

Kent Joint Health and Wellbeing Strategy

Outcomes for Kent

Engagement Document

Part of the development process for the first
Joint Health and Wellbeing Strategy for Kent



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Foreword



This engagement document is part of the development process for the first Joint Health and Wellbeing Strategy for Kent. This strategy aims to address the health and wellbeing needs of the people of Kent at every stage of their lives. In general, the health of Kent's residents is better than elsewhere in the country; however there are significant differences in people's health across Kent, and there are actions that we can take to continue the improvements of people's health and wellbeing in Kent. The priorities, approaches and outcomes outlined in this document were taken from the needs identified in the Joint Strategic Needs Assessment. Taken together, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy aim to improve the health and wellbeing of the people of Kent, they are not an end in themselves but a continuous process of strategic assessment and planning.

This document is seeking your views on whether we are focussing on the right key health, social care and wellbeing issues for Kent and that we are taking the right approach to tackling those issues. This document builds on many years of joint working between local government and health, which have delivered improvements in services leading to improvements in people's health.

This document has been produced by the Shadow Kent Health and Wellbeing Board. This is a different type of partnership bringing locally focussed GPs and Councillors together. Members include GPs, County Council and District Council Councillors; LINKs (patient and public representation) and senior officers for Families and Social Care and Public Health. The partnership was established as a result of the Health and Social Care Act 2012, and gives the opportunity to look at the health and care system as a whole; to identify what we should be addressing to improve people's health and ensuring that this is undertaken collectively through GP and local government commissioning plans and integrated working. Our aim is to improve the quality of life, health and wellbeing, including mental well being, for the residents of Kent. This strategy is the starting point for this approach.

A handwritten signature in blue ink, appearing to read 'Roger Gough', written in a cursive style.

Signed by Roger Gough
Chair of the Shadow Kent Health and Wellbeing Board.

Summary

This is the first Joint Health and Wellbeing Strategy for Kent. Good health and wellbeing is fundamental to living a full and productive life. Overall Kent has a good standard of health and wellbeing, but this hides some significant areas of poorer health and differences in life expectancy (15 years between the healthiest and least healthy wards in Kent).

This overarching strategy aims to identify the health and social care outcomes that we want to achieve for the people of Kent. This document will set out the challenges we face, what we are going to do to address them and what we hope to see as a result.

However, we need first to ensure that we are focussing on the right things for the people of Kent. Please take some time to respond to this engagement document by completing the questionnaire which can be accessed via the following weblink www.kent.gov.uk/health Paper copies of the document and questionnaire are available. Please telephone 08458 247 247 to request copies.

Our Vision:

Our vision in Kent is to deliver better quality care, improve health outcomes, improve the public's experience of health and social care services and ensure that the individual is at the heart of everything we do.

The Health of the People of Kent

This document is based on data and evidence in the Kent Joint Strategic Needs Assessment, the Kent Health Profile 2012, the Kent Health Inequalities Action Plan and guidance from the Department of Health. These documents can be found at:

Joint Strategic Needs Assessment <http://www.kmpho.nhs.uk/jsna/>

Kent Health Profile 2012 <http://www.healthprofiles.info>

Kent Health Inequalities Action Plan <http://www.kmpho.nhs.uk/health-inequalities/?assetdet1118452=228636>

The Joint Strategic Needs Assessment identified the following key priorities that need to be addressed:

Improving the health of children in their early years

- Improving lifestyle choices particularly of young people
- Preventing ill health and preventing existing health conditions from getting worse.
- Shifting of care closer to home and out of the hospital (including dementia and end of life care) and improving the quality of care.
- Tackling Health Inequalities

