

AGENDA

SPECIAL COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE MEETING

Date: Wednesday 21 November 2012
Time: 2.00 pm
Venue: 4th Floor Training Room, Maidstone House, King Street, Maidstone

Membership:

Councillors: Mrs Blackmore (Chairman), Brindle, Mrs Joy, D Mortimer, McLoughlin, Munford, Mrs Parvin, Vizzard and de Wiggondene



Overview and Scrutiny

Page No.

1. **Apologies.**
2. **Notification of Substitute Members.**
3. **Notification of Visiting Members.**
4. **Disclosures by Members and Officers.**
5. **To consider whether any items should be taken in private because of the possible disclosure of exempt information.**

6. **Kent Joint Health and Wellbeing Strategy Consultation**

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Interview with Andrew Scott-Clark, Director of Health Improvement (Public Health) Kent County Council.

Issued on 13 November 2012

The reports included in Part I of this agenda can be made available in **alternative formats**. For further information about this service, or to arrange for special facilities to be provided at the meeting, **please contact Orla Sweeney on 01622 602524**. To find out more about the work of the Overview and Scrutiny Committees, please visit www.maidstone.gov.uk/osc

Alison Broom

**Alison Broom, Chief Executive, Maidstone Borough Council,
Maidstone House, King Street, Maidstone Kent ME15 6JQ**

Agenda Item 6

Maidstone Borough Council

Communities Overview and Scrutiny Committee

Wednesday 21 November 2012

Kent Joint Health and Wellbeing Strategy Consultation

Report of: Overview and Scrutiny officer

1. Introduction

- 1.1 The Local Government Act 2000 and the Health and Social Care Act 2001 set out statutory functions for local authorities to review and scrutinise matters relating to the planning, provision and operation of health services in the area of its local authority.
- 1.2 The Communities Overview and Scrutiny Committee has a broad remit which includes Health, Partnerships and Community Development. The Chairman felt it important that the Committee receive a presentation on the Kent Joint Health and Wellbeing Consultation, currently under consultation, to enable the Committee to make a response.
- 1.3 The Communities Overview and Scrutiny has recently responded to Kent Community Health NHS Trust's Consultation on becoming a Community NHS Foundation Trust and received an update from the Clinical Chair of the West Kent Clinical Commissioning Group (CCG) to aid its understanding of the future commissioning of health services. The Kent Joint Health and Wellbeing Strategy will inform future commissioning decisions made by local people, especially GP led CCGs. It is therefore of vital importance that the Communities Overview and Scrutiny Committee seeks to fulfil its role by scrutinising a document which will impact on 'the planning, provision and operation of health services in the area of its local authority'.

2. Recommendation

- 2.1 The Committee is recommended to consider the presentation and verbal update given by Andrew Scott-Clark, Director of Health Improvement (Public Health) Kent County Council to enable its response to the consultation.
- 2.2 Areas of discussion could include but are not limited to:
 - West Kent's position in terms of finance and resources in comparison to other areas of Kent and nationally;
 - The Strategy is at this stage called an engagement document – part of the development process for the Joint

Health and Wellbeing Strategy - how will the responses received as part of the consultation be incorporated and developed as part of the final, adopted version?

- Will the Strategy evolve as the needs of residents change, will there be a refresh of the document timetabled or will it be a 'live' document?
- Mental Health is given precedence within the strategy and is included as Outcome 4: People with mental ill health issues are supported to 'live well.' Is it likely that mental health will become a more integral part of all health services in line with the Government mandate to the NHS Commissioning Board, published on 13 November 2012, working towards achieving true 'parity of esteem' between mental health and physical care by 2015?

3. Kent Joint Health and Wellbeing Strategy

3.1 The Consultation on the Kent Joint Health and Wellbeing Strategy began on 17 October 2012 and will commence on 23 November.

3.2 According to its online consultation page (<http://consultations.kent.gov.uk/consult.ti/health/consultationHome>) it will be consulting with the following organisations:

- Kent County Council;
- District or Borough Councils; and
- NHS, including Kent Ambulance.

3.3 The District or Borough areas affected by the consultation are:

- Ashford;
- Canterbury;
- Dartford;
- Dover;
- Gravesham;
- Maidstone;
- Sevenoaks;
- Shepway;
- Swale;
- Thanet;
- Tonbridge & Malling; and
- Tunbridge Wells.

