

Vibrant & Healthy Communities Programme

Introduction to KCSC Meeting

18th April 2023



1. VHC Intentions and Purpose

1. NHS and wider public services are under huge pressure. Our learning post pandemic underscores **primacy** and **power** of healthy communities: **90% of health** in our place happens in communities
2. **Vibrant & Healthy Communities** is a **bi-Borough community driven approach** and **vehicle** : population based, preventative and personalised community focus and approaches - contributing to **happier and fulfilling lives**
3. **Addressing Health Inequalities** is our North Star

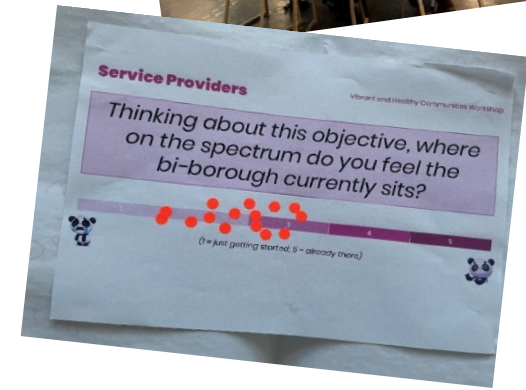
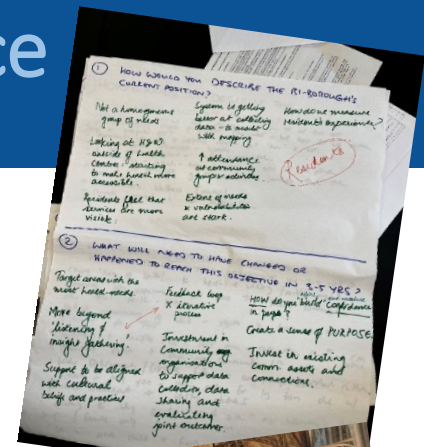
VHC principles we have established to develop the programme

- Contribution of **VCS organisations and community assets** is vital to health and wellbeing across our Bi-Borough
- When well supported and resourced, communities can provide preventative social and healthcare support and services from their own structures
- **VHC will underpin our design and delivery** - from screening and immunisations, to our 'Connector' workforce and enabling community based solutions- as well as our overall Model of Care
- Partners work together and share resources with a consistent focus on delivering for residents - and continuing the **paradigm shift increasing trust** in communities
- **Prevention has value and importance** equivalent to reactive work

2. VHC development is underway with partners in our bi-B place

- VCS, Public Health, LA Communities, local NHS and Social Care and Housing- we are **jointly owning** and working together to shape direction programme
- **Workshop 1 (Jan)** defined why and what - now working through the **'how'**
- There is significant **strength and vibrancy** in our place to build on - and a **strong conviction** this is our shared direction of travel
- We share strong conviction that communities are where 'health happens'
- VCSE sector will be supported to become a **full delivery partner and equal footing**
- We now need clear focus on the delivery channels and outcomes to achieve
- Alignment and strong mutual support with other WCC and Bi-borough initiatives and programmes- **focussing on addressing inequalities:**

Westminster 2035 Initiative
Bi-borough Health & Wellbeing Strategy
PBP Demonstrator and our Place Based Model of Care
Doing Things Differently – RBKC and WCC VCSE strategy
North Kensington Recovery