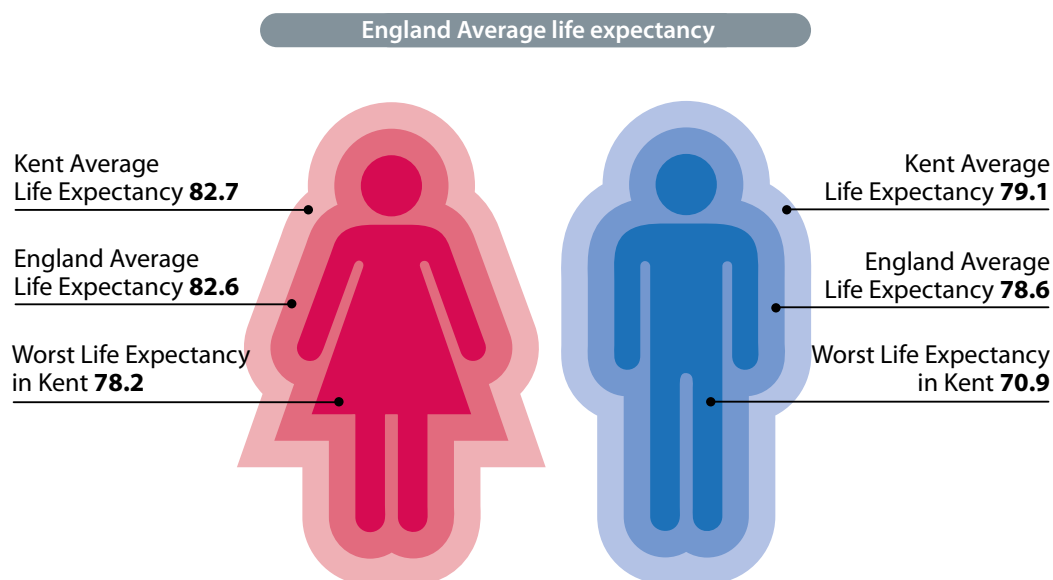
This Strategy will outline how we will address these issues; Clinical Commissioning Groups, Kent County Council and other partners will then produce more detailed plans on how the issues will be addressed locally to where you live.

The Challenges that we face in Kent:

Demographic Pressures

Kent ranks 102 out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities (a rank of one indicates the most deprived area). However, there are areas within Kent that fall within the 20% most deprived in England.

Kent has the largest population of all of the English counties, with just over 1.46 million people. The health of the people of Kent is mixed. Life expectancy is higher than the England average for both men and women, with men living for 79.1 years and women living for 82.7 years. However, life expectancy is significantly lower in deprived areas, with a man in a deprived area living on average 8.2 years less, giving him a life expectancy of 70.9 years and a woman living on average 4.5 years less, with a life expectancy of 78.2 years.



Just over half of the total population of Kent is female (51.1%) and 48.9% are male. People living in urban areas make up 71% of Kent's population; the remaining 29% of the population live in rural areas. Over the past 10 years Kent's population has grown faster than the national average, growing by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%). Kent's population is forecast to increase by a further 10.9% between 2010 and 2026.

Overall the age profile of Kent residents is similar to that of England. However, Kent does have a greater proportion of young people aged 5-19 years and of people aged 45+ years than the England average. Just under a fifth of Kent's population is of retirement age (65+). Kent has an ageing population. Forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged under 65 is only forecast to increase by 3.8%. 70% of Kent residents describe themselves as being in good health and 16.5% of Kent's population live with a limiting long term illness. Kent's ageing population will place significant pressures on health and social care services.

Where Kent is performing below the national average for health:



Kent's performance on smoking in pregnancy, breast feeding initiation, healthy eating among adults and obesity in adults is worse than the national average. Continued poor performance in these areas will have a significant impact on the health of the population over the coming years with smoking and poor diet being a contributory factor in cancer and heart disease and obesity contributing to the increase in type 2 diabetes.

To improve people's long term health we have to improve healthy lifestyles; encourage healthy eating in adults, address the challenges of an ageing population; give every child the best start in life and enhancing the quality of life for people with long term conditions, mental health and dementia. We will need a real focus on differences in outcomes both within and between communities. In addition to this, we will need to look at how we improve people's knowledge of both the symptoms of various diseases such as cancer, and what they can do prevent them e.g. encouraging physical activity.



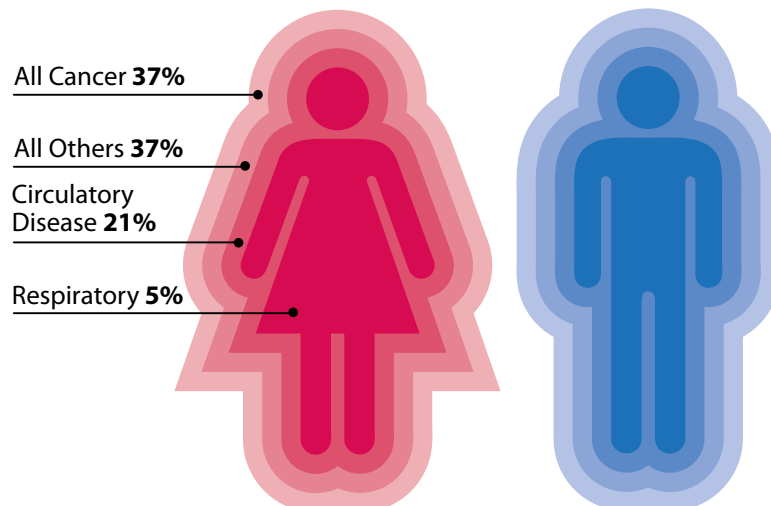
We will also need to address the wider determinants of ill health e.g. lifestyle, access to services, employment status and housing conditions. If these are tackled successfully they will have a significant long term impact on people's health.

