AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 28th May, 2014, at 6.30 pm Ask for: **Ann Hunter**

Darent Room, Sessions House, County Hall, Maidstone Telephone **01622 694703**

Sandwiches and hot drinks will be available for Board Members 30 minutes before the start of the meeting in the meeting room

Membership

Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr A Bowles, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms F Cox, Cllr J Cunningham, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr L Lunt, Dr N Kumta, Dr T Martin, Mr S Perks, Cllr P Watkins, Mrs J Whittle and Dr R Stewart

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Chairman's Welcome

2 Apologies and Substitutes

3 Declarations of Interest by Members in Items on the Agenda for this Meeting

4 Minutes of the Meeting held on 26 March 2014 (Pages 3 - 6)

5 Public Health Commissioning Plan (Pages 7 - 14)

6 Children's Commissioning Plan (Pages 15 - 22)

7 Kent Health and Wellbeing Strategy Update and Engagement Plan (Pages 23 - 48)

8 Accommodation Strategy - Presentation

9 Assurance Framework (Pages 49 - 52)

10 Date of Next Meeting - 16 July 2014

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

Monday, 19 May 2014

KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 26 March 2014.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr A Bowles, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr T Martin, Mr S Perks, Dr R Stewart and Mrs J Whittle

ALSO PRESENT: Mr E Howard-Jones

IN ATTENDANCE: Mrs A Tidmarsh (Director Older People & Physical Disability) and Mr M Thomas-Sam (Strategic Policy Adviser)

UNRESTRICTED ITEMS

66. Chairman's Welcome
(Item 1)

The Chairman drew the Board's attention to a late paper concerning the East Kent Hospitals University NHS Foundation Trust consultation on outpatient services in East Kent. The Chairman apologised for the lateness of the paper, and drew the Board's attention to its earlier resolution that it should be at least sighted on significant reconfiguration proposals. This particular paper was solely to be noted.

67. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Dr F Armstrong, Cllr J Cunningham, Dr L Lunt and Cllr P Watkins.

68. Declarations of Interest by Members in Items on the Agenda for this Meeting
(Item 3)

There were no declarations of interest.

69. Minutes of the Meeting held on 12 February 2014
(Item 4)

RESOLVED that the minutes of the meeting of the Kent HWB held on 12 February 2014 are correctly recorded and that they be signed by the Chairman.

70. Better Care Fund
(Item 5)

(1) Dr R Stewart and Mr Gough introduced the report and gave a short presentation about the Kent Better Care Fund submission. The presentation

included an outline of: the Kent Vision for the future of health and social care; finance and budget issues; metrics for monitoring performance; the assurance process; and the next steps in the submission process.

(2) The HWB had previously considered a draft submission to the Better Care Fund at its meeting on 12 February 2014. On 6 March 2014 a joint letter had been received by the clinical commissioning groups (CCGs) and Adult Social Care outlining the outcomes of the assurance process. Further assurance was required across a number of areas and steps had been taken to ensure these issues were addressed in the final draft plan being considered. The final plan had to be submitted to NHS England by 4 April 2014 together with the CCG's commissioning plans. Following the submission, further work would be required within each care economy to develop detailed implementation plans.

(3) Ms Cox identified the need to ensure that the social care element of the Better Care Fund plans dovetailed with CCG plans; the need to work with acute care providers to understand the impact changes in care provision would have on hospital admissions; and the need for clear governance of the significantly larger funds due to be committed to BCF in 2015-16. Mr E Howard-Jones undertook to lead a group to consider governance and risk issues and report to the HWB in September 2014.

(4) Concerns about the lack of public health integration within the BCF submission were also raised. Although most of the public health elements had been included, it was suggested they could be simplified and aligned with health commissioning in relation to winter warmth, social isolation and falls prevention and more explicitly stated in the Better Care Fund submission. Mr Scott-Clark undertook to circulate revisions to the BCF submission to better reflect the public health elements.

(5) The importance of mental health issues and a need to understand how the integration plans could be implemented at scale and pace were also identified.

(6) RESOLVED

(a) That the Better Care Fund Plan be agreed and endorsed for submission to NHS England subject to no objections being received to the proposed re-wording of the public health elements that was to be circulated.

(b) That the clear commitment to closer integration across health and social care and the radical transformation evident in the Better Care Fund Plan be endorsed resulting in the citizens of Kent being able to expect:

- Better access – co-designed integrated teams working 24/7 around GP practices
- Increased independence – supported by agencies working together
- More control – empowerment for citizens to self-manage
- Improved care at home – 15% reduction for acute admissions and long term care placements, rapid community response particularly for people with dementia
- To live and die safely at home – supported by anticipatory care plans

- No information about me without me – the citizen in control of electronic information sharing
- Better use of information intelligence – evidence-based integrated commissioning.

(c) That progress to meet the areas of development to achieve the final submission be noted.

(d) That a further report be considered by the HWB on 17 September 2014 outlining the governance arrangements for managing budgets from 2015.

71. Commissioning Plans
(Item 6)

(1) The Board received presentations on the proposed commissioning plans from North Kent (Swale CCG and Dartford, Gravesham and Swanley CCG), West Kent, East Kent (Ashford, Canterbury and Coastal, Thanet and South Kent Coast CCGs), Adult Social Care and NHS England.

(2) RESOLVED that the commissioning plans be endorsed.

72. Children's Health and Wellbeing Board
(Item 7)

(1) Michael Thomas-Sam (Strategic Policy Adviser) introduced the report which invited the HWB to consider a proposal by the Children's Health and Wellbeing Board (formerly Children and Young People's Joint Commissioning Board), that it be considered as an informal working group of the HWB that would focus on children's services.

(2) Concerns were raised about the use of the word "informal" and about the detailed governance arrangements for the operation of the proposed children's health and wellbeing board.

(3) RESOLVED
(a) That the report be noted

(b) That the proposal that the Children's Health and Wellbeing Board should operate as an informal working group to the Kent HWB as outlined in paragraph 3.4 of the report be endorsed.

73. Consultation on Outpatient Services in East Kent

(1) The report presented a summary of the Consultation on Outpatient Services in East Kent and outlined the previous formal involvement of the HWB.

(2) Resolved that the report be noted.

74. Date of Next Meeting 28 May 2014
(Item 8)

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From: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Andrew Scott-Clark, Acting Director of Public Health

To: Kent Health and Wellbeing Board

Date: 28th May 2014

Subject: **Public Health Commissioning Intentions**

This report presents the commissioning programme for Public Health in 2014/15. The commissioning programme has been informed by a number of key drivers including the Kent Joint Health and Wellbeing strategy and the KCC Whole Council Transformation programme.

Commissioned programmes funded through the Public Health Grant are one part of the overall strategy to improve the health and wellbeing of the public across Kent. Moving forwards it is intended that these commissioned programmes are part of a whole system integrated approach to public health, with all partners across the Kent Health and Wellbeing Board.

Recommendation(s): **Health and Wellbeing Board members** are asked to COMMENT on the plans for 2014/15.

1. Introduction

1.1 The purpose of this report is to present the commissioning intentions developed by KCC public health, to be reviewed as part of the spectrum of commissioning intentions presented at March and May 2014 meetings of the Kent Health and Wellbeing Board.

1.2 The report sets out the context and intentions for the Local Authority Public Health Grant to improve the public's health and tackle health inequalities. For 2014/15 the grant for the whole of Kent is £54.8m.

1.3 Public health activity is embedded throughout partner plans including KCC business plans, district plans including Mind the Gap, Clinical Commissioning Group and NHS England strategic plans. Public Health activity is also a core part of both the Better Care Fund and Pioneer programmes. The commissioning intentions for the public health grant should therefore be seen as just a part of whole system activity to improve the health of the population of Kent.

1.4 The overall impact of public activity will be measured through:

- Improvements in healthy life expectancy
- Reductions in Health Inequalities within the county.

There are a range of indicators that sit as a subset of this.

2 Background

2.1 2013/14 was, as expected, both nationally and in Kent a year of transition and consolidation in the transfer of public health to local authorities. 13/14 was the first year of the dedicated ring-fenced public health grant, based on previous Primary Care Trust spend and activity. Two critical priorities in 2013/14 were therefore:

- to get a clear understanding of KCC's public health responsibilities and liabilities; and
- to understand the novated contracts transferred from PCTs and the activity that they deliver.

2.2 A key challenge for the first year was the continually evolving financial position and the complications in exposing the financial liabilities attached to the public health grant. Guidance came as late as December 2013.

2.3 In addition there was a clear need to review the contracting and performance management arrangements of novated contracts and grants, to get a clear sense of how performance compares both at a Kent level, and at a much more detailed local level.

2.4 Through the Facing the Challenge programme KCC is reviewing key areas in which to strengthen capability, as an effective strategic commissioning authority and public health commissioning will embed all principles and learning from this process.

3 Priorities

3.1. The KCC public health team has identified three strategic priorities for 2014/15 with actions set out in the KCC Public health business plan. The three priorities are:

1. Commissioning- *A re-commissioning programme for new service design aligned to evidence base and aligned to integrated systems .*
2. Communication- *Deliver an effective joined up communication campaign, effectively driving sustainable and measurable behavioural change.*
3. Maximising Impact- *by working across KCC and through the partnerships of the Health and Wellbeing Board, (i.e. a whole system collaborative approach to public health).*

4 Commissioning Intentions

4.1 The contracts and grants for public health programmes that novated to KCC in April 2013 cover a wide range of services to improve public health and reduce health inequalities. Some are mandated services for which KCC has statutory responsibility; some are services which were specifically targeted to improve outcomes locally where there was poor performance. Historically services have been commissioned to meet particular local needs, and shaped by local funding available.

4.2 Through the formation of one public health grant, there is the opportunity to review commissioned services and identify the most effective model of service delivery for each of the core outcomes. There is also the opportunity to review the balance of investment and ensure a more systematic approach. Clearly this must be integrated with local strategic plans and activity.

4.3 It is intended that in 14/15 the grant will be used to deliver a transformed and integrated approach to public health, ensuring clarity of purpose and outcomes of services. A core principle will be to firmly embed the whole commissioning cycle approach making sure that services are based on clear analysis, a review of delivery models that have the highest impact and a true understanding of the service cost.

4.4 The approach will be also be based on “proportionate universalism” principles to ensure that there is the right balance of

- Whole population approaches that inspire citizens to take a much more active part in their immediate and long term health and wellbeing
- Effective screening of the population to identify intervention needs at the earliest time.
- Interventions which are targeted to small populations of high risk groups, particularly in relation to unhealthy behaviours such as, smoking, drinking and being physically inactive.

Links with Kent Health and Wellbeing strategy

4.5 The Kent Health and Wellbeing Strategy highlights the need to tackle the areas in which Kent performs poorly in comparison to the national average. In 2014/15 there will be priority action taken to address areas of underperformance, which will include:

- Retendering of services (e.g. breastfeeding, chlamydia screening as part of sexual health),
- Re-design the approach (e.g. health checks, social isolation)
- Development of joint strategic action (e.g. physical activity) and
- Campaigns (e.g. flu vaccination uptake as part of winter warmth).

4.6 All commissioned services from the public health grant will need to address local priorities to improve the health of the population and reduce health inequalities. Commissioning will be based on the approach illustrated in the Chris Bentley model to target key populations.

Shaping the Market

4.7 A process has begun to reshape the provider market and encourage innovation in the delivery of public health programmes. There has already been significant market engagement with much more planned. For example market engagement events have been held with 137 organisations, resulting in expressions of interest from more than 90 organisations, and 28 full tender responses in the first 6 months of market development work. This has included collaborative bids between the public, private and voluntary sector.

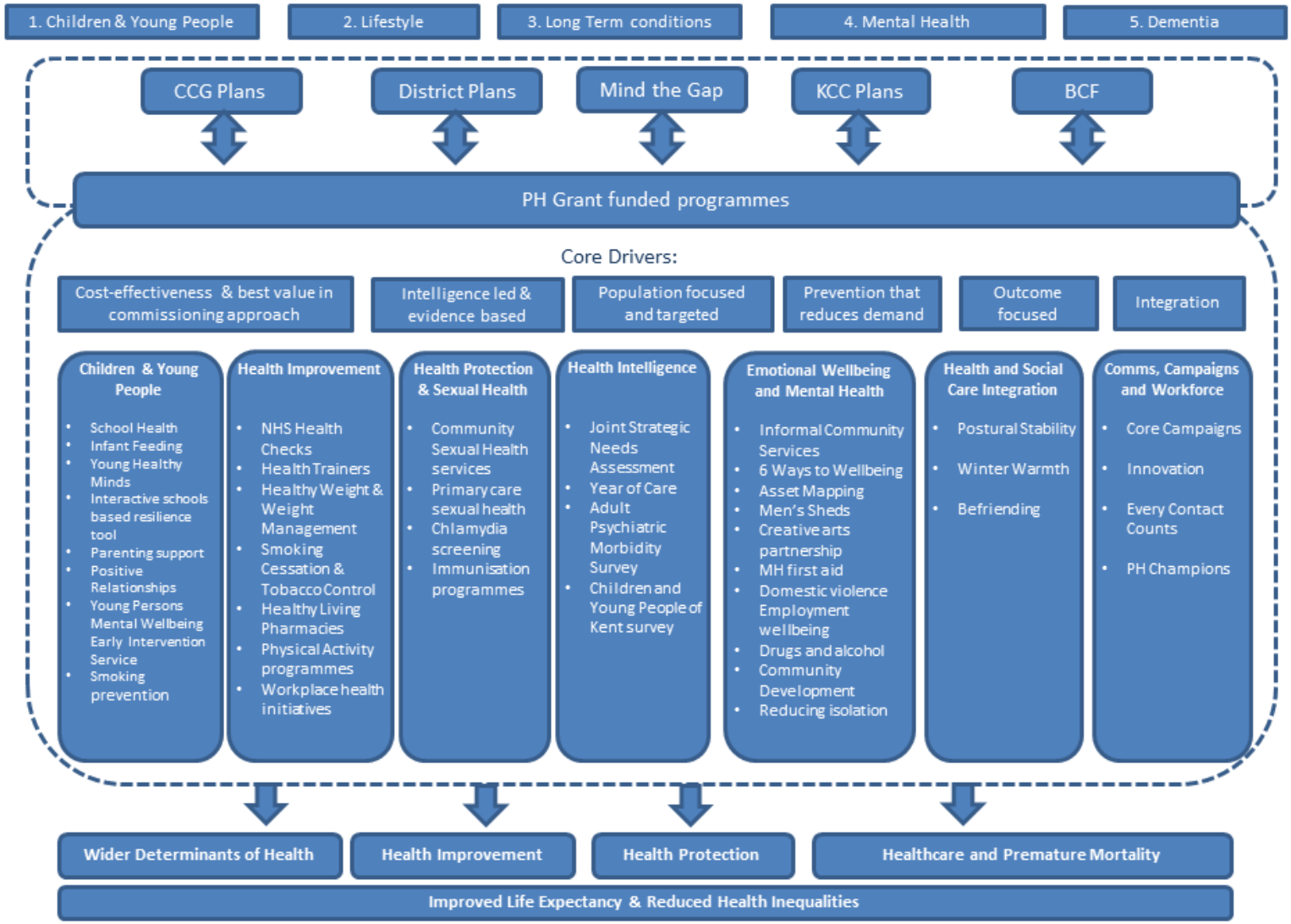
4.8 A number of retendering programmes are already underway. This includes the retender of sexual health and infant feeding services, and the implementation of mental health promotion programme, the” 6 Ways to Wellbeing”

Contract management

4.9 Contract management with a focus on performance, finance and quality is a key part of the commissioning programme in 14/15. A clear performance dashboard across all programmes is in place. Activity based performance monitoring in 13/14 resulted in a reduction in planned payments of £1.178m on key contracts.

