

Prevention, Wellbeing & Health Equity

Overview of our current system

Health equity is the absence of unfair and avoidable or remediable differences in health among population groups; reducing health inequalities is at the heart of this work. Across South East London (SEL), there are known differences in life expectancy across and within our boroughs, linked to deprivation. Furthermore, physical inactivity, obesity and smoking rates are higher than the national average in a number of our boroughs. All these factors can be addressed by effective approaches to prevention. Many prevention services have been in place for several years and have delivered significant positive impacts for our residents including cervical screening, diabetic retinopathy and bowel screening as well as childhood immunisations and vaccination programmes. However, some service arrangements can feel fragmented, complicated and disjointed, resulting in variable uptake and our current service arrangements often miss the opportunity to integrate every conversation on health and wellbeing with a focus on early intervention especially around obesity, smoking and drugs and alcohol.

Strengths / opportunities

- Clearly defined ICB/ICP priority
- Clear evidence base and demonstrable positive outcomes
- Delegation to Local Care Partnerships for out of hospital services - Local Care Partnerships membership includes local partners, links to Health and Wellbeing boards and strategies
- Collaborations and relationships at hyperlocal level, including with Voluntary, community and social enterprise sector (VCSE) Community pharmacy clinical services such as vaccinations, BP checks, stop smoking and contraception services.
- Ways of working and relationships established during pandemic with communities
- PCNs moving to integrated neighbourhood teams
- Developing community pharmacy offer
- Strong partnership with local authorities and potential for much more
- Established Director of Public health network
- The delegation of dental, optometry and pharmacy to the ICB from NHS England

Challenges

- National agreed contracts which brings inflexibility
- Some commissioned services are income generating for some providers, for example flu vaccination, and therefore business models are predicated on receiving this income
- Changing behaviours, ways of working that have been in place for a considerable amount of time
- Reducing complexity
- Demand can often outstrip capacity resulting in increased waiting times
- System has moved to be reactive to manage demand especially with some of the national and regional vaccination programmes
- Aligning commissioning function as historically has positioned in different parts of the system
- Lack of trust with statutory services for some of our communities
- Securing the bandwidth, operationally and financially, to support a clear and systematic focus on prevention programmes

What we've heard from the public

Local people have repeatedly told us in engagement work across the system that they want a more holistic approach to their health and care, an increased focus on the 'whole person' and 'whole family', and that wider determinants of health need to be addressed. We heard this again during our engagement work to develop the SEL integrated care strategy and the SEL working with people and communities strategy 2022. We have heard that we must address access issues to prevention services, which are not just due to a lack of capacity but also due to a lack of suitable services for people, and that people want us to design and develop solutions in partnership with them. We have also heard we must work in partnership with the Voluntary, community and social enterprise sector.

Some of our prevention services

Most women go to their GP practice for their cervical screening while others attend a local sexual health clinic

Diabetic eye screening services are provided by a single provider in South East London in a variety of settings

Women aged 50-71 will often attend breast screening services at various community and hospital settings

Bowel screening home testing kits are sent out automatically

Adults and young people aged 14 or over with a learning disability will attend their GP practice for their annual health check



Annual health checks for people with severe mental health conditions will take place at either GP practices or community mental health services

Children may attend their GP Practice for their childhood vaccinations and immunisations. School aged children often receive their vaccinations at school.

NHS Health checks are available to those aged 40-74 at their GP or local pharmacy or at another community location

Most adults attend their community pharmacy or GP Practice for their winter vaccinations, such as flu, covid, pneumococcal and shingles

Our vision and objectives

Our vision

For all our residents to have the same opportunity to lead a healthy life, no matter where they live or who they are, through equitable, convenient and effective access to -prevention and wellbeing services and support.

This vision is underpinned by a commitment to: 1. build trust and confidence with the communities we serve. 2. enable both NHS and non-NHS evidence-based interventions and services to be provided. 3. parity between mental and physical health. 4. take an 'all ages' life course approach. 5. focus on individual, family and communities. 6. span primary, secondary and tertiary prevention. 7. reduce health inequalities.