3. We are linking VHC to specific priorities for health inequalities

VHC tackles health inequalities across our bi-Borough - including

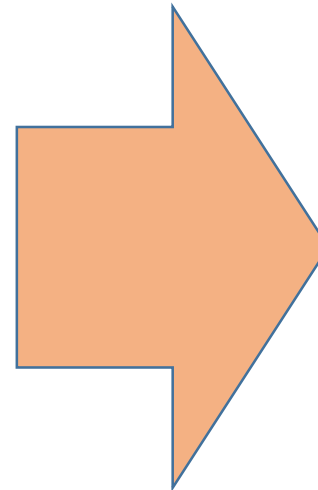
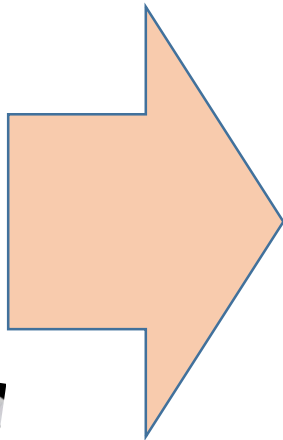
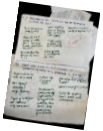
- thriving and resilient VCS
- Strengthening community opportunities
- 'Connector' workforce
- developing resources to build support in community organisations
- doing business differently across VCS, NHS, LA's and wider

This approach and delivery builds on existing strengths- recognising community developed solutions support the 90% of health that is created across our place

We are getting insights on population health outcomes where inequalities exist and will focus on key measures including vaccinations, screening and Long Term Conditions - ensuring focus and tangible results

Vibrant and Healthy

Potential outcomes	Example metrics
Effective secondary prevention for LTC's	<ul style="list-style-type: none"> • I feel more confident to manage my diabetes • % hypertension BP readings in range
Equitable take up of cervical screening	<ul style="list-style-type: none"> • Increased uptake in 25-49 & 50+ eligible women
IAPT : Encouraging honesty and openness	<ul style="list-style-type: none"> • Reduced inequity in key indicators
Adult vaccinations and Child immunisations	<ul style="list-style-type: none"> • MMR second dose
Decreasing avoidable attendances at A&E	<ul style="list-style-type: none"> • High Intensity User positive change



Vaccs Imms & Screening : adding the community dimension

➤ **Trusted people in trusted places**

- ✓ Bringing services to where residents live and work
- ✓ Adding assurance of faith leaders and other trusted local figures
- ✓ Delivering services in familiar and reassuring settings
- ✓ Local resources and places : Family Hubs, Community Halls, Parks and Outdoor Gyms
- ✓ Resident facing 'Connector Roles'

➤ **Seizing the moment**

- ✓ Services instantly available in conjunction with community events

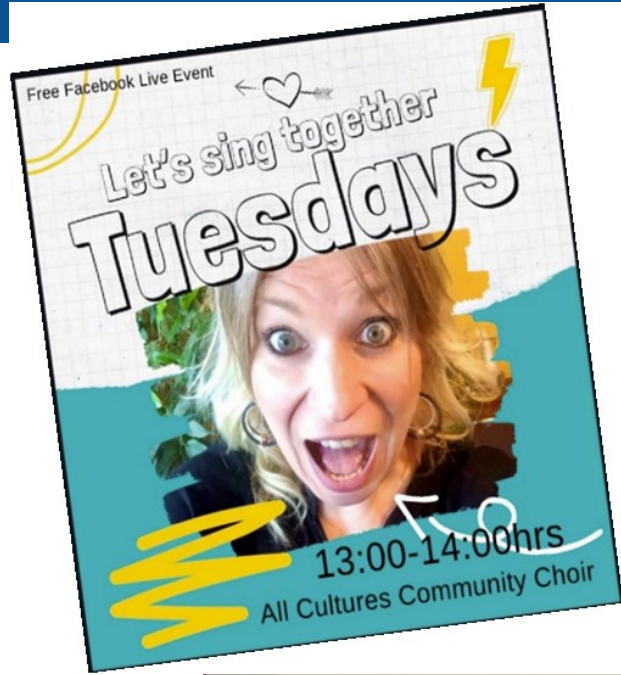
➤ **Language and terminology**

- ✓ Own language communication
- ✓ Jargon free language that residents relate to

➤ **Culturally sensitive approaches**

➤ **Encouraging registration with GP practice**

Vaccs Imms & Screening : adding the community dimension



Vaccs Imms & Screening : our pathfinder project

- Agreed a pathfinder project will **showcase how the VHC approach** will add value and impact – and also smoke out challenges and hurdles to our concept
- **Our boroughs consistently struggle** to match London targets for uptake of Vaccs Imms and Screening across a range of indicators – huge investments of clinical investment and time have not been matched by returns
- Collaboration with community resources was a game-changer in delivery of COVID vaccinations during the pandemic.
- We see **Vaccs Imms & Screening through an Inequalities lens** : the residents most at risk are the ones least likely to take up the offer
- Challenge where **addition of community resource** may be more effective than more and more clinical resource

