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To: Kent Health Overview and Scrutiny Committee

Subject: Developing Kent Joint Health and Wellbeing Strategy – The process for engaging Public and Stakeholders

Classification: Unrestricted

1 Introduction

1.1 This paper outlines the process for developing and undertaking patient and stakeholder engagement in developing Kent's Joint Health and Wellbeing Strategy.

2 Developing the Draft Joint Health and Wellbeing Strategy

2.1 The Health and Social Care Act 2012 introduced duties and powers for Health and Wellbeing Boards in relation to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS). Upper Tier Local Authorities and Clinical Commissioning Groups have an equal and joint duty to prepare JSNAs and JHWS through the Health and Wellbeing Board. JSNAs are local assessments of current and future health and social care needs. The current JSNA for Kent can be found at <http://www.kmpho.nhs.uk/jsna/>. The JHWS is the strategy for meeting the needs identified in the JSNA.

2.2 Initial development of Kent's JHWS (the current Draft version is at Appendix A) took into account the key themes from the JSNA, a range of national and local related information (see Appendix B) as well as discussions at Kent Health and Wellbeing Board meetings and other forums where strategic discussions, particularly on health services, are being held - for example the NHS Chairs and Chief Executive forum.

2.3 The current Draft Joint Health and Wellbeing Strategy focuses on five overarching outcomes identified as the most important for the population of Kent:

- 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 are supported to live well
- People with dementia are assessed and treated earlier.

2.4 These outcomes are supported by a number of key principles including:

- 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 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.

An Equalities Impact Assessment has also been produced to accompany the draft strategy.

3 Engaging patients and stakeholders in developing the JHWS

3.1 There is a statutory duty to involve certain groups and organisations in the development of a JSNA and the resultant JHWS¹. These include people who live or work in the area, local Healthwatch and if applicable district councils. There should also be wider engagement, for instance with other agencies, the voluntary sector and health and social care providers. This involvement should be continuous, from early development onwards.

3.2 The following engagement timeline was agreed by the Kent Health and Wellbeing Board on the 18th July:

- 18th July – discussion and agreement by the Kent SHWB on the stated outcomes and overall steer of the draft strategy.
- End July to end August – engagement with key stakeholders (CCGs, KCC, district councils) to build on the draft strategy
- 19th September – Feedback from this first stage of engagement to Kent Shadow Health and Wellbeing Board (SHWB).
- September to November – wider public engagement on the revised draft strategy

¹ DH January 2012 Draft guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies

- Mid November – sign off by the SHWB of the final version of the Strategy.
- End 2012 – Publication of the JHWS.

(Key milestones diagram is at Appendix C)

- 3.3 Engagement with key stakeholders started mid-August and responses to a survey designed for this have been asked for by 12th September, so that these can be fed into the next iteration of the draft JHWS (Survey and cover letter are at Appendix D and E).
- 3.4 The wider public engagement on the draft strategy will tie into parallel work taking place in the CCGs on the development of the 2013 – 2014 Annual Operating Plans.
- 3.5. A range of engagement methods will be used in phase 2 – the wider engagement stage - that are deemed 'fit for purpose'. These will include:
- Draft JHWS and questionnaire published both in paper form and online on KCC, PCT and LINK websites
 - Paper documents placed in public places, such as libraries, leisure facilities, town halls
 - Attendance at existing forums with particular interest/focus groups on one or more of the four outcomes
 - Discussions with GP Patient Participation Groups, LINK/Local Healthwatch and other service user/participation groups, ensuring inclusion of diverse groups.

4. Conclusion

- 4.1. Information from the wider engagement phase will be used to inform and develop the final version of the JHWS. This will be published at the end of 2012 and will demonstrate how public and stakeholder engagement has influenced its final development.

Recommendation

The Health Overview and Scrutiny Committee is asked to note the approach being taken. We are also seeking the views of the HOSC as part of the engagement process.

Appendices:

- Appendix A – Draft Health and Wellbeing Strategy
- Appendix B – Supporting Information
- Appendix C - Key milestones diagram
- Appendix D – Copy of Survey
- Appendix E – Covering email to partners from Roger Gough

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