4.10 The table below sets out the commissioning programmes funded via the Public Health grant 2014/15.

Public Health Commissioning Plan on a Page



5 Maximising Impact : An integrated approach

5.1 Improving public health outcomes for the population is in no way the single domain of the public health team or the public health grant. There has been a huge range of activity across organisations, including District Councils, Primary Care Trusts and across KCC and this is clearly embedded in both Kent and Local Health and Wellbeing Board structures.

5.2 Actions and services which contribute to public health outcomes are defined in a range of plans including KCC and District Council "Mind the Gap" plans, Kent Integrated Family Support services (KIFSS), Kent Integrated Adolescent Support Services (KIASS), all CCG plans and NHS England strategic plans. Public health outcomes are embedded through the Health and Wellbeing Board strategy and assurance framework.

5.3 The intention in 14/15 is to enhance the integration of this approach. In line with the transfer of public health to KCC, consultation is in place with all directorates that contribute to the wider determinants of health. This is to ensure that all commissioned services and activity maximise the opportunity to utilise the resource across the Council. Programmes such as the KIASS and KIFSS, Kent Healthy Business awards, and the 'Warm Homes" initiative are examples of taking a whole council approach.

5.4 A consultation process is already underway with all CCGs that identifies both strategic and operational opportunities to more effectively link public health commissioning intentions with local priorities, and target populations. Close working is also in place between Public Health and District colleagues reviewing both the joint commissioning arrangements including healthy weight and emotional wellbeing initiatives, as well as the direct delivery through district councils to deliver core outcomes..This work is being driven through the Integrated Commissioning Groups which have all partners represented and will be reported to all partners through the Local Health and Wellbeing Boards.

5.5 Some of the collaborative action identified through these processes can be acted on immediately. However, some of the connections are with evolving structures such as integrated care organisations. The process is designed to ensure that, wherever appropriate, public health is a clear part of evolving service design, and that public health models of service and commissioning decisions taken in 14/15 are flexible enough to align with future decision making in other parts of the system.

5.6 Kent Mind the Gap, CCG plans and District Health Inequalities Action Plans set out priorities for reducing health inequalities. The nationally agreed indicators are 'Life Expectancy at Birth' and 'All Age, All Cause Mortality' rates, but actions taken today can take a generation to mark a difference to these indicators, so national proxy indicators have been developed that measure progress on a more regular basis. It is well recognised that there is huge variation in performance across all areas within Kent. These proxy indicators are available at district level or CCG level. Public Health can provide performance monitoring data to the local Health Wellbeing Boards to enable them to monitor key public health outcomes alongside the local Mind the Gap Action Plans and Health and Wellbeing Board Plans.

5.7 The action taken to improve outcomes is informed by the Kent Joint Strategic Needs Assessment (JSNA), which is a set of products available on the Kent & Medway Public Health Observatory website. The information is on several levels and updated at agreed intervals and is available at www.kmpho.nhs.uk/jsna. In addition Kent is part of the national Year Of Care programme. Some key developments include: information governance arrangements for creating person level linked datasets using NHS and non NHS data, and epidemiological across risk stratified cohorts, evidencing how and where integrated care can be delivered, and the modelled benefits. This work can be utilised to improve the approach to intelligence led commissioning.

6 Communication and Campaigns.

6.1 One of the three strategic priorities for 2014/15 is to greatly improve the way that we communicate with the public, making sure that we help people understand how they can take greater responsibility for their health and wellbeing. One part of this will be ensuring that resource is focussed on communicating at every opportunity.

6.2 It will be important that we make best use of all workforce possible to effectively communicate core public health messages across the Health and Wellbeing system. We will revisit the "Every Contact Counts" programme, embedding the principles across partner workforce appropriately.

6.3 A range of methods to collate the learning from community insight activity will be used to determine the focus and approach of both communications and also campaigns. The principles applied to decision making for campaigns will be the commissioning principles outlined earlier in the document including best value principles .We will target where key priorities have been identified for Kent (e.g. early diagnosis through NHS Health Checks), or where the county performs poorly compared to England (e.g. smoking in pregnancy, breast feeding initiation, obesity in adults, falls resulting in injury). In particular additional resource will target specific communities and be tailored to different population groups

6.4 The impact of effective communication and targeted campaigns is clear. The national Stroke – Act F.A.S.T campaign between Feb 2009 – March 2013 had a spend of £11.7m, and resulted in 54% uplift in stroke related calls to 999, with 23,996 people getting to hospital within three hours, meaning 2,693 fewer people became disabled. This resulted in a total payback of £206.7m (including decrease in care cost and benefit to the state).

6.5 To maximise effective communication, Public Health, with partner teams, will focus on the following key areas in 2014/15:

1. *Workforce development*
   Invest in training and professional development across the system including initiatives the Healthy Living Pharmacy scheme, Mental Health First Aid, the Public Health Champions programme and Every Contacts Counts.

2 *Core Campaigns*
   We will ensure delivery of core public health campaigns including health protection, and plan this work with partners to maximise the reach and impact.

3. *Innovation*
   We will purchase innovative additions to Public Health England campaigns, in particular where the campaign is seen as a key deliverable for Kent. This may be Kent wide or specifically targeted to particular populations (e.g excess winter deaths in Swale and Tunbridge Wells). We will target evidence based campaigns (with associated services) in communities where we know there are very high prevalence rates of unhealthy behaviours.

4 *Enhance KCC and partner resource with core public health messages*
   There will be a number of programmes across KCC in which public health messages can be delivered at low additional cost, by expanding the communications associated with them. We will build on similar opportunity with partners where we can co-ordinate campaigns, or extend partner initiatives with targeted public health messages.

6.6 The aim underlying communications and campaigns will be to build a cross system approach, maximising opportunities for reinforcement of core messages. This programme must also support the communication needed with the public around changes to the Health and Social Care system. Core messages will consistently support the ambition to promote independence and for citizens to take active responsibility for their health and wellbeing.

7. Risk

7.1 The KCC public health team is a relatively new team, the grant is a relatively new grant, and responsibilities have been clarified as recently as December 2013. For this reason KCC carried out an internal audit of commissioning arrangements which reported in April 2014. The Assurance rating given on the new systems that have been out into place was "Substantial". However the report highlights that there are still negotiations to be arbitrated with DH on the baseline grant value. In addition the grant has not been confirmed for 2015/16 although DH have confirmed that the grant will remain ring-fenced. This risk will be managed through careful financial monitoring and planning.

7.2 The commissioning programme is planned to be delivered at pace particularly where there is significant underperformance in related outcomes. It will be important to make sure that retendering is built on strong analysis and review, and that all possibilities for integration are built into new models of provision.

8. Conclusion

Whilst 2013/14 was a year of transition and consolidation for Public Health, 2014/15 promises to be a year of transformation, both through working across and through KCC, and with Health and Wellbeing partners to maximise the impact of public health initiatives, integrated with the transformation agenda.

Recommendation(s):

Health and Well-Being Board is asked to note and comment on the Public health commissioning intentions outlined in this paper.

9. Contact details

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Relevant Director

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THE REPORT

By:	Jenny Whittle, Cabinet Member for Specialist Children's Services
	Andrew Ireland, Corporate Director – Social Care, Health and Wellbeing
To:	Kent Health and Wellbeing Board
Date:	28 May 2014
Subject:	CHILDREN'S COMMISSIONING PLANS
Classification:	Unrestricted

Summary: This report presents Children's Commissioning Plans against the backdrop of KCC's 'Facing the Challenge', priorities set out in Strategic Priorities Statements for 2014/15 and the 0-25 Portfolio.

The Commissioning Plans will oversee the effective commissioning of services to meet statutory duties and the delivery of strategic priorities as set out in the Every Day Matters and supported by the Strategic Priorities Statement for Social Care, Health and Wellbeing and Education and Young People's Services. A blueprint document sets out the vision and objectives for the 0-25 Portfolio together with milestones to enable delivery tracking.

FOR COMMENT

1. Introduction

(1) The purpose of this report is to present high level information about Children's Commissioning Plans as part of the full spectrum review being undertaken by the Health and Wellbeing Board.

(2) The focus of children's services within Kent County Council is to continue to support improving outcomes for children, young people and their families, ensuring that the right services are delivered at the right time, in the right place and at the right cost.

(3) Kent County Council's transformation plan 'Facing the Challenge' established four change portfolios, one of which is the 0-25 Portfolio. This will provide cohesive integration of transformation activity across services for children and young people and their families. The Portfolio comprises transformation

programmes across the children's social care, preventative and early help services within the organisation.

(4) Detailed objectives for directorates are set out in the 2014/15 Strategic Priority Statement documents for both Education and Young People's Services and Social Care, Health and Wellbeing. The priorities for both directorates are summarised in Section 4 below.

(5) The 0-25 Portfolio focuses on transformation programme outcomes and delivery of change to impact upon these strategic objectives. The changes will be delivered over a number of years and are likely to have significant impact on service delivery, staff, partners and providers. A blueprint document sets out the vision and objectives for the 0-25 change agenda and provides milestones for delivery.

2. Background

(1) Historically, commissioning for children, young people and their families has taken place in a number of different parts of the council and often in an uncoordinated way. The Top Tier realignment of the council has enabled improved integration and more effective working to achieve key outcomes and efficiencies.

(2) The Children's Commissioning Unit ensures that commissioning supports achievement of the best outcomes for children, young people and their families in the most efficient, effective, equitable and sustainable way through rigorous planning, needs analysis and evaluation, impact assessments, performance management and contract/market development and negotiation. This is achieved in line with the Council's Procurement Strategy "Spending the Council's Money", Kent County Council's Equality Strategy across the priority outcomes of the Equality Framework for Local Government (EFLG), customer insight and complying with the 'Duty to Involve', including the involvement of children and young people to inform the design and delivery of commissioned services and the Council's Environment Policy and Standard ISO 14001.

(3) Changes to services affecting children, young people and families in Kent have been underway for some time, including a substantial improvement programme for Children's Social Care, integration of services for adolescents, the national Troubled Families initiative and the changing policy context at a national level. However, with further savings still to be delivered and the vision for transformation set out in 'Facing the Challenge' it is recognised that there is still much work to be done.

(4) Work is taking place to build on the significant service changes started last year through improvements and alternative ways of working - the overall aims of which are to improve outcomes, manage demand in the context of demographic change, reduce costs and ensure effective commissioning and delivery of services.

(5) Nationally, the policy context will be shaped by the Children and Families Act 2014 which impact upon on how children's services are delivered with some of the responsibilities being in addition to – or an extension of what is currently delivered.

(6) Resilience and enablement are consistent themes running throughout the different transformation programmes in the directorate. Work will continue with families of children and young people to maximise use of early help and preventative support focusing on building resilience, improving outcomes when faced with challenging situations and reducing dependency.

3. Key principles

(1) The 14/15 Strategic Priority Statements for 'Education and Young People's Services' and 'Social Care, Health and Wellbeing' set out the detailed directorate objectives for the next year and beyond. The 0-25 Portfolio focuses on the overall contribution of programme outcomes and benefits to these strategic objectives. The portfolio will deliver change over a number of years and will have a significant impact on the way we will deliver services to children and young people. It is therefore likely to affect all KCC staff working with this age range, as well as our partners.

(2) The key principles underpinning the way in which transformation is being managed through the Portfolio approach are as follows:

- We will deliver services in a joined up way and integrate them where appropriate to have maximum impact on improving outcomes for children and young people
- We will make best use of public money, driving out efficiencies and focusing as much resource as possible on front line delivery
- We will proactively manage demand and target use of preventative/'early help' services
- We will keep children and young people firmly at the centre of what we do, involving them so that they are listened to and are actively engaged in the delivery of services
- We will empower families and individuals to become resilient, responsible and independent
- We will support and empower our workforce with strong leadership; ensuring staff have the right skills in the right place
- We will seek to integrate commissioning and increase integrated working with other statutory agencies and the voluntary sector
- We will consider the whole user journey of children and young people when we design our services, taking responsibility for their transition between age groups, tiers of need, and where relevant, into adult care provision.