3.4 Responses to the consultation can be made online via the questionnaire or in an open response; by email or letter.

3.5 The draft Strategy (**Appendix A**) under consultation is described as "the first Joint Health and Wellbeing Strategy for 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.”

- 3.6 Supporting information has been published alongside the consultation document which provides the context within which the strategy is produced (**Appendix B**). A questionnaire is also available online to help facilitate responses to the consultation (**Appendix C**).

4. Impact on Corporate Objectives

- 4.1 The Committee will consider reports that deliver against the following Council priorities:
- ‘For Maidstone to be a decent place to live.’
- 4.2 The Strategic Plan sets the Council’s key objectives for the medium term and has a range of objectives which support the delivery of the Council’s priorities.

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



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', with a stylized flourish at the end.

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

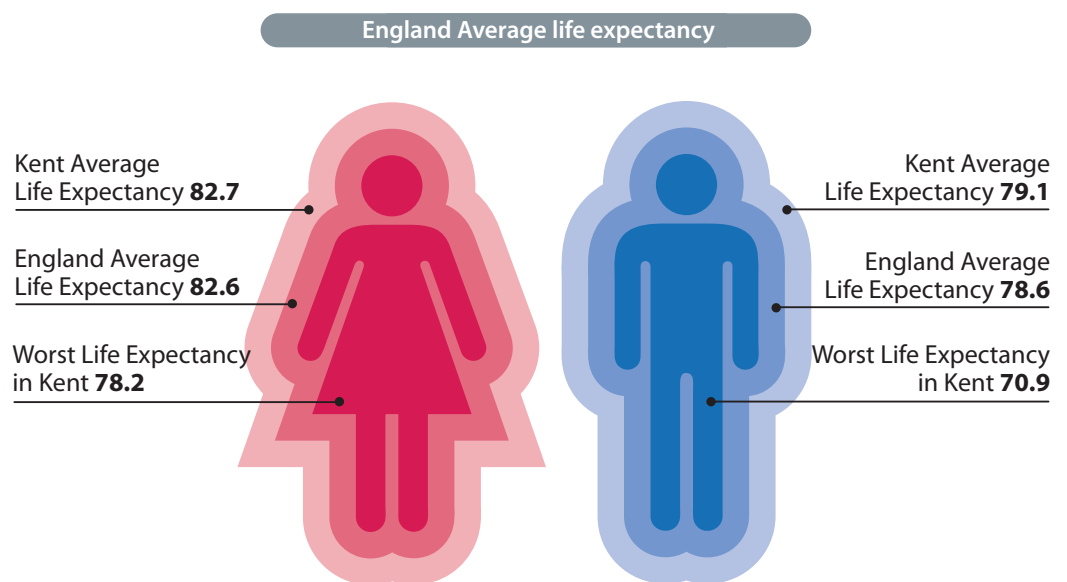
This Strategy will outline how we will address these issues; Clinical Commissioning Groups, Kent County Council and other partners will then produce more detailed plans on how the issues will be addressed locally to where you live.

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.



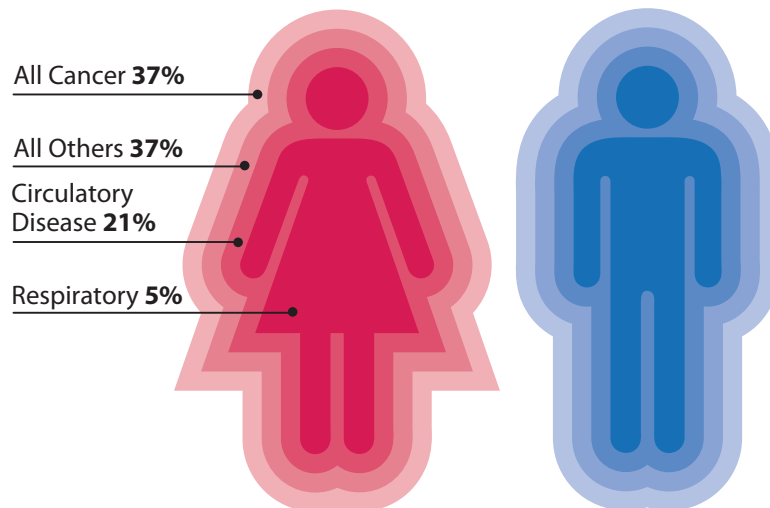
We will also need to address the wider determinants of ill health e.g. lifestyle, access to services, employment status and housing conditions. If these are tackled successfully they will have a significant long term impact on people's health.