Years of life lost by people dying early.

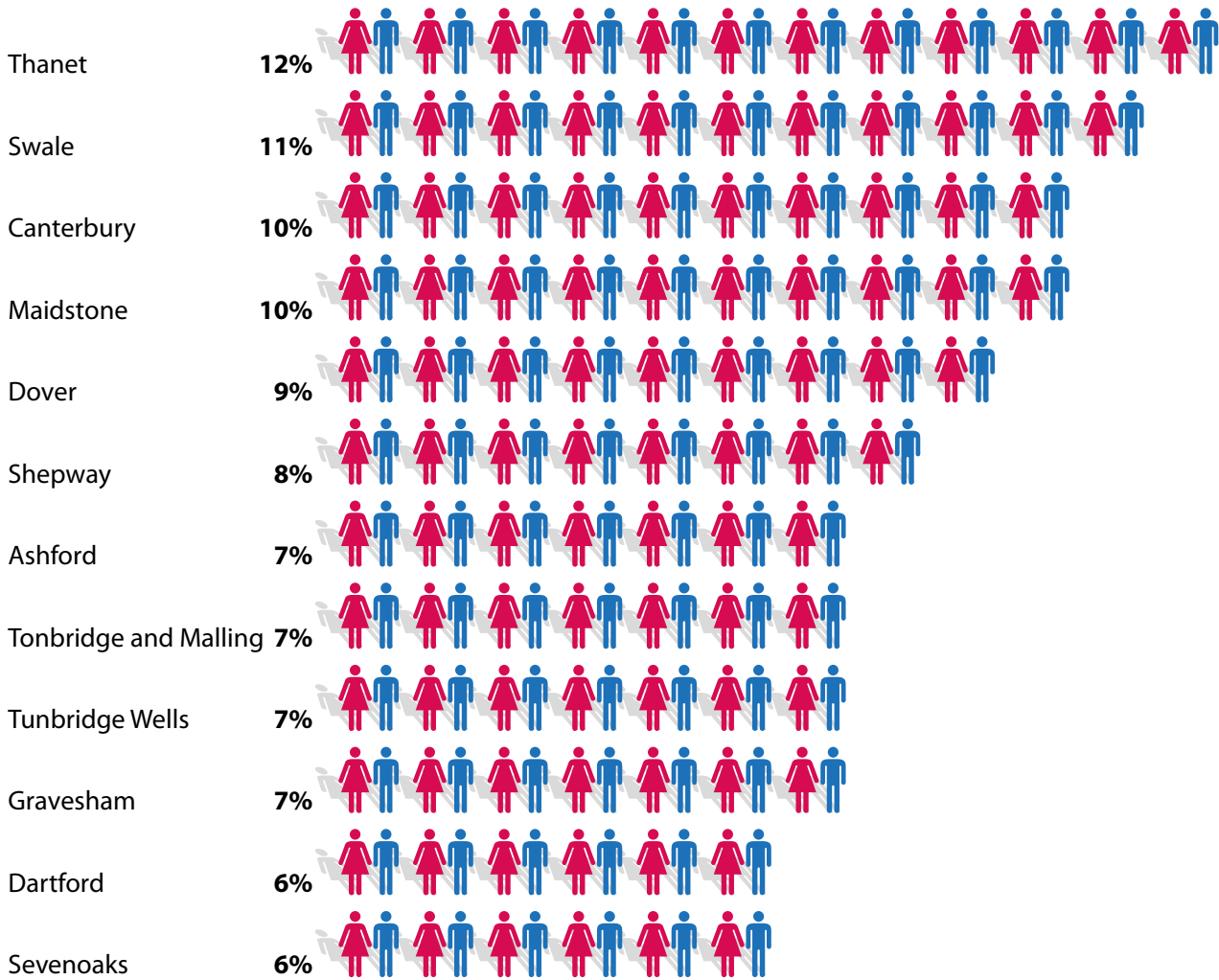


A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at how many years of life are lost by people dying prematurely. In Kent, the number of years of life lost by people dying of preventable causes before the age of 75 is **165,576**. The key diseases that have led to the years of life lost are circulatory disease, cancer and respiratory disease; all of which can be reduced by taking a more proactive approach to health and care. The graphics depict the breakdown of years of life lost by men and women; the types of disease contributing to this and the years of life lost by district.