Our key objectives – what we want to achieve over the next five years in SEL ★ ICS Strategic Priority

Over the next five years, we want to:

1. **Establish a systematic prevention programme**, focussed on early detection and intervention and associated with the key population risk factors in SEL for both adults and children and young people (CYP), embedding targeted population health approaches.
2. **Establish a systematic prevention programme targeting patients with and at risk of developing long term conditions** to prevent the development of multiple or more severe long-term conditions.
3. **Define, develop and embed a population health management approach** to underpin the design and delivery of our health and care services across SEL, that targets and tailors interventions on a population basis
4. **Improve the way in which we partner with residents and community groups** to ensure we understand barriers and issues, resulting in the development and implementation of co-produced solutions which meet the needs of our diverse population and build trust and confidence.

Our principles

★ ICS Strategic Priority

Ways of working: Embedding Sustainability and Leveraging Opportunities

Ensure prevention is an integral part of every conversation on health and wellbeing with a focus on early intervention and not a standalone agenda for our residents and their families.

Working to one goal with one voice: a multi-system approach working with partners across organisational boundaries and in collaboration as we all need to work together to improve health and wellbeing in our communities.

Permission for and encouragement for innovation and creativity: to explore new ways of working and thinking more holistically about prevention for whole communities.

Freedom and funding to explore different approaches: at an ICB, LCP and hyperlocal level and to develop a plurality of approach and a responsive offer to population need.

Amplifying impact through an evidence approach: a commitment to continue to collect, evaluate and share outputs to ensure and to be able to evidence equitable access, value for money and the best use of resources.

Spotlight on whole life course

A focus on a whole life course: enable consideration of the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing.

Population Health Approach

Placing people at the centre of delivery: improving access for all to prevention services taking a holistic approach.

Core 20 plus 5 plus: targeting our approach and actions for this group of adults and children.

Systematic risk identification and intervention approach to tackling inequalities in health outcomes for populations.

Committing to community first and community driven approaches: enabling communities to take a driving role in the co-design and co-development of services.

Diversity, Equity and inclusion

Focus on equity at all stages: and therefore reducing the unfair, avoidable or remediable inequalities among our residents in SEL and focusing on root causes rather than effects.

Anti-racism and cultural humility: a commitment to tackling racism within our system and embedding cultural humility into our system.

Building strength through diversity: and therefore fostering innovation and problem-solving by pushing everyone to look at things from different perspectives.

Our priority actions

Our priority actions – what we will do

★ ICS Strategic Priority

1

Prevention and Health Equity Principles: Put our prevention, wellbeing and health equity principles into action by i) co-designing a SEL wide systematic approach to prevention focused on early detection and intervention and delivering inequalities priorities ii) establishing a multi-year VCSE partnership to build trust and confidence and support effective prevention and wellbeing services iii) embedding this approach across SEL including aligning operational planning to make prevention ‘business as usual’.

2

Actionable Insights: Through the various networks and collaborations deliver and support the delivery of meaningful local engagement with communities, local groups and their representatives to enable them to co-develop and design future services and approaches. Ensuring that they are at the core of the programme especially those marginalised groups who’s voices are not always heard.

3

Increase the uptake of all prevention services: Pilot innovative ways to engage local communities in accessing joined-up services including dedicated health and wellbeing centres, mobile units, outreach and community pharmacy. Providing opportunities for partners to deliver holistic services in creative and sensitive ways.

4

Reducing confusion and complexity: Produce a generic advocacy guide that can be adapted locally to inform and guide residents on what is available to them and when they become eligible for NHS Services, what is available in their local area through health and care, and other partners. Cascading this through our trusted partners in the community to ensure that this is accessible and relevant to our communities

5

Vaccination and Immunisation Strategy: Co-develop with Local Care Partnerships, Local Authority partners, NHS England and UKHSA an agreed South East London immunisation strategy which supports and provides resources required for each place to deliver their vision, defines roles and responsibilities of all system partners, and considers alternative settings for vaccination delivery such as community pharmacy and schools.