Years of life lost by people dying early.

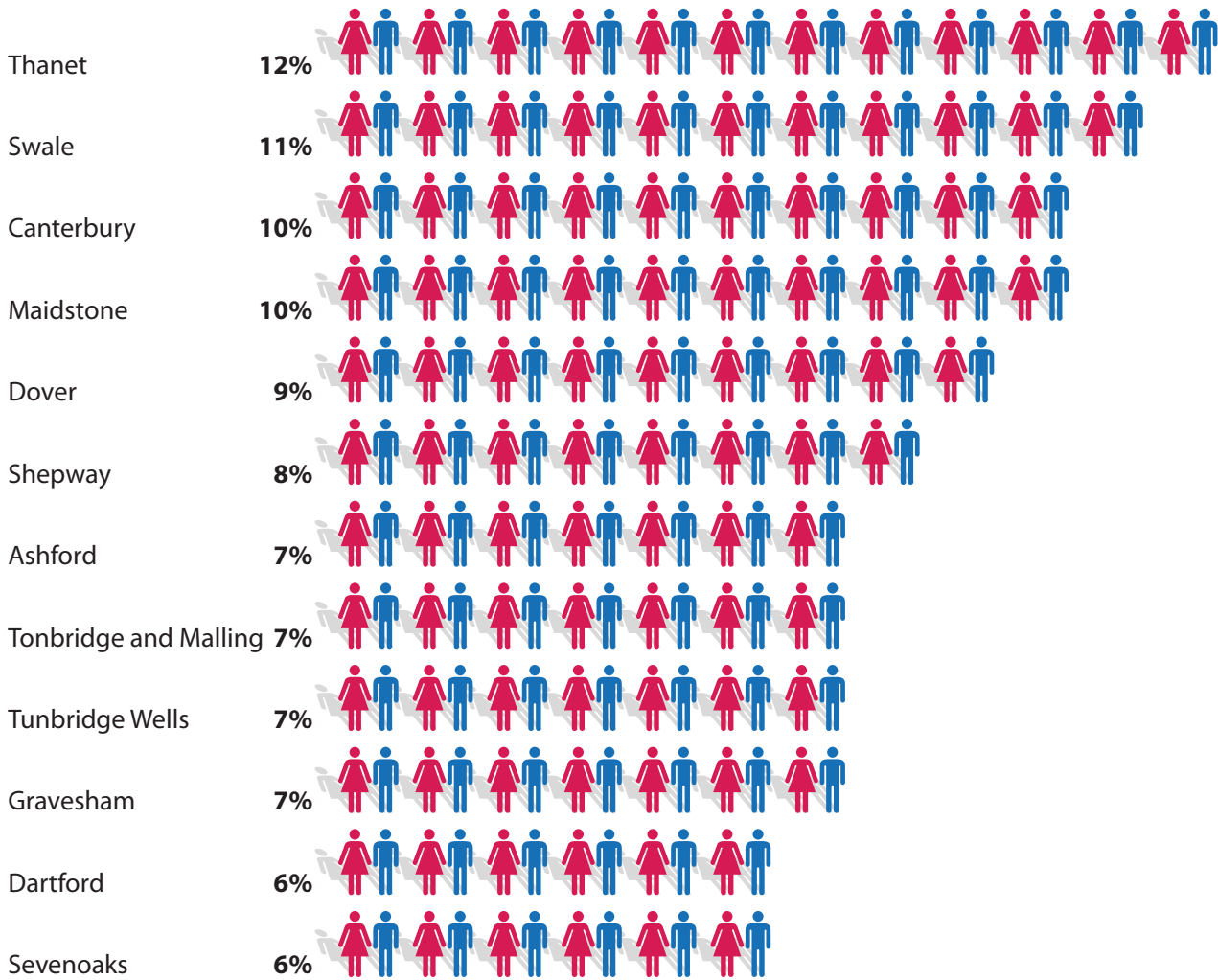


A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at how many years of life are lost by people dying prematurely. In Kent, the number of years of life lost by people dying of preventable causes before the age of 75 is **165,576**. The key diseases 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.