4. Key Outcomes and Priorities

(1) Kent County Council and its partner organisations have a range of priorities and targets to meet when working with our customers. The Social Care, Health and Wellbeing Directorate is contributing to the delivery of whole council transformation in implementing the Transformation Plan – *Facing the Challenge: Delivering Better Outcomes.* We are doing this within the three key transformation themes of *Managing Change Better*, *Integration & Service Redesign*, and *Market Engagement & Service Review.*

(2) Every Day Matters is the Children and Young People's Strategic Plan for Kent. It establishes a vision where *"Every child and young person in Kent achieves their full potential in life, whatever their background".*

The following outcomes are set out in the Plan:

- Keep all children and young people safe
- Promote the health and wellbeing of all children and young people
- Raise the educational achievement of all children and young people
- Equip all young people to take a positive role in their community

(3) The Strategic Priorities Statement documents translate these outcomes into work streams for the council to deliver. The main areas of focus for the Social Care, Health and Wellbeing Directorate Statement this year are:

- Planning for growth and a changing population; meeting the increasing demand for services in a challenging financial environment
- Tackling deprivation and removing inequalities; improving user outcomes and positive experiences for all
- Promoting independence, resilience and enablement
- Creating a more sustainable service through transformation, with greater emphasis on better procurement, increased prevention, and improved partnership with the NHS to deliver better outcomes for Kent residents at lower cost
- Developing a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver on our priorities, ensuring that our leaders and managers have the skills and tools required to lead the change, improving the capacity and performance of the management structure and decision making authority.

(4) The Education and Young People's Directorate priorities can be summarised as follows:

It continues to be a priority to ensure success by supporting:

- School leaders to lead the system through stronger school partnerships, the Kent Association of Headteachers, working at a local level through District and Area forums that have strong and purposeful working relationships in order to deliver the best opportunities and outcomes for children and young people
- Schools to procure support services well, have real choice and be able to procure high quality cost effective services through EduKent
- Increased collaborative working in the early years and childcare sectors
- Locality based working and commissioning to pool and target resources to local needs in Districts
- Local 14-19 strategic partnerships to maximise effort and increase capacity to transform post 16 learning pathways and training opportunities so that they are truly excellent
- District based multi-agency working to deliver more integrated preventative and early help services through KIASS and the 0-11service.

5. Transforming through the 0-25 Portfolio

(1) There are currently six Programmes within the 0-25 Portfolio:

- Skills and Employability *(proposal stage)*
- Disabled Children and SEN *(proposal stage)*
- Children's Transformation *(initiation stage)*
- 0-11 Integration *(initiation stage)*
- Kent Integrated Adolescent Support Services *(live)*
- Troubled Families *(live)*

(2) As part of this portfolio management approach, each of the programmes and projects will be tested against the vision and deliverables set out in Section 6.

(3) In recognition of the cross cutting and integrated nature of this portfolio, there are two identified Senior Responsible Owners who share joint accountability for delivery, reporting in to the Cabinet Member for Transformation via the Transformation Advisory Group. The SROs are responsible for providing the overall leadership and direction of the transformational change within the portfolio, ensuring the viability of business cases and ultimately the realisation of identified benefits.

(4) Given the strong interdependencies that exist between programmes within the portfolio, the approach to transformational change will be collaborative, flexible and open. Lines of accountability must, however, remain clear and transparent.

6. Key Results

(1) The key results for the Portfolio are as follows:

- The delivery of savings targets within the MTFP
- The transformation and integration of preventative/early help services to a new operating model which is locally responsive, targeted on identified need, integrated to ensure a continuum of support, empowers families to take responsibility and is outcome focused
- Strong case management of all children and young people receiving KCC services, monitoring progress and the quality of interventions, and ensure risks are escalated when appropriate
- Close links and coordination with local schools, pupil referral units, children's centres, early years settings, health providers, voluntary sector organisations and FE colleges and work based learning providers
- Establish strong links to the national and Kent youth criminal justice services and ensure adherence to the Modern Youth Justice Guidelines
- Single points of access to services for children and young people
- Key worker or lead professional models of delivery
- Agreed information sharing and data gathering systems and processes which are fit for purpose to share information and meet service needs, and are integrated and consolidated around users rather than services
- A core outcomes framework across the portfolio that uses a common language and agreed measurable

- Clear protocols for risk assessment and the steeping up and stepping down of cases across all services for children and young people
- A strong, responsive and integrated workforce, supported by a robust workforce development programme to improve skills and capacity to meet needs. Early help staff will be skilled to take responsibility for providing a first level of support in a range of areas (e.g. public health, school attendance, safety)
- An agreed integrated commissioning strategy (which will link to the Joint Strategic Needs Assessment)
- The integration of the Troubled Families Programme into the service delivery models with a focus on the needs of the whole family and the pathways leading to a reduction in dependency on support services.

7. Key Customer Outcomes

(1) Putting children and young people at the heart of services and designing these around their needs requires collection and evaluation of feedback from them more effectively. In defining the service offer there needs to be recognition of the role of the family in shaping the ambition, behaviours and resilience of children and young people.

(2) A wide range of business and customer intelligence, performance and feedback information should be used to inform policy and resourcing decisions. This intelligence will be invaluable to KCC in measuring and evaluating the quality and impact of customer service in the future. This intelligence should be shared between services and engagement activities with users aligned to avoid duplication.

(3) Principles of this approach this will be:

- Children, Young People and their families will know what standards to expect
- Their expectations will be set appropriately for the service
- A consistent quality and ease of access to services regardless of delivery channel.

(4) KCC will be able to demonstrate improvement by:

- The voice of the child/young person will be clearly evidenced in our approach to working with them – particularly in casework
- Customer insight will be gathered consistently to inform redesign
- Services will be designed around the needs of children and young people
- Streamlined processes will be in place to avoid wasted customer effort and resources
- Reduced demand on high cost and high intensity services
- Reduced costs across a range of welfare and other public services
- Use of feedback from children and young people consistently to understand our service users experiences
- Use of feedback from families to understand their experience.

8. Engagement of Local Health and Wellbeing Boards

(1) At a local level there is been sustained involvement with the public through participation groups and the local health and social care integration implementation groups. Health and Social Care Integration Steering Groups at the local level have patient and service user representatives and as part of the operational integration programme regular surveys on integrated care are undertaken.

9. Links with the Health Wellbeing Strategy and the JSNA

(1) The commissioning intentions reflect the priorities of the Joint Health and Wellbeing Strategy. In particular, Priority 3 which is to "Tackle the gaps in provision" through integrated commissioning and provision. In addition, Outcome 1 states that "Every child has the best start in life". Under this Outcome, the Strategy commits to "Achieve our ambition of having fully integrated children's services for children aged 0-11".

10. Stakeholder Engagement

(1) Stakeholders are engaged through:

- Task and Finish groups are being established by the Children's Health and Wellbeing Board
- Departmental Management Team and Accountable Officers are currently considering options for the integration of children's commissioning across KCC and CCGs
- Specific priorities will include bespoke engagement activity – for example, plans are in place for a multi-agency Children's Emotional and Mental Health summit this summer.

11. Summary

(1) This report has provided a summary position of the commissioning plans being taking forward by Children's Services.

12. Recommendation

(1) The Health and Wellbeing Board is asked to:

A) **COMMENT** on Children's Commissioning plans

Background documents

'Facing the Challenge – Delivering Better Outcomes', the Children's Services Transformation Programme, 2013

0-25 Programme Blueprint 2014

Every Day Matters – Children and Young People's Strategic Plan, 2013

Social Care, Health and Wellbeing Directorate Strategic Priorities Statement 2014/15 (draft)

Education and Young People's Services Strategic Priorities Statement 2014/15

Contact details
Allison Esson
Commissioning Officer

By: Roger Gough, Cabinet Member for Education and Health Reform

To: Kent Health and Wellbeing Board 28th May 2014

Subject: **Kent Health and Wellbeing Strategy**

Classification: Unrestricted

Summary

The Kent Health and Wellbeing Board is required to ensure that a Health and Wellbeing Strategy for the Kent area is produced and that it reflects the issues identified in the Joint Strategic Needs Assessment. The current Health and Wellbeing Strategy was agreed by the Shadow Kent Health and Wellbeing Board at its meeting of 30th January 2013 as a one year strategy, recognising that in a time of great change to the health and wellbeing system this would be an interim measure prior to developing a full strategy in subsequent years.

The Kent Health and Wellbeing Strategy is therefore now due for renewal and work is underway to complete a new strategy for presentation to the Kent Health and Wellbeing Board on 16th July for approval. This timescale will allow the final strategy to be endorsed in time to inform the next round of commissioning intentions for all parties that will commence in the Autumn.

1. Introduction

(a) The current Health and Wellbeing Strategy is based on the Joint Strategic Needs Assessment of 2012/13. The strategy is built around 4 priorities designed to deliver 5 key outcomes through 3 main approaches:

The Priorities:

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

Relevant priority outcomes:

1. Every child has the best start in life

2. Effective prevention of ill health by people 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 issues are supported to live well

5. People with dementia are assessed and treated earlier

The Approaches:

- Integrated Commissioning
- Integrated Provision
- Person Centred

(b) In preparing the next version of the strategy, it has been recognised that although much progress has been made in many areas it is unlikely that these outcomes have been fully achieved, or the priorities completely addressed, during the 12 months that the strategy has been in operation. Whilst the Joint Strategic Needs Assessment has been refreshed and updated, these key elements of the strategy remain relevant to the population of Kent today. This approach was endorsed by the Kent Health and Wellbeing Board at its meeting of the 17th July 2013. The new strategy is designed to give definition to the improvements that will be necessary to ensure that health and wellbeing priorities of the residents of Kent are properly addressed and the aspirations contained within the "I statements" are made a reality.

(c) Kent was chosen as one of 14 Pioneer areas in the Department of Health's Integration Pioneer Programme. The aim of this was to consider new ways of delivering coordinated care across health and social care and it provides Kent with the opportunity to deliver integrated care at pace and scale. All the work which has already been undertaken has informed the strategy.

(d) The Better Care Fund (BCF) and its associated planning has also been a significant factor in the renewal of the strategy. The BCF is intended to promote large scale system wide changes to health and social care services to deliver an integrated health and social care system at greater pace and scale than hitherto envisaged. The potential impact of the BCF on all aspects of the health and social care system within the remit of the Health and Wellbeing Board is so great that the production of the new strategy has been purposefully delayed in order that these implications can be reflected in the new document. In essence the BCF supports the main principles and aspirations of the existing strategy. The three approaches are entirely reflected in the principles underpinning the BCF, the aims of the BCF cannot be delivered without addressing the four priorities, and the majority of the five outcomes are directly related to those of the BCF itself, - the exceptions being Every child has the best start in life and Effective prevention of ill-health by people taking greater responsibility for their health and wellbeing. (These two outcomes are outside the specific scope of the BCF but are still of great importance in their own right). The renewed

strategy is therefore designed to reflect the principles and aspirations of the BCF to improve public understanding of the changes that will be taking place.

(e) The revised strategy covers the period 2014-2017 and so can be seen as a major staging post on the way to achieving a fully integrated health and care system by 2018.

(f) For all these reasons it is proposed that the existing strategy continues to articulate the priorities and outcomes that are still relevant and that they should be retained as the basis for the new document.

(g) Beyond this, the relationship between the outcomes and priorities has been reshaped. The outcomes have also been considered and Outcome 1 – Every child has the best start in life – has been redesigned. This is to recognise that whereas the other outcomes mainly reflect different aspects of health and wellbeing for adults, all children's issues are put together in Outcome 1. The revised strategy will introduce an increased emphasis on key groups of vulnerable children and young people.

2. Communication and Engagement

(a) Engagement and consultation with the public and stakeholders is crucial to the acceptance of the strategy as the basis for health and social care commissioning in Kent. So far the principles and basic structure of the new strategy have been discussed in a variety of forums including local Health and Social Care Integration Programme meetings and a major workshop to which c. 120 representatives of organisations including the voluntary and private sectors attended. (For information a table summarising key points raised at the workshop is appended to this report). From all these meetings there has been general agreement to the approach for developing the new strategy, subject to a full engagement and consultation programme prior to final agreement from the Kent Health and Wellbeing Board. A communications and engagement group that includes representation from KCC, Districts, Healthwatch and the NHS has been established and an initial plan for communications and engagement developed. The approach recognises that the decision to delay refreshing the strategy to take account of the BCF and other developments somewhat curtails the time available and also that the new strategy is based in large part on the previous document which was also subject to consultation and wider engagement.

(b) The BCF informs the strategy but the substance of the BCF plans is not part of the consultation for the strategy as it is contained within the CCG commissioning plans, and CCGs will have their own communication strategies. However, greater public understanding of the implications of the BCF will be critical to the successful transformation of health and social care services and engagement around the strategy needs to reflect this. Whilst the substance of the strategy remains from the previous edition, the pace and scale of change has been increased and the strategy can be a vehicle for engaging the public, patients and users of services in the debate about how these changes will be implemented. Much of this engagement will be required following the issuing of the strategy and local health and wellbeing boards provide a useful mechanism to achieve this. it is proposed that the Kent Health and Wellbeing Board tasks the local boards to report back in December 2014 on how they are engaging local populations in the discussions concerning implementation of the strategy

in their local areas. This should complement other activity such as the Public Health communications strategies, especially concerning Outcome 2.

(c) The plan includes proposals for the key messages that we wish to communicate for the Board's consideration.

(d) The communications and engagement plan recognises that this process will continue after the strategy has been finally published to ensure that it is properly promoted and understood.