Female and male causes of death percentages



Percentage breakdown of years of life lost by people dying early



Years of life lost by gender



Years of life lost box represents 165,576 years
 Red is women, Blue is men

Many factors affect our health and wellbeing; our environment, living and working conditions, genetic factors, economic circumstances, how we interact with our local community and choices we make about our own lifestyles.

We know these are difficult economic times for everybody. Public sector organisations are facing tough decisions, about how to deliver the best, most efficient services within reduced budgets. This is made more challenging by an increase in demand on services such as social care and rising expectations of residents for higher quality services.

This strategy takes into account the health and wellbeing challenges facing Kent and the difficult financial situation for public services. It is important we look across organisations in Kent and consider how we may change the way we work together so that we can improve the health and wellbeing of every person in Kent. The Shadow Health and Wellbeing Board will champion and work hard on behalf of the residents of Kent to ensure we make these improvements.

We also believe it is important that local communities have a greater role in shaping and influencing services and improving health and wellbeing in communities. This will be supported by the role of democratically elected members and our local Healthwatch representatives (patient representation is an integral part of the Health and Wellbeing Board). Not only do we think this will help us tailor services to meet the needs of local people we also understand the value of community in improving the health and wellbeing of residents.

What difference will this strategy make?

Partnership working on health and wellbeing issues is not new in Kent. We have a long history of doing so; the recent establishment of the Shadow Kent Health and Wellbeing Board will enable even closer working.

This Joint Health and Wellbeing Strategy is a new opportunity for the Health and Wellbeing Board members to explore together the local issues that we have not managed to tackle on our own. It sets out collectively what the greatest issues are for the local community, based on evidence in our Joint Strategic Needs Assessment, how we will work together to deliver the agreed priorities and what outcomes we intend to be achieved.

The Health and Wellbeing Strategy will inform commissioning decisions made by local partners especially GP led Clinical Commissioning Groups (CCGs). So that they focus on the needs of patients, service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and care to make a real impact on the wider determinants of health (e.g. employment, housing and environment).

Guidance for the Joint Strategic Needs Assessment and Health and Wellbeing Strategy is very clear in that we should prioritise what needs most attention so we do not try and take on everything at once. By focusing on key issues we can make the biggest differences. This strategy sets out what we propose to focus on, how we propose to deliver improvements to health and wellbeing in Kent and what outcomes we want to achieve. It has not been developed in isolation, reflecting

the evidence base of our Joint Strategic Needs Assessments and other key partner documents and data sources. This is also a high level strategy; our partners have detailed plans on how they plan to deliver improved services in Kent including improving people's health and wellbeing. This strategy will not repeat those documents; it will instead focus on issues we need to tackle together.

We will focus on an "outcomes based approach". In other words, what will be the tangible difference if we deliver everything we plan to deliver?

We will:

- Help ensure services are tailored to local needs and utilise local assets within communities
- Encourage people to make better lifestyle choices and support them to consider their own future health needs
- Use our influence to ensure key organisations work more efficiently and differently together so that we can improve the health and wellbeing of residents within available resources. This will include the development of integrated services so that patients receive joined up holistic health and social care.
- Ensure that the patient is at the centre of everything that we do.

We intend to test out the priorities and outcomes outlined in this document to ensure we have chosen correctly. Please follow the link to the website, where you can feedback your comments. www.kent.gov.uk/health

Alternatively, paper copies of the document and questionnaire are available. Please telephone 08458 247 247 to request copies.

What are we aiming to do?

To promote healthier lives for everyone in Kent our **Priorities** are to:

- Tackle the key health issues where Kent is not performing as well as the England average. For example tackling the levels of adult obesity.
- Tackle Health Inequalities across and within Kent. For example delivering the Kent Health Inequalities Action Plan (previously agreed by Kent County Council)
- Tackle the gaps in provision and quality of care and support that the people of Kent receive. For example ensuring improved rates of diagnosis for mental health problems and get people into the right services when they need them.
- Transform services to improve health and care outcomes, patient experience and value for money and quality.