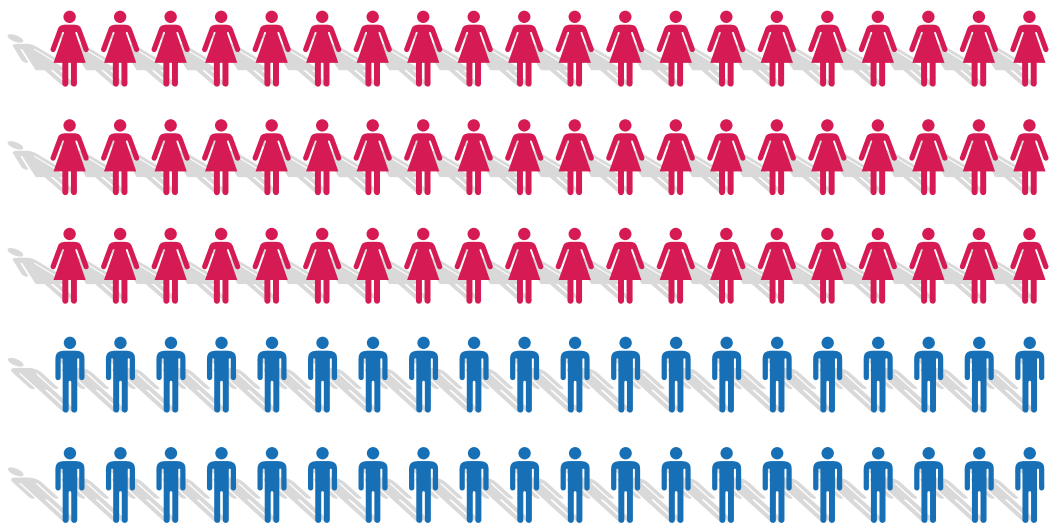
Female and male causes of death percentages



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.

Supporting Information

Context within which this strategy is produced

1. **National Context**

'The ambition is for health and wellbeing boards to go further than analysis of common problems and to develop deep and productive partnerships that develop solutions to those commissioning challenges, rather than just commenting on what those problems and challenges are. Building on enhanced JSNAs, the Bill places an additional duty on the local authority and CCGs to develop a joint health and wellbeing strategy for meeting the needs identified in the relevant local JSNA are to be met. This could potentially consider how commissioning of services related to wider health determinants such as housing, education or lifestyle behaviours can be more closely integrated with commissioning of health and social care services. Once again, this function is to be undertaken through the health and wellbeing board. In line with other local authority committees, the health and wellbeing board is able to request information for the purposes of enabling or assisting its performance of functions from the local authority and certain members and persons who are represented on the health and wellbeing board. In preparing JSNAs and joint health and wellbeing strategies, local authorities and CCGs must have regard to any guidance issued by the Secretary of State and to the Secretary of State's mandate to the NHS Commissioning Board. The NHS Commissioning Board must appoint a representative to participate in preparation of JSNAs and joint health and wellbeing strategies. The joint health and wellbeing strategy may consider services beyond health and social care – how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – enabling the board to look more broadly at factors affecting the health and wellbeing of their populations. Both JSNAs and joint health and wellbeing strategies must be published.'

A key element of the health reforms is the move towards commissioning for **outcomes**; rather than the current situation which is commissioning to achieve targets, that often relate to process, not outcomes.

The national ambition is to deliver outcomes that are amongst the best in the world, supported by three outcomes frameworks:

- The NHS Outcomes Framework,
- The Public Health Outcomes Framework and
- The Adult Social Care Outcomes framework

The three outcomes frameworks will drive future commissioning and thus are critical to the context of our health and Wellbeing strategy for Kent.

NHS Outcomes Framework

The NHS Outcomes Framework is structured around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. They focus on:

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Overall the NHS Outcomes aspiration is to:

- Reduce years of life lost from conditions amenable to health care intervention and improve under 75yrs of age life expectancy.
- Improve health related quality of life for people with long term conditions.
- Improve experience of people of the care they receive.
- Reduce emergency admissions (for acute conditions that should not usually require hospital admission) and readmissions within 30 days of discharge
- Reduce the number of patient safety incidents including those that result from sever harm or death.

Public Health Outcomes Framework

In January 2012 the Department of Health published 'Improving Outcomes and Supporting Transparency. Part 1 A public health outcomes framework for England, 2012 to 2016'. The framework is geared to refocus around achieving positive health outcomes for the population and reducing health inequalities.

The framework is focused on two high-level outcomes which are:

- 1. increased healthy life expectancy**
- 2. reduced differences in life expectancy and healthy life expectancy within and between communities**

It is acknowledged that improvements in these outcomes make take years – sometimes even decades- to see marked change. Thus a set of supporting public health indicators have been developed to show how well we are doing year on year. These are as follows:

Domain 1	improving the wider determinants of health
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Domain 2	health improvement
Domain 3	health protection
Domain 4	healthcare public health and preventing premature mortality.