3. Links to other documents

(a) The Joint Health and Wellbeing Strategy should show a direct link to the issues identified in the Joint Strategic Needs Assessment. It should also be clearly driving the commissioning plans of the CCGs, Public Health and Social Care including the BCF plans. The strategy also needs to complement the Health Inequalities Action Plan - "Mind the Gap" - for Kent and its local equivalents.

4. Measurement and Metrics

(a) The existing strategy contains a number of measures that were designed to demonstrate whether progress has been made in achieving the desired outcomes. Whilst these seemed very reasonable at the time experience has shown that there are a number of issues associated with the suite of indicators adopted. Data for some of the measures is not easily collated, there is a mixture of performance indicators and measurement of activity, and some measures are very aspirational and not easily quantifiable.

(b) These issues have been considered by a wide range of stakeholders at a recent workshop where it was agreed that a new set of indicators should be incorporated that are more clearly designed to reflect progress against the outcomes. Work has also been progressing with the Board to develop an assurance framework and the new strategy has incorporated some of these measures to promote greater consistency.

(c) Another intention for the new strategy is that it should be easier to relate to smaller populations within the county. Given the size and complexity of Kent, it is a challenge to make the strategy relevant at district, CCG and care economy (north, east and west) levels but if the strategy is to be more than a reference document it must be capable of translation into all of these. Local Health and Wellbeing Boards will be encouraged to develop their own action plans designed to achieve the outcomes in ways most relevant to their own populations supported by data and information aggregated to the appropriate level.

(d) The Health and Wellbeing Board may wish to consider whether the measurements should also include specific targets and if so, how ambitious these targets should be.

5. Review and Monitoring of Progress

(a) Ongoing monitoring of the indicators associated with the strategy will be provided through the regular assurance report to the Board. Wider progress

against the strategy could also be reviewed by re-convening the recent workshop in 2015.

6. KCC Committee cycle

(a) The revised Health and Wellbeing Strategy is scheduled to be considered at a number of KCC Cabinet committees and the Health Overview and Scrutiny Committee as well as returning to the Health and Wellbeing Board for final approval. These committees meet on the following dates:

Health Overview and Scrutiny	**18th July 2014**
Cabinet committees:	
Children's Social Care and Health	**9th July 2014**
Adult Social care and Health	**11th July 2014**
Education and Young People's Services	**23rd July 2014**

7. Recommendations

The Kent Health and Wellbeing Board is asked to agree:

1. That the first draft of the Kent Health and Wellbeing Strategy be taken to wider engagement and consultation
2. The proposal for communications and consultation of the strategy and the associated key messages for all stakeholders
3. To receive a final draft version of the strategy to its meeting of July 16th
4. To review progress against the strategy at a workshop to be convened c. June 2015
5. To receive reports from the local Health and wellbeing Boards on how they are engaging local populations following publication of the strategy by December 2014.

Appendices:

Strategy Development Workshop: Issues

Communications and engagement plan

Background Documents

Kent Joint Health and Wellbeing Strategy – Outcomes for Kent Report to Kent Health and Wellbeing Board 30th January 2013

Kent Joint Strategic Needs Assessment - http://www.kmpho.nhs.uk/

Kent "Mind the Gap" – Health Inequalities Action Plan http://www.kmpho.nhs.uk/

Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategy and Timeline – Report to Kent Health and Wellbeing Board 17 July 2013

Better Care Fund plans – report to the Kent Health and Wellbeing Board 26 March 2014

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Appendix 1 - Strategy Development Workshop: Issues

The stakeholder conference said	We responded
The measures in the original document were not specific or robust enough to demonstrate whether we had succeeded in achieving our outcomes or not.	The metrics in the new strategy are much more closely aligned with those of the Assurance Framework being developed for the Health and Wellbeing Board and the National Outcomes Frameworks for the NHS, Adult Social Care and Public Health
The strategy needs to be more relevant at a local level of District Council, Clinical Commissioning Group, and Care Economy.	The measurements should be easier to translate into a local context so that local progress can be seen more clearly. The application of the 4 Priorities to a local level should be clearer and the emphasis on achieving outcomes rather than doing the same thing everywhere should enable more local interpretation.
Priority 4 Transform services to improve outcomes, patient experience and value for money, is not given enough prominence.	The implementation of the Better Care Fund will require these improvements to be demonstrated in all the plans and proposals concerned. All three go hand in hand to deliver the aspirations of properly integrated services that will benefit the people who need them.
What are “priorities” anyway?	We have redefined the relationship between outcomes and priorities in the new strategy. It should be much more explicit as to how the 4 Priorities will contribute to the achievement of the 5 Outcomes.
Children’s issues need to be identified more specifically. In the original document all of them are put together in Outcome 1 and all the measures concern preventative measures rather than medical issues.	The new document differentiates the issues for children and young people in Kent and the measures we need to judge progress more fully.
The case for change needs to be stated more clearly	The main reasons for the changes that will be necessary – the NHS Call to Action and The Better Care Fund - are described in the new document.

What will these changes mean for people involved? The strategy needs to be clear about what can be directly influenced by those organisations represented on the Health and Wellbeing Board and those which cannot.	The “I statements” that are driving the improvement of services and describe how things should change are included in the new strategy. The actions and targets under the four priorities have been reviewed. The strategy does take into account the wider national context and to gain a full picture of the health and wellbeing of the people of Kent, this information is useful. The strategy will also be used to inform the decision making of a wider range of organisations than are formally represented on the Health and Wellbeing Board.

Health and Wellbeing Board Strategy 2014-2017 Outline Consultation and Communications Plan

APPENDIX 2

Milestones	Actions	Timescale	Lead(s)
Develop draft-for-consultation version of the Strategy	Draft the strategy document.	by 14th May	P&SR
	Artwork document	14 – 19 May	Comms
	Publish draft "for consultation" document with Board papers	19 May	Democratic Services
Agree version of Health and Wellbeing Strategy to go out for consultation	Draft considered by the Health and Wellbeing Board, with feedback / amendments provided	28 May	P&SR
	Changes to document made.	28-30 May	Comms
Complete equality impact assessment	Complete initial assessment to assist with identifying potential stakeholders and methods	By 2/6/14	P&SR
Identify key stakeholders	Complete mapping exercise of stakeholders	By 2/6/14	P&SR
Public consultation starts	Press and media - press release	w/c 2/6/14	Press Office
	Press briefings with Roger Gough	w/c 2/6/14	Press Office
	Publication of draft Health and Wellbeing Strategy for Kent on kent.gov.uk	w/c 2/6/14	Comms
	Social media activity (Twitter) to inform public.		Comms
Publish survey to gather stakeholder feedback on the draft strategy	Draft survey based on key questions identified by public health.	By 2/6/14	P&AR & Consultation
	Survey to be made available on-line and hard copies available in key public areas (tbc)	From 2/6/14	Comms

APPENDIX 2

	Circulate questionnaire to stakeholders: • CCG leads (will require direct targeting and personal approach) • District/Borough council • Providers • Healthwatch Kent • Voluntary & Community Sector (VCS) • KCC • Patient/service user and carer groups • Specific interest groups	From 2/6/14	To confirm
	Work with CCGs to promote through surgeries and other health settings.		P&SR and Comms
Attend public meetings to promote draft strategy and gather feedback	Raise at existing meetings, including patient and user groups across health and social care subject to timescales.	From 2/6/14	tbc
Maximise use of internal/external newsletters	Communicate via existing newsletters, including Healthwatch Kent	From 2/6/14	tbc
Closing date of consultation	Issue reminder press release a week before consultation closes.	w/c 16 June	Press Office
	Increase Twitter activity	w/c 16 June	Comms
Data analysis	Analyse responses from consultation – analyst to be identified	From 1/7/14	tbc
Consultation report	Full report completed and published, alongside final version of HWB Strategy	By 16/7/14	tbc

2014 – 2017

Kent Joint Health and Wellbeing Strategy

Outcomes for Kent

Draft for Consultation

Published by Kent County Council on behalf of the Kent Health and Wellbeing Board

Kent County Council
kent.gov.uk

Contents

Foreword

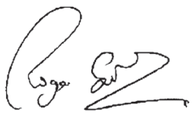
I have been pleased with the progress that the Kent Health & Wellbeing Board has made since its launch in April 2013 – bringing together GPs, County and District Councillors, senior officers from the NHS Area Team, Clinical Commissioning Groups, Social Care and Public Health, as well as representation from the Local Healthwatch. We have collectively settled into our role, and the Board provides an effective body where commissioners, patient representatives and elected officials can come together to take an overview of the health and care system in Kent. We continue to align our work, and share our commissioning plans and good practice. This stands us in good stead to tackle the challenges of, and seize the opportunities offered by, the changes that will face us over the coming years.

Just over twelve months ago the Kent Health and Wellbeing Board agreed its first strategy, identifying the outcomes that we, as a health economy in Kent, would collectively be looking to deliver, and we identified the priorities that we felt would enable us to achieve our aims. We took the decision that in a rapidly changing health and social care landscape that it would be prudent to revisit our strategy after twelve months to assess whether it was still applicable, and whether we had started to make progress. It is fair to say that in twelve months the major challenges facing Kent haven't changed a great deal, and for that reason, the board and our colleagues across the health and care system agreed to retain the five outcomes and four priorities we agreed last year.

As you will see over the following pages, the growing pressure of demographic change, generating increased need for health and social care services, at a time of financial stringency is still with us. We have to change, and to work together more effectively, if we are to achieve better health outcomes for the people of Kent while staying within the financial resources budget. The past year has seen the advent of the 'Better Care Fund' which offers us the opportunity to increase the scale of change that we identified was needed in last year's strategy. Kent is also an Integration Pioneer, giving us opportunity to be innovative and develop joined up services faster.

During the development of the refreshed strategy it became clear that one of the key issues that we need to tackle is that of public awareness of the changes that will be taking place over the coming years, namely the move to more care being delivered in local communities and away from acute hospitals. This will inevitably mean major changes to our big hospitals, with the creation of specialist hospitals where good quality care can be provided with specialist trained staff, with general services provided in the community or at a local hospital as clinically appropriate. This may mean an increase in journey times to access specialist provision for some people, but conversely allowing people to access much more of the care they need in community settings. It is the job of the Health and Wellbeing Board, and its constituent members to begin the conversation with the public, ensuring that they understand the implications, and that they can influence the long term decision making to the same extent that they currently influence specific service developments.

The Joint Kent Health & Wellbeing Strategy will only be effective if the plans of GP-led Clinical Commissioning Groups, the County and District Councils and other partners align with the outcomes and priorities identified here, using them as a set of core values by which to design system and service development.



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

Summary

People's need for care, and their lives, has changed radically. But the health service largely operates as it did decades ago, when the predominant need/ expectation was treating episodic disease and injury rather than providing long-term, often complex care. The health and care system needs to redesign services so that care becomes more integrated, person-centred, coordinated, community-based, and focused on supporting people's well-being and preventing crises. The 2015 Challenge Declaration – NHS Confederation

The challenge to the health system is clear. Kent, like the rest of England, has an ageing population that will put increasing demands on the system, and will require long-term complex care. This, along with unhealthy lifestyle behaviours, and the rising cost of technology means that nationally the NHS faces a £30bn funding gap by 2021, unless the system of health and social care can be transformed.

To meet this challenge in Kent, the Health and Wellbeing Board have developed this strategy to lead the system as it changes over the coming three years. The constituent members of the Health and Wellbeing Board will use this strategy to guide their plans, and will also use the strategy as a way to start a conversation with the public about the major changes that will be taking place over the coming years.

They will need to build an understanding about the changes that will happen to large hospitals when 15% of their business moves to community based settings. These changes will see some hospitals become more specialised and the journey times for some treatments may increase to provide this specialist care. Some hospital and care settings may, become smaller, with services redesigned to provide care closer to home. These changes will provide the opportunity to build person centred, integrated services and the advantages of these changes need to be communicated over the coming years.

To realise the full potential of these opportunities and to benefit the people of Kent it is paramount that all constituent agencies in the system (i.e. social care, acute hospitals, ambulance services etc.) work together and develop a common vision and complimentary strategies to address these challenges. Collaborative work between agencies will allow the people of Kent to get a complete service and not just one individual service.

Within Kent County Council, the Adult Social Care Transformation portfolio is putting a stronger emphasis on prevention, early intervention and integrated service delivery and commissioning as a way to realise the vision of a sustainable model of integrated health and social care by 2018. This will improve outcomes for people across Kent by maximising people's independence and promoting personalisation. It will involve KCC working with partner organisations across the public health, health, housing and social care economy. For instance from September 2015 the Council will also be responsible for commissioning of health visitors which will provide increased opportunities to undertake integrated commissioning.

We have tested last year's Joint Health and Wellbeing Strategy (JHWS) against the many developments over the past twelve months, namely the challenges arising from the failures in care at Mid-Staffordshire Hospital and Winterbourne View, alongside the Call to Action, the resulting Better Care Fund, and Kent's status as an Integration Pioneer. The vision, outcomes, priorities and approaches that were developed are still appropriate, and our vision is just as relevant. Therefore we have developed this strategy to achieve our vision :

To improve health outcomes, deliver better coordinated quality care, improve the public's experience of integrated health and social care services, and ensure that the individual is involved and at the heart of everything we do.

To deliver our vision the outcomes we seek, as informed by the Joint Strategic Needs Assessment (JSNA), are:

- Every child has the best start in life
- Effective prevention of ill health by people 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 health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

Each of these outcomes is discussed in detail over the coming pages, with each one being examined through the prism of our four identified priorities which are to:

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

In all of the work that takes place over the coming years, all developments should test themselves against the three approaches that we identified last year, namely that we should ensure that all services are **Person Centred,** that they are part of **Integrated Provision,** delivered by **Integrated Commissioning.**

So that we know we are on track to delivering our strategy, we have identified existing measurements that we will monitor. These are identified in the Outcome sections, and have been adjusted from last year, so that they truly measure how we are delivering against our priorities in each outcome.

