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To: Policy and Resources Cabinet Committee – 22nd November 2012

Subject: Kent Joint Health and Wellbeing Strategy

Classification: Unrestricted

1 Introduction

1.1 This paper outlines the process for developing and undertaking stakeholder engagement on the first Draft Joint Health and Wellbeing Strategy.

2 Developing the Draft Joint Health and Wellbeing Strategy

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

2.2 In addition, there is also a statutory duty to engage and consult on the development of the Joint Health and Wellbeing Strategy. Nationally Local Authorities from around the country are publishing drafts of local Joint Health and Wellbeing strategies for wider comment. It is obvious that what is being consulted on are very high level, broad strategic statements of direction rather than detailed plans, reflecting the Department of Health's stated desire for JHWS to be a high level document.

2.3 The initial development of the Joint Health and Wellbeing Strategy has built on the Joint Strategic Needs Assessment for Kent. It also reflects discussions at Kent Health and Wellbeing Board meetings, and other forums where strategic discussions particularly on health services are being held, for example the NHS Chairs and Chief Executive forum.

2.4 The following engagement timeline was agreed by the Kent Shadow Health and Wellbeing Board (Kent SHWB) on the 18th July:

- 18th July – discussion and agreement by the Kent SHWB on the stated outcomes and overall steer of the draft strategy.
- End July to end August – more detailed stakeholder engagement (CCGs, KCC, providers etc) on draft strategy.
- 19th September – Feedback on stakeholder engagement to Kent SHWB.

- October to end November – wider public engagement on draft strategy.
 - Mid December – sign off by Roger Gough, Chair of the Kent SHWB of the final version of the Kent Joint Health and Wellbeing Strategy.
 - End 2012 – Publication of first Kent Joint Health and Wellbeing Strategy.
- 2.5 The proposed wider public engagement on the draft strategy would tie into parallel work taking place in the CCGs on the development of the 2013 – 2014 Annual Operating Plans.
- 2.6 Attached at Appendix A is the Draft Joint Health and Wellbeing Strategy that is currently out for wider public engagement. The draft strategy focuses on five overarching outcomes as identified as the most important for the population of Kent. These are:
- Every child has the best start in life
 - People are taking greater responsibility for their health and wellbeing
 - The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
 - People with mental ill health are supported to live well
 - People with dementia are assessed and treated earlier.
- 2.7 These outcomes are supported by a number of key principles including:
- Engaging with the community via HealthWatch and other engagement mechanisms
 - Halting the widening of health inequality gaps both within and between communities and improving healthy life expectancy.
 - Focus on prevention and the individual taking more responsibility for own health and care.
 - Providing good quality joined up support and care to people with long term conditions and dementia, preventing unnecessary hospital admissions. By care we mean both health and social care.
 - Reducing premature deaths by the key killers including: Cancers and respiratory diseases
 - Integrating commissioning of health and social care services as well as integrating how those services are provided.
 - Ensure cost effectiveness and efficiency are not achieved at the cost of quality.
- 2.8 For each of the themes we will outline the focus that we intend to given to deliver the outcome. For example within the first theme, every child has the best start in life we outline the focus on:
- Increasing breast feeding initiation
 - Improving MMR take up
 - The roll out of universal health visitor services
 - Better use of community assets, e.g. Children’s Centres to deliver integrated services for the more vulnerable families of our population
 - Improve child and adolescent mental health services

2.9 Similarly for the other themes we will give more detail on where strategically the focus needs to be.

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

Recommendation

The Policy and Resources Cabinet Committee is asked to note the approach being taken. We are also seeking the views of the Cabinet Committee as part of the consultation process.

Appendices:

Appendix A – Draft Health and Wellbeing Strategy

Appendix B – Copy of public engagement questionnaire