Social Care Outcomes Framework (ASCOF)

The ASCOF is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. They are not a performance measurement tool but have been devised nationally to guide local commissioning and provision of service.. The framework will allow benchmarking and comparison with other areas which is critical to local accountability of councils and reporting to their citizens on a consistent basis

Again, the ASCOF is structured into four domains as follows:

Domain 1	Enhancing quality of life for people with care and support needs
Domain 2	Delaying and reducing the need for care and support
Domain 3	Ensuring that people have a positive experience of care and support
Domain 4	Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

Delivery of these outcomes will require collective effort over all parts of the Kent system and Kent population and provides the opportunity for systematic coherence in order to protect and improve the health of the people of Kent.

2. *Local Context*

Bold Steps for Kent

Bold Steps for Kent sets out how Kent County Council needs to change the way it works to reflect the changing shape of public services, as the Government has set out plans to fundamentally reform how key public services, such as education and health, will be

provided in the future, underpinned by the clear message that residents should have more influence on how services are provided locally.

There are three clear aims that run throughout Bold Steps for Kent:

- To help the Kent economy grow - We must support and facilitate the new growth in the Kent economy by delivering the priorities in our regeneration framework Unlocking Kent's Potential, by delivering new housing and new infrastructure and by working with key business sectors.
- To put the citizen in control – power and influence must be in the hands of local people so they are able to take responsibility for their own community and service needs.
- To tackle disadvantage – We will make Kent a county of opportunity where aspiration rather than dependency is supported, particularly for those who are disadvantaged or who struggle to help themselves and their family.

More specifically the County set out the following in relation to Health:

Bold Steps for Health

The health reforms proposed by the Government will give greater power to GPs to choose the best services for their patients, with local government having strategic responsibility to ensure the County's health needs are met. We must use this opportunity to improve the quality of the health service in Kent.

- We will help ensure that GP commissioning plans meet the health needs of all residents and communities in Kent. Working at County and District level we want Locality Boards to play a key role in this commissioning process, better connecting KCC and wider public services with health provision at the local level.
- We will work with GP consortia to encourage new healthcare providers to enter the market for health services in Kent. This will drive up standards, provide competition, increase choice and drive greater value for money for GPs and patients.
- We will work to join up and integrate health and social care service provision to reduce costs and demand that could be avoided - for example, by joining up our assessment processes.
- We will focus on a preventative approach to public health, supporting people to make better lifestyle choices and consider their own future health needs – so expensive health services aren't required as frequently as now.

3 Summary

The context within which this Health and Wellbeing Strategy is produced reflects not only the national changes happening in a reorganising NHS and Local Authority environment, but also in a context of national and local aspiration to improve health outcomes, reduce

health inequalities and integrate care in order to improve the health of the population of Kent.

Summary and priorities from the Joint Strategic Needs Assessment

What are the big issues in Kent and how can we get the biggest health gains for Kent?

National policy emphasises a life course approach towards improving health inequalities and health and wellbeing, where a combination of health, social and economic factors affect people's health outcomes at different periods in their lives. In Kent, a number of priorities have been suggested orientated around five main areas:

1. Early Years

Improving the continuation (and recording) of breastfeeding rates beyond six weeks.

There is no doubt over the benefits of breastfeeding towards health and wellbeing of children. However breastfeeding is not being sustained into the early months of infancy for a large number of children. The rates of breastfeeding in Kent drop from around 70% at birth to 25% at six months of age.

Health and social care organisations need to fully implement key recommendations from the Healthy Child and Baby Friendly Initiative Programmes, in order to improve the uptake and continuation of breastfeeding.

Improving MMR uptake as well as general routine immunisation rates and reduce variation in general practice coverage to ensure herd immunity and prevent future epidemics.

The current MMR vaccination rates by Year 5 are 84% and 87% in east and west Kent respectively, well below the 95% coverage required for herd immunity (the level at which risk of spread of infection is reduced)

This will be achieved through closer working between the immunisation and vaccination coordination service and GP practices, utilizing a targeted approach to those practices and vulnerable population groups where uptake is lowest. Social marketing campaigns and improved monitoring systems.

