- Capacity within partner organisations
- Planning must start early in the year.

Step 6: Goals for 2024/24

- Plan early for the events
- Deliver 1 -2 big events this year
- Encourage all districts to deliver a winter well event

Step 6: Goals for 24/25 and. key milestones

May-June Planning Stage 1	July-Sept	Oct-Dec	Jan-March
• Establish a task and finish group with mms from all partner organisations • Set up an action plan to deliver event	Monitor progress against action plans	• Deliver events across districts • Publications of all winter well initiatives across districts	• Work on Evaluation

Key Milestones

3 winter well events delivered in 23/24

Over 600 people attended , 53 flu vaccines given to school -aged children and a number booked in to have theirs at a school clinic. Over 150 people engaged with the One You Kent Team for stop smoking and lifestyle advice and eight health interventions took place (health check/health MOT).Oral health team spoke with 117 people, providing free toothbrushes, toothpaste and advice.

Over 200 families supported with healthcare advice for children and young people and referrals to food and financial suppor t services. More than 400 winter coats, hats, gloves and scarves and 250 hot drinks given to people.. Won A Healthwatch award.

Winter 24 is being planned and we are engaged with Folkestone District Council to help co -ordinate this across East Kent

Step : Governance

Task and finish group reporting to :

- East Kent wellbeing Health improvement Partnership

The Marsh PCN Integrated Neighbourhood Team

Step 1: Problem Statement (including reason for project, issue & impact)

Link to Strategic Theme: **Healthcare Outcomes**

The Marsh PCN has identified that they have a high rate of late stage cancer diagnosis which is leading to an increased palliative care workload.

Currently, 44.5% of cancers diagnosed within The Marsh PCN are already deemed as late stage (stages 3 & 4) which can lead to crisis and a poor end of life experience. The geographical challenges, prevalence of hard to reach groups, and high levels of deprivation are seen to add additional barriers to early diagnosis. Currently, there is no specific support for the needs of the population on the Marsh or adequate local services to support people that are within the last year of their life.

Links to: HCP pillar, Integrated Neighbourhood Teams

Step 2: what does good look like?

- Locating the Breast Screening Unit on The Marsh as currently residents have to travel to Hythe
- Increasing patient transport options to help those in need attend their screening appointments
- Achieving an increase in the people coming forward for breast, cervical and bowel screening
- Awareness campaign to make all age groups aware of the signs and symptoms of different cancers and encourage people to come forward sooner if they have any concerns community hub in Romney
- Increase smoking cessation capacity due to the high prevalence of smoking and the envisaged increase in demand on the service through the Targeted Lung Health Checks
- Earlier identification of people in their last year of life or likely to become in their last year of life
- Use the Think, Talk, Act approach which encourages people to start important conversations with family, friends and caregivers about the care they would like to receive if and when their health deteriorates
- Pilgrims Hospice to understand what groups are needed on The Marsh going forward to support EOL patients
- Continued collaboration between Pilgrims, KCHFT and the PCN on the EOL workstream

Step 3: what data or evidence do we have that this is an issue currently?

The Marsh screening rates

Cancer type	Original baseline 21/22	Updated 22/23	National target
Breast	57.6%	68.7%	70%
Cervical (25-49)	69.4%	71.6%	80%
Cervical (50-64)	75.1%	75.1%	80%
Bowel	74.2%	74.2%	60%

45.45% of cancers are deemed as late stage on The Marsh

EOL data

- Emergency admissions in last 12 months of people dying from cancer is 1441, the highest in K&M
- Recent data from the KMCR Enhanced Case Finding Tool shows there are currently 107 patients on the QOF palliative care register of which, 53 have a care plan in place
- Think, Talk, Act – 110 patients identified from Orchard House that are eligible for THINK sessions, 12 people booked, this is 11% which benchmarks with the Pilgrims Hospice pilot. 7 people attended.

Smoking

- 18.9% smoking prevalence in Folkestone and Hythe (includes The Marsh)

Step 4: Measures

- To increase rates of breast screening to hit national target of 70%– 35 additional screens (1.3%)
- To increase rates of cervical screening in all age groups
- To reduce the number of later stage cancer diagnosis by encouraging screening and providing awareness on the signs and symptoms of all cancers
- Increase the number of earlier conversations for people in their last year of life or approaching last year of life
- To reduce smoking prevalence

Step 5: what factors are causing the issues identified at Step 3?

- High levels of deprivation
- Rural and coastal communities
- Lack of access to diagnostics
- Lack of awareness of sign and symptoms of different cancers

A short survey was sent out to 750 eligible patients asking their views on breast screening. We had a response rate of 28% (210 responses). Below are the top reasons people are not attending:

- Did not receive invite
- Location
- Fear (pain /outcome)
- Modesty/embarrassment
- Lack of transport
- Caring responsibilities
- Chosen to opt out
- Accessibility
- Already under cancer care
- Other