Given the size and complexity of Kent, and the scale of the health and care system, it is very difficult for any strategy to provide answers at district, Clinical Commissioning Group and health/care economy (north, east and west) levels. Therefore it is important that Local Health and Wellbeing Boards develop their own action plans, using the vision and values laid out in this strategy, to achieve the outcomes in ways most relevant to their own populations supported by data and information relevant at their local area level.

Context

Overall, it is a positive message that people are living longer, but unfortunately not all are enjoying good health and many suffer from one or more long-term conditions. Often the causes of long term conditions are related to the lifestyles we live and are largely preventable. The increasing number of long term conditions has changed the nature of the need for health and social care, which has meant that the needs of our population are often complex, requiring agencies to work in partnership to provide a desired outcomes for our population. This strategy embraces these challenges and provides strategic direction to address the issues facing our population in Kent.

Demographics

Kent has the largest population of all of the English counties, with just over 1.46 million people. Just over half of the total population of Kent is female (51.1%) and 48.9% is male. Across the population there are diverse outcomes. Life expectancy is higher than the England average for both men and women. 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 (based on average aggregated Kent data for people living in all the deprived areas of Kent).

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 10-19 years and of people aged 45+ years than the England average and just under a fifth of Kent's population is of retirement age (65+). However looking ahead, Kent has an ageing population and forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged below 65 is only forecast to increase by 3.8%. This will mean that Kent will have a relatively smaller population aged 20-49 years and considerable pressures on health and social care services as a result of services required for an aging population.

What has changed in the past 12 months

Although the challenges we face as we transform the health and care system are not new, the past year has seen several developments which will help us bring about this change.

April 2013 marked the beginning of a new era of public health within local government. Moving responsibility for the public's health out of the National Health Service (NHS) into local government offers a greater opportunity to focus on preventing ill health, by building on the partnerships developed within the NHS and concentrating on the primary factors that can change an individual's ability to live a healthy life.

The Health and Wellbeing Board has settled into its role, and started to lay the foundations for the integration of the health and social care system. Broadly speaking there are two main work streams of the Health and Wellbeing Board which are not mutually exclusive, namely prevention of ill health and integration of the health and care system. Public health activity is embedded throughout partner plans including KCC business plans, district plans including Mind the Gap, Clinical Commissioning Group and NHS England strategic plans. Public Health activity is also a core part of both the Better Care Fund and Integration Pioneer programmes. Kent County Council is now responsible for commissioning of public health programmes and these are an integral part of whole system activity to improve the health of the population of Kent.

The Health and Wellbeing Board has settled into its role, and started to lay the foundations for the integration of the health and social care system. We have created local Health and Wellbeing Boards that mirror the boundaries of local clinical commissioning groups, bringing together partners at that level to influence local delivery. These groups are complemented by Integrated Commissioning Boards that bring together the people in those areas who decide how the available money is spent on health services. The commissioning plans are also considered by the countywide Health and Wellbeing Board

Failures of care

Sadly there have been some very public failures of care in England, and the reports into Mid Staffordshire Hospital and Winterbourne View have led to widespread agreement that fundamental changes are required across health and social care. There is a greater focus on quality of care with the experience of the patient or service user necessarily being at the centre of everything we do. As a result of the report into Winterbourne View, a series of changes have been made to improve the quality of care for vulnerable people, specifically for people with learning disabilities or autism who also have mental health conditions or behavioural problems.

The Francis Report, examining the tragic events at Mid-Staffordshire Hospital Trust, contained 290 recommendations covering everything from organisational culture to the role of patient and public representative bodies. One of the key warnings arising from the report was the danger of prioritising finance and targets over the quality of care. A lot of work is being taken forward locally and nationally in response to these reports, including Sir Bruce Keogh being asked to conduct an investigation into hospitals with the highest mortality rates (which included one of the main hospitals serving people in Kent) and the Berwick Report into NHS patient safety. This strategy will look to ensure the lessons learnt from this work are incorporated into its delivery.

Call to Action

In July 2013, NHS England published *The NHS belongs to the people: a call to action*. This paper set out a range of challenges facing the NHS. This included the fact that more people are living longer and often have more complex conditions. This increases costs for the NHS at a time when funding remains flat but expectations as to the extent and quality of care continue to rise. As things are, a funding gap of £30 billion has been predicted between 2013/14 and 2020/21; this is on top of the £20 billion of efficiency savings the NHS is already working towards meeting.

After the report was published, specific work developing different strands within the Call to Action has been commenced with work on improving general practice, community pharmacy services, dental services and others.

The key point of the Call to Action is that the health and care system needs to do things differently and challenge the status quo. There is a need to embrace new technologies and treatments, but there is a cost attached and thought needs to be given to delivering services in a different way with less focus on buildings and more on patients and services. Kent's participation in the Integration Pioneer programme and Better Care Fund are examples of how different approaches are being developed to meet the challenge locally, and more broadly this strategy shares the same goals as the Call to Action.

Also important is Sir Bruce Keogh's review into transforming urgent and emergency services, arising out of NHS England's Everyone Counts: Planning for Patients 2013/14. The end of phase 1 report was published in November 2013. This report supported the idea that people with urgent but non-life threatening needs must be provided with effective and personalised services outside of hospital. The report also proposes two levels of hospital based emergency care – 'Emergency Centres' and 'Major Emergency Centres' with those patients with the most serious needs being seen in specialist centres. To support the substantial shift of care out of hospitals, new services will be created but some old services will no longer be required.

Parity of Esteem

In February 2011, the Government published its mental health strategy, No Health Without Mental Health. This emphasised giving equal weight to both physical and mental health, with mental

health outcomes being seen as central to the three outcomes frameworks. The implementation framework of the strategy suggested local mental health needs needed reflecting in JSNAs and JHWSs. The idea of parity of esteem between physical and mental health is not new, but was made an explicit duty on the Secretary of State through the Health and Social Care Act 2012. In March 2013, the Royal College of Psychiatrists published a report into achieving parity, writing that a "parity approach should enable NHS and local authority health and social care services to provide a holistic, 'whole person' response to each individual, whatever their needs."

Against this backdrop, the Mental Health Crisis Care Concordat was launched in February 2014 with the aim of making certain that people experiencing a mental health crisis get as good a response from an emergency service as those in need of urgent and emergency care for physical health conditions.

Integration Pioneer & Better Care Fund

Following the 'call to action', the Better Care Fund was created, supporting the full integration of services by 2018, with challenging targets to be achieved by 2016. This has accelerated the pace and scale of integration that KCC had already begun and will continue through our Pioneer work. Through the Kent Better Care Fund proposal, a pooled fund of £127 million from existing resources has been identified to support integration in the county.

The majority of current commissioning and provision of services is standalone and although efforts are made to align services to benefit service users, there is still room for improvement. Single commissioning, and service provision, creates a very complex system for users to navigate often, leaving them dissatisfied. Through the Boards' work we aim to improve the experience for our service users.Kent was chosen as a Pioneer area in the Department of Health's Integration Pioneer Programme, which aims to establish new ways of delivering coordinated care. Through the Pioneer work, over the next five years, we aim to re-design models of care to put the citizen more in control of their health and make a real difference to the way people experience health and social care in Kent. By bringing together CCGs, KCC, District Councils, acute services and the voluntary sector, the aim is to move to care provision that will promote greater independence for patients, whilst reducing hospital and care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited and developed.

The integration of service will mean that people get the care they need at the right time and in right place and where possible closer to home. Shifting care closer to home will have an impact on the way hospitals operate, and they may not stay the same size, with more specialist work being centralised on fewer sites.

Patients will have access to 24/7 community based care, ensuring they are looked after well closer to home and do not need to go to hospital. A patient-held care record will ensure the patient is in control of the information they have to manage their condition in the best way possible. Patients will also have greater flexibility and freedom to source the services they need through a fully integrated personal budget covering health and social care services. We will use innovative approaches to identify those who are at a higher risk of hospital admission and new ways of identifying payment mechanisms such as 'Year of Care' commissioning for long-term conditions. Through better integration we can deliver comprehensive, 24/7 community health services, reducing demand on hospitals. By shifting just 10% of funding from acute to community care in Kent, we can free up £170 million a year to invest in community services.

Integrated intelligence

A key element in delivering a joined up health and social care system is ensuring that every partner is working towards common outcomes, and that they are informed by a consistent intelligence that is drawn from as wide a range of information sources as possible. We are embarking upon developing an Integrated Intelligence capability that will enable Kent stakeholders (service users, commissioners and providers) to understand user experiences and outcomes as they journey through the health, social and care system. The purpose of this capability will be to understand how to improve value (outcomes) for money and link these efforts to the priorities and focus of commissioners, providers and patients. This capability will be grounded within an enhanced approach to Integrated Commissioning that will enable multiple agencies to make well-informed, well-supported, practical decisions on how to evolve integration of services. Accordingly, the Integrated

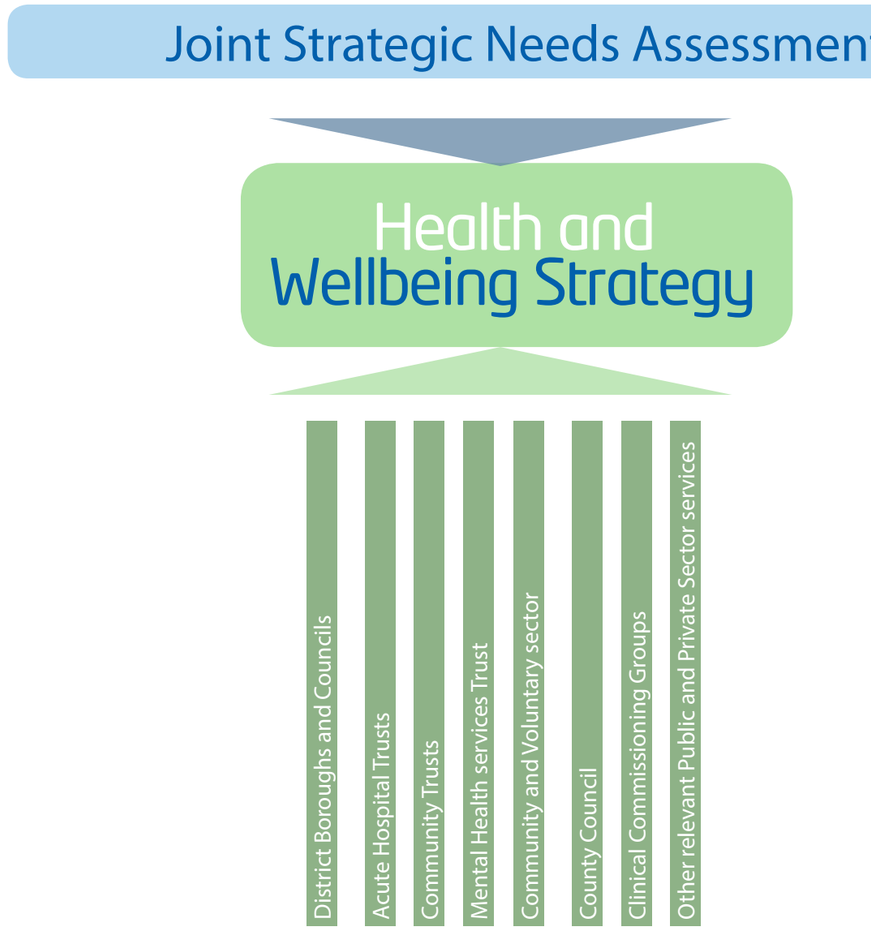
Intelligence capability will also allow us to monitor the effectiveness and efficiency of on-going improvements from the perspective of patients and their outcomes.

Specifically, this capability will allow us to:

- truly understand the impact of all health and well-being services, their interplay, and behaviours on the outcomes for individuals
- think across agencies and across agency budgets to identify the most effective ways of driving efficiency and value for money in creating the best short, medium and long term outcomes
- understand behaviour of service users and adapt the whole system to enable them to participate in their optimal outcomes

Applying and demonstrating these capabilities will be done at an aggregated/whole population level. This will generate more accurate and robust information for commissioners to design and create higher value models of care to enable whole system transformation.

It was in light of these developments that we assessed the 2013/14 strategic vision, outcomes, priorities and approaches. We feel that they still fit the challenge, and provide the common values that should be applied by all commissioners, providers and organisations that impact upon peoples' health and social care. It is important that all partners support these principles and align their plans to the Health and Wellbeing Strategy for Kent, as illustrated in Figure 1.



Strategic directions of partner organisations contributing towards the outcomes of Health and Wellbeing strategy

Figure 1

Our vision:

As outlined above our vision has not changed and we are still determined to improve health outcomes, deliver better coordinated quality care, improve the public's experience of integrated health and social care services and ensure that the individual is involved and at the heart of everything we do.

Outcomes

To achieve our vision the outcomes we seek, as informed by the Joint Strategic Needs Assessment, are:

- Every child has the best start in life
- Effective prevention of ill health by people 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 health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to 'live well'

Each of these outcomes is discussed in detail over the coming pages, and the diagram below shows how we will apply our approaches and priorities to each of these outcome areas.

The outcomes will be delivered by focusing on our priorities within each of the outcome areas, whilst ensuring that any intervention is informed by the three approaches, i.e. that it is centred around the person (see diagram below to understand what person centred care would look like as described by our citizens receiving care), that it is provided in a joined up way, and where appropriate it is jointly commissioned.

Joint Health and Wellbeing Strategy

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
Every child has the best start in life	Effective prevention of ill health by people 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

Approach: Integrated Commissioning

Approach: Integrated Provision

Approach: Person Centered

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

What should good, person centred, care feel like

We asked the people of Kent and this is what they told us

"I have the information and support I need in order to remain as independent as possible and manage my own conditions."