Using Children Centres more effectively to deliver integrated services to vulnerable high risk families

This includes services such as health visitors delivering messages around health promotion and behaviour change such as reduction of second hand smoke, alcohol and substance abuse, domestic violence and improving healthy weight and emotional wellbeing.

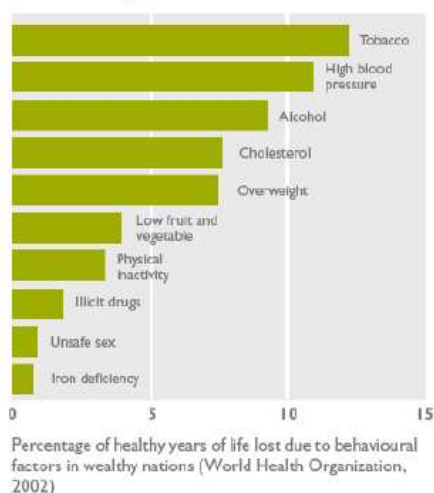
2. Young People and Lifestyle choices

The numbers of young people drinking responsibly has increased in Kent as it has nationally, and fewer children drink. However the small number of young people who do drink at increasing risk or higher risk levels and those who regularly binge drink are likely to be drinking more hazardously. 11% of 11- 16s in the Kent Children's *Smoking Drinking and Drugs* survey (2008) indicated that they did drink alcohol most days or once or twice a week. They are also likely to be from a more vulnerable group of young people. In the same way, although most children will not misuse drugs, and most of those young people who do experiment will not continue to do so, these more vulnerable young people are more likely to continue in dangerous drug use. This small group of young people in Kent are likely to have multiple risk factors such as parental substance misuse, family breakdown, domestic violence, poverty, truancy or school exclusion. They show significant levels of poor physical and mental health as well as poor sexual health and substance misuse issues. They are often disengaged from school as a result of behavioural issues, and are more likely to be 'Looked after Children' or known to the Youth Offending Service. The more vulnerable the young person is, i.e. the more risk factors they have: the more likely it is that the child will misuse drugs, alcohol and tobacco.

Young people benefit from life skills approaches to early intervention. They need to be engaged in learning and in school: and positively engaged in activity to build resilience over time through developing friendships, life skills and positive social peer networks. Positive relationships with adults in specialist services who understand the needs of young people and adolescent behaviours like substance misuse and risking sexual health are also needed. Currently, there are specialist services commissioned to tackle young people's substance misuse needs, and this includes understanding the dangers and consequences of a range of risk-taking behaviours. The DUST screening tool is promoted to identify those who need help, and further work is being developed in 2012 to support those families and young people in greatest need in Kent and help them to tackle their problems.

3. Prevention

Percentage of health years of life lost due to behavioural factors in wealthy nations.



Percentage of health years of life lost due to behavioural factors in wealthy nations.

Cabinet Office (2010) Applying behavioural insight to health

Significant variation in the prevalence of unhealthy lifestyles exists across the 12 districts, often linked with deprivation.

80% heart disease, stroke and type 2 diabetes, and 40% cancer could be avoided if common lifestyle risk factors were eliminated. Smoking, high blood pressure and alcohol contribute to the largest proportion of healthy years life lost [Figure 3]. Therefore, people, who are at future risk, need to be identified early enough and their lifestyle and behaviour should be modified accordingly through self management, supported by social marketing campaigns such as Change 4 Life and integrated frontline services such as Stop Smoking, IBA (Alcohol), and Healthy Weight. Therefore, the rollout of the national Health Checks programme across Kent needs to be accelerated across the county and a specific focus on keys areas such as Thanet and Swale.

Change4Life three year social marketing strategy

In just three years, Change4Life has become one of the most instantly recognisable brands in health improvement, enjoying high levels of trust and involvement, not only from the public, but from healthcare professionals, staff in schools and early years' settings, local authorities, community leaders, charities and businesses.

The first year of Change4Life in 2009 was successful, awareness of the brand built rapidly and attitudes towards it were (and remain) very positive.

Over 400,000 families joined Change4Life in its first year and over 1 million mothers claimed to have made changes to their children's behaviours as a direct result of Change4Life Tesco club card research analysing the purchases of 10,000 Change4Life families has shown early signs of positive behaviour change in food purchasing patterns and that the campaign is resonating with and attracting the intended target audience (DH 2010)

Locally NHS West Kent developed – the **Change 4 Life (C4L) – Healthy Passport Club**, a locally designed social marketing campaign to promote the Department of Health ‘Change4life’ programme since April 2011. The aim of the club is to promote the national C4L messages of healthy living, diet and exercise. The campaign has set out to build a supportive environment, provide tools for people to set goals, record achievements and provide motivational support in a fun way. To date more than 14,000 people from all walks of life have joined the club, a significant proportion encouraged by GPs. All the activities undertaken by those involved are recorded as steps around the world; currently this stands at 10,562,491 steps or 5,300 miles. As this campaign has been so successful in west Kent it has been agreed that it should be rolled out across Kent.