With limited resources we need to focus on the key health issues that have been identified through the Joint Strategic Needs Assessment, this includes moving our focus from treatment to prevention; by adopting healthier lifestyles our health will improve reducing the risk of getting ill.

We also need to focus on doing the right things well. In other words, commissioning the right services that improve health as well as delivering value for money.

The **priorities** outlined above will be delivered through three key **Approaches**:

- Integrated Commissioning, leading to
- Integrated Provision (delivering seamless services to the public), which will be;
- Person Centred, we will get better at treating the whole person and not just the condition.

Patients and the public should experience seamless services; and a way in which this can be achieved is through integrating the way we commission services and how those services are provided. By health and local government commissioning services together, we will ensure that patients get the right services at the right time and in the right place. We know that patients can spend longer in hospital because they cannot go home as a result of their home not having the right adaptations. If we commission services together, we can work towards this sort of thing no longer happening.

We also want to see a move from treating the condition to treating the patient. Quite often patients will experience more than one health problem, these need to be treated together, rather than separate treatment and appointments for each health problem; saving both patient time and improving clinical outcomes.

From these **Priorities** and **Approaches** come 5 key **Outcomes** against which we will measure our success in improving the health of the people of Kent. These key outcomes are:

1. Every Child has the best start in life
2. People are taking greater responsibility for their health and wellbeing
3. The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
4. People with mental ill health are supported to live well
5. People with dementia are assessed and treated earlier

We will achieve our outcomes by:

- Engaging with the community via Healthwatch and other engagement mechanisms
- Halting the widening of health inequality gaps both within and between communities and improving healthy life expectancy
- Focus on prevention and the individual taking more responsibility for their own health and care
- Providing good quality joined up support and care to people with long term conditions and dementia, preventing unnecessary hospital admissions. By care we mean both health and social care
- Reducing premature deaths by the key killers including: Cancers and respiratory diseases
- Integrating commissioning of health and social care services as well as integrating how those services are provided
- Ensure cost effectiveness and efficiency are not achieved at the cost of quality.

There is already a lot of good work going on across Kent in these areas and this strategy is not intending to duplicate the work already taking place but we do want to ensure we are aware of these areas and make sure we are performing well.

All of this activity will deliver the priorities and targets identified in the National Outcome Frameworks for Public Health, National Health Service and Social Care (Children's Services is due). This is important as these Outcome frameworks set the national and local priorities for service delivery and outcomes. By identifying what is important for Kent, the Joint Health and Wellbeing Strategy is also the Health and Care Outcomes Framework for Kent.

Joint Health and Wellbeing Strategy

Priority

Tackle key health issues where Kent is performing worse than the England average

Priority

Tackle Health Inequalities

Priority

Tackle the gaps in provision and quality

Priority

Transform services to improve outcomes, patient experience and value for money

Approach: Integrated Commissioning

Approach: Integrated Provision

Approach: Person Centered

Outcome 1

Every Child has the best start in life

Outcome 2

People are taking greater responsibility for their health and wellbeing

Outcome 3

The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

Outcome 4

People with mental ill health issues are supported to live well

Outcome 5

People with dementia are assessed and treated earlier

National Outcome Framework link

Children services (to be published)

National Outcome Framework link

Public Health

National Outcome Framework link

National Health Service
Adult Social Care

(NHS Commissioning Mandate)

Proposed Kent Health and Care Outcomes

We believe that the Shadow Kent Health and Wellbeing Board should focus on the key health and care outcomes over the next 3 years:

- Every child has the best start in life
- People are taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental ill health issues are supported to live well
- People with dementia are assessed and treated earlier

The following pages outline why we want to focus on these areas and what we plan to do to tackle them. We welcome your views on these outcomes.

Please see online survey which can be accessed via the following weblink:
www.kent.gov.uk/health

Paper copies of the document and questionnaire are available. Please telephone 08458 247 247 to request copies.

Outcome 1: Every child has the best start in life



We know that improving health and wellbeing in early life contributes considerably to better outcomes in later life and helps reduce inequalities.

If we do this in Kent the following will happen: Over the next 3 years we would hope to see an increase in breast feeding take up. We would also like to see targeted support on healthy eating in families leading to an increase in healthy weight levels. There will also be an increase in MMR take up, particularly in east Kent. Kent and Medway will see an additional 421 (wte) Health Visitors by 2015 who will support families with young children.