"I tell my story once. I have one first point of contact. They understand both me & my condition(s). I can go to them with a question at any time."

"I can decide the kind of support I need and when, where and how to receive it."

"I feel safe, I can live the life I want and I am supported to manage any risks. I know what is in my care & support plan and I know what to do if things change or go wrong."

"I have as much control of planning my care & support as I want."

"I am in control of planning my care and support. I can decide the kind of support I need & how to receive it."

"All my needs as a person are assessed & taken into account; I am listened to about what works for me, in my life."

"I am not left alone to make sense of information. I have help to make informed choices if I need and want it."

"Information is given to me at the right times. It is appropriate to my condition & circumstances. And is provided in a way that I understand."

"I have good information and advice on the range of options for choosing my support staff."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have considerate support delivered by competent people. They help me to make links in my local community."

"I have a clear line of communication, action and follow up. When something is planned, it happens."

I am supported to understand my choices & to set & achieve my goals."

"I have access to easy-to-understand information about care and support, which is consistent, accurate, and accessible, up to date. I am supported to use it to make decisions & choices about my care & support".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS)."

"I have care and support that is directed by me, I am as involved with discussions & decisions about my care support & treatment, and it is responsive to my needs."

"I have regular reviews of my care & treatment including comprehensive reviews of my medicines, & of my care & support plan."

"I can speak to people who know something about care and support and can make things happen. I am told about the other services that are available to someone in my circumstances, including support organisations."

"I can get access to the money quickly without having to go through over-complicated procedures."

"I have help to make informed choices if I need & want it; my family or carer is also involved in these decisions as much as I want them to be.

"I can plan ahead and have systems in place to keep control in an emergency or crisis."

"I know where to get information about what is going on in my community."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I always know who is coordinating my care."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

"My support is coordinated, co-operative and works well together. The professionals involved with my care talk to each other. We all work as a team."

"I work with my team to agree a care & support plan; my care plan is clearly entered on my record."

"My carer/family have their needs recognised & are given support to care for me."

"I feel valued for the contribution that I can make to my community."

When I use a new service, my care plan is known in advance & respected.

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

"The professionals involved with my care talk to each other. We all work as a team; I am kept informed about what the next steps will be."

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

I can see my health & care records at any time. I can decide who to share them with. I can correct any mistakes in the information."

Outcome 1

Every child has the best start in life

The early years of a child's life are critical for ensuring they develop well and they do not fall behind in a way which means they have poorer outcomes throughout life. The focus will be on supporting families, communities and universal settings within local districts to support all children and young people to do well and to stay safe. The aim will be to provide additional local services that can be accessed easily, at the right time in the right place, to ensure more targeted early help is available to meet the needs of children and young people in a way that avoids problems becoming more serious.

Our Vision is that every child and young person, from pre-birth to age 19, who needs early help services will receive them in a timely and responsive way, so that they are safeguarded, their educational, social and emotional needs are met and outcomes are good, and they are able to contribute positively to their communities and those around them now and in the future, including their active engagement in learning and employment.

Whilst developing this refresh, one area where there was a consensus of opinion was that there is a need to recognise that just as outcomes 1-4 deal with different levels of need of the adult population, it was necessary to deal with the population of young people in a similar way. The identification of needs is based on an assessment of the child and family's circumstances. The three agreed multi-agency 'Levels of Need' are:

Level 1: Universal, where needs are met through engagement with universal services such as schools, GP services, youth clubs and where prevention is a priority.

Level 2: Targeted, where early help is available to address emerging or existing problems which, if not addressed, are likely to become more serious and need more specialist input.

Level 3: Specialist, where needs have become serious and there is a greater likelihood of significant harm, requiring the intervention and protection of statutory services.

We will work across the system to improve educational, health and emotional wellbeing outcomes for all of Kent's children and young people, whilst taking account of the additional needs of those young people who are disabled, or who have Special Educational Needs (SEN).

Over the coming years we will also see a much greater integration in services for children from pre-birth to 19. In October 2015 Health visitors will become a part of the public health responsibilities of Kent County Council, and will complement the responsibility to support breast feeding, and reduce smoking in pregnancy. KCC is in the process of developing a joined up preventative services approach for 0-19 year olds. Meanwhile, a new School Health service specification is currently being developed with the intention that a new service is in place by April 2015.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

In order to tackle key health issues in this outcome we need to deliver:

- Reduction in the number of pregnant women who smoke at time of delivery
- Increasing breastfeeding Initiation rates
- Increasing breastfeeding continuance 6-8 weeks
- Decrease the proportion of 10-11 year olds with excess weight

Priority 2 – Tackle health inequalities

The UK is one of the richest OECD countries but one of the most unequal in health terms, which has a direct impact on children's wellbeing. We have seen a rapid rise in mental health problems in children, an increase in teenage pregnancies and sexually transmitted diseases and an epidemic of childhood obesity. Inequalities in health and emotional wellbeing are striking. Poorer children are more likely to be born too early and too small, and are less likely to be breastfed or immunised.

To address health inequalities for children and young people in Kent we will:

- Improve Breast feeding rates by promoting Unicef's Baby Friendly accreditation and implementing the infant feeding action plan in place. This requires partnership working through maternity units, hospitals, children centres, midwives and Health Visitors in a range of medical and community settings
- Prevalence of obesity in children is higher in more deprived areas. We will promote healthy weight for all children, particularly in areas where the need is greater; working with families to promote healthy eating and increase physical activity
- reduce smoking in pregnancy by strengthening midwifery and smoking cessation resources and provide a whole systems approach to engaging with and supporting pregnant smokers.
- ensure vulnerable and disadvantaged children access and participate in good quality childcare and education and achieve good outcomes.

Priority 3 – Tackle the gaps in service provision

The delivery of Speech and Language Therapy is critical to children and young people accessing and benefiting universal, targeted and specialist services. Speech and Language Therapy (SALT) implementation has system wide benefits. During the life of this strategy we will be working towards implementation of the SALT Framework)

The Common Assessment Framework (CAF) will continue to be a key tool for carrying out an early help assessment and planning the necessary actions to improve children's outcomes and support their additional needs. There is also support for parents experiencing physical and mental health issues.

We will continue to work towards strengthening our commissioning and provision of child and adolescent emotional health and mental health services so that we can achieve greater availability of support for emotional resilience and treatment where needed.

The Children's Health and Wellbeing Board will shortly be developing an Emotional Health and Wellbeing (EMHW) Strategy for 0-25 year olds in Kent to support this outcome

Priority 4 – Transform services to improve outcomes, patient experience and value for money

It is essential that the universal, targeted and specialist levels are seen as being parts of a continuum of support available to meet assessed need, and at any particular point in time. Children, young people and their families have different levels of need and their needs change over time depending on their circumstances. The services will be working with universal and specialist provision,

ensuring that targeted support is available to those who need it, in whichever setting, and when they need it most. The service will be helping to ensure that children and families have a well-coordinated experience throughout the pathways of care and support they receive.

The services will aim to provide families with information, advice and support to prevent their needs escalating and to enable them to be supported at the lowest level of need, and where possible to become more self-reliant.

Agencies in the health and care system will work collaboratively to implement the Kent Integrated Family Support Services (KIFSS) for pre-birth to 11 years' services and Kent Integrated Adolescent Support Services (KIASS) for 11-19 years' services. These key services include Children's Centres, Early Intervention Teams and Family Support workers, Attendance and Inclusion services, Connexions workers to provide targeted support for NEETs, Youth Offending workers, Troubled Families workers, Adolescent Social Work Assistants, Pupil Referral Units and Alternative Curriculum Provision, agencies involved in CAF and commissioned support services and health services for children and young people and Gypsy, Roma, Traveller and minority outreach workers. Schools, children's centres and early years settings are at the heart of this new way of working at district level. By establishing a 'team around the school', it is expected that children, young people and their families will be able to access services in a more timely, effective and appropriate manner so that early help activity agreed will significantly improve outcomes for the child, young person and their family.

Keeping track of our progress in delivering Outcome 1

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- A reduction in the number of pregnant women who smoke at time of delivery
- An increase in breastfeeding Initiation rates
- An increase in breastfeeding continuance 6-8 weeks
- A reduction in conception rates for young women aged under 18 years old (rate per 1,000)
- An improvement in MMR vaccination uptake two doses (5 years old)
- An increase in school readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children
- A reduction in the proportion of 4-5 year olds with excess weight
- A reduction in the proportion of 10-11 year olds with excess weight
- An increase in the proportion of SEN assessments within 26 weeks
- A reduction in the number of Kent children with SEN placed in independent or out of county schools
- A reduction in CAMHS average waiting times for routine assessment from referral
- A reduction in the number waiting for a routine treatment CAMHS
- An appropriate CAMHS caseload, for patients open at any point during the month
- A reduction in unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 100,000)
- A reduction in unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 100,000)
- A reduction in unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 100,000)

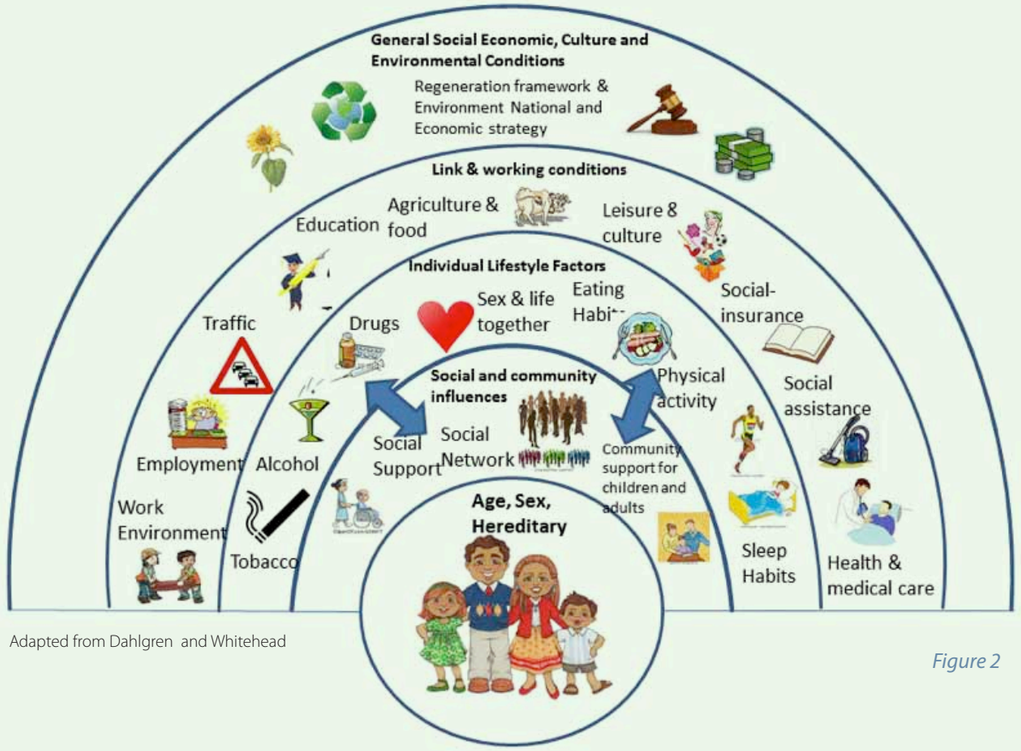
Outcome 2

Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

To improve people's long term health we have to improve healthy lifestyles, encourage healthy eating in adults, and reduce levels of smoking. In addition to this, we will need to look at how we improve people's knowledge of the symptoms of various diseases such as cancer and what they can do prevent them, for example by encouraging physical activity.

A sustainable health and care system requires an integrated approach. It should consider the economic, social and environmental impacts of our decision making to ensure that the delivery of health and social care in Kent is sustainable and equitable, with outcomes benefitting residents now and into the future.

Figure 2 illustrates how we see the health and care system working in collaboration to support local communities. It is acknowledged that for a robust delivery of the strategy wider factors affecting short and long term physical and mental health need to be considered, such as access to green space, climate change resilience, air quality, housing, transport, inequality and employment . To address this, Kent partners have developed a Sustainability Needs Assessment as part of the Joint Strategic Needs Assessment (JSNA). The recommendations identified, in combination with ongoing delivery of the Kent Environment Strategy, underpin our approach to ensuring a sustainable health and care system Through a joined-up, or integrated, approach Kent County Council will make sure that the people of Kent have access to a good standard of education, a clean, safe and sustainable environment in which to live, with good employment opportunities, and will work with local businesses to ensure good workplace health.



Adapted from Dahlgren and Whitehead

Figure 2

The local level Health and Wellbeing Boards provide opportunities for colleagues in Primary Care, Clinical Commissioning Groups and District Councils to work collaboratively to promote prevention of ill health and reduce health inequalities. Figure 3 illustrates the role and contribution needed across the entire system, to promote prevention of ill health and how health inequalities are effectively reduced over the short, medium and long term. For instance in the short term Primary Care services have a major role to play in reducing the risk of people dying prematurely through interventions that control high blood pressure and high blood cholesterol.

To influence medium term interventions we will ensure that commissioning of public health programmes deliver a transformed and integrated approach to public health, ensuring locally appropriate services and campaigns. Services will be based on "proportionate universalism" principles to ensure that there is the right balance of

- Whole population approaches that inspire citizens to take a much more active part in their immediate and long term health and wellbeing
- Effective screening of the population to identify intervention needs at the earliest time.
- Interventions which are targeted to small populations of high risk groups, particularly in relation to unhealthy behaviours such as, smoking, drinking and being physically inactive.