4. The Shift to Out of Hospital Care

The population of Kent in the older age group (65+ and 85+) is predicted to increase significantly over the next 5 to 10 years. This is a demographic bubble leading to disproportionate numbers of older folk in our population. It is just emerging now and expected to persist for the next 25 years or so. This bubble along with the changing nature of longevity and health deterioration, has led us to consider major changes to the way the health and social care system work.

The system we operate comprises myriad silos of care, with inherently high levels of referral out of one and back to another. There is limited coordination and integration between them. The environment is such that, these transfers from one isolated part of the system to another, almost occur by default for reasons of infrastructure and culture. For example after hours care providers do not usually have access to information from the patient record, other providers who may need to make decisions in isolation e.g. community matrons, may be similarly disconnected from the central primary care information store. As a result, emergency admissions in the elderly for falls and dementia have increased by more than 50% and 85% respectively over the last 5 years.

Risk stratification of the Kent population is urgently required to pro-actively identify complex elderly patients in need of a multi disciplinary integrated approach (across primary care, community, and acute care and social services) towards crisis response and support, and exacerbation management ultimately resulting in hospital admission avoidance.

Risk stratification – key points

Predictive risk models are used for predicting events such as unplanned hospital admissions, which are undesirable, costly and potentially preventable.

Such models have been shown to be superior to other ‘case finding’ approaches, including threshold models and clinical opinion. Although the Department of Health has previously funded two predictive models for the NHS in England, the current policy is to promote an open market in terms of suppliers of risk tools.

Commissioners should consider a range of factors when choosing whether to ‘make or buy’ a predictive model, including the outcome to be predicted, the accuracy of the predictions

made, the cost of the model and its software, and the availability of the data on which the model is run.

Predictive models should be seen as one component of a wider strategy for managing patients with chronic illness.

In NHS Blackpool, risk profiling was used to target resources more effectively to reduce unplanned care activity, using the combined predictive model. Approximate annual spend is around £26 million per year and makes up 65% of occupied bed days. The model used primary care and hospital data, (inpatient, outpatient and A&E data). The initial results showed that out of the 150,000 population in Blackpool approximately 765 patients were identified as very high risk generating more than 2,639 unplanned admissions in the previous year and the admissions avoided (323) if the necessary clinical intervention was delivered, generating £586,000 in gross savings. Apart from the benefits of identifying very high risk patients the tool enables access to real-time clinical patient data and prioritisation of community matron workload. *Nuffield Trust (2011)*

5. Information sharing

The successful delivery and evaluation of programmes will depend on developing more robust arrangements for sharing information between health and social care organisations. For example use of an identifier such as NHS number will help to understand how patients access services across the continuum of care.

Care for older people in Torbay

Care for older people in Torbay is delivered through integrated teams of health and social care staff, first established on a pilot basis in 2004 and since extended throughout the area. Each team serves a locality of between 25,000 and 40,000 people and is aligned with the general practices in the locality. Budgets are pooled and used flexibly by teams who are able to arrange and fund services to meet the specific needs of older people. A major priority has been to increase spending on intermediate care services that enable older people to be supported at home and help avoid inappropriate hospital admissions. The work of integrated teams has been taken forward through the work of the Torbay Care Trust, created in 2005. Results include a reduction in the daily average number of occupied beds from 750 in 1998/9 to 502 in 2009/10, emergency bed day use in the population aged 65 and over that is the lowest in the region, and negligible delayed transfers of care. Since 2007/8, Torbay Care Trust has been financially responsible for 144 fewer people aged over 65 in residential and nursing homes, with a corresponding increase in home care services targeted at prevention and low-level support.

Chronic care management in Wales

In Wales, three Chronic Care Management Demonstrators in Carmarthenshire, Cardiff and Gwynedd Local Health Boards pioneered strategies to co-ordinate care for people with multiple chronic illness. By

employing a 'shared care' model of working between primary, secondary and social care – and investing in multidisciplinary teams – the three demonstrators report a reduction in the total number of bed days for emergency admissions for chronic illness by 27 per cent, 26 per cent and 16.5 per cent respectively between 2007 and 2009. This represented an overall cost reduction of £2,224,201. Nuffield Trust (2012).

