



23 January 2024

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Agenda

- Recap - SWL Integrated Care Board and Kingston Place
- Addressing health inequalities and long term conditions in our borough - Liz Ayres SWL ICB (Kingston & Richmond)
- Update on KVA's Core-20 project - Emma Hill KVA
- Share your feedback on local services



We serve around 1.5 million people across our six diverse boroughs:

Croydon

Kingston

Merton

Richmond

Sutton

Wandsworth

South West London Integrated Care Board

- NHS South West London Integrated Care Board is a statutory organisation bringing together the NHS to improve population health and establish shared priorities for local people. It is also responsible for how the NHS budget for South West London is spent.
- It is part of the South West London Integrated Care Partnership.

Kingston 'Place'

In Kingston, our place-based partnership includes representation from:

- Kingston Council
- Achieving for Children
- Healthwatch Kingston
- Kingston Carers Network (carers)
- Kingston Hospital NHS Foundation Trust
- Kingston Voluntary Action (voluntary and community sector)
- NHS South West London ICB
- Primary care
- South West London & St. George's Mental Health NHS Trust
- Your Healthcare



You can find out more at <https://www.southwestlondonics.org.uk/kingston/kingston-place-based-partnership-committee/>





Addressing Health Inequalities and Long-Term Conditions in Kingston

Liz Ayres - Lead Transformation Programme Manager, SWL ICB
23 January 2024



South West London Integrated Care Board (SWL ICB) priorities

- Boost the local NHS and social care workforce
- *Tackle and reduce health inequalities*
- *Prevent ill-health, promote self-care, and support people to manage their long-term conditions*
- Support the health and care needs of children and young people
- A positive focus on mental wellbeing
- Support for older and frail people in the community



Health Inequalities and Long-Term Conditions (LTCs)

- Health Inequalities and LTCs are intrinsically linked.
- The prevalence of LTCs is significantly higher for people facing health inequalities:
 - Socio-economic factors (lifestyles opportunities / housing)
 - Ethnic background (e.g. diabetes in black/South Asian populations)
 - Social exclusion (asylum seekers, homeless)
- Kingston population differs from other South West London boroughs – population size or demographic indicators.
- Health inequalities may be hidden by areas of relative affluence or the perception of affluence.
- Need to work differently with, at times, smaller financial support.



Primary Care Networks

- Primary Care Networks (PCNs) are a new way of working for GP Practices.
- Practices work more closely across a population footprint, where they are aligned to other health and social care organisations.
- Allows for shared expertise, services and resources.
- Improves access to services (location and equity)



Kingston Primary Care Networks

Primary Care Network	GP Practices
Canbury, Churchill, Orchard, Berrylands (CCOB)	Canbury Medical Centre, Churchill Medical Centre, The Orchard Practice, Berrylands Surgery
Chessington & Surbiton Network	Red Lion Surgery, Hook Surgery, Chessington Park Surgery, Sunray Surgery, Claremont Medical Centre
New Malden and Worcester Park	Roselawn Surgery, Manor Drive Medical Centre, Holmwood Corner Surgery, West Barnes Surgery, Groves Medical Centre
Surbiton Health Centre	Brunswick Surgery, Central Surgery, Langley Medical Practice
Kingston	Fairhill Medical Practice, Kingston Health Centre, St Alban's Medical Centre



Health Inequalities and PCNs

- PCNs are asked to outreach into their communities, to engage with people who don't ordinarily walk through their doors.
- *“A PCN must have identified a population within the PCN experiencing inequality in health provision and/or outcomes and have developed a plan to tackle the unmet needs of that population.”*
- “Health Insights” (data tool) - provides PCNs with information to help them understand the needs of their population:
 - Demographic data- *age, gender, ethnicity, deprivation*
 - Patient cohorts – *carers, housebound, learning disability*
 - Specific conditions – *diabetes, asthma, COPD, hypertension etc*
 - Frequent A&E attenders

Allows PCNs to identify patients with co-morbidities

Allows benchmarking across practices and PCNs

Kingston PCNs Health Inequalities Projects

- Health outcomes for patients with severe mental illness (SMI)
- Housebound
- Non-English speakers
- Promoting “wellbeing” in the Korean population
- Diabetes
 - Pre- Diabetic patients
 - BME groups
 - Over 50’s

Core20Plus5

- National NHS England approach to reducing health inequalities.
- **Core 20** = the 20% most deprived populations as defined by the Index of Multiple Deprivation.
- **PLUS** = includes group such as ethnic minorities, learning disabilities, multiple long term conditions. Also, inclusion health groups such as homeless, vulnerable migrants etc.
- **5** = Maternity, severe mental illness, chronic respiratory disease, cancer diagnoses, hypertension case finding.
- There are 340k people living in Core20 areas in South West London
 - 4K in Kingston – Norbiton and Beverley

Stay in touch

Please send any questions or additional feedback on local health and care services to

kingston.engage@swlondon.nhs.uk

Sign up to receive our monthly Place update

<https://swlondonics.org.uk/p/790E-5A5/kingstonupdate>