To influence long term interventions we will work with our colleagues in District Councils, Education system, Local Businesses etc. to support our local communities. Communities play an important part in our health and wellbeing and are crucial to people because fundamentally we are social creatures that thrive on social interactions. The influences on people's health are diverse and through this strategy we aim for the health and care system to support individuals and communities by providing an environment to make healthier choices as easier choices. For instance Kent, the Garden of England, with miles of coastline, many country parks and green spaces, provides opportunities for improving physical activity, helping people feel connected with the environment that they live in. Public health traditionally assesses need by looking at what we lack – be it health or access to services. In Kent we want to focus on an 'asset' approach turns this on its head and which looks at all the positive and useful things available to us – from buildings, services, communities and networks that we can use along our health journey.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Within this outcome the areas we need to focus on are:

- Reducing the proportion of adults with excess weight
- Increasing take up of NHS Health Checks

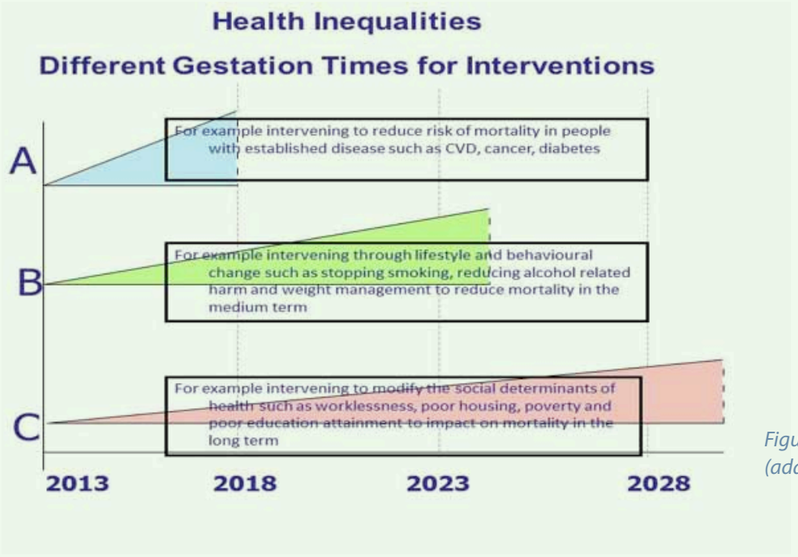


Figure 3
(adapted from C Bentley)

Priority 2 – Tackle health inequalities

The partners in the health and care system acknowledge far-reaching and expansive contribution that District Councils, community enterprises, voluntary sector and other statutory agencies make to improve healthy lifestyles and promote mental and emotional wellbeing among the Kent population, particularly in deprived communities and to the most vulnerable in society. Tackling health inequalities remains at the heart of preventative work, and we have published 'Mind the Gap', Kent's health inequalities action plan, which is driving improvements in all areas that affect people's health, including work, housing, access to health services and a healthy start for all children. It has excellent support from partners and has been complemented by a series of District level plans. . Kent has also developed a specific action plan 'Think Housing First' to address housing related health inequalities.

Local Health and Wellbeing Boards will continue to work with partners in the system to address health inequalities.

Priority 3 – Tackle the gaps in service provision

The introduction of integrated commissioning groups to support the work of each local Health and Wellbeing board has created a joint space where local plans can be discussed to ensure that they are joined together and can identify where gaps exist. The Public Health team are working to review all the services delivered by the Public Health grant to ensure that they are complimentary to other interventions, working to ensure that the patient journey is seamless.

.All partners in the local health and care system have a role to play in prevention of ill health and we will continue to work across the system to understand areas that require improvement. For instance the Area Team and CCGs are collectively responsible for commissioning services provided through general practice that can make a difference to the early deaths in the 'at risk' groups. There are short term interventions which can be influenced chiefly by primary care and assist in reducing health inequalities. Examples of the improvements needed to these services include:

- A reduction in differences across practices in Kent on how patients with high blood pressure are effectively identified on a register and managed
- A reduction in differences across practices in the number of patients that are known to have diseases compared to those who are expected to have a disease for certain conditions such as diabetes, blood pressure and respiratory diseases (Chronic Obstructive Pulmonary Disease)
- Maximising access to, and use of treatment, for managing clinical conditions such as high blood cholesterol, high blood sugar in the case of known diabetics.

Priority 4 – Transform services to improve outcomes, patient experience and value for money

We will locally translate principles recommended by Professor Chris Bentley (former national lead for the National Support Team for Health Inequalities). This would mean that we will work across the system to understand needs of our local population (CCG and district level) and industrialise evidence based cost effective interventions. For instance brief interventions for smoking and alcohol are both evidence based and cost effective and working through partners in the system we will work towards implementing 'every contact counts'

Keeping track of our progress in delivering Outcome 2

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

An increase in Life Expectancy at Birth

- An increase in Healthy Life Expectancy
- A reduction in the Slope Index for Health Inequalities
- A reduction in the proportion of adults with excess weight
- An increase in the number of people quitting smoking via smoking cessation services
- An increase in the proportion of people receiving NHS Health Checks of the target number to be invited
- A reduction in alcohol related admissions to hospital
- (Breast Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous 3.5 or 5.5 years on 31st March
- (Cervical Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous 3 years on 31st March
- A reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)
- A reduction in the under-75 mortality rate from cancer (rate per 100,000)
- A reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)
- A reduction in the under-75 mortality rate from cardiovascular disease (rate per 100,000)

Outcome 3

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

Nearly 16.5% of Kent's population live with a limiting long term illness, and in most cases they have multiple long term conditions (Figure 3), and need complex support and treatment.The numbers of those affected by multiple long term conditions are set to grow sharply. To improve outcomes for our population we need to shift our focus from treating individual illnesses to addressing the needs of the person as a whole person. This requires a rethinking of how care is commissioned and provided.

Care is often still organised according to 'physical healthcare' and 'social care', with each often delivered by separate organisations and groups of professionals. People do not recognise these distinctions, frequently have need of all … forms of support, and often end up required to do all the work as their own 'service integrator'.

The 2015 Challenge Declaration –
NHS Confederation

There is widespread agreement across the health and social care system that things need to change, and that an integrated approach to care is needed if we are to meet this challenge. The journey has begun, and through the Better Care Fund, and Kent's status as an Integration Pioneer, we are in an excellent place to deliver. During the course of this strategy we will begin to see the emergence of a team around the patient with the GP taking the lead for their patient, treating the whole person, rather than each separate ailment. Delivery will generally be in community hubs, with technology increasingly playing a role in linking patients to their care providers, whilst allowing everybody involved, including the patient to see and adjust the same information.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Within this outcome, recent data highlights that in Kent we need to:

- Increase the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)
- Increase early identification of diabetes
- Reduce the number of hip fractures for people aged 65 and over (rate per 100,000)

Priority 2 – Tackle health inequalities

From *Mind the Gap, Kent Health Inequalities Action Plan* the following areas have been identified as those in which inequalities have an impact on people's health. Under this priority we will:

- Support older people to live safe, independent and fulfilled lives and support disabled people to live independently at home
- Support self-management of long term conditions
- Deliver effective local services for falls, falls prevention and fractures and reduce the incidence of hip fractures in people aged 65 and over.
- Support people with Learning Disabilities with housing, employment, access to health services and leisure activities.
- Provision of adaptations and equipment to the home to prevent accidents with associated costs, and improve quality of life of recipients and carers.

The graph below shows that the top 0.5% (Band 1) of the Kent population who have been identified as having the highest risk of re-hospitalisation are patients who have at least 3 or more long term conditions, indicating that multi morbidity is the norm, not the exception. For example, only 5% of patients with dementia had only dementia, and only 1% of patients with COPD had only COPD.

Number of conditions experienced by band 1 patients with long Term Conditions in Kent, 2010/11

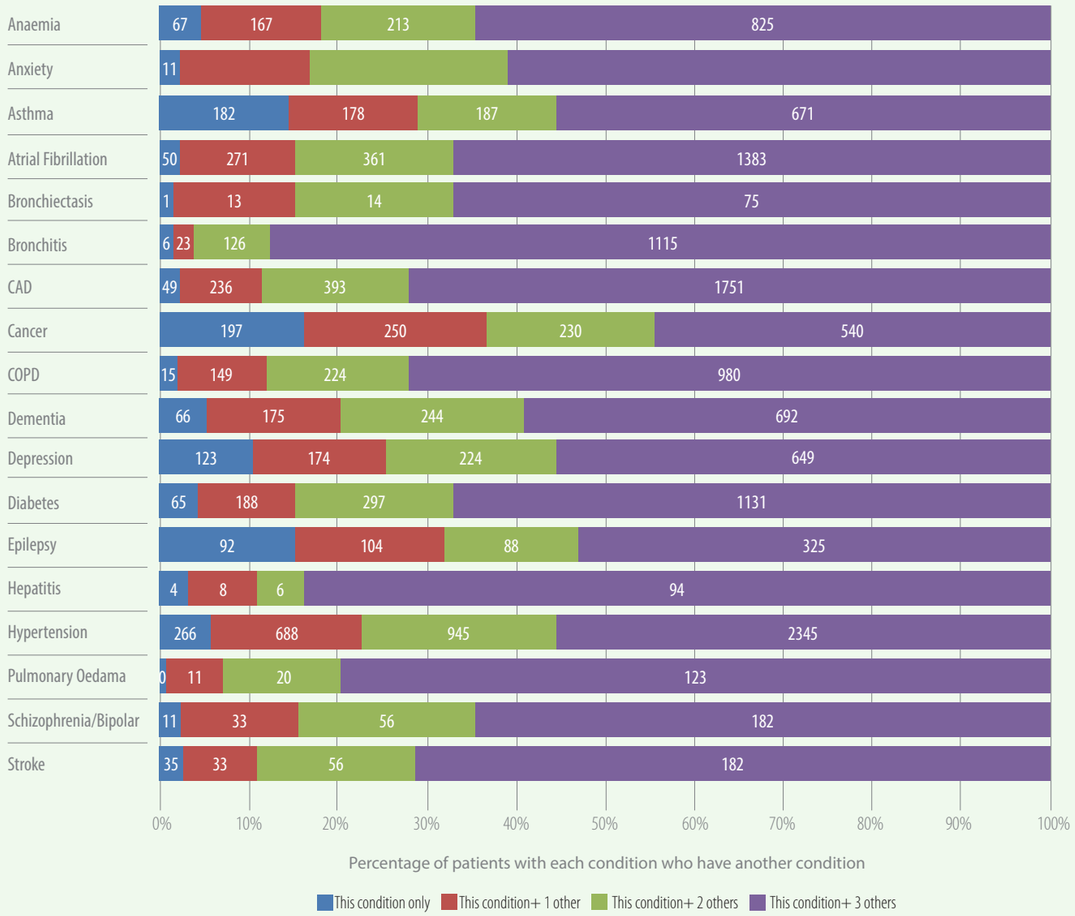


Figure 4

In this outcome the overriding delivery of Priorities 3 and 4 will be focussed around the work on the Better Care Fund

Kent will continue to be bold in developing new and different solutions to the challenges facing health and social care and as Integrated Care and Support Pioneers continue to work through partnerships that support integrated commissioning and deliver the provision of integrated services. The Kent approach has been to look at whole system integration. Rather than working in one area and then moving on to others we have developed a comprehensive programme which supports integration across the entire health and social care economy.

To reflect the complex picture of health and social care within Kent the Better Care Fund is built up from the local level, with 7 area plans, across 3 care economies – giving a complete Kent plan. We will use the Better Care Fund to continue providing us with the opportunity to go further faster and start the longer programme of transformation provided by being a Pioneer. It will drive forward our integration programme, developing more community based services alongside the re-design and commissioning of new systems-wide models of care that ensure the financial sustainability of health and social care services; a proactive, rather than a reactive model that improves outcomes for people and means the reduction of hospital and care home admissions.

Priority 3 – Tackle the gaps in service provision

Falls and fractures continue to be a significant public health issue particularly as individuals age, and it is estimated that one in three people aged 65+ will fall each year and one in two people aged 80+ will fall each year. We will continue to work with our partners to address gaps in service commissioning and provision of falls prevention and management.

Another example is that of people with learning disabilities. They have poorer health outcomes than other population groups, as they may not be accessing routine screening or health support as consistently as the mainstream population. To address low uptake of annual health checks for people with Learning Disability everyone known with Learning Disability will be offered a baseline Health Profile and a Health Action Plan will be developed.

For people with learning disability each GP surgery we will have a link LD Nurse who will support them to understand the needs of people with a learning disability and support an annual health check.

Many people with learning disability also have difficulties with communication and may need Speech and Language Therapy support to work with carers to teach them different methods of communication.

Priority 4 – Transform services to improve outcomes, patient experience and value for money

We know that our population is ageing and is living longer; we will aim to focus on not just adding years to life, but also adding life to years. We will work with health and social care providers in hospitals, primary care (General Practitioners, Community Pharmacists) and in the community to develop 24/7 access and community based health and social care services, ensuring that the good quality right services are delivered in the right place, at the right time. We will work with our partners to create a health and care system that supports people to live as independently as possible at home and are receiving good quality end of life care as and when needed. We want to ensure that people using services have as much choice and control as possible when building their support package and are able to access services at the right time and place. We will work with our statutory partners and with community and voluntary sector partners to create systems to empower our citizens to be in control so that they are able to make informed choices about when, how and where to get their support. We want to ensure that services to our citizens are easily accessible, tailored to individual's needs , proactive and designed to support self-management; for instance through the use of telecare.

For people with learning disability the aim of the integrated service is to provide quality services in a personalised way so that individuals (and carers) can receive the support they need in a way that enhances their independence. The teams will continue to support people with learning disabilities to live full and active lives within their local communities. We will ensure that everyone who needs it will have a person centred support plan and help to find the best support to meet their individual needs. Everyone who has social care needs will have a personal budget and will be offered a Direct Payment.