Step 6: Goals for 24/25 and 7. key milestones

Q1	Q2	Q3	Q4	Goal
Continue talks with NHSE and EKHUFT. Do a short sharp survey to be sent to eligible patients and get a decision by end of June 2024	Develop insert for invite signposting to transport options and give to EKHUFT to go out with the invites in August 2024	Screening unit is unable to be sited on The Marsh so transport options are being explored to support patients get to their appointments		Secure the Breast Screening Unit at a venue on The Marsh for the next screening round in September 2024
Draft spec to be written and taken to INT workshop in May 2024 for comment	Amendments to be made accordingly and reshared with the group before commencing			Complete an engagement piece to explore people's attitudes and behaviours towards cancer screening in more detail
Work with the INT Prevention and Awareness Group to discuss the approach	Engagement piece will need to be competed to understand why people do not come forward. Develop comms plan for awareness materials	Use the results from the short breast screening survey to address the reasons why people are not coming forward for their screening i.e. drop in session to talk through the screening process for nervous patients		Increase the uptake of breast and cervical screening by March 2025
Hold targeted Think sessions inviting eligible patients from Orchard House Surgery in April 2024 and evaluate the uptake and feedback	Hold Think sessions that have been offered to the whole community and evaluate uptake and feedback	Four further THINK sessions which will be open to the public are being held through September and October		To offer access to Think sessions to The Marsh through a community approach by July 2024
Work with the INT Prevention and Awareness Group to discuss the approach	Training and implementation of additional capacity being offered by the PCN			To increase smoking cessation capacity
Discussions around data sharing to take place in EOL subgroup with support from the ICB GP DPO	Confirmation that sharing agreements are already in place where needed			To develop DPIA's between Pilgrims, KCHFT and PCN to support access to the same patient data for EOL patients

Step : Governance

Forum responsible	Goal
East Kent Population Health Management Group	Programme oversight and assurance
East Kent INT working group	Oversight of project planning and INT development
The Marsh INT Working Group	Overall implementation and delivery
EOL Subgroup	Implement actions relating to EOL
Prevention and Awareness Subgroup	Implement actions relating to prevention and awareness

Programme Highlight Report	Governance	RAG status	Date
B: Health inequalities	East Kent WHIP	GREEN	28/08/2024

Better Lives Together
East Kent
Health and Care Partnership

Rationale

There is significant deprivation across East Kent which leads to greater health inequalities and
lower life expectancy:
- Male life expectancy varies from 75 years (Margate) to 81 in (Canterbury South)
- Female life expectancy varies from 80 (Margate) to 85 (Ashford Rural).

This programme of work, managed through the Wellbeing Health Improvement Partnership, (WHIP) enables partnership working across councils, NHS and VCSE to deliver primary and secondary prevention.

Scope

- Winter Well Collaborative
- Homelessness pathway
- Integrated Diabetes care
- Cholesterol optimisation
- Same day access to primary care

Related HCP metrics

- Average life expectancy by district
- Smoking prevalence by district
- Excess weight and obesity by district

Progress to date

1. Winter Well events completed in Dover, Ashford and Thanet in 23/24. Planning for 24/25 winter underway and comprehensive programme in place
2. All 5 District Councils have Health Alliance Priorities, which cover: ageing well and frailty prevention, young people wellbeing, prevention of mental ill health, health and housing, obesity (including children), smoking, employment, worklessness, and building community capacity.
3. Homeless Pathway expanded from 2 to 5 days per week at QEQM, KCH & WHH. Patient numbers increasing every quarter.
4. Agreement reached to allocate 24/25 Health Inequalities funding across 7 projects.

Impact

- Improved patient outcomes for homeless people and improved clinical and social care pathways. Q1 24/25 - 86 patients accepted on service. 69% had a holistic needs assessment, and a care plan completed. 72% were referred to the Local Authority under the Duty to Refer.

- HbA1C levels are showing an improvement within the 4 PCN clinics delivering the integrated diabetes programme. Q1 24/25 - New App 70, Follow Up App 110: Average % decrease in HBA1c from initial to follow up 88.04%. Patients feeling very confident in managing their diabetes 85%

- Improved workforce skills development in diabetes management is also being reported

Key next steps

- Develop Winter Well Plans for 24/25
- Continue to roll out integrated diabetes clinics to all PCNs in east Kent, additional 4 clinics planned to be up and running by end of September 2024
- Evaluation of impact of integrated diabetes service upon wider system demand
- Completion of the NHS analysis for the Independent Living Schemes
- As agreed in the health and housing action plan a focus on improving poor housing conditions for people with long term conditions
- University of Kent Independent evaluation of the health inequalities funded projects

Risks and mitigations

- Risk of reduction in Health Inequalities funding from April 2025. East Kent Health Inequalities programme would not be viable without continued funding from the ICB. Mitigations:
- Robust evaluation of key projects to assess impact and value for money of each scheme.
- Explore potential alternative funding sources for key projects that demonstrate greatest impact

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District Health Alliance Update Sept 24

Transforming health and social care

District	Actions	Comments
Folkestone & Hythe	**July focus: Prevention** • Whole system obesity update and local profile • Planned Marmot work introduced to group *Any strategic /SMTs help with actions appreciated.*	Completed 24 July meeting. Meetings are very well attended - Active Kent club & community roadshows 20/9/24 Workforce & Volunteering - Active Kent 2024 Move Together [EQI] October conference promoted - Public report confusion re too many sources of information - Community fridges have increased from 1-4 over 2y - Identifying existing group[s]to pick up key actions: ➢ Social Prescribers should be able to prescribe [not just signpost] ➢ Recruit SPs to alliance ➢ Improve preconception education ➢ Target cooking skills to pregnant/new mothers – in progress Family Hub Mundella school ➢ Develop postcode app to incentivise movement [incentivise] ➢ Use hub-based approach ➢ Incentivise healthy behaviours Suggested topics for **next Prevention focused meeting**: social isolation, alcohol misuse, cost of living, physiology education, mental health **Sept meet: building community capacity**

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Question and Answers?

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END