Our progress to date

Key Successes in Delivery in 2023/2024

- During the 2 covid vaccination campaigns in 23/24 a significant number of community pharmacies engaged with the programme which resulted in the majority of the population choosing to attend their local pharmacy for their vaccination.
- A polio catch up campaign was run to ensure that parents were able to access a polio booster or course for their child.
- Development of a co-designed advocacy guide
- Development and deployment of the SEL Vaccination and Immunisation Strategy
- Launch of the SEL Vital 5 programme with £4m of targeted investment in delivery of SEL-wide interventions to support five key risk factors for burden of disease which disproportionately affect minoritised and lower social-economic groups
- Roll-out of vital 5 check in a number of care settings across SEL with over 7,000 residents accessing a free preventative health and wellbeing check underpinned by resident listening exercises and co-production.

Key Challenges to Delivery in 2023/2024

- Fragmentation of planning across organisations within the system
- Impact of industrial action on system partners
- Clinical and operational capacity
- Reduction in public health budgets and resourcing
- Fragmented commissioning arrangements for vaccinations and immunisations
- Competing priorities
- Evaluation of interventions and pilots
- Outbreaks and incidents which have required an intense management and operational response
- Timing of guidance on national campaigns with local implications

Learning and Implications for Future Delivery Plans

- More focused efforts on few priorities where the need and likely impact is highest
- Moving to a more joined up approach to prevention tailored to the needs of the diverse SEL population
- Ensuring we underpin our approach with continuous learning, evaluation and impact monitoring approach

Our key prevention deliverables for 24/25

- with further development through our integrated care strategy

Reduction in preventable vaccine disease		Screening		Health Checks		Vital 5	
Area	Objective	Area	Objective	Area	Objective	Area	Objective
<u>Childhood immunisation</u>	SEL increase in overall take up of 5%, with at least a 7% increase for the Core20 population	<u>Bowel Screening</u>	Increase of 4% in the uptake of bowel screening in the eligible population Increased awareness of the change in eligibility to include 50+	<u>SMI Physical health checks</u>	Across SEL, 13,500 health checks completed by end of Quarter 4	<u>Vital 5 Check</u>	Promote and increase the uptake of the Vital 5 Check pilot in the Core20Plus5 population through delivery in a range of different NHS and non-NHS settings.
	Launch joined-up Childhood Immunisations and adult vaccination campaigns; specific community-informed comms					<u>Hypertension</u>	Test the uptake and effectiveness of a structured self-management programme for people with hypertension to enable scaling of this service in the future; Increase awareness, opportunity and coverage of community blood pressure testing (standalone and as part of Vital 5 or other health checks) promoting the <u>community pharmacy hypertension service</u> .
<u>Adult winter immunisation</u>	5% increase for flu and covid for eligible population and 7% increase for core 20 population Launch joined-up, audience-centred campaign covering all immunisations including outbreaks + surges	<u>Cervical Screening</u>	Increase uptake by borough to 80% of eligible population Improving quality and therefore reducing rejected samples	<u>LD Annual health checks</u>	Over 75% of annual health checks completed for all individuals on the LD register	<u>Healthy Weight</u>	Promote healthy weight in health and social care settings; Focus on prevention through addressing maternal and preconception obesity, including promoting breastfeeding in maternity pathways; Supporting CYP Tier 3 Weight Management Service; Reduce inequalities in the provision of Tier 2 weight management services through more tailored offers to specific population groups; co-design and embed pathway improvements across Tier 2 to Tier 4 weight management services with focus on health equity and addressing demand and capacity gaps.
						<u>Healthy Mind and LTCs</u>	Improve the uptake and delivery of depression and anxiety screening and pathways for people with long term conditions (LTCs) across different settings; Improve workforce competency in providing mental health support for people with LTCs.
		<u>Breast Screening</u>	Increase uptake to 80% of the eligible population (50-70 year olds)	<u>NHS Health Checks</u>	To target health inequalities such as Black, Asian and Minority Ethnic communities and groups with high risk of T2 diabetes and onward referral to the National Diabetes Prevention Programme.	<u>Tobacco Dependence</u>	Equitable access to stop smoking services, including vapes and behavioural support across SEL; Sustainable rollout of NHS Long Term Plan Smoking Cessation Services at all Trusts; SEL-wide approach to communication of services and engagement with hardly reached communities to encourage engagement with stop smoking services.
						<u>Alcohol Harms</u>	Reduce the access to high strength alcohol through roll out of high impact initiatives and sharing of licensing best practice; increase the recording of alcohol status and delivery of brief advice; increase awareness of benefits of reduced consumption, and alcohol harms.