Keeping track of our progress in delivering Outcome 3

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increase in clients with community based services who receive a personal budget and/or direct budget
- An increase in the number of people using telecare and telehealth technology
- An increase in the proportion of older people (65 and older) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/ rehabilitation services
- A reduction in admissions to permanent residential care for older people
- An increase in the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)
- An increase in the percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. (Persons/Male/Female)
- A reduction in the gap in the employment rate between those with a learning disability and the overall employment rate
- An increase in the early diagnosis of diabetes.
- A reduction in the number of hip fractures for people aged 65 and over (rate per 100,000).

Outcome 4

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

Mental Health can be described in two parts, Common Mental Health Disorders and Severe Mental Health Disorders. Common Mental Health conditions are depression are generalised anxiety disorder. Severe mental disorders include psychosis and bi-polar disorder. People with illness related to mental health often have other conditions that can further affect their mental wellbeing. Our focus will be to prevent mental illness and promote positive mental "wellbeing".

We will achieve the outcome through:

Priority 1. Tackle areas where Kent is performing worse than the England average:

In Kent we need to deliver:

- A reduction in the number of suicides (rate per 100,000)
- An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey
- An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey
- An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.

Priority 2. Tackle health inequalities

To tackle inequalities in mental health:

- We will improve health & wellbeing and resilience for the people of Kent by promoting the Six ways to wellbeing, particularly to the most deprived communities
- We will reduce the numbers of hospital stays for self-harm by supporting programmes that work with young people who self-harm or who are at risk of self-harm.
- We will work in partnership to improve access to psychiatric services for people with learning disabilities and for those living in deprived areas.
- We will promote the mental wellbeing impact assessment toolkit and deliver the toolkit in key locations to ensure that the mental wellbeing agenda is addressed across all major services.

Priority 3. Tackle the gaps in provision and quality

Nearly one third of GP consultations are related to mental health problems and approximately one in four people will have a common mental illness such as anxiety and depression during their lifetime and one in six people will have a mental health problem at any given time (point prevalence). One in seven people will have two or more mental health problems at any point in time. We will address this through working across the health and care system including voluntary and community sector. The wellbeing approach set out in this Joint Health and Wellbeing Strategy focusses on holistic wellbeing, and emphasises assets such as an individual's strengths and abilities (rather than deficits) and the networks and associations in communities that people draw on that can grow their mental wellbeing and prevent mental illness. There is evidence to suggest that poor mental wellbeing has impact on physical health. Conditions like heart problems, diabetes are exacerbated by mental health. Therefore in addition to preventing ill health, Primary Care Based services to address problems early will be a focus of growth this year as we seek to reduce urgent referrals to secondary services and provide a coordinated way for those whose long term condition can be managed closer to home.

Priority 4. Transform services to improve outcomes, patient experience and gain value for money

A key pillar of our approach is the Six Ways to Wellbeing Campaign which seeks to share the knowledge of the six themes for positive action. Kent Public Health aspires to help the population to adopt behaviours that can improve and sustain their mental wellbeing; these behaviours fall into the following themes of the Six Ways to Wellbeing campaign:

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Promoting Six Ways to Wellbeing

1. Connect with the people around you
2. Be Active
3. Give
4. Keep Learning
5. Take Notice
6. Grow your World

Keeping track of our progress in delivering Outcome 4

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increased crisis response of A&E liaison within 2 hours – urgent
- An increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours

- An increase in access to IAPT services
- An increase in the number of adults receiving treatment for alcohol misuse
- An increase in the number of adults receiving treatment for drug misuse
- A reduction in the number of people entering prison with substance dependence issues who are previously not known to community treatment
- An increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment
- An increased employment rate among people with mental illness/those in contact with secondary mental health services
- A reduction in the number of suicides (rate per 100,000)
- An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey
- An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey
- An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.

Outcome 5

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

In Kent we will support people to live well with dementia. We know that the majority of people wish to live within their own home in their community for as long as possible; that they wish to be treated with dignity and respect and value the care and support they receive from their families and carers most highly. We will work with partner agencies to recognise this and work together to ensure this is achieved.

We are entering the second year of a programme to support Kent to become more Dementia Friendly, which focuses on improving the quality of life for people living with dementia along with their family, friends, and carers. Raising awareness and understanding is a key element of the work; to this end Dementia Champions are trained to go on and deliver Dementia Friends training. We have at least 27 Dementia Champions in Kent who have delivered training and recruited over 1,000 Friends.
Another key element of our approach to develop Kent to be more Dementia Friendly has been the establishment of a Kent Dementia Action Alliance. We will continue to promote the development of Alliances across the 12 Districts in Kent. We will ensure that the local and county Health and Wellbeing Boards regularly have Dementia Friendly Communities on their agendas to consider the themes from local Action Alliance member's action plans.

Priority 1 Tackle areas where Kent is performing worse than the England average

The national diagnosis rate for expected number of dementia cases is 48% and in Kent it is around 42%. One of our key objectives is to increase this rates to 67% by 2015. The two areas with the lowest levels of diagnosis are South Kent Coast CCG at 39% and Thanet CCG at 34.5%. We will be working with partners in the health and cares system to improve our diagnostic rates.

Priority 2 Tackle Health Inequalities

We will work with GP colleagues to address health inequalities through the use of the GP dementia enhanced scheme, which prioritises the assessment of people from high risk groups:

- Patients aged 60 and over with cardiovascular disease, stroke, peripheral vascular disease or diabetes;
- Patients aged 40 and over with Down's syndrome;
- Other patients aged over 50 with learning disabilities;
- Patients with long term neurological conditions e.g. Parkinson's Disease.

Due to the high incidence among people with Down Syndrome the community learning disability teams will screen people for dementia from the age of 30.

Priority 3: Tackle the Gaps in Provision and Quality

We will

- Address gaps in service provision of community Dementia Nurses.
- Ensure that dementia crisis service is available across the county.
- Continue to work with carers' organisations to monitor and refine joint health and social services investment in carers support
- Continue to train and up skill the workforce across all sectors.
- Ensure all acute trusts have trained dementia volunteer schemes to support people in hospital with social activities.
- Ensure all acute and community trusts have improved their hospital environments to make key areas in their hospital more dementia friendly.

Priority 4: Transform services to improve outcomes, patient experience and gain value for money

We will achieve this by:

- Continuing a person-centred and integrated approach to care planning in hospital
- Improving access to diagnosis - the memory assessment pathway has been reviewed and updated and changes will be implemented during 2014-15 to bring closer working between primary and secondary care, making it easier to get a diagnosis.
- Improving Integration of Care - Kent is an Integration Pioneer and all CCGs have contracted for an integrated care pathway in 2014-15 to provide joined up and integrated care plans, including a crisis plan. Ensuring people are well supported following diagnosis and have access to appropriate support when required to avoid crisis admissions.
- Improving Urgent Care – a dementia crisis service has been introduced to help avoid unplanned admissions and help people through urgent care situation whilst maintaining people in their own homes.
- Ensuring Better Support for Carers – Kent County Council and all Kent CCGs have significantly increased funding into Carers Assessment and Support including a new rapid access to support for carers introduced across all CCGs to improve the health and wellbeing of carers, will be further developed and expanded in 2014.
- Improving discharge from hospital – support various schemes around discharge across the county using not for profit organisations including a bridging scheme provided by Alzheimer's and Dementia Support Services to support Darent Valley discharges and a Crossroads supported discharge scheme in all East Kent acute hospitals to support people to be discharged in a safe and timely manner and reduce excess bed days.

Keeping track of our progress in delivering Outcome 4

We will measure our progress by monitoring the following indicators from the national dataset to determine whether there is:

- An increase in the reported number of patients with Dementia on GP registers as a percentage of estimated prevalence
- A reduction in the rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the rate of admissions to hospital for patients older than 74 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000
- An increase in the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who
  a. have been identified as potentially having dementia
  b. who have been identified as potentially having dementia, who are appropriately assessed
  c. who have been identified as potentially having dementia, who are appropriately assessed, referred on to specialist services in England (by trust)
- A reduction in the proportion of people waiting to access Memory Services - waiting time to assessment with MAS.
- An increase in the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months
- A reduction in care home placements

What is the Health and Wellbeing Board?

The Kent Health and Wellbeing Board was established by the Health and Social Care Act 2012. With effect from 1 April 2013 it became a committee of Kent County Council.

The board brings together GPs, County and District Councillors, senior officers from the NHS Area Team, Clinical Commissioning Groups, Social Care and Public Health, as well as representation from the Local Healthwatch. It provides an effective body where commissioners, patient representatives and elected officials can come together to take an overview of the health system in Kent, align their work, and share commissioning plans and good practice.

The Board's statutory functions are to:

- Prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.
- Encourage integrated working between health and social care commissioners including making arrangements under Section 75 of the National Health Service Act 2006

Prior to April 2013 the Health and Wellbeing Board operated in a shadow form.

The Health and Wellbeing Board has established a series of sub-committees known as local Health and Wellbeing Boards. The local Health and Wellbeing Boards lead and advise on the development of Clinical Commissioning Group level integrated commissioning strategies and plans, ensure effective local engagement and monitor local outcomes. They focus on improving the health and wellbeing of people living in their CCG area through joined up commissioning across the NHS, social care, district councils, public health and other services to secure better health and wellbeing outcomes in their areas and better quality of care for all patients and care users.

Further information about the Health and Wellbeing Board, including its membership, can be found here: https://democracy.kent.gov.uk/mgCommitteeDetails.aspx?ID=790

Kent Joint Health and Wellbeing Strategy

Outcomes for Kent

This publication is available in other formats
and can be explained in a range of languages

Please call 08458 247 247 or Text Relay 18001 247 247 for details

By:	Roger Gough Cabinet Member for Education and Health Reform
To:	Kent Health and Wellbeing Board
Date:	28th May 2014
Subject:	Summary Assurance Framework
Classification:	Unrestricted

1. Introduction

This report aims to provide the Kent Health and Wellbeing Board with a summary of the assurance framework indicators where there are concerns identified or increasing good performance. The board members are also asked to make a decision on the points raised in section 3.

2. Indicator summary for noting

Outcome 1: Every child has the best start in life.

- The MMR vaccination uptake has increased from 87.2% in 2010/11 to 92.2% in 2013/14, however this remains below target which is 95% (Indicator 1.3 in the assurance framework)

Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing.

- NHS health checks and smoking cessation services remain below target with decreases between Q2 and Q3 2013/14; An action plan has been developed with the commissioned provider and is being monitored by Public Health Kent (Indicators 2.3 and 2.4 in the assurance framework)

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

- There has been a decrease in the proportion of clients receiving a personal budget and/or direct budget, primarily due to more clients receiving short term support packages, and the temporary impact of implementing the transformation programme. (indicator 3.1 in the assurance framework)
- There are ongoing increases in the number of people using telecare and telecare technology, thereby enabling them to stay in their home and community whilst managing their conditions, far exceeding target for 2013/14 with 2,754 at December to the year target of 2,200 (indicator 3.2 in the assurance framework)

Outcome 4: People with mental health issues are supported to "live well".

- The proportion of people seen within 2 hours for urgent crisis response in A&E has decreased slightly from 76.7% in Q2 to 73.5% in Q3; however all remain seen within 24 hours (indicators 4.3 and 4.4 in the assurance framework)

Stress indicator: Public Health

- Population vaccination coverage for Flu is varied with a decrease for those aged 65+ (71.4% coverage) and an increase for those at risk (48.7% coverage) Both remain below the target of 75%. (indicators 6.6 and 6.7 in the assurance framework)

3. Progress since last report and points for decision

Since the last Health and Wellbeing Board meeting in March 2014, a number of discussions and developments have taken place, the Board are asked to note and agree the proposals in bold. These will be available to the Local Health & Wellbeing Boards in July 2014.

- **Endorse the process of setting-up multi-agency monthly meetings where analysis of the data and context can be discussed for the report. This group will also be responsible for proposing and reviewing targets of the Health & Wellbeing strategy.**

- **A new section has been added in Section 6 Stress indicators for children's services; CAMHS and SEN have been moved to this section. These indicators are:**
  - CAMHS waiting times for routine assessment form referral
  - CAMHS waiting times for routine treatment
  - CAMHS caseload
  - SEN assessments within 26 weeks
  - SEN Kent children placed in independent or out of county schools

- **Agree the alternative metrics for Outcome 5: people with dementia are assessed and treated earlier. The reason for the proposed change is that these indicators are measurable with locally available data. These indicators are**
  - Reported number of dementia patients on GP registers as a percentage of estimated prevalence
  - Rate of admissions to hospital for patients either older than 64 years old or older than 74 years with a secondary diagnosis of dementia.
  - Total bed-days in hospital per population for patients wither older than 64 years old or older than 74 years with a secondary diagnosis of dementia.
  - The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been identified as potentially having dementia, who are appropriately assessed and, where appropriate, referred on to specialist services in England.
  - Proportion of people waiting to access Memory services - waiting time to assessment with MAS.

- **CCG members are asked to discuss with their constituent members the importance of complete data collation and timely submissions of Infant feeding continuation statistics**

- **Seek assurance from Public Health England/ NHS England for plans to improve the uptake of flu vaccinations in 2014/15.**

- Scoping work has continued to assess the availability of the indicators at a lower geographical area to ensure reports to the local Health and Wellbeing Boards are meaningful. The reports for the Local Health & Wellbeing Boards will be available in July 2014.

- There have been further discussions within Social Care, Health and Wellbeing Directorate to ensure the most relevant and appropriate metrics are being used; Indicators associated with and from the ASCOF may be subject to amendment.

- Note the inclusion of new metrics on excess weight in children and adults, and physically active adults in Outcomes 1 and 2 following the previous Board's recommendations

- Statistics for Medway Foundation Trust has been added to indicators 6.8 and 6.9 surrounding bed occupancy rates and A&E attendances due to the identification of Swale residents accessing Medway Hospital.

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