In summary the Kent JSNA in totality has pointed to a large number of priorities.

Specifically it highlights the following as priorities for Kent:

- Early Years
 - Improving breast feeding rates
 - Improving coverage of immunisations
 - Improving the use of children and families centres
 - Young people and lifestyle choices
 - Prevention
 - Reduction in risk from life style behaviours
 - Roll out of Health Checks
 - Shifting care to outside hospitals
 - Risk profiling
 - Provision of integrated care teams
 - Move to self management
 - Information sharing between organisations
-

Kent Joint Health and Wellbeing Strategy

Engagement Survey

We would like to hear your views on whether the draft Kent Joint Health and Wellbeing Strategy focuses on the right key health, social care and wellbeing issues for people in Kent. Please use this questionnaire to tell us your views.

1. 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.

Do you agree with our overall vision? (Please tick one)

- Yes
- Partly
- No
- Don't know

What was the reason for your answer?

Is there anything you would like to see changed about the vision? For example anything you would like to see added, rephrased or removed?

2. Health and Wellbeing Strategy Priorities

The draft strategy identifies the following four priorities for Kent.

To what extent do you agree with each of these priorities?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Priority 1: Tackle key health issues where Kent is performing worse than the England average.					

Priority 2: Tackle health inequalities					
Priority 3: Tackle the gaps in provision and quality.					
Priority 4: Transform services to improve outcomes, patient experience and value for money.					

Are there any priorities you would like to see added? If so, which of the current priorities would they replace?

How would you rank the four currently proposed priorities in order of importance? (Please rank them 1-4, with 1 being the most important)

	Importance
Priority 1: Tackle key health issues where Kent is performing worse than the England average.	
Priority 2: Tackle health inequalities	
Priority 3: Tackle the gaps in provision and quality.	
Priority 4: Transform services to improve outcomes, patient experience and value for money.	

Please give your reasons below:

3. Health and Wellbeing Strategy Outcomes

The Kent Joint Health and Wellbeing Strategy aims to identify the health and social care outcomes we want to achieve. To this end, we are proposing to focus on 5 key outcomes. These 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

To what extent do you agree with each of these outcomes as a means of measuring our success?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
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					

How would you rank these five outcomes in order of importance? (Please rank them 1-5, with 1 being the most important)

	Importance
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	

Please give your reasons below:

Are there any outcomes you would like to see added? If so, which of the current outcomes would they replace?

4. Other comments

***Which of the following best describes the extent to which you have read the draft Kent Joint Health and Wellbeing Strategy Engagement Document?
(Please tick one)***

- I have read it all in detail
- I have read some of it in detail
- I have only really glanced through it
- I haven't seen the document
- Don't know

If you've answered 1, 2 or 3 please answer the following questions:

Did you find the document useful?

- Yes
- Partly
- No
- Don't know

Are there any other suggestions or comments you would like to make?

5. About you.

Are you completing this questionnaire as a private individual or as a member of a group/organisation?

- Individual Group/Organisation

IF INDIVIDUAL

Are you completing this questionnaire as:

- A member of the public
 A patient or service user
 A carer
 Other (please state)

IF GROUP/ORGANISATION

Which of the following best describes your role:

- County Councillor
 District Councillor
 County Council Officer
 District Council Officer
 NHS: Commissioner
 NHS: GP
 NHS: Clinician
 NHS: Provider
 Other Public Sector Organisation
 Business Organisation
 Voluntary, Community or Faith Sector
 Service Provider
 LINK member
 Other Please State:

IF OTHER PUBLIC SECTOR ORGANISATION, BUSINESS ORGANISATION, VOLUNTARY, COMMUNITY OR FAITH SECTOR OR SERVICE PROVIDER

What is your role and/or organisation/group? (optional)

IF GROUP/ORGANISATION

Do you see your organisation having a role in helping to deliver the Health and Wellbeing Strategy?

Yes

No

If 'yes' please state broadly what that role would be (please aim for no more than 35 words)

Completed surveys should be sent to:

The Consultation Team. Kent County Council, Room G37 Sessions House, Maidstone, Kent ME14 1XQ

Thank you for taking the time to give us your views and for contributing to the next stage in the development of the Strategy.