We will focus on:

1. Increasing breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent
2. Improving MMR uptake and improve access to the vaccination particularly for the most vulnerable groups
3. Promoting healthy weight for children particularly those in deprived areas
4. Ensuring women have access to good information and health and wellbeing in pregnancy and book their maternity care early
5. Rolling out the increase in Health Visitors and ensure they are engaged with GPs and Children's Centres
6. Better use of Community Assets such as Children's Centres to deliver integrated health and social care to high risk vulnerable families
7. Rolling out Total Child Pilot to schools to help schools identify health and wellbeing problems for pupils
8. Working with families to promote healthy eating and increased physical activity
9. Reduce the numbers of pregnant women who smoke through their pregnancies
10. Delivering the intensive family worker intervention programme and Family advice workers in each District
11. Improving child and adolescent mental health services (CAMHS)
12. Implement the Adolescent support workers programme, to deliver brief interventions as part of a wider team supporting young people and their families
13. Ensure there is adequate health provision in Special Needs schools and for children with Special Needs in mainstream schools
14. Ensure all providers get safeguarding right for Kent
15. Reduce risk taking behaviour in children and adolescents e.g. smoking, sexual health, teenage conception, drugs and alcohol.

Outcome 2: People are taking greater responsibility for their health and wellbeing



We all make decisions which affect our health and wellbeing. We want to ensure we have provided the right environment in Kent for people to make better choices. We have already got some good examples of where we are working with communities to promote healthy living, diet and exercise such as the Change 4 Life initiative. Kent is performing below average on obese adults and healthy eating and we are average on physically active adults. We will work towards ensuring that patients and the public are better informed about symptoms of major diseases such as cancer.

If we do this in Kent the following will happen: A continued increase in people accessing treatment for drug and alcohol problems; fewer alcohol related admissions to hospital; an increase in people quitting smoking and staying smoke free; more people supported to manage their own conditions.

We will focus on:

1. Working with young people, in school settings, particularly those who are vulnerable, to tackle substance misuse and underage drinking and other risk taking behaviour
2. Reducing the levels of inequalities for Life Expectancy
3. Reducing homelessness and its negative impact for those living in temporary accommodation
4. Reducing rates of deaths attributable to smoking in all person's targeting those who are vulnerable or most at risk
5. Ensuring there is provision for people with a learning disability living within residential accommodation to engage in physical activity and have a healthy diet
6. Ensuring rehabilitation pathways and screening services are in place and systematically applied so all people eligible are offered a service
7. Ensuring people are aware of symptoms, particularly cancer and encouraged to access services early
8. Developing health checks appropriate for local populations
9. Improving the proportion of our adult population that enjoy a healthy weight, a healthy diet and are physically active
10. Ensuring primary preventative strategies are systematically in place locally to address the lifestyle contributory causes of the big killers, e.g. smoking, obesity, alcohol and illegal drugs consumption
11. Ensuring secondary prevention interventions are systematically in place locally and delivered at scale in order to have an impact on life expectancy. e.g. cardiac rehabilitation
12. Ensuring the critical care pathways are in place across the Kent population to manage acute events according to nationally advised guidance (e.g. NICE) e.g. heart attacks and strokes
13. Ensuring that all providers maximise the opportunities to improve people's health e.g. implement the NHS Every Contact Counts initiative.

Outcome 3: The quality of life for people with long term conditions is enhanced and they have access to good quality care and support



We know that our population is ageing and is living longer; we need to focus on not just adding years to life, but life to years. Currently, as we age, we start to experience a number of long term conditions (high blood pressure, COPD, heart problems) and these have a limiting affect on the quality of life and have an impact on resources. We want people with long term conditions to experience well co-ordinated services which prevent them from being admitted to hospital unnecessarily or experiencing a crisis.

If we do this in Kent the following will happen: More patients and their carers will be supported to manage their own care in order to reduce unplanned admissions to hospital and improve health outcomes; improve access to patient information; reducing number of times patients have to repeat information to professionals (Tell us Once); see a 15% reduction in A&E admissions; a 20% reduction in emergency admissions and a 14% reduction in elective admissions. More importantly this will lead to a 45% reduction in the rates of people dying earlier than expected.