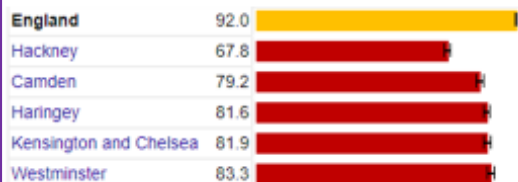
Vaccs Imms & Screening : Challenge to build uptake

Our boroughs struggle to match London and national targets in spite of substantial clinical effort and input.

Uptake in RBKC and Westminster for most childhood immunisations is among the lowest in England

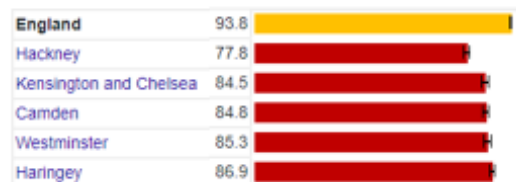
6 in 1 vaccine at 1 year

Kensington and Chelsea **4th lowest** in England
Westminster **5th lowest** in England.
Bottom 5 are:



6 in 1 vaccine at 2 years

2nd lowest in England
4th lowest in England.
Bottom 5 are:



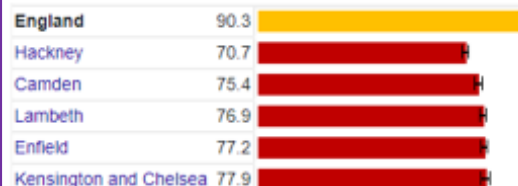
Dtap/IPV booster at 5 years

4th lowest in England
3rd lowest in England.
Bottom 5 are:



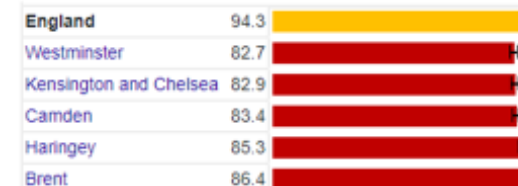
MMR1 at 2 year

Kensington and Chelsea **5th lowest** in England
Westminster **6th lowest** in England.
Bottom 5 are:



MMR1 at 5 years

2nd lowest in England
Lowest in England.
Bottom 5 are:



MMR2 at 5 years

4th lowest in England
3rd lowest in England.
Bottom 5 are:



Source: Public health profiles - OHID (phe.org.uk)

VHC Community Chest – emerging news and dynamics

- **New funding pot** for community delivered projects supporting VHC Programme objectives
- Funds allocated from NHS NWL Inequalities Fund and jointly administered by Biborough PBP and Public Health
- Consultation with VHC partners in May to build **Prospectus** and set objectives, parameters, and processes for application
- Projects within scope of VHC Programme can receive direct funding
- For projects outside this scope assistance and advice to find other sources of funding



Vibrant & Healthy Communities : Next steps

- Third *Build & Development Group*, April 20th, to establish principles of '**mini demonstrator**' approach
- Planning second VHC workshop to gather voice and views of resident facing organisations and leaders, June 2023 tbc
- Finalise structure and governance
- Theory of change and road map
- Determine membership of *VHC Programme Group* and set first meeting date
- Supporting second *Octopus Workshop*, May 24th
- Identify and remedy missing voices/cohorts from development process

Vibrant & Healthy Communities Programme

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Thankyou !

Any Questions ?