We will focus on:

1. Ensuring risk profiling is carried out consistently across the population of Kent using the same tool and done at scale, using both GP and social care data, which will help to prevent unplanned hospital admissions
2. Ensuring we have multi-professional teams working together, not in silos, so that people who need support from a variety of organisations do not face duplication of assessment and numerous referrals around the system
3. Ensuring people can be supported to live as independently as possible at home
4. Enabling General Practitioners to act as navigators, rather than gatekeepers, retaining responsibility for patient care and experiences throughout the patient journey
5. Enabling Clinical records to be shared across the multi-professional team, by assessing patient record schemes e.g. Patient Knows Best
6. Reducing the numbers of hip fractures for people aged 65 and over, where Kent is currently performing significantly worse than the England average
7. Integration of services so that the patient does not see a gap between health and social care
8. Palliative and end of life care
9. Ensuring a range of self management approaches are in place including:
 - patient and carer education programmes
 - medicines management advice and support
 - the provision of telecare and telehealth
 - psychological interventions (e.g. health trainers)
 - pain management
 - patient access to own records
 - systematic training for health providers in consultation skills that help engage patients.

Outcome 4: People with mental ill health issues are supported to 'live well'



We have been working hard to ensure we deliver the Kent wide integrated strategy (Live it Well) for mental health and wellbeing of people in Kent. We have been putting into place the action plan to deliver high quality services for people with mental ill health issues. We know this can only be achieved by organisations working together across Kent, particularly in primary and secondary care. In addition, we will work with partners to continue to improve mental health service provision and implement "No health without mental health".

If we do this in Kent the following will happen: Early recognition of mental ill health will be increased, ensuring that patients and their families can access support at the appropriate time, improving their quality of life. Improved access to community support and early intervention services will see an increase in people reporting an improvement in their own mental ill health and wellbeing. The stigma of mental ill health will be reduced.

We will focus on:

1. Improving rates of recognition and diagnosis in Kent and get people into the right services when they need them
2. Promoting independence and ensuring the right care and support is available to prevent crisis
3. Awareness raising and access to good quality information
4. Ensuring more people with mental ill health are recovering
5. Ensuring more people with mental ill health have good physical health
6. Ensuring more people with mental ill health have a positive experience of care and support
7. Ensuring more people with mental ill health are supported in employment and/or education
8. Working with the voluntary sector, other provider, carers and families to reduce the social isolation of people with mental health issues
9. Ensuring we have robust audit processes around mental health e.g. suicide prevention.

Outcome 5: People with dementia are assessed and treated earlier.



There are currently 9200 people living with dementia in Kent, and this figure is set to more than double over the next 30 years. Dementia is a progressive disease (which means it will only get worse) placing a significant strain on services, families and carers (who are often elderly and frail themselves). We have been working hard to ensure we deliver the National Dementia Strategy in Kent. Following Kent County Council's Dementia Select Committee we have been putting into place the action plan to deliver high quality services for people with dementia. We know this can only be achieved by organisations working together across Kent. In addition we will work with partners to continue to improve mental health service provision.

If we do this in Kent the following will happen: Early diagnosis of Dementia will become the norm, ensuring that patients and their families can access support at the appropriate time, improving their quality of life. Improved access to community support including housing, supported housing options and dementia friendly communities will lead to patients being able to stay within their own communities for longer. GPs and other health and care staff will be able to have the appropriate conversations with patients and their families about end of life care.

We will focus on:

1. Delivering the Integrated Dementia Plan
2. Developing an integrated model of care
3. Improving rates of early diagnosis in Kent and get people into the right services when they need them
4. Early intervention to reduce care home placements and hospital admission
5. Improving accommodation and hospital care
6. Working with the voluntary sector, other providers, carers and families to reduce the social isolation of people with dementia
7. Awareness raising and access to good quality information
8. Working with partners to develop dementia friendly facilities and communities in Kent.

What happens next?

This engagement document sets out the key priorities and outcomes that the Shadow Kent Health and Wellbeing Board proposes to focus on over the next 3 years. We are asking your views on whether we have identified the right outcomes and if we are taking the right approach to tackle them.

We want to hear your views on our proposals. You can have your say by completing the online survey at www.kent.gov.uk/health. Or you can request paper copies of the document and questionnaire. Please telephone 08458 247 247 to request copies. The completed questionnaire should be returned to: The Consultation Team at Kent County Council, Room G37 Sessions House, Maidstone, Kent ME14 1XQ the closing date is 